Iowa Department of Human Services

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September 23, 2016

GENERAL LETTER NO. 12-F-AP-40

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***, Title page, revised; Contents (page 1), revised; pages 1 through 25, revised; pages 26 through 34, new; and the following forms:

470-0625	*Checklist for Child Development Home Registration*, revised
470-5393	*Child Care Complaint Intake Report*, new
470-5432	*Child Care Home Full Compliance Letter*, new
470-5430	*Child Care Home with a Child Care Assistance Provider Agreement*, new
470-5431	*Child Development Home Pre-Inspection and Compliance Letter*, new
470-5385	*Health, Safety, and Fire Standards Checklist for Child Care Homes with a Child Care Assistance Provider Agreement*, new
470-5384	*Pre-Inspection Checklist for Child Development Home Registration*, new
470-0643	*Request for Child and Dependent Adult Abuse Information*, renamed and revised
Comm. 95	*Guidelines for Child Care Homes with a Child Care Assistance Provider Agreement*, new
Comm. 143	*Child Development Home Registration Guidelines*, Title page, revised; Contents (pages i, ii, and iii), revised; pages 5 through 20, 123, 124, and 125, revised: pages 20a, 20b, 20c, 127 through 137, 139, 140, 141, 145, and 146, new; form 470-5384, *Pre-Inspection Checklist for Child Development Home Registration*, new; form 470-0625, *Checklist for Child Development Home Registration*, revised; and Comm. 469, *Parent Guide to Child Development Home Registration*; revised
Comm. 469	*Parent Guide to Child Development Home Registration*, Title page, revised; and pages 1 through 9, revised

Summary

Chapter 12-F-Appendix is revised to:

- Update form 470-0625, *Checklist for Child Development Home Registration*.
- 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.
- Add form 470-5432, *Child Care Home Full Compliance Letter*. This form was developed for use in identifying full compliance in child care homes. This letter is available in CRIS.
- Add form 470-5430, *Child Care Home with a Child Care Assistance Provider Agreement*. This form was developed for use in identifying compliance with regulatory requirements for child care homes with a *Child Care Assistance Provider Agreement*. This letter is available in the Childcare Regulatory Information System (CRIS).
- Add form 470-5431, *Child Development Home Pre-Inspection and Compliance Letter*. This form was developed for use in identifying compliance with regulatory requirements for child development homes. This letter is available in CRIS.
- Add form 470-5385, *Health, Safety, and Fire Standards Checklist for Child Care Homes with a Child Care Assistance Provider Agreement*. This checklist was developed for annual inspections to child care homes with a Child Care Assistance Provider Agreement.
- Add form 470-5384, *Pre-Inspection Checklist for Child Development Home Registration*. This checklist was developed for pre-inspections of those applicants seeking child development home registration.
- Rename and revise form 470-0643 from *Request for Child Abuse Information* to *Request for Child and Dependent Adult Abuse Information*.
- Add Comm. 95, *Guidelines for Child Care Homes with a Child Care Assistance Provider Agreement*.
- Modify Comm. 143, *Child Development Home Registration Guidelines*, to align information with administrative rule changes. Specific changes include:
  - Child care provider training requirements
  - Pre-inspection requirements
  - Compliance checks
  - Parental access
  - Transportation requirements
  - Medication administration
  - Emergency plans
  - Safe sleep practices
  - Meals
  - Provider files

  The Spanish version of Comm. 143 is still in the process of being revised and will be released when it is available.

- Revise Comm. 469, *Parent Guide to Child Development Home Registration*, to update regulatory information to include:
  - Technical changes,
  - Safe sleep,
  - Emergency preparedness planning,
  - Professional development, and
  - Provider requirements.

  The Spanish version of Comm. 469 is still in the process of being revised and will be released when it is available.
- Update the chapter format for ease of use on line.

Effective Date

October 1, 2016

Material Superseded

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

Page	Date
Title page	August 2, 2013
Contents (page 1)	June 10, 2016
1	August 2, 2013
2	October 23, 2009
Comm. 469	2/15
3	March 13, 2015
4	October 23, 2009
5	October 12, 2007
6	October 23, 2009
470-0625	6/15
7, 8	August 2, 2013
470-0643	9/05
9, 10	October 12, 2007
11-14	November 21, 2014
14a, 15	May 13, 2016
16, 17	November 21, 2014
18-25	June 10, 2016
Comm. 143	
Title page	6/16
Contents (page i)	2/15
Contents (page ii)	7/15
Contents (page iii)	2/15
5-7	2/15
8, 9	7/15
10	2/15
11	2/16
12-14	2/15
15	2/16

16-18	2/15
19, 20	7/15
470-0625 (14 pages)	6/15
Comm. 469 (9 pages)	2/15
105, 107-114	2/15

Additional Information

Use up existing supplies of the following before reordering supplies from Anamosa in the usual manner:

- Comm. 469, *Parent Guide to Child Development Home Registration*
- Comm. 143, *Child Development Home Registration Guidelines*

Destroy existing supplies of form 470-0625, *Checklist for Child Development Home Registration*. Order supplies of 470-0625, dated 10/16, from Anamosa in the usual manner.

Destroy existing supplies of Comm. 95, formerly named *Minimum Health and Safety Requirements*. Comm. 95 will no longer be printed.

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

CHILD DEVELOPMENT HOME REGISTRATION

APPENDIX

Page

Application for Child Development Home Registration, Form 470-3384 or 470-3384(S) 1

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Child Care Complaint Report, Form 470-5281 6

Child Care Full Compliance Letter, Form 470-5432 8

Child Care Home and Child Development Home Safety Plan, Form 470-5280 9

Child Care Home with a Child Care Assistance Provider Agreement Compliance Letter, Form 470-5430 11

Child Care Provider Physical Examination Report, Form 470-5152 or 470-5152(S) 12

Child Care Request for Information, Form 470-5392 13

Child Development Home Pre-Inspection and Compliance Letter, Form 470-5431 14

Health, Safety, and Fire Standards Checklist for Child Care Homes with a Child Care Assistance Provider Agreement, Form 470-5385 15

Lead Assessment and Control, Form 470-4755 or 470-4755(S) 16

Notice of Decision: Services, Form 470-0602 or 470-0602(S) 17

Pet Health Examination Veterinary Health Certificate, Form 470-5153 or 470-5153(S) 18

Pre-Inspection Checklist for Child Development Home Registration, Form 470-5384 19

Pre-Inspection Referral, Form 470-5394 20

Record Check Authorization, Form 470-5143 or 470-5143(S) 22

Record Check Decision, Form 470-2386 or 470-2386(S) 24

Record Check Evaluation, Form 470-2310 or 470-2310(S) 25

Request for Child and Dependent Adult Abuse Information, Form 470-0643 27

Request for Child Care Professional Development Approval Review, Form 470-4528 29

Guidelines for Child Care Homes with a Child Care Assistance Provider Agreement, Comm. 95 31

Child Development Home Registration Guidelines, Comm. 143 or Comm. 143(S) 32

Parent Guide to Child Development Home Registration, Comm. 469 or Comm. 469(S) 33

Classification of Criminal Offenses, RC-0042 34

Application for Child Development Home Registration, Form 470-3384 or 470-3384(S)

Purpose

The applicant-provider completes the *Application for Child Development Home Registration* to certify compliance with the minimum requirements.

Source

The English version of this form may be completed on line through the KinderTrack system.

Supplies of the English and Spanish form can also be printed from the sample in the manual.

Completion

The applicant-provider completes the application when:

- Applying for a *Certificate of Registration* for the first time.
- Applying for a renewal.

The provider may also use the application form to report any change of circumstances that may affect the registration.

Distribution

The applicant-provider makes a copy of the completed application and sends the original to the local office for processing. Providers who complete the application through KinderTrack may submit the application electronically and print a copy for their records.

Data

After reading all the instructions and the minimum requirements, the applicant provider must:

- Mark the applicable box with an X to indicate a new application, a renewal, or a change.
- Mark the applicable box with an X to indicate what category of registration the person is applying for.
- Enter all applicable information on the form.
- Sign the application and date it. Signature on this application form indicates agreement to comply with all requirements.

Certificate of Registration, Form 470-3498

Purpose	The *Certificate of Registration* is issued to an applicant-provider who has certified compliance with the minimum requirements on the *Application for Child Development Home Registration*.
Source	This form is generated through the KinderTrack System. (Until the system is functional in your area, the form can be completed on line using the template in the Outlook state-approved forms folder.)
Completion	Staff prepare one copy of the *Certificate of Registration* when the criminal history, child abuse, and Sex Offender Registry checks are returned as having no criminal convictions or founded abuse records, or the record has been evaluated and found not to prohibit registration.
Distribution	Mail the *Certificate of Registration* to the applicant-provider. For a *Certificate* completed on Outlook, attach a seal carrying the expiration date, or for a renewal application, mail only the seal.
Data	The *Certificate of Registration* contains: ♦ The name of the provider. ♦ The maximum number of children the provider may care for. ♦ The address of the child development home. ♦ The date the certificate is effective, which is the first of the month in which the application is fully completed, signed, and dated. ♦ The requirements applicable to the category of registration. ♦ The expiration date. The certificate is valid for 24 months from the beginning date. ♦ The registration number of the provider. ♦ The signature of the registration authority.

Department of Human Services

Checklist for Child Development Home Registration

Name	Telephone Number	Date of Inspection	
Street Address	City	State	Zip Code
Date of Initial Registration	Date of Registration at Current Category		

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code Chapter 110 that must be met by a registered child development home. For each requirement, check the "yes" box if the home meets the requirements, or the "no" box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found or what the problem was. If a requirement does not apply to this particular home, enter "NA" for not applicable in the "yes" box.

SECTION 1.

YES	NO	REF. #	RULE	COMMENT
☐	☐		**For all categories, a provider's own infants and preschoolers are counted. A provider's own school-age children are not counted. A relative's children are counted, regardless of age.**	
For child development homes Category A complete Sections 1 and 2. For child development homes Category B complete Sections 1 and 3. For child development homes Category C complete Sections 1 and 4.				
☐	☐	110.5	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	
☐	☐	110.6	No more children are in care than the number authorized on the registration certificate.	
☐	☐	110.7(1)	The provider meets the following requirements:	
☐	☐	a	Gives careful supervision at all times.	
☐	☐	b	Frequently exchanges information with the parent of each child to enhance the quality of care.	

YES	NO	REF. #	RULE	COMMENT
☐	☐	c	Gives consistent, dependable care.	
☐	☐		Is capable of handling emergencies.	
☐	☐	d	Is present at all times, except if emergencies occur or an absence is planned.	
☐	☐		If absence is planned, care is provided by a DHS-approved substitute.	
☐	☐		If absence is planned, the parents are given at least 24 hours prior notice.	
☐	☐	e	Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision.	
☐	☐	110.7(2)	Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.	
☐	☐	a	All standards regarding supervision and care of children apply to substitutes.	
☐	☐	b	Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.	
☐	☐	c	The substitute must be 18 years of age or older.	
☐	☐	d	Use of a substitute is limited to: • No more than 25 hours per month. • An additional period of up to two weeks in a 12-month period. These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.	

YES	NO	REF. #	RULE	COMMENT
☐	☐	e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	
☐	☐	110.8	Conditions in the home shall be safe, sanitary, and free from hazards.	
☐	☐	110.8(1)a	Has a non-pay working telephone. A cell phone can be the primary phone.	
☐	☐		Emergency numbers posted for police, fire, ambulance, and poison information center.	
☐	☐		Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone.	
☐	☐		All travel vehicles must have a paper copy of emergency parent contact information.	
☐	☐	b	Electrical wiring shall be maintained.	
☐	☐		All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets.	
☐	☐		All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
☐	☐	c	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.	
☐	☐	d	Safety barriers are at stairways and doors as needed.	
☐	☐	e	An annual laboratory analysis shows satis-factory bacteriological quality <u>if</u> a private water supply is used. Nitrate analysis when children under 2.	
☐	☐		<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	

YES	NO	REF. #	RULE	COMMENT
☐	☐	f	A safety barrier surrounds any heating stove or heating element, in order to prevent burns.	
☐	☐	g	Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on **each** child-occupied floor.	
☐	☐	h	Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
☐	☐		Each smoke detector has been installed according to manufacturer's recommen-dations.	
☐	☐		Each smoke detector is tested monthly, and a record is kept for inspection purposes.	
☐	☐	i	Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.	
☐	☐		Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and www.iowasmokefreeair.gov.	
☐	☐	j	Homes served by private sewer systems shall be in compliance with discharge restrictions. Discharge of untreated waste water is prohibited. Compliance shall be verified by local board of health at time of renewal or new registration.	
☐	☐	k	For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls on any chipping and peeling paint, using DPH lead-safe work methods. Form 470-4755, *Lead Assessment and Control*, is submitted with each initial and renewal application.	
☐	☐	l	The child development home shall be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home's certificate of registration.	

YES	NO	REF. #	RULE	COMMENT
☐	☐	m	Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized.	
☐	☐	n	Providers inform parents of the presence of any pet in the child development home.	
☐	☐		All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. Form 470-5153, *Veterinary Health Certificate*, is on file.	
☐	☐		Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.	
☐	☐		Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
☐	☐		All animal waste is immediately removed from the children's areas and properly disposed of.	
☐	☐		No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.	
☐	☐		Children shall not perform any feeding or care of pets or cleanup of pet waste.	
☐	☐	o	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents, and copies are in the child's file.	
☐	☐	p	The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.	
☐	☐	q	The provider has written policies about responding to health-related emergencies.	
☐	☐	r	Certificate of registration is displayed in a conspicuous place	

YES	NO	REF. #	RULE	COMMENT
☐	☐	110.8(2)	Outdoor space.	
☐	☐	a	A safe outdoor play area is maintained in good condition throughout the year.	
☐	☐		Play area has a fence when located on a busy thoroughfare or near a hazard.	
☐	☐		Has both sunshine and shade areas.	
☐	☐		Is kept free from litter, rubbish, and flammable materials.	
☐	☐		Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	
☐	☐	b	When a swimming pool or wading pool is on the premises:	
☐	☐		Wading pools are drained daily and are inaccessible to children when not in use.	
☐	☐		If not fenced, both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use.	
☐	☐		Fence for above-ground pool is four feet high and non-climbable.	
☐	☐		Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high.	
☐	☐	c	If children use above-ground or in-ground swimming pools:	
☐	☐		Written permission from the parents is on file.	
☐	☐		Equipment needed to rescue a child or adult is accessible.	
☐	☐		The provider accompanies and provides constant supervision while the children use the pool.	
☐	☐		The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	

YES	NO	REF. #	RULE	COMMENT
☐	☐	110.8(3)	Medications and hazardous material.	
☐	☐	a	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
☐	☐	b	First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.	
☐	☐		The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.	
☐	☐	c	Medicines are given only with written authorization from the doctor or parent.	
☐	☐		Prescribed medicines are accompanied by a doctor's or a pharmacist's direction.	
☐	☐		All medicines are in original containers with directions intact and labeled with the child's name.	
☐	☐		Medicines are stored properly including refrigeration in a separate covered container.	
☐	☐		Medicines are inaccessible to children.	
☐	☐		Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given.	
☐	☐	d	Medications are not provided if the provider has not completed pre-service orientation that includes medication administration.	
☐	☐	110.8(4)	Emergency plans.	
☐	☐	a	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
☐	☐		The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.	
☐	☐		Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.	

YES	NO	REF. #	RULE	COMMENT
☐	☐	b	Procedures are in place for: • Evacuation to safely leave the facility, • Relocation to a common, safe location after evacuation, • Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue, • Lock down to protect children and providers from an external situation, • Communication and reunification with families, • Continuity of operations, and • Procedures to address the needs of individual children, including those with functional or access needs.	
☐	☐	110.8(5)	Safe sleep.	
☐	☐	a	Provider shall follow safe sleep practices as recommended by AAP for infants under one year of age.	
☐	☐		Infants are placed on back to sleep.	
☐	☐		Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.	
☐	☐		Infants shall not be allowed to sleep on bed, sofa, air mattress, or other soft surface. No sleeping occurs in items not designed for sleeping such as, but not limited to, infant seat, car seat, swing, bouncy seat.	
☐	☐		No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area.	
☐	☐		Co-sleeping is not allowed.	
☐	☐		Sleeping infants will be actively observed by sight and sound.	
☐	☐		If an alternative sleeping position is needed, a signed physician authorization with state of medical reason is required.	

YES	NO	REF. #	RULE	COMMENT
☐	☐	110.8(6)	Discipline.	
☐	☐	a	Corporal punishment including spanking, shaking, and slapping is not used.	
☐	☐	b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	
☐	☐	c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	
☐	☐		No punishment or threat of punishment is associated with food or rest.	
☐	☐	d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	
☐	☐	e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	
☐	☐	110.8(7)	Meals and snacks.	
☐	☐	a	Regular meals, midmorning snacks and/or mid-afternoon snacks shall be provided and be well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program.	
☐	☐	b	Children may bring food to the child care home, but are not required to provide their own food.	
☐	☐	c	Clean, sanitary drinking water shall be readily available to children in indoor and outdoor areas, throughout the day.	
☐	☐	110.8(8)	Activity program. There is an activity program that promotes self-esteem and exploration that:	
☐	☐	a	Includes active play.	
☐	☐	b	Includes quiet play.	
☐	☐	c	Includes activities for large muscle development, such as running, climbing, riding toys, etc.	

YES	NO	REF. #	RULE	COMMENT
☐	☐	d	Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc.	
☐	☐	e	All play equipment and materials are in a safe condition, for both indoor and outdoor activities.	
☐	☐		All activities are developmentally appropriate for the ages of the children present.	
☐	☐		All equipment and materials are adequate for the number of children present.	
☐	☐	110.9	Files.	
☐	☐	110.9(1)	A provider file is maintained and contains:	
☐	☐	a	A physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, for all household members over the age of 12. Physical exams should be repeated every three years.	
☐	☐		Children 12 years of age or younger residing in the household must have: • Admission physical exam report. • Immunization certificate. For school age: Documentation of physical exam completed at time of school enrollment or since that time.	
☐	☐	b(1)	Certificates or training verification documentation for:	
☐	☐		Approved Health and Safety training obtained prior to registration (and every five years thereafter).	
☐	☐		Two hours of approved child abuse and neglect mandatory reporter training (and every five years thereafter).	
☐	☐		Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout the period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	

YES	NO	REF. #	RULE	COMMENT
☐	☐		During each two year registration period: 24 hours of approved training.	
☐	☐	b(2)	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	
☐	☐	110.9(2)	An individual file is maintained for each staff assistant:	
☐	☐	a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	
☐	☐	b	Physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, which is repeated at least every three years.	
☐	☐	c	Certification of two hours of approved training relating to identification and reporting of child abuse within six months of employment and repeated every five years.	
☐	☐	110.9(3)	An individual file is maintained for each substitute and contains:	
☐	☐	a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	
☐	☐	b	Physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, which is repeated at least every three years.	
☐	☐	c	Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment and repeated every five years.	
☐	☐	d	Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	
☐	☐	e	Certification or other documentation that minimum health and safety training as identified in 110.10(1)"a" has been completed.	

YES	NO	REF. #	RULE	COMMENT
☐	☐	110.9(4)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
☐	☐	a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	
☐	☐	b	Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child's regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.	
☐	☐	c	A signed medical consent from the parent authorizing emergency treatment.	
☐	☐	d	For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.	
☐	☐		For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian or admission physical examination that is not more than 12 months from the child's first day.	
☐	☐	e	For infants and preschoolers: A statement of health signed by a physician submitted annually.	
☐	☐		For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of statement of health or admission physical.	
☐	☐	f	For each school-age child, record of a physical exam completed at the time of school enrollment or since.	
☐	☐	g	A signed and dated immunization certificate provided by the state Department of Public Health.	
☐	☐	h	A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	

YES	NO	REF. #	RULE	COMMENT
☐	☐	i	Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.	
☐	☐	j	Injury report forms to document injuries requiring first aid or medical care.	
☐	☐	k	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	

SECTION 2.

YES	NO	REF. #	RULE	COMMENT
☐	☐	**110.13(1)**	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A"**	
☐	☐	a	Not more than six preschool children present at any one time including infants.	
☐	☐	b	Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time.	
☐	☐		Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger.	
☐	☐	c	Not more than two additional school-age children for less than two hours at any one time.	
☐	☐	d	Not more than eight children present when the emergency school closing exception is in effect.	

SECTION 3.

YES	NO	REF. #	RULE	COMMENT
☐	☐	**110.14(1)**	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"**	
☐	☐	a	Not more than six preschool children present at any one time including infants.	
☐	☐	b	Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time.	

YES	NO	REF. #	RULE	COMMENT
☐	☐		Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger.	
☐	☐	c	Not more than four additional school-age children.	
☐	☐	d	Not more than two children who are receiving care on a part-time basis at any one time. Part-time hours are limited to less than 180 hours per month.	
☐	☐	e	Not more than 12 children present when the emergency school closing exception is in effect.	
☐	☐	f	When more than 8 children are present for more than 2 hours, a DHS-approved assistant at least 14 years old is present.	
☐	☐	110.14(3)	Facility requirements.	
☐	☐	a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
☐	☐		There is a minimum of 50 square feet outdoors per child in care.	
☐	☐	b	There is a separate quiet area for sick children.	
☐	☐	c	Minimum of two direct exits to the outside from the main floor.	
☐	☐		All exits terminate at grade level with permanent steps.	
☐	☐		If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
☐	☐		If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
☐	☐		The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	

YES	NO	REF. #	RULE	COMMENT
☐	☐		The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
☐	☐		Child care is not provided above the second floor.	

SECTION 4.

YES	NO	REF. #	RULE	COMMENT
☐	☐	**110.15(1)**	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"**	
☐	☐	a	When both providers are present, not more than 12 preschool children are present at any one time, including infants.	
☐	☐	b	When both approved providers are present, not more than 4 children 18 months of age or younger are present and no more than 4 of the 12 children are 24 months of age or younger.	
☐	☐	c	When both approved providers are present, not more than two additional school-age children are present for less than two hours at any one time.	
☐	☐	d	When both approved providers are present, not more than two additional children who are receiving care on a part-time basis are present. Part-time hours are limited to less than 180 hours per month.	
☐	☐	e	When there are two approved providers, not more than 16 children are present when the emergency school closing exception is in effect.	
☐	☐		When there are two approved providers, if more than 8 children are present at any one time due to an emergency school closing exception, the provider shall be assisted by a DHS-approved assistant who is at least 18 years of age.	
☐	☐	f	If only one approved provider is present, not more than eight children are present.	

YES	NO	REF. #	RULE	COMMENT
☐	☐		If only one approved provider is present, not more than 4 of the 8 children may be 24 months of age or younger and of these 4 children, no more than 3 are 18 months of age or younger.	
☐	☐	110.15(3)	Facility requirements.	
☐	☐	a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
☐	☐		There is a minimum of 50 square feet outdoors for each child in care.	
☐	☐	b	There is a separate quiet area for sick children.	
☐	☐	c	Has a minimum of two direct exits to the outside from the main floor.	
☐	☐		All exits terminate at grade level with permanent steps.	
☐	☐		If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
☐	☐		If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
☐	☐		The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
☐	☐		The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
☐	☐		Child care is not provided above the second floor.	

Signature of person completing form	Agency	Date

Signature of provider	Co-Provider (Child Development Home C only)	Date

Checklist for Child Development Home Registration, Form 470-0625

Purpose	The *Checklist for Child Development Home Registration* is used to evaluate a child development home to verify compliance with the minimum requirements for registration.
Supply	This form is printed in single 16-page sets. Order supplies from Iowa Prison Industries at Anamosa.
Completion	Use form 470-0625 when making the visit to verify compliance with minimum requirements. Determine compliance for most requirements by observation and reviewing records. Compliance for a few requirements must be determined through conversation with the provider.
Distribution	Keep the form on file. Send a copy to the provider if the provider requests one.
Data	This form contains all the requirements that a child development home must meet for registration. Before each requirement is a "yes" box and a "no" box. If the child development home meets the requirement, place a check mark in the "yes" box. If the child development home does not meet the requirement, place a check in the "no" box. If a certain requirement does not apply, enter "NA" for "not applicable" in the "yes" box. (For example, a child development home in town may have a city water supply and not a private water supply.) A section is provided for comments on requirements not being met, or on requirements where improvement is needed, or other observations that you may feel important to include. These notes shall be factual and objective.

Child Care Complaint Intake Report, Form 470-5393

Purpose	The *Child Care Complaint Intake Report* 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 *Child Care Complaint Intake Report* 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	*Date call*: Enter the date of the call. *Time of call*: Enter the time received. *Person taking call*: Enter your name. *Contact information*: Include contact information where you may be reached by the Department. **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. **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. **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. **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.

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? ☐ Yes ☐ No	

Provider Contact Information

Provider type:

- ☐ Category A Child Development Home
- ☐ Category B Child Development Home
- ☐ Category C Child Development Home
- ☐ Licensed Child Care Center
- ☐ Non-registered Child Care Provider with CCA Agreement
- ☐ 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.

Child Care Complaint Report, Form 470-5281

Purpose	The *Child Care Complaint Report*, 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 *Child Care Complaint Report* must be completed if there is a complaint received by DHS regarding a child development home or a child care home that has a *Child Care Assistance Provider Agreement*. The child care compliance worker completes the form.
Distribution	Keep a copy of the *Child Care Complaint Report* in the case file. A copy will be uploaded to the DHS website.
Data	**Name of Provider**: Enter the name of the provider. Enter the name of the co-provider, if applicable. **County**: Enter the county name. **Care Address/City/Zip Code**: Enter the address, city, and zip code where child care is provided. **Mailing Address**: Enter the address, city, and zip code for the provider's mailing address, if different than the care address. **Date of Complaint**: Enter the date DHS received the complaint. **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. **Identify if compliance with regulations were found.** **Recommendation for Registration**: Identify if a change in registration is recommended.

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 Full Compliance Letter, Form 470-5432

Purpose	The *Child Care Full Compliance Letter*, form 470-5432, is used to indicate full compliance after an annual inspection of a child care home.
Source	Complete this form in the Childcare Regulatory Information System (CRIS).
Completion	This form may be completed if a child care home is in full compliance at the time of an annual inspection.
Distribution	A copy of the form will be maintained in CRIS. A copy will be uploaded to the DHS website.
Data	Complete the following: ♦ Enter the name and address of the child care provider. ♦ Enter the date of the visit. ♦ Enter the type of program. ♦ Enter the applicable rule chapter. ♦ Enter the worker's contact information. ♦ Enter the worker's signature and date.

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Click here to enter a date.

Click here to enter text.
Click here to enter text.
Click here to enter text.

Dear Child Care Provider:

This letter is in regard to the Click here to enter a date. compliance check of your Choose an item. You were determined to be in compliance with all mandated regulatory requirements of a Choose an item. Thank you for the valuable service provided to working families in Iowa.

If you have any questions, please contact me at Click here to enter text. or email me at Click here to enter text..

Sincerely,

Click here to enter text.
Social Worker II

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470-5432 (10/16)

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

Purpose	The *Child Care Home and Child Development Home Safety Plan*, 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 *Child Care Home and Child Development Home Safety Plan* 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	**Provider name**: Enter the name of the provider. **Worker and county**: Enter the worker's name. Enter the county name or number. **Date/time *Safety Plan* completed**: Enter the date and time the safety plan was completed. **Safety concerns**: Enter the cause for concern for present or impending danger using the *Safety Assessment*. **Tasks which assure safety and are done by, for how long, and how often**: ♦ **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.

- **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.

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

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Dear Child Care Provider,

This letter is in regards to the compliance visit at your conducted on . Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 120, describes specific requirements that must be met by a child care home that has a child care assistance provider agreement. The following areas were out of compliance at the time of the visit:

☐ 441 IAC 120.5(237A) Parental access. Parents shall be afforded unlimited access to their children and to the people caring for their children during the normal hours of operation or whenever their children are in the care of the child development home, unless parental contact is prohibited by court order.

FINDINGS: *Identify FINDINGS in each area of non-compliance.*

☐ 441 IAC 120.6(237A) Limit. Except as provided in subrule 120.6(2), no more than five children shall receive care at any one time.

<u>441 IAC 120.7(237A) Provider requirements</u>.

☐ 441 IAC 120.7(1) The provider shall meet the following requirements:

a. Gives careful supervision at all times.
b. Exchange information with the parent of each child frequently to enhance the quality of care.
c. Give consistent, dependable care and be capable of handling emergencies.
d. Be present at all times except when emergencies occur or an absence is planned, at which time care shall be provided by a department-approved substitute. When an absence is planned, the provider shall give parents at least 24 hours' prior notice.
e. Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or any of the prescription or non-prescription drugs that could impair their ability to give careful supervision.

☐ 441 IAC 120.7(2) Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.

a. All standards regarding supervision and care of children apply to substitutes.
b. Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.

1305 E. Walnut Street, Des Moines, IA 50319-0114

c. The substitute must be 18 years of age or older.
d. Use of a substitute is limited to: No more than 25 hours per month. Any additional period of up to two weeks in a 12-month period. (These limitations do not apply per Iowa Code section 237A.3A(3)(e) when the provider is engaged in jury duty or official duties related to provider's membership on state board, committee or policy-related body.)
e. The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.

☐ 441 IAC 120.8(237A) Standards. Conditions in the home are safe, sanitary, and free of hazards.

<u>441 IAC 120.8(1) Facility requirements</u>.

☐ 441 IAC 120.8(1)"a" The home shall have a non-pay, working land-line or mobile telephone with emergency numbers posted for police, fire, ambulance, and the poison information center. The number for each child's parent, for a responsible person who can be reached when the parent cannot, and for the child's physician shall be written on paper and readily accessible by the telephone. The home must prominently display all emergency information, and all travel vehicles must have a paper copy of emergency parent contact information

☐ 441 IAC 120.8(1)"b" Electrical wiring shall be maintained, and all accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped. Electrical cords shall be properly used. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous.

☐ 441 IAC 120.8(1)"c" Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water heaters, and gas dryers.

☐ 441 IAC 120.8(1)"d" Approved safety gates at stairways and doors shall be provided and used as needed.

☐ 441 IAC 120.8(1)"e" Annual laboratory analysis of a private water supply shall be conducted to show satisfactory bacteriological quality. When children under the age of two are to be cared for, the analysis shall include a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially bottled water or water treated through a process approved by the health department or designee shall be provided.

☐ 441 IAC 120.8(1)"f" A safety barrier shall surround any heating stove or heating element, in order to prevent burns.

☐ 441 IAC 120.8(1)"g" The home shall have at least one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

☐ 441 IAC 120.8(1)"h" The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.

☐ 441 IAC 120.8(1)"i" Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during

Sample

the home's hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children.

All signs shall include:
(1) The telephone number for reporting complaints, and
(2) The Internet address of the Department of Public Health (www.iowasmokefreeair.gov).

☐ 441 IAC 120.8(1)"j" Homes with private sewer systems or waste water are tested for efficient functioning and improper leakage. Compliance shall be verified by the local board of health at the time of renewal or new registration.

☐ 441 IAC 120.8(1)"k" A provider operating in a facility built before 1960 shall assess and control lead hazards before being issued an initial child development home registration or a renewal of the registration. To comply with this requirement, the provider shall:
(1) Conduct a visual assessment of the facility for lead hazards that exist in the form of peeling or chipping paint;
(2) Apply interim controls on any chipping or peeling paint found, using lead-safe work methods in accordance with and as defined by Department of Public Health rules at 641—Chapters 69 and 70, unless a certified inspector as defined in 641—Chapter 70 determines that the paint is not lead-based paint; and
(3) Submit form 470-4755, Lead Assessment and Control, as verification of the visual assessment and completion of interim controls, if necessary.

☐ 441 IAC 120.8(1)"l" The child development home shall be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home's certificate of registration.

☐ 441 IAC 120.8(1)"m" Any driver who transports children for any purpose shall have a valid driver's license and adequate motor vehicle insurance that authorizes the driver to operate the type of vehicle being driven. Child restraint devices shall be utilized in compliance with Iowa Code 321.446.

☐ 441 IAC 120.8(1)"n" Providers shall inform parents of the presence of any pet in the home.
(1) Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian. Acceptable veterinary examinations shall be documented on form 470-5153, Veterinary Health Certificate. This examination shall verify that the animal's routine immunizations, particularly rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms, whipworms) and ectoparasites (fleas, mites, ticks, lice).
(2) Each pet bird in the household shall be purchased from a dealer licensed by the Iowa Department of Agriculture and Land Stewardship and shall be examined by a veterinarian to verify that it is free of infectious diseases. Acceptable veterinary examinations shall be documented on form 470-5153, Veterinary Health Certificate. Children shall not handle pet birds.
(3) Aquariums shall be well maintained and installed in a manner that prevents children from accessing the water or pulling over a tank.
(4) All animal waste shall be immediately removed from the children's areas and properly disposed of. Children shall not perform any feeding or care of pets or cleanup of pet waste.
(5) No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times.

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☐ 441 IAC 120.8(1)"o" The provider shall document all injuries that require first aid or medical care using an injury report form. The form shall be completed on the date of occurrence, shared with the parent, and maintained in the child's file.

441 IAC 120.8(2) Use of outdoor space.

☐ 441 IAC 120.8(2)"a" A safe outdoor play area shall be maintained in good condition throughout the year. The play area shall be fenced off when located on a busy thoroughfare or near a hazard which may be injurious to a child, and shall have both sunshine and shade areas. The play area shall be kept free from litter, rubbish, and flammable materials and shall be free from contamination by drainage or ponding of sewage, household waste, or storm water.

☐ 441 IAC 120.8(2)"b" When there is a swimming or wading pool on the premises:
(1) A wading pool shall be drained daily and shall be inaccessible to children when it is not in use.
(2) An above-ground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use. The cover shall meet or exceed the ASTM International (formerly known as the American Society for Testing and Materials) specification intended to reduce the risk of drowning by inhibiting access to the water by children under five years of age.
(3) An uncovered above-ground swimming pool shall be enclosed with an approved fence that is non-climbable and has a minimum height of four feet.
(4) An uncovered in-ground swimming pool shall be enclosed with a fence that is non-climbable and is at least four feet high and flush with the ground.

☐ 441 IAC 120.8(2)"c" If children are allowed to use an above-ground or in-ground swimming pool:
(1) Written permission from parents shall be available for review.
(2) Equipment needed to rescue a child or adult shall be readily accessible.
(3) The child care provider shall accompany the children and provide constant supervision while the children use the pool.
(4) The child care provider shall complete training in cardiopulmonary resuscitation for infants, toddlers, and children, according to the criteria of the American Red Cross or the American Heart Association.

441 IAC 120.8(3) Medications and hazardous materials.

☐ 441 IAC 120.8(3)"a" All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child.

☐ 441 IAC 120.8(3)"b" A first-aid kit shall be available and easily accessible whenever children are in the child development home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.

☐ 441 IAC 120.8(3)"c" Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are inaccessible to children. Any medication administered to a child shall be

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recorded, and the record shall indicate the name of the medication, the date and time of administration, and the amount given.

☐ 441 IAC 120.8(3)"d" All new providers and those renewing registrations after September 30, 2016, shall not provide medications to a child if the provider has not completed pre-service or orientation training that includes medication administration.

441 IAC 120.8(4) Emergency plans: plans in case of man-made or natural disaster shall be written and posted by the primary and secondary exits. The plans shall clearly map building evacuation routes and tornado and flood shelter areas.

☐ 441 IAC 120.8(4)"a" Fire and tornado drills shall be practiced monthly and the provider shall keep documentation evidencing compliance with monthly practice on file for the current year and the previous year.

☐ 441 IAC 120.8(4)"b" The provider must have procedures in place for the following:
(1) Evacuation to safely leave the facility
(2) Relocation to a common, safe location after the evacuation
(3) Shelter-in-place to take immediate shelter where you are when it is unsafe to leave that location due to the emergent issue
(4) Lock down protocol to protect children and providers from an external situation
(5) Communication plan and plans for reunification with families
(6) Continuity of operations plans
(7) Procedures to address the needs of individual children, including those with functional or access needs

441 IAC 120.8(5) Safe sleep. Infant sleep shall conform to the following standards:

☐ 441 IAC 120.8(5)"a" The provider shall follow safe sleep practices as recommended by the American Academy of Pediatrics for infants under the age of one.
(1) Infants shall always be placed on their back for sleep.
(2) Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.
(3) 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 an infant seat, car seat, swing, bouncy seat, or items not designed for sleeping.
(4) No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.
(5) No co-sleeping shall be allowed.
(6) Sleeping infants shall be actively observed by sight and sound.
(7) If an alternate sleeping position is needed, a signed physician authorization with statement of medical reason is required.

☐ 441 IAC 120.8(6) Discipline. Discipline shall conform to the following standards:
a. Corporal punishment including spanking, shaking, and slapping shall not be used.
b. Punishment which is humiliating or frightening or which causes pain or discomfort to the child shall not be used.
c. Punishment shall not be administered because of a child's illness, or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
d. No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.
e. Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.

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☐ 441 IAC 120.8(7) Meals. Regular meals and midmorning and midafternoon snacks shall be provided which are well-balanced, nourishing, and in appropriate amounts as defined by the USDA Child and Adult Care Food Program. Children may bring food to the child development home for their own consumption, but shall not be required to provide their own food.

a. Clean, sanitary, drinking water shall be readily available to children in indoor and outdoor areas, throughout the day.

441 IAC 120.9(237A) Files.

☐ 441 IAC 120.9(1) Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:

a. Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.

b. Emergency information including, at a minimum, where the parent can be reached, the name, street address, city, and telephone number of the child's regular source of health care, and the name, telephone number, and relationship to the child of another adult available in case of emergency.

c. A signed medical consent from the parent authorizing emergency treatment.

d. An admission physical examination report signed by a licensed physician or designee in a clinic supervised by a licensed physician.

e. A statement of health condition signed by a physician or designee submitted annually from the date of the admission physical. For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physician statement.

f. A list signed by the parent which names persons authorized to pick up the child. The authorization shall include the name, telephone number, and relationship of the authorized person to the child.

g. A signed and dated immunization certificate provided by the state Department of Public Health. For the school-age child, a copy of the most recent immunization record shall be acceptable.

h. Written permission from the parent for the child to attend activities away from the child development home. The permission shall include:

(1) Times of departure and arrival.

(2) Destination.

i. 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.

Sample

Suggestions for Improvement:

Recommendation:

Non-compliance with any of the mandated requirements listed above may lead to the cancellation of your Child Care Assistance Provider Agreement. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations.**

Based on the items out of compliance listed above, you Choose an item. be required to have a recheck or follow up visit to your home.

Signature Date

Please do not hesitate to contact me at DHS at if you have any questions regarding this letter.

Sincerely,

Social Worker II

Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at .

Sample

Child Care Home with a Child Care Assistance Provider Agreement Compliance Letter, Form 470-5430

Purpose	The *Child Care Home with a Child Care Assistance Provider Agreement Compliance Letter*, form 470-5430, is used to identify regulatory violations as a result of an inspection of a child care program.
Source	Complete this form in the Childcare Regulatory Information System (CRIS).
Completion	This form must be completed during the annual inspection of a child care home with a *Child Care Assistance Provider Agreement*.
Distribution	A copy of the form will be maintained in CRIS. A copy will be uploaded to the DHS website.
Data	Complete the following: ♦ Enter the name and address of the child care provider. ♦ Enter the date of the visit. ♦ Place a check in each of the boxes to indicate an area of non-compliance. ♦ Under each area of non-compliance, enter the rationale under FINDINGS. ♦ Enter suggestions for improvement, if applicable. ♦ Enter recommendations, if applicable. ♦ Indicate if a follow up visit is required. ♦ Enter the worker's contact information. ♦ Enter the worker's signature and date.

Child Care Provider Physical Examination Report, Form 470-5152 or 470-5152(S)

Purpose	The *Child Care Provider Physical Examination Report*, form 470-5152 or 470-5152(S), is used to satisfy the regulatory mandate that all child care personnel have good health as evidenced by a pre-employment physical examination. All physical examinations must be documented on form 470-5152 or 470-5152(S).
Source	Print or photocopy supplies of the form from the sample in the manual.
Completion	The employee, provider, or household member should take the form to an authorized health care provider for completion. A separate form must be completed for each employee, provider, and household member.
Distribution	Licensed child care centers shall have a completed and signed form 470-5152 or 470-5152(S) on file within their mandated center licensing and personnel files. Registered child development home providers shall have a completed and signed form 470-5152 or 470-5152(S) on file within their mandated home regulatory files.

Child Care Request for Information, Form 470-5392

Purpose	The *Child Care Request for Information* 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 *Child Care Request for Information* 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	**Inside address**: Enter the name and address of the applicant. Registered Providers Category: ♦ **Applicant type**: Check the box that applies ♦ **Provider type**: Check the box that applies. **Salutation**: Enter the name of the applicant. **Body**: ♦ Enter the due date of information being requested. ♦ Tab into the field and select the optional language that applies.

Child Development Home Pre-Inspection and Compliance Letter, Form 470-5431

Purpose	The *Child Development Home Pre-Inspection and Compliance Letter*, form 470-5431, is used to identify regulatory violations as a result of an inspection of a child care program.
Source	Complete this form in the Childcare Regulatory Information System (CRIS).
Completion	This form must be completed during the pre-inspection or annual inspection of a child development home.
Distribution	A copy of the form will be maintained in CRIS. A copy will be uploaded to the DHS website.
Data	Complete the following: ♦ Enter the name and address of the child care provider. ♦ Enter the date of the visit. ♦ Enter the type of visit, whether it was a pre-inspection or annual visit. ♦ Place a check in each of the boxes to indicate an area of non-compliance. ♦ Under each area of non-compliance, enter the rationale under FINDINGS. ♦ Enter suggestions for improvement, if applicable. ♦ Enter recommendations, if applicable. ♦ Indicate if a follow up visit is required. ♦ Enter the worker's contact information. ♦ Enter the worker's signature and date.

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Click here to enter a date.

Click here to enter text.
Click here to enter text.
Click here to enter text.

Dear Child Care Provider,

This letter is in regards to the Choose an item. at your Choose an item. conducted on Click here to enter a date.. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of the visit.

☐ 441 IAC 110.5(237A) Parental access. Parents shall be afforded unlimited access to their children and to the people caring for their children during the normal hours of operation or whenever their children are in the care of the child development home, unless parental contact is prohibited by court order.

FINDINGS: *Identify FINDINGS in each area of non-compliance.*

☐ 441 IAC 110.6(237A) Limit. Except as provided in subrule 110.6(3), no greater number of children shall be received for care at any one time than the number authorized on the registration certificate.

<u>441 IAC 110.7(237A) Provider requirements</u>.

☐ 441 IAC 110.7(1) The provider shall meet the following requirements:

a. Gives careful supervision at all times.
b. Exchanges information with the parent of each child frequently to enhance the quality of care.
c. Gives consistent, dependable care and be capable of handling emergencies
d. Be present at all times except when emergencies occur or an absence is planned, at which time care shall be provided by a department-approved substitute. When an absence is planned, the provider shall give parents at least 24 hours' prior notice.
e. Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or any of the prescription or non-prescription drugs that could impair their ability to give careful supervision.

☐ 441 IAC 110.7(2) Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.

a. All standards regarding supervision and care of children apply to substitutes.
b. Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.

1305 E. Walnut Street, Des Moines, IA 50319-0114

Sample

c. The substitute must be 18 years of age or older.
d. Use of a substitute is limited to: No more than 25 hours per month. An additional period of up to two weeks in a 12-month period. (These limitations do not apply per Iowa Code section 237A.3A(3)(e) when the provider is engaged in jury duty or official duties related to provider's membership on state board, committee or policy-related body.)
e. The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.

☐ 441 IAC 110.8(237A) Standards. Conditions in the home are safe, sanitary, and free of hazards.

441 IAC 110.8(1) Facility requirements.

☐ 441 IAC 110.8(1)"a" The home shall have a non-pay, working land-line or mobile telephone with emergency numbers posted for police, fire, ambulance, and the poison information center. The number for each child's parent, for a responsible person who can be reached when the parent cannot, and for the child's physician shall be written on paper and readily accessible by the telephone. The home must prominently display all emergency information, and all travel vehicles must have a paper copy of emergency parent contact information.

☐ 441 IAC 110.8(1)"b" Electrical wiring shall be maintained, and all accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped. Electrical cords shall be properly used. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous.

☐ 441 IAC 110.8(1)"c" Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water heaters, and gas dryers.

☐ 441 IAC 110.8(1)"d" Approved safety gates at stairways and doors shall be provided and used as needed.

☐ 441 IAC 110.8(1)"e" Annual laboratory analysis of a private water supply shall be conducted to show satisfactory bacteriological quality. When children under the age of two are to be cared for, the analysis shall include a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially bottled water or water treated through a process approved by the health department or designee shall be provided.

☐ 441 IAC 110.8(1)"f" A safety barrier shall surround any heating stove or heating element, in order to prevent burns.

☐ 441 IAC 110.8(1)"g" The home shall have at least one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

☐ 441 IAC 110.8(1)"h" The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.

☐ 441 IAC 110.8(1)"i" Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children.

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All signs shall include:
(1) The telephone number for reporting complaints, and
(2) The Internet address of the Department of Public Health (www.iowasmokefreeair.gov)

☐ 441 IAC 110.8(1)"j" Homes with private sewer systems or waste water are tested for efficient functioning and improper leakage. Compliance shall be verified by the local board of health at the time of renewal or new registration.

☐ 441 IAC 110.8(1)"k" A provider operating in a facility built before 1960 shall assess and control lead hazards before being issued an initial child development home registration or a renewal of the registration. To comply with this requirement, the provider shall:
(1) Conduct a visual assessment of the facility for lead hazards that exist in the form of peeling or chipping paint;
(2) Apply interim controls on any chipping or peeling paint found, using lead-safe work methods in accordance with and as defined by Department of Public Health rules at 641—Chapters 69 and 70, unless a certified inspector as defined in 641—Chapter 70 determines that the paint is not lead-based paint; and
(3) Submit form 470-4755, Lead Assessment and Control, as verification of the visual assessment and completion of interim controls, if necessary.

☐ 441 IAC 110.8(1)"l" The child development home shall be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home's certificate of registration.

☐ 441 IAC 110.8(1)"m" Any driver who transports children for any purpose shall have a valid driver's license and adequate motor vehicle insurance that authorizes the driver to operate the type of vehicle being driven. Child restraint devices shall be utilized in compliance with Iowa Code 321.446.

☐ 441 IAC 110.8(1)"n" Providers shall inform parents of the presence of any pet in the home.
(1) Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian. Acceptable veterinary examinations shall be documented on form 470-5153, Veterinary Health Certificate. This examination shall verify that the animal's routine immunizations, particularly rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms, whipworms) and ectoparasites (fleas, mites, ticks, lice).
(2) Each pet bird in the household shall be purchased from a dealer licensed by the Iowa Department of Agriculture and Land Stewardship and shall be examined by a veterinarian to verify that it is free of infectious diseases. Acceptable veterinary examinations shall be documented on form 470-5153, Veterinary Health Certificate. Children shall not handle pet birds.
(3) Aquariums shall be well maintained and installed in a manner that prevents children from accessing the water or pulling over a tank.
(4) All animal waste shall be immediately removed from the children's areas and properly disposed of. Children shall not perform any feeding or care of pets or cleanup of pet waste.
(5) No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times.

☐ 441 IAC 110.8(1)"o" The provider shall document all injuries that require first aid or medical care using an injury report form. The form shall be completed on the date of occurrence, shared with the parent, and maintained in the child's file.

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☐ 441 IAC 110.8(1)"p" The provider shall have written policies regarding the care of mildly ill children and exclusion of children due to illness and shall inform parents of these policies.

☐ 441 IAC 110.8(1)"q" The provider shall have written policy and procedures for responding to health-related emergencies.

☐ 441 IAC 110.8(1)"r" The certificate of registration shall be displayed in a conspicuous place.

441 IAC 110.8(2) Use of outdoor space.

☐ 441 IAC 110.8(2)"a" A safe outdoor play area shall be maintained in good condition throughout the year. The play area shall be fenced off when located on a busy thoroughfare or near a hazard which may be injurious to a child, and shall have both sunshine and shade areas. The play area shall be kept free from litter, rubbish, and flammable materials and shall be free from contamination by drainage or ponding of sewage, household waste, or storm water.

☐ 441 IAC 110.8(2)"b" When there is a swimming or wading pool on the premises:
(1) A wading pool shall be drained daily and shall be inaccessible to children when it is not in use.
(2) An above-ground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use. The cover shall meet or exceed the ASTM International (formerly known as the American Society for Testing and Materials) specification intended to reduce the risk of drowning by inhibiting access to the water by children under five years of age.
(3) An uncovered above-ground swimming pool shall be enclosed with an approved fence that is non-climbable and has a minimum height of four feet.
(4) An uncovered in-ground swimming pool shall be enclosed with a fence that is non-climbable and is at least four feet high and flush with the ground.

☐ 441 IAC 110.8(2)"c" If children are allowed to use an above-ground or in-ground swimming pool:
(1) Written permission from parents shall be available for review.
(2) Equipment needed to rescue a child or adult shall be readily accessible.
(3) The child care provider shall accompany the children and provide constant supervision while the children use the pool.
(4) The child care provider shall complete training in cardiopulmonary resuscitation for infants, toddlers, and children, according to the criteria of the American Red Cross or the American Heart Association.

441 IAC 110.8(3) Medications and hazardous materials.

☐ 441 IAC 110.8(3)"a" All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child.

☐ 441 IAC 110.8(3)"b" A first-aid kit shall be available and easily accessible whenever children are in the child development home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.

☐ 441 IAC 110.8(3)"c" Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the

Sample

original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are inaccessible to children. Any medication administered to a child shall be recorded, and the record shall indicate the name of the medication, the date and time of administration, and the amount given.

☐ 441 IAC 110.8(3)"d" All new providers and those renewing registrations after September 30, 2016, shall not provide medications to a child if the provider has not completed pre-service or orientation training that includes medication administration.

441 IAC 110.8(4) Emergency plans: plans in case of man-made or natural disaster shall be written and posted by the primary and secondary exits. The plans shall clearly map building evacuation routes and tornado and flood shelter areas.

☐ 441 IAC 110.8(4)"a" Fire and tornado drills shall be practiced monthly and the provider shall keep documentation evidencing compliance with monthly practice on file for the current year and the previous year.

☐ 441 IAC 110.8(4)"b" The provider must have procedures in place for the following:
(1) Evacuation to safely leave the facility
(2) Relocation to a common, safe location after the evacuation
(3) Shelter-in-place to take immediate shelter where you are when it is unsafe to leave that location due to the emergent issue
(4) Lock down protocol to protect children and providers from an external situation
(5) Communication plan and plans for reunification with families
(6) Continuity of operations plans
(7) Procedures to address the needs of individual children, including those with functional or access needs

<u>441 IAC 110.8(5) Safe sleep</u>: Infant sleep shall conform to the following standards:

☐ 441 IAC 110.8(5)"a" The provider shall follow safe sleep practices as recommended by the American Academy of Pediatrics for infants under the age of one.
(1) Infants shall always be placed on their back for sleep.
(2) Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.
(3) 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 an infant seat, car seat, swing, bouncy seat, or items not designed for sleeping.
(4) No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.
(5) No co-sleeping shall be allowed.
(6) Sleeping infants shall be actively observed by sight and sound.
(7) If an alternate sleeping position is needed, a signed physician authorization with statement of medical reason is required.

☐ 441 IAC 110.8(6) Discipline. Discipline shall conform to the following standards:
a. Corporal punishment including spanking, shaking, and slapping shall not be used.
b. Punishment which is humiliating or frightening or which causes pain or discomfort to the child shall not be used.
c. Punishment shall not be administered because of a child's illness, or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.

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d. No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.
e. Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others

☐ 441 IAC 110.8(7) Meals. Regular meals and midmorning and midafternoon snacks shall be provided which are well-balanced, nourishing, and in appropriate amounts as defined by the USDA Child and Adult Care Food Program. Children may bring food to the child development home for their own consumption, but shall not be required to provide their own food.
a. Clean, sanitary, drinking water shall be readily available to children in indoor and outdoor areas, throughout the day.

☐ 441 IAC 110.8(8) Activity program. There is an activity program and it promotes self-esteem and exploration.
a. Activity program includes active play.
b. Activity program includes quiet play.
c. Activity program includes activities for large muscle development, such as running, climbing, and riding toys.
d. Activity program includes activities for small muscle development, such as coloring, puzzles, finger plays, and play dough.
e. Play equipment and materials in a safe condition, for both indoor and outdoor activities which are developmentally appropriate for the ages and number of children present.

<u>441 IAC 110.9(237A) Files</u>.

☐ 441 IAC 110.9(1)"a" A physician's examination report for the provider and all members of the provider's household over the age of 12. 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; a discussion of recommended vaccinations; completed no more than six months prior to initial registration; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years. All children residing in the household that are 12 years of age or younger must have medical documentation outlined in 110.9(4)"d," 110.9(4)"f," and 110.9(4)"g."

☐ 441 IAC 110.9(1)"b"(1) Certificates or other documentation from the Department verifying the following:

Prior to registration and every 5 years thereafter:
- Minimum health and safety training, approved by the Department, in required content areas
- Iowa's Mandatory Child Abuse Reporter Training

Prior to registration: First aid and cardiopulmonary resuscitation. Provider shall maintain a valid certificate indicating date of training and expiration date.

During each two year registration period, the provider shall receive a minimum of 24 hours of training from approved content areas. A provider shall not use a specific training or class to meet minimum continuing education requirements more than one time every five years.

A provider who submits documentation from a child care resource and referral agency that the provider has completed the Iowa Program for Infant/Toddler Care (IA PITC), ChildNet, or Beyond Business Basics training series may use those hours to fulfill a maximum of two years' training requirements, not including first-aid and mandatory reporter training.

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☐ 441 IAC 110.9(1)"b"(2) Documentation from the Department confirming the record checks required under 441 IAC 110.11(3) have been completed and authorizing or conditionally limiting the person's involvement with child care.

☐ 441 IAC 110.9(2) An individual file is maintained for each staff assistant and contains:

a. Documentation from the Department confirming the record checks required under subrule 110.11(3) have been completed and authorizing or conditionally limiting the person's involvement with child care.

b. A completed form 470-5152, Child Care Provider Physical Examination Report. The examination shall include any necessary testing for communicable diseases; a discussion of recommended vaccinations; completed no more than six months prior to approval to assist or be a household member; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years.

c. Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.

☐ 441 IAC 110.9(3) An individual file is maintained for each substitute and contains:

a. Documentation from the Department confirming the record checks required under 441 IAC 110.9(1)"a" have been completed and authorizing or conditionally limiting the person's involvement with child care.

b. A completed form 470-5152, Child Care Provider Physical Examination Report. The examination shall include any necessary testing for communicable diseases; a discussion of recommended vaccinations; completed no more than six months prior to approval to assist or be a household member; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years.

c. Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.

d. Certification in infant and child first aid.

e. Certification or other documentation that minimum preservice/orientation health and safety training has been completed.

☐ 441 IAC 110.9(4) Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:

a. Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.

b. Emergency information including, at a minimum, where the parent can be reached, the name, street address, city and telephone number of the child's regular source of health care, and the name, telephone number, and relationship to the child of another adult available in case of emergency.

c. A signed medical consent from the parent authorizing emergency treatment.

d. An admission physical examination report signed by a licensed physician or designee in a clinic supervised by a licensed physician.

(1) The date of the physical examination shall not be more than 12 months before the child's first day of attendance at the child development home.

(2) The written report shall include past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary.

(3) For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physical examination report.

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(4) The examination report or statement of health status shall be on file before the child's first day of care.

e. A statement of health condition signed by a physician or designee submitted annually from the date of the admission physical. For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physician statement.

f. For each school-age child, on the first day of attendance, documentation of a physical examination that was completed at the time of school enrollment or since.

g. A signed and dated immunization certificate provided by the state Department of Public Health. For the school-age child, a copy of the most recent immunization record shall be acceptable.

h. A list signed by the parent which names persons authorized to pick up the child. The authorization shall include the name, telephone number, and relationship of the authorized person to the child.

i. Written permission from the parent for the child to attend activities away from the child development home. The permission shall include:

(1) Times of departure and arrival.

(2) Destination.

(3) Persons who will be responsible for the child.

j. Injury report forms documenting injuries requiring first aid or medical care.

k. 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.

441 IAC 110.13(237A) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A"

☐ 441 IAC 110.13(1)"a" No more than six children not attending kindergarten or a higher grade level shall be present at any one time.

☐ 441 IAC 110.13(1)"b" Of these six children, not more than four children who are 24 months of age or younger shall be present at any one time. Of these four children, no more than three may be 18 months of age or younger.

☐ 441 IAC 110.13(1)"c" In addition to the six children not in school, no more than two children who attend school may be present for a period of less than two hours at a time.

☐ 441 IAC 110.13(1)"d" No more than eight children shall be present at any one time when an emergency school closing is in effect.

441 IAC 110.14(237A) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"

☐ 441 IAC 110.14(1)"a" No more than six children not attending kindergarten or a higher grade level shall be present at any one time.

☐ 441 IAC 110.14(1)"b" Of these six children, not more than four children who are 24 months of age or younger shall be present at any one time. Of these four children, no more than three may be 18 months of age or younger.

☐ 441 IAC 110.14(1)"c" In addition to the six children not in school, no more than four children who attend school may be present.

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☐ 441 IAC 110.14(1)"d" In addition to these ten children, no more than two children who are receiving care on a part-time basis may be present.

☐ 441 IAC 110.14(1)"e" No more than 12 children shall be present at any one time when an emergency school closing is in effect.

☐ 441 IAC 110.14(1)"f" If more than eight children are present at any one time for a period of more than two hours, the provider shall be assisted by a department-approved assistant who is at least 14 years old.

441 IAC 110.14(3) Facility requirements.

☐ 441 IAC 110.14(3)"a" The home shall have a minimum of 35 square feet of child-use floor space for each child in care indoors, and a minimum of 50 square feet per child in care outdoors.

☐ 441 IAC 110.14(3)"b" The home shall have a separate quiet area for sick children.

☐ 441 IAC 110.14(3)"c" The home shall have a minimum of two direct exits to the outside from the main floor.

(1) If the second level or the basement of the home is used for the provision of child care, other than the use of a restroom, each additional child-occupied floor shall have at least one direct exit to the outside in addition to one inside stairway.

(2) All exits shall terminate at grade level with permanent steps.

(3) A basement window may be used as an exit if the window can be opened from the inside without the use of tools and it provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area. The bottom of the opening shall not be more than 44 inches above the floor, with permanent steps inside leading up to the window.

(4) Occupancy above the second floor shall not be permitted for child care.

441 IAC 110.15(237A) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"

☐ 441 IAC 110.15(1)"a" No more than 12 children not attending kindergarten or a higher grade level shall be present at any one time.

☐ 441 IAC 110.15(1)"b" Of these 12 children, not more than 4 children who are 24 months of age or younger shall be present at any one time. Whenever 4 children who are under the age of 18 months are in care, both providers shall be present.

☐ 441 IAC 110.15(1)"c" In addition to the 12 children not in school, no more than 2 children who attend school may be present for a period of less than two hours at any one time.

☐ 441 IAC 110.15(1)"d" In addition to these 14 children, no more than 2 children who are receiving care on a part-time basis may be present.

☐ 441 IAC 110.15(1)"e" Not more than 16 children present when the emergency school closing exception is in effect.

☐ 441 IAC 110.15(1)"e" No more than 16 children shall be present at any one time when an emergency school closing is in effect. If more than 8 children are present at any one time due

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to an emergency school closing exception, the provider shall be assisted by a department-approved assistant who is at least 18 years of age.

☐ 441 IAC 110.15(1)"f" If more than eight children are present, both providers shall be present. Each provider shall meet the provider qualifications for child development home category C.

☐ 441 IAC 110.15(2)"a" One provider who meets the following qualifications must always be present (unless this provider has a substitute):
(1) At least 21 years of old.
(2) Has a high school diploma or GED.
(3) Meets one of the following:
(a) Has five years of experience as a registered or nonregistered child care provider.
(b) Has child development associate degree or any two- or four-year degree in a child related field and four years of experience as a registered or nonregistered child care provider.

441 IAC 110.15(3) Facility requirements.

☐ 441 IAC 110.15(3)"a" The home shall have a minimum of 35 square feet of child-use floor space for each child in care indoors, and a minimum of 50 square feet per child in care outdoors.

☐ 441 IAC 110.15(3)"b" The home shall have a separate quiet area for sick children.

☐ 441 IAC 110.15(3)"c" The home shall have a minimum of two direct exits to the outside from the main floor.
(1) If the second level or the basement of the home is used for the provision of child care, other than the use of a restroom, each additional child-occupied floor shall have at least one direct exit to the outside in addition to one inside stairway.
(2) All exits shall terminate at grade level with permanent steps.
(3) A basement window may be used as an exit if the window can be opened from the inside without the use of tools and it provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area. The bottom of the opening shall be not more than 44 inches above the floor, with permanent steps inside leading up to the window.
(4) Occupancy above the second floor shall not be permitted for child care.

Suggestions for Improvement:

Click here to enter text.

Recommendation:

Click here to enter text.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations.**

Sample

Based on the items out of compliance listed above, you Choose an item. be required to have a recheck or follow up visit to your home. Choose an item.

Please do not hesitate to contact me at DHS at Click here to enter text. if you have any questions regarding this letter.

Sincerely,

Click here to enter text.
Social Worker II

Click here to enter text.
Social Work Supervisor

Always remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at Click here to enter text..

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html

You may also access training at: https://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: ● Zoning code ● Building code ● Fire code ● Business license ● State and federal income tax ● Unemployment insurance ● Worker's Compensation ● Minimum wage and hour requirements ● OSHA ● Americans with Disabilities Act (ADA).

Sample

Department of Human Services

Health, Safety, and Fire Standards Checklist for Child Care Homes with a Child Care Assistance Provider Agreement

Name	Telephone Number	Date of Inspection	
Street Address	City	State	Zip Code

Date of entering into a provider agreement_____

The following are requirements contained in Code of Iowa, Chapter 237A or in Iowa Administrative Code Chapter 120 that child care homes with a child care assistance provider agreement must meet.

For each requirement, check the "yes" box if the home meets the requirements, or the "no" box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found, how many "items" were missing (such as children's files, immunization cards, etc.) or what the problem was. If a requirement does not apply to this particular home, enter "NA" for not applicable in the "yes" box.

YES	NO	REF. #	RULE	COMMENT
			A provider's own infants and preschoolers are counted. A provider's own school-age children are not counted. A relative's children are counted, regardless of age.	
		120.5	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	
		120.6	No more than five children shall receive care at any one time.	
		120.7(1)	The provider meets the following requirements:	
		a	Gives careful supervision at all times.	
		b	Frequently exchanges information with the parent of each child to enhance the quality of care.	
		c	Gives consistent, dependable care.	
			Is capable of handling emergencies.	

YES	NO	REF. #	RULE	COMMENT
		d	Is present at all times, except if emergencies occur or an absence is planned.	
			If absence is planned, care is provided by a DHS-approved substitute.	
			If absence is planned, the parents are given at least 24 hours prior notice.	
		e	Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision.	
		f	Be at least 18 years of age.	
		120.7(2)	Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.	
		a	All standards regarding supervision and care of children apply to substitutes.	
		b	Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.	
		c	The substitute must be 18 years of age or older.	
		d	Use of a substitute is limited to: • No more than 25 hours per month. • An additional period of up to two weeks in a 12-month period. These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.	
		e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	

YES	NO	REF. #	RULE	COMMENT
		120.8	Conditions in the home shall be safe, sanitary, and free from hazards.	
		120.8(1)a	Has a non-pay working telephone. A cell phone can be the primary phone.	
			Emergency numbers posted for police, fire, ambulance, and poison information center.	
			Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone.	
			All travel vehicles must have a paper copy of emergency parent contact information.	
		b	Electrical wiring shall be maintained.	
			All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets.	
			All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
		c	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.	
		d	Safety barriers are at stairways and doors as needed.	
		e	An annual laboratory analysis shows satisfactory bacteriological quality <u>if</u> a private water supply is used. Nitrate analysis when children under 2.	
			<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	
		f	A safety barrier surrounds any heating stove or heating element, in order to prevent burns.	
		g	Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on **each** child-occupied floor.	

YES	NO	REF. #	RULE	COMMENT
		h	Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
			Each smoke detector has been installed according to manufacturer's recommen-dations.	
			Each smoke detector is tested monthly, and a record is kept for inspection purposes.	
		i	Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.	
			Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and www.iowasmokefreeair.gov.	
		j	Homes served by private sewer systems shall be in compliance with discharge restrictions. Discharge of untreated waste water is prohibited. Compliance shall be verified by local board of health at time of renewal or new registration.	
		k	For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls on any chipping and peeling paint, using DPH lead-safe work methods. Form 470-4755, *Lead Assessment and Control*, is submitted with each initial and renewal application.	
		l	The child care home shall be located in a single-family residence that is owned, rented, or leased by the provider.	
		m	Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized.	
		n	Providers inform parents of the presence of any pet in the child development home.	

YES	NO	REF. #	RULE	COMMENT
			All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. Form 470-5153, *Veterinary Health Certificate*, is on file.	
			Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.	
			Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
			All animal waste is immediately removed from the children's areas and properly disposed of.	
			No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.	
			Children shall not perform any feeding or care of pets or cleanup of pet waste.	
		o	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents, and copies are in the child's file.	
		120.8(2)	Outdoor space.	
		a	A safe outdoor play area is maintained in good condition throughout the year.	
			Play area has a fence when located on a busy thoroughfare or near a hazard.	
			Has both sunshine and shade areas.	
			Is kept free from litter, rubbish, and flammable materials.	
			Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	
		b	When a swimming pool or wading pool is on the premises:	
			Wading pools are drained daily and are inaccessible to children when not in use.	

YES	NO	REF. #	RULE	COMMENT
			If not fenced, both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use.	
			Fence for above-ground pool is four feet high and non-climbable.	
			Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high.	
		c	If children use above-ground or in-ground swimming pools:	
			Written permission from the parents is on file.	
			Equipment needed to rescue a child or adult is accessible.	
			The provider accompanies and provides constant supervision while the children use the pool.	
			The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	
		120.8(3)	Medications and hazardous material.	
		a	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
		b	First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.	
			The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.	
		c	Medicines are given only with written authorization from the doctor or parent.	
			Prescribed medicines are accompanied by a doctor's or a pharmacist's direction.	
			All medicines are in original containers with directions intact and labeled with the child's name.	

YES	NO	REF. #	RULE	COMMENT
			Medicines are stored properly including refrigeration in a separate covered container.	
			Medicines are inaccessible to children.	
			Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given.	
		d	Medications are not provided if the provider has not completed pre-service orientation that includes medication administration.	
		120.8(4)	Emergency plans.	
		a	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
			The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.	
			Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.	
		b	Procedures are in place for: • Evacuation to safely leave the facility, • Relocation to a common, safe location after evacuation, • Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue, • Lock down to protect children and providers from an external situation, • Communication and reunification with families, • Continuity of operations, and • Procedures to address the needs of individual children, including those with functional or access needs.	

YES	NO	REF. #	RULE	COMMENT
		120.8(5)	Safe sleep. Provider must follow safe sleep practices as recommended by AAP for infants under one year of age.	
		a	Infants are placed on back to sleep.	
		b	Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.	
		c	Infants are not allowed to sleep on bed, sofa, air mattress, or other soft surface. No sleeping occurs in items not designed for sleeping such as, but not limited to, infant seat, car seat, swing, bouncy seat.	
		d	No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area.	
		e	Co-sleeping is not allowed.	
		f	Sleeping infants will be actively observed by sight and sound.	
		g	If an alternative sleeping position is needed, a signed physician authorization with state of medical reason is required.	
		120.8(6)	Discipline.	
		a	Corporal punishment including spanking, shaking, and slapping is not used.	
		b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	
		c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	
			No punishment or threat of punishment is associated with food or rest.	
		d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	
		e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	

YES	NO	REF. #	RULE	COMMENT
		120.8(7)	Meals and snacks.	
		a	Regular meals and snacks that are well-balanced and nourishing shall be provided.	
		b	Children may bring food to the child care home, but are not required to provide their own food.	
		c	Clean, sanitary drinking water shall be readily available in indoor and outdoor areas, throughout the day.	
		120.9	Files.	
		120.9(1)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
		a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	
		b	Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child's regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.	
		c	A signed medical consent from the parent authorizing emergency medical and dental treatment.	
		d	An admission physical examination report signed by physician or clinic designee.	
		e	A statement of health signed by a physician submitted annually.	
			For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.	
		f	A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	

YES	NO	REF. #	RULE	COMMENT
		g	A signed and dated immunization certificate provided by the state Department of Public Health.	
		h	Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure and destination.	
		i	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	

Signature of person completing form	Agency	Date

Signature of provider	Co-Provider (Child Development Home C only)	Date

Health, Safety, and Fire Standards Checklist for Child Care Homes with a Child Care Assistance Provider Agreement, Form 470-5385

Purpose	The *Health, Safety, and Fire Standards Checklist for Child Care Homes with a Child Care Assistance Provider Agreement* is used to evaluate a child care home with a child care assistance provider agreement to verify compliance with the minimum requirements for participation in a provider agreement.
Source	Print or photocopy supplies of the form from the sample in the manual.
Completion	Complete form 470-5385 when conducting an inspection to verify compliance with minimum requirements.
Distribution	Keep a copy of the form on file.
Data	This form contains all the requirements that a child care home must meet. Before each requirement is a "yes" and "no" box. If the child care home meets the requirement, place a check mark in the "yes" box. If the child care home does not meet the requirement, place a check mark in the "no" box. A section is provided for comments on requirements not being met, on requirements where improvement is needed, or other observations that you may feel important to include. These notes shall be factual and objective.

Lead Assessment and Control, Form 470-4755 or 470-4755(S)

Purpose	Providers operating in facilities built before 1960 use the *Lead Assessment and Control* form to document the provider's verification of compliance with 441 IAC 110.5(1)"x." This rule requires visual assessment for lead hazards and application of interim controls.
Source	The English version of this form may be ordered from Iowa Prison Industries. Print supplies of the Spanish version from the sample in the manual.
Completion	A provider operating in a facility built before 1960 shall complete this form before submitting the initial application. The provider shall submit a **new** form with every application. The provider shall complete the "interim control table" on page 2 upon each visual assessment and application of interim controls throughout the period of registration. At the time of application, the provider shall complete and sign the first page of the form and submit both pages with the application.
Distribution	Send the form to the provider with the initial and renewal application materials. A provider who operates in a facility built before 1960 must submit the completed form to the Department with the initial application and with each renewal application. Supporting documentation must be attached to the form if a certified lead inspector has determined that the paint hazard is lead-free. The Department retains the form in the provider file. The provider may make a copy before submitting the form.
Data	The form records: ♦ The date of completion of each visual assessment, ♦ Location and type of hazard, ♦ How the hazard is controlled (or includes documentation that a hazard is not lead-based paint), ♦ Date of application of interim controls, and ♦ Name of person completing work.

Notice of Decision: Services, Form 470-0602 or 470-0602(S)

Purpose

Child care workers use form 470-0602 or 470-0602(S) to notify an applicant-provider of all approvals, denials, or terminations which affect the provider's child development home registration.

Source

Form 470-0602 and 470-0602(S) are available as templates in the state-approved forms folder on Outlook.

Completion

The worker responsible for registration prepares an original and one copy of this notice when:

- An application for registration is approved, denied, or withdrawn.
- Registration is renewed.
- The Department has completed an evaluation of a criminal or child abuse record.
- Registration is revoked.

Distribution

Send the original to the applicant-provider and file a copy in the case record. For record check evaluations concluding that the record prohibits registration, also send copies to:

- The county attorney.
- The child care program manager in central office.

Data

The top section of the form is self-explanatory. The case number may be omitted for decisions on applications.

In the "Explanation of Action" section, select from the text available in the Outlook template. If the action is for revocation, send the notice by certified mail.

Pet Health Examination Veterinary Health Certificate, Form 470-5153 or 470-5153(S)

Purpose	The *Pet Health Examination Veterinary Health Certificate*, form 470-5153 or 470-5153(S), is used to satisfy the regulatory mandate that each dog, cat, and pet bird residing in a registered child development home undergo the required health examination by a licensed veterinarian. Acceptable veterinary examinations shall be documented on form 470-5153 or 470-5153(S).
Source	Print or photocopy supplies of the form from the sample in the manual.
Completion	Form 470-5153 or 470-5153(S) should be completed by a licensed veterinarian for each applicable animal residing in the registered child development home.
Distribution	Registered child development home providers shall have a completed and signed form 470-5153 or 470-5153(S) for each applicable animal on file within their mandated home regulatory files.

Department of Human Services

Pre-Inspection Checklist for Child Development Home Registration

Name	Telephone Number	Date of Inspection	
Street Address	City	State	Zip Code

Date of registration application_____

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code Chapter 110 that must be reviewed during pre-inspection for child development home applicants. For each requirement, check the "yes" box if the home meets the requirements, or the "no" box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found or what the problem was. If a requirement does not apply to this particular home, enter "NA" for not applicable in the "yes" box.

Areas that are Not Applicable for Pre-Inspection are noted in the comment section. **If a person seeking registration is currently caring for children or a health and safety concern is identified in an area not applicable to pre-inspection, this portion of the checklist may be completed.**

SECTION 1.

YES	NO	REF. #	RULE	COMMENT
			For all categories, a provider's own infants and preschoolers are counted. A provider's own school-age children are not counted. A relative's children are counted, regardless of age.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
For child development homes Category A complete Sections 1 and 2. For child development homes Category B complete Sections 1 and 3. For child development homes Category C complete Sections 1 and 4.				
		110.5	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.6	No more children are in care than the number authorized on the registration certificate.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.7(1)	The provider meets the following requirements:	
		a	Gives careful supervision at all times.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Frequently exchanges information with the parent of each child to enhance the quality of care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		c	Gives consistent, dependable care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Is capable of handling emergencies.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Is present at all times, except if emergencies occur or an absence is planned.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			If absence is planned, care is provided by a DHS-approved substitute.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			If absence is planned, the parents are given at least 24 hours prior notice.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision.	
		110.7(2)	Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		a	All standards regarding supervision and care of children apply to substitutes.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	The substitute must be 18 years of age or older.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Use of a substitute is limited to: • No more than 25 hours per month. • An additional period of up to two weeks in a 12-month period. These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.8	Conditions in the home shall be safe, sanitary, and free from hazards.	
		110.8(1)a	Has a non-pay working telephone. A cell phone can be the primary phone.	
			Emergency numbers posted for police, fire, ambulance, and poison information center.	
			Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			All travel vehicles must have a paper copy of emergency parent contact information.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Electrical wiring shall be maintained.	
			All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets.	
			All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
		c	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.	
		d	Safety barriers are at stairways and doors as needed.	
		e	An annual laboratory analysis shows satis-factory bacteriological quality <u>if</u> a private water supply is used. Nitrate analysis when children under 2.	
			<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	
		f	A safety barrier surrounds any heating stove or heating element, in order to prevent burns.	
		g	Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on **each** child-occupied floor.	

YES	NO	REF. #	RULE	COMMENT
		h	Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
			Each smoke detector has been installed according to manufacturer's recommen-dations.	
			Each smoke detector is tested monthly, and a record is kept for inspection purposes.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		i	Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.	
			Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and www.iowasmokefreeair.gov.	
		j	Homes served by private sewer systems shall be in compliance with discharge restrictions. Discharge of untreated waste water is prohibited. Compliance shall be verified by local board of health at time of renewal or new registration.	
		k	For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls on any chipping and peeling paint, using DPH lead-safe work methods. Form 470-4755, *Lead Assessment and Control*, is submitted with each initial and renewal application.	
		l	The child development home shall be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home's certificate of registration.	**Determined prior to inspection**
		m	Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		n	Providers inform parents of the presence of any pet in the child development home.	

YES	NO	REF. #	RULE	COMMENT
			All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. Form 470-5153, *Veterinary Health Certificate*, is on file.	
			Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.	
			Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
			All animal waste is immediately removed from the children's areas and properly disposed of.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			No animals are allowed in food preparation, storage or serving areas during food prepa-ration and serving times.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Children shall not perform any feeding or care of pets or cleanup of pet waste.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		o	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents, and copies are in the child's file.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		p	The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		q	The provider has written policies about responding to health-related emergencies.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		r	Certificate of registration is displayed in a conspicuous place	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.8(2)	Outdoor space.	
		a	A safe outdoor play area is maintained in good condition throughout the year.	
			Play area has a fence when located on a busy thoroughfare or near a hazard.	
			Has both sunshine and shade areas.	
			Is kept free from litter, rubbish, and flammable materials.	

YES	NO	REF. #	RULE	COMMENT
			Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	
		b	When a swimming pool or wading pool is on the premises:	
			Wading pools are drained daily and are inaccessible to children when not in use.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			If not fenced, both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use.	
			Fence for above-ground pool is four feet high and non-climbable.	
			Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high.	
		c	If children use above-ground or in-ground swimming pools:	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Written permission from the parents is on file.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Equipment needed to rescue a child or adult is accessible.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			The provider accompanies and provides constant supervision while the children use the pool.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	**Determined prior to inspection**
		110.8(3)	Medications and hazardous material.	
		a	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
		b	First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.	
			The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.	
		c	Medicines are given only with written authorization from the doctor or parent.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
			Prescribed medicines are accompanied by a doctor's or a pharmacist's direction.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			All medicines are in original containers with directions intact and labeled with the child's name.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Medicines are stored properly including refrigeration in a separate covered container.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Medicines are inaccessible to children.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Medications are not provided if the provider has not completed pre-service orientation that includes medication administration.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.8(4)	Emergency plans.	
		a	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
			The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.	
			Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Procedures are in place for: • Evacuation to safely leave the facility, • Relocation to a common, safe location after evacuation, • Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue, • Lock down to protect children and providers from an external situation, • Communication and reunification with families, • Continuity of operations, and • Procedures to address the needs of individual children, including those with functional or access needs.	

YES	NO	REF. #	RULE	COMMENT
		110.8(5)	Safe sleep.	
		a	Provider shall follow safe sleep practices as recommended by AAP for infants under one year of age.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Infants are placed on back to sleep.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Infants shall not be allowed to sleep on bed, sofa, air mattress, or other soft surface. No sleeping occurs in items not designed for sleeping such as, but not limited to, infant seat, car seat, swing, bouncy seat.	
			No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area.	
			Co-sleeping is not allowed.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Sleeping infants will be actively observed by sight and sound.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			If an alternative sleeping position is needed, a signed physician authorization with state of medical reason is required.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.8(6)	Discipline.	
		a	Corporal punishment including spanking, shaking, and slapping is not used.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			No punishment or threat of punishment is associated with food or rest.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		110.8(7)	Meals and snacks.	
		a	Regular meals, midmorning snacks and/or mid-afternoon snacks shall be provided and be well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Children may bring food to the child care home, but are not required to provide their own food.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Clean, sanitary drinking water shall be readily available in indoor and outdoor areas, throughout the day.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.8(8)	Activity program. There is an activity program that promotes self-esteem and exploration that:	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		a	Includes active play.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Includes quiet play.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Includes activities for large muscle development, such as running, climbing, riding toys, etc.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	All play equipment and materials are in a safe condition, for both indoor and outdoor activities.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			All activities are developmentally appropriate for the ages of the children present.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			All equipment and materials are adequate for the number of children present.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.9	Files.	
		110.9(1)	A provider file is maintained and contains:	
		a	A physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, for all household members over the age of 12. Physical exams should be repeated every three years.	

YES	NO	REF. #	RULE	COMMENT
			Children 12 years of age or younger residing in the household must have: • Admission physical exam report. • Immunization certificate. For school age: Documentation of physical exam completed at time of school enrollment or since that time.	
		b(1)	Certificates or training verification documentation for:	
			Approved Health and Safety training obtained prior to registration (and every five years thereafter).	**Determined prior to inspection**
			Two hours of approved child abuse and neglect mandatory reporter training (and every five years thereafter).	**Determined prior to inspection**
			Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout the period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	**Determined prior to inspection**
			During each two year registration period: 24 hours of approved training.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b(2)	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.9(2)	An individual file is maintained for each staff assistant:	
		a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, which is repeated at least every three years.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Certification of two hours of approved training relating to identification and reporting of child abuse within six months of employment and repeated every five years.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		110.9(3)	An individual file is maintained for each substitute and contains:	
		a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, which is repeated at least every three years.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment and repeated every five years.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	Certification or other documentation that minimum health and safety training as identified in 110.10(1)"a" has been completed.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.9(4)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
		a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child's regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	A signed medical consent from the parent authorizing emergency treatment.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		d	For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian or admission physical examination that is not more than 12 months from the child's first day.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	For infants and preschoolers: A statement of health signed by a physician submitted annually.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of statement of health or admission physical.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		f	For each school-age child, record of a physical exam completed at the time of school enrollment or since.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		g	A signed and dated immunization certificate provided by the state Department of Public Health.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		h	A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		i	Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		j	Injury report forms to document injuries requiring first aid or medical care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		k	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

SECTION 2.

YES	NO	REF. #	RULE	COMMENT
		110.13(1)	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A"**	
		a	Not more than six preschool children present at any one time including infants.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Not more than two additional school-age children for less than two hours at any one time.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Not more than eight children present when the emergency school closing exception is in effect.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

SECTION 3.

YES	NO	REF. #	RULE	COMMENT
		110.14(1)	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"**	
		a	Not more than six preschool children present at any one time including infants.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Not more than four additional school-age children.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Not more than two children who are receiving care on a part-time basis at any one time. Part-time hours are limited to less than 180 hours per month.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	Not more than 12 children present when the emergency school closing exception is in effect.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		f	When more than 8 children are present for more than 2 hours, a DHS-approved assistant at least 14 years old is present.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.14(3)	Facility requirements.	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors per child in care.	
		b	There is a separate quiet area for sick children.	
		c	Minimum of two direct exits to the outside from the main floor.	
			All exits terminate at grade level with permanent steps.	
			If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
			If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

SECTION 4.

YES	NO	REF. #	RULE	COMMENT
		110.15(1)	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"**	
		a	When both providers are present, not more than 12 preschool children are present at any one time, including infants.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	When both approved providers are present, not more than 4 children 18 months of age or younger are present and no more than 4 of the 12 children are 24 months of age or younger.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		c	When both approved providers are present, not more than two additional school-age children are present for less than two hours at any one time.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	When both approved providers are present, not more than two additional children who are receiving care on a part-time basis are present. Part-time hours are limited to less than 180 hours per month.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	When there are two approved providers, not more than 16 children are present when the emergency school closing exception is in effect.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			When there are two approved providers, if more than 8 children are present at any one time due to an emergency school closing exception, the provider shall be assisted by a DHS-approved assistant who is at least 18 years of age.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		f	If only one approved provider is present, not more than eight children are present.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			If only one approved provider is present, not more than 4 of the 8 children may be 24 months of age or younger and of these 4 children, no more than 3 are 18 months of age or younger.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.15(3)	Facility requirements.	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors for each child in care.	
		b	There is a separate quiet area for sick children.	
		c	Has a minimum of two direct exits to the outside from the main floor.	
			All exits terminate at grade level with permanent steps.	
			If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	

YES	NO	REF. #	RULE	COMMENT
			If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

Signature of person completing form	Agency	Date

Signature of provider	Co-Provider (Child Development Home C only)	Date

Pre-Inspection Checklist for Child Development Home Registration, Form 470-5384

Purpose	The *Pre-Inspection Checklist for Child Development Home Registration* is used to evaluate a child development home applicant to verify compliance with the minimum requirements for registration.
Source	Print or photocopy supplies of the form from the sample in the manual.
Completion	Complete form 470-5384 when conducting a pre-inspection visit to verify compliance with minimum requirements.
Distribution	Keep a copy of the form on file.
Data	This form contains all the requirements that a child development home must meet before registration. Before each requirement is a "yes" and "no" box. If the applicant meets the requirement, place a check mark in the "yes" box. If the applicant does not meet the requirement, place a check mark in the "no" box. A section is provided for comments on requirements not being met, or requirements where improvement is needed, or other observations that you may feel important to include. These notes shall be factual and objective. If a certain requirement does not apply, it is marked as "not applicable" in the comment box. If an area that is not applicable is identified as a concern, you may choose to complete this portion of the checklist.

Pre-Inspection Referral, Form 470-5394

Purpose	The *Pre-Inspection Referral* 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 *Pre-Inspection Referral* must be completed any time a pre-inspection is required.
Distribution	Keep a copy of the *Pre-Inspection Referral* in the case file.
Data	**Date Submitted**: Enter the date the request is being sent to the 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.

Record Check Authorization, Form 470-5143 or 470-5143(S)

Purpose

The *Record Check Authorization*, form 470-5143 or 470-5143(S), is used to authorize the Department of Human Services to conduct any or all of the following pursuant to Iowa Code section 237A.5:

- A check of the Iowa sex offender registry and the sex offender registries of other states.
- A check of the Iowa child abuse registry and child abuse registries of other states.
- An Iowa criminal history record check with the Division of Criminal Investigation and criminal history databases of other states.
- A check of Iowa public or civil offense records or those of other states.

Source

Complete the English version of this form on line using the template in the public state-approved folder on Outlook.

Supplies of the English and Spanish form can also be printed from the sample in the manual.

Completion

Complete and submit a separate form for each person subject to a record check in a child care facility.

The Centralized Child Care Assistance Unit (CCAU) sends form 470-5143 or 470-5143(S) to all providers and household members subject to a record check.

The form is signed and returned to CCAU staff. CCAU staff conducts the record check search.

Distribution	Licensed child care centers attach the results to completed form 470-5143 or 470-5143(S) and return to: Child Care Center Licensing Staff (Marsha McBee) Department of Human Services Hoover State Office Building 1305 E Walnut St Des Moines, IA 50319-0114 Child care regulatory field staff distributes form 470-5143 or 470-5143(S) to providers when necessary. Keep form 470-5143 or 470-5143(S) in the provider file.
Data	The form contains a waiver authorizing the record search from the person subject to the record check. The Department of Criminal Investigation indicates the results of the check and attaches the record if one is found.

Record Check Decision, Form 470-2386 or 470-2386(S)

Purpose	The DHS evaluation team completes form 470-2386 or 470-2386(S), to summarize any reports of criminal conviction or founded child abuse and to recommend whether the reports merit prohibition of registration.
Source	The English version is available as a template through the public state-approved forms folder on Outlook. The Spanish version can be printed from the on-line manual.
Completion	The DHS evaluation team completes the form any time there is a founded report of child abuse or a record of a criminal conviction. A single form may be completed for more than one criminal conviction or founded child abuse report. In the Summarization of the Evaluation Information (page 2) be certain that each criteria is explained in detail. Two copies are needed if no adverse action is recommended. Three copies are required if denial or revocation is recommended.
Distribution	Keep one copy in a confidential administrative file in the county office.
Data	Check the kind of reports being evaluated and the evaluation decision. Enter the name and address of the person being evaluated and detail the rationale for the decision. Each person on the evaluation team should sign and date the form.

Record Check Evaluation, Form 470-2310 or 470-2310(S)

Purpose	Form 470-2310 or 470-2310(S) is used to collect additional information about a criminal conviction or a child abuse report. The worker and the evaluation team then use this information to evaluate the report's effect on the licensing or registration recommendation.
Source	Complete the English version of this form on line using the template available in the public state-approved forms folder on Outlook. Print supplies of the Spanish version from the sample in the manual.
Completion	The person subject to the evaluation and/or the requesting entity completes sections A, B, and D for each founded report of child abuse or criminal conviction. Section C is the evaluation determination and is completed by the Department.
Distribution	The person subject to the evaluation completes the form and sends the form to the Department within ten calendar days of the date on the form. This information is reviewed by the Department. On approved evaluations, a copy of the completed *Record Check Evaluation* will be sent to the requesting entity. On denied evaluations, a copy of the completed *Record Check Evaluation* will be sent to the requesting entity and the person subject to the evaluation.
Data	**Part A**: The agency, provider, or person requesting the evaluation completes this section. Include the requesting entity, requestor's name, and contact information. **Part B**: The person completing the form verifies who is being evaluated, previous or maiden names, and the position they are applying for. **Part C**: The Department will evaluate and approve or deny a person's involvement in the role they have requested.

Part D: The applicant must complete information regarding each crime or incident of abuse, changes made to assure safety in working with others, and whether the Department has evaluated the applicant in the past.

Iowa Department of Human Services

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

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 redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- The redissemination 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 redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

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 is used to: ♦ Request registered child or dependent adult abuse information. ♦ Verify the identity of the person filing the request. ♦ Respond to the request for information. ♦ Record the dissemination of information.
Source	DHS staff can complete this form on line using the template available through the public state-approved forms folder on Outlook.
Completion	The form is initiated by any person wishing to obtain child or dependent adult abuse information from the Central Abuse Registry. A separate form must be completed for each family about whom information is requested (or each individual, for employment checks). Section 1 and either Section 2 or Section 3 is completed by the individual or agency staff person requesting the information. Section 4 is completed by the Central Abuse Registry staff or a staff person designated by the service area manager as approved to relay founded child or dependent adult abuse information to any authorized requester. All local offices are authorized to release information to the subjects of a child abuse investigation or assessment (or to a subject's legal representative) upon verification of identity and subject status.
Distribution	For requests originating **outside the Department** and **employment checks** from Department institutions, send the form to the Central Abuse Registry. The Registry returns the completed form to the requester and retains a copy to record dissemination if a record of founded child abuse exists.

Forms transmitted by the Registry to a Department personnel office are handled according to policy in 16-E(1) on registered reports.

For **internal DHS requests** from licensing, registration or placement approval record checks and requests for the written report, provide the form to the field staff designated in the service area to do child or dependent adult abuse record checks and release of **registered reports**:

- Send one copy to the Registry to record any dissemination of information. (Submit only if there is information on a registered incident or a registered written summary has been released.)
- Keep one copy of the completed form for the local office records.
- Send one copy to the requester with the result of the check. The Registry provides the local office with the Iowa Code reference in recording the result of the check. When a report is released, the name of the reporter must always be deleted.

Data

Section 1 identifies the requester and attests that the requester understands the legal provisions for handling child and dependent adult abuse information.

Section 2 is completed by a person who is responsible for the placement or licensure, registration, or approval for payment of facilities and is seeking child or dependent adult abuse record checks for applicants or employees.

In Section 2, enter the information on the person whose record is being checked.

Section 3 is completed by a subject, mandatory reporter, or agency staff person requesting a copy of the written summary.

Section 4 gives the outcome of the request.

Request for Child Care Professional Development Approval Review, Form 470-4528

Purpose	Form 470-4528, *Request for Child Care Professional Development Approval Review*, is used to document that the source of professional development is approved by the Department.
Source	The form is available on the Department's website at http://dhs.iowa.gov/sites/default/files/470-4528.pdf.
Completion	A professional development providing organization completes the form when: ♦ A child care center plans to provide professional development conducted by the organization; or ♦ The organization wants to market professional development to child care center staff; or ♦ The organization wants to market professional development to child development home providers.
Distribution	The organization submits the application to the email address listed on the form along with: ♦ The organization's table of organization. ♦ The organization's mission and vision statement and objectives. ♦ The organization's adult educator approval and review process. (The documented process that your organization uses to accept and deny adult educators based on their qualifications and the criteria in the Adult Educator Approval and Review Process Assurances section below.) ♦ The organization's curricula approval and review process. (The documented process that your organization uses to accept and deny curricula based on the content and the criteria in the Curricula Approval and Review Process Assurances section below.)

- An example of an evaluation participants complete for the adult educator to evaluate whether the participant met the objectives of the class or series.
- The organization's evaluation form participants complete to evaluate the adult educator and the class or series.
- The organization's certificate of completion template.

Data

The form identifies the organization, describes the requirements, and provides the agreement that the organization must enter into.

Iowa Department of Human Services

Comm. 95 (Rev. 10/16)

Guidelines for Child Care Homes

With a Child Care Assistance Provider Agreement

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Thank you for providing child care through the use of a Child Care Assistance Provider Agreement. If you have any questions concerning the minimum requirements or need help in setting up or improving your program, please feel free to ask for consultation from a child care worker in your local Department of Human Services office or from your local child care resource and referral agency.

This handbook explains the minimum requirements for child care providers that are not registered but have a child care assistance provider agreement. These requirements are outlined in Iowa Code 237A and 441 Iowa Administrative Code, Chapter 120. When you sign the application form, you are certifying that you meet all of these requirements.

Definitions

Legal reference: 441 IAC Chapter 120

"**Adult**" means a person aged 18 or older.

"**Assistant**" means a responsible person aged 14 or older. The assistant may never be left alone with children. Ultimate responsibility for supervision is with the child care provider.

"**Child**" means either:

- A person 12 years of age or younger.
- 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 Disability Assistance and Bill of Rights Act.

"**Child care**" means the care, supervision, or guidance of a child by a person other than the child's parent, guardian, or custodian for periods of less than 24 hours per day per child on a regular basis. "Child care" does not mean special activity programs that meet on a regular basis, such as:

- Music or dance classes,
- Organized athletics or sports programs,
- Scouting programs,
- Hobby or craft classes or
- Clubs.

"**Child care home**" means a person or program providing child care to five or fewer children at any one time that is not registered to provide child care, as authorized under Iowa Code section 237A.3.

"**Department**" means the Department of Human Services.

“**Involvement with child care**” means:

- Licensed or registered as a child care facility,
- Employed in a child care facility,
- Residing in a child care facility,
- Receiving public funding for providing child care,
- Providing child care as a child care home provider, or
- Residing in a child care home.

“**Parent**” means parent or legal guardian.

“**Person subject to an evaluation**” means a person who has committed a transgression and who is described by any of the following:

- The person is being considered for registration or is registered.
- The person is being considered by a child care facility for employment involving direct responsibility for a child or with access to a child when the child is alone, or the person is employed with such responsibilities.
- The person will reside or resides in a child care facility.
- The person has applied for or receives public funding for providing child care.
- The person will reside or resides in a child care home that is not registered but that receives public funding for providing child care.

“**Transgression**” means the existence of any of the following in a person’s record:

- Conviction of a crime.
- A record of having committed founded child or dependent adult abuse.
- Listing in the sex offender registry established under Iowa Code Chapter 692A.
- A record of having committed a public or civil offense.
- Department 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.

Application for a Child Care Assistance Provider Agreement

Legal reference: 441 IAC 120.2(237A.12)

If you want to become a nonregistered child care home provider, you will need to fill out:

- Form 470-2890, *Payment Application for Nonregistered Providers*, and
- Form 470-3871, *Child Care Assistance Provider Agreement*.

Also form 470-2890 to inform the Department of any changes in circumstances that would affect your provider agreement. If your household composition changes, you must notify DHS.

Renewal of your provider agreement shall be completed every 24 months.

Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you:

- Zoning code
- Building code
- Fire code
- Business license
- State and federal income tax
- Unemployment insurance
- Worker's Compensation
- Minimum wage and hour requirements
- OSHA
- Americans with Disabilities Act (ADA)

Record Checks

Legal reference: 441 IAC 120.11(237A.12)

For the protection of children, Iowa Code Chapter 237A requires that child care providers and others in the home must submit to checks for criminal or child abuse history. The Department submits record checks for:

- Every operator of a child care home.
- All staff members, including substitute providers, with direct responsibility for child care.
- Anyone 14 years and older who is living in the child care home.
- Anyone who might have access to a child when the child is alone.

The purpose of the record checks is to determine whether the person has any founded child abuse reports, criminal convictions, or is on the sex offender registry.

Criminal Records Check

Iowa criminal records checks must be completed before a child care assistance provider agreement will be issued. Under Iowa law, form 470-5143, *Record Check Authorization*, must be completed by:

- Every operator of a child care home.
- All staff members, including substitute providers, with direct responsibility for child care.
- Anyone 14 years and older who is living in the child care home.
- Anyone who might have access to a child when the child is alone.

You are responsible for the completion of all required criminal record check forms. State of Iowa record checks are repeated every 24 months and when the Department or registrant becomes aware of any new transgressions committed by that person in another state.

National Criminal Records Check

Effective July 1, 2013, national criminal records checks, based on fingerprints, must be completed before a home can become or renew a child care assistance provider agreement. Under Iowa law, *DCI Waiver Agreement*, form DCI-45, and *Federal Fingerprint Card*, form FD-258, must be completed by:

- Every operator or registrant of a child care home.
- All staff members, including substitute providers, with direct responsibility for child care.
- Anyone 18 years and older who is living in the child care home.
- Anyone who might have access to a child when the child is alone.

Providers will be responsible for having their fingerprints “rolled” before submitting their registration materials. The provider is responsible for the completion of all required criminal record check forms.

The national criminal history record check shall be repeated for each person subject to the check every four years and when the Department or registrant becomes aware of any new transgressions committed by that person in another state. The Department is responsible for the cost of conducting the national criminal history record check.

Child Abuse Registry Check

Child abuse registry checks must be completed before a home becomes registered as a child care home. A child abuse registry check is to be completed on:

- Every operator of a child care home.
- All substitute providers or assistants, with direct responsibility for child care.
- Anyone 14 years and older who is living in the child care home.
- Anyone who might have access to a child when the child is alone.

The child abuse registry check is initiated by the completion of form 470-5143, *Record Check Authorization*.

Absolute Prohibitions

Individuals with the following convictions or founded child abuse reports are prohibited from:

- Being a child care home provider,
- Employment in a child care home,
- Living in a child development home,
- Receiving public funding for providing child care, or
- Living in a non-registered child care home that receives public funding.

The convictions or founded child abuse reports include:

- 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.
- A forcible felony.

Five-Year Prohibitions

Individuals with the following convictions and founded abuse reports are prohibited from:

- Being a child care home provider,
- Employment in a child care home,
- Living in a child care home,
- Receiving public funding for providing child care, or
- Living in a non-registered child care home that receives public funding.

Individuals are prohibited for five years from the date of conviction or founded abuse report for the following:

- Conviction of controlled substance offense under Iowa Code Chapter 124.
- Founded child abuse that was determined to be physical abuse.

Individuals with these convictions or founded child abuse reports may reapply after the five-year period has passed.

Individuals with other founded child abuse reports or criminal convictions may be approved for registration, employment, or residence, depending on the Department's evaluation of the incident.

Record Check Evaluations

The person having a record of criminal conviction or founded abuse will be sent form 470-2310, *Record Check Evaluation*, to complete and return to the child care worker. This form must be returned to the Department within ten days. If the form is not returned within ten days, you will be sent a *Notice of Decision* denying or cancelling your child care home *Child Care Assistance Provider Agreement*.

If the Department receives the completed *Record Check Evaluation* within ten days, the Department will evaluate the criminal conviction or founded child abuse record as required under Iowa Code section 237A.5. The purpose of the evaluation is to determine whether or not the criminal conviction or founded child abuse merits prohibition of employment or residence in a child care home. Based on the evaluation results, a *Child Care Assistance Provider Agreement* may be approved, denied, or canceled.

Issuance of Child Care Assistance Provider Agreement

Legal reference: 441 IAC 120.8(1)"k"

The Department issues a *Child Care Assistance Provider Agreement* when the applicant meets all health and safety and fire requirements. The Department reserves the right to conduct a pre-inspection to assess compliance with health, safety, and fire requirements for those persons that have a history of non-compliance with regulatory standards.

If you operate in a home built before 1960, you must also submit a completed and signed form 470-4755 or 470-4755(S), *Lead Assessment and Control*, (including interim control table) with any initial application submitted on or after December 1, 2009.

Compliance Checks

Legal reference: 441 IAC 120.4(237A.12)

An unannounced compliance visit shall be conducted not less than annually for compliance with health, safety, and fire standards. Completed evaluation checklists shall be placed in agency files.

Parental Access

Legal reference: 441 IAC 120.5(237A.12)

Parents shall be afforded unlimited access to their children and to the people caring for their children during the normal hours of operation or whenever their children are in your care, unless parental contact is prohibited by court order.

Denial or Termination of a Provider Agreement

The Department will deny or terminate a provider agreement if it finds a hazard to the safety and well-being of a child and you cannot or refuse to correct the hazard. This policy applies even though the hazard may not have been specifically listed under the health and safety rules.

Comment: You have a right to appeal if the Department denies your application or terminates your provider agreement. You may request a hearing within 30 days after the date the official notice was mailed. You should submit your request for an appeal to the local Department office or to the DHS Appeals Section, 5th Floor, 1305 E Walnut St, Des Moines, Iowa 50319-0114.

If your application is denied due to a recent founded child abuse record, you may also consult with the local Department office about filing a request for review of the child abuse report findings.

Number of Children

Legal reference: 441 IAC 120.6(237A.12)

The number of children shall conform to the following standards:

- No more than five children shall be received for care at any one time.
- In determining the number of children cared for at any one time in a child care home, each child present in the child care home shall be considered to be receiving care unless the child is described by one of the following exceptions:
  - The child's parent, guardian, or custodian established or operates the child care home and either the child is attending school or the child receives child care full-time on a regular basis from another person.
  - The child has been present in the child care home for more than 72 consecutive hours and meets the requirements of the exception listed above as though the person who established or operates the child care home is the child's parent, guardian, or custodian.

Provider Standards for All Child Care Homes

Legal reference: 441 IAC 120.7(237A.12)

You must meet the following requirements:

- Give careful supervision at all times.
- Exchange information with the parent of each child frequently to enhance the quality of care.
- Give consistent, dependable care and be capable of handling emergencies.
- Be present at all times except when emergencies occur or an absence is planned, at which time care shall be provided by a department-approved substitute. When an absence is planned, give parents at least 24 hours' prior notice.
- Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision.
- Be at least 18 years of age.

Substitutes

As the provider, you are responsible for providing adequate and appropriate supervision at all times children are in attendance. Ultimate responsibility for supervision is with you. Any substitute provider shall have the same responsibility for providing adequate and appropriate supervision.

- Substitute providers must be 18 years of age or older.
- All child care home regulations regarding supervision and care of children apply to substitutes.
- Except in emergency situations, inform parents in advance of the planned use of a substitute provider.

Maintain a written record of the number of hours substitute care was provided, including the date and the name of the substitute provider. Substitute care may be used in the home up to 25 child care hours per month and for an additional period of up to two weeks in a 12 month period. This limit applies to the child care home, regardless of the number of individuals who may be providing the substitute care.

Note: Limits to the number of substitute care hours allowed does not apply when the provider is engaged in jury duty or official duties connected with the provider's membership on a state board, committee, or other policy related body.

Standards

The next sections state the standards that apply to all child care homes.

Conditions in the home shall be safe, sanitary, and free of hazards.

Program Standards for All Child Care Homes

Facility Requirements

Legal reference: 441 IAC 120.8(1)

- The home shall have a non-pay, working land-line or mobile telephone with emergency numbers posted and readily accessible for the following:
  - Police
  - Fire
  - Ambulance
  - Poison information center
  - The number for each child's parent
  - A responsible person who can be reached when the parent cannot
  - Each child's physician

- All travel vehicles must have a paper copy of emergency parent contact information.
- Electrical wiring shall be maintained, and all accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped.
- Electrical cords shall be properly used. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous.
- Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water heaters, and gas dryers.
- Approved safety gates at stairways and doors shall be provided and used as needed.
- A private water supply shall have an annual laboratory analysis conducted to show satisfactory bacteriological quality. When children under the age of two are to be cared for, the analysis shall include a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially bottled water or water treated through a process approved by the health department or designee shall be provided.

  Comment: If your water is not supplied by a public system, you must have an annual laboratory analysis on file with the Department. You can get forms and a container for a laboratory analysis from the State Hygienic Laboratory in Iowa City, Iowa 52242, or from your local health department. There may be a charge for this analysis. If your water analysis report does not show satisfactory quality, you must provide a statement indicating your alternative plan for a safe water supply.
- A safety barrier shall surround any heating stove or heating element, in order to prevent burns.

  Comment: Anything that produces enough heat to burn a small child should have some type of barrier around it to prevent injury to a child. Heat sources could include, but are not limited to, wood-burning stoves, space heaters, fireplaces, radiators, electric baseboard heaters, or steam-producing vaporizers, whenever in operation.
- The home shall have at least one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.
- The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.

- Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children. All signs shall include:
  - The telephone number for reporting complaints, and
  - The Internet address of the department of public health (www.iowasmokefreeair.gov).
- Homes served by private sewer systems shall be in compliance with discharge restrictions identified at 567—Chapter 69. Discharge of untreated waste water from private sewage disposal systems is prohibited. Compliance shall be verified by the local board of health at the time of renewal or new application.

  Comment: Contact your local public health agency to arrange for this testing.
- A provider operating in a facility built before 1960 shall assess and control lead hazards before being issued an initial *Child Care Assistance Provider Agreement* or a renewal of the agreement. To comply with this requirement, the provider shall:
  - Conduct a visual assessment of the facility for lead hazards that exist in the form of peeling or chipping paint;
  - Apply interim controls on any chipping or peeling paint found, using lead-safe work methods in accordance with and as defined by Department of Public Health rules, unless a certified inspector determines that the paint is not lead-based paint; and
  - Submit form 470-4755, *Lead Assessment and Control*, as verification of the visual assessment and completion of interim controls, if necessary.

  You should complete visual assessments on an ongoing basis and apply interim controls whenever a lead hazard is identified. Record each visual assessment and each application of interim controls on the "Interim Control" portion of form 470-4755 or 470-4755(S). When doing a compliance or complaint inspection, the Department may ask to view this form.

  Sign and date the first page of the form to verify that the visual assessment has been performed and interim controls have been applied before submitting the form to DHS. Make a copy for your records. If a certified lead inspector has determined that the paint is lead-free, attach supporting documentation to the form.

  Comment: See the "Lead Poisoning" section of this handbook for more information about lead hazards, visual assessments, interim controls, and contact information for the Iowa Department of Public Health.
- The child care home shall be located in a single-family residence that is owned, rented, or leased by the provider.

Comment: A "single-family residence" includes an apartment, condominium, townhouse, or other individual unit within a multiple unit residential dwelling, but does not include a commercial or industrial building that is primarily used for purposes other than a residence.

- Any driver who transports children for any purpose shall have a valid driver's license and adequate motor vehicle insurance that authorizes the driver to operate the type of vehicle being driven. Child restrain devices shall be utilized in compliance with Iowa Code 321.446.
- Providers shall inform parents of the presence of any pet in the home:
  - Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian. Acceptable exams shall be documented on form 470-5153, *Pet Health Examination Veterinary Health Certificate*.
  - Each pet bird in the household shall be purchased from a dealer licensed by the Iowa Department of Agriculture and Land Stewardship and shall be examined by a veterinarian to verify that it is free of infectious disease. Acceptable exams shall be documented on form 470-5153, *Pet Health Examination Veterinary Health Certificate*.
  - Aquariums shall be well maintained and installed in a manner that prevents children from accessing water or pulling on the tank.
  - All animal waste must be immediately removed from children's areas and properly disposed of. Children shall not perform feeding or care of pets or clean-up of pet waste.
  - No animals shall be allowed in food preparation, storage, or serving areas during food preparation and serving times.
- You must document all injuries that require first aid or medical care using an injury report form.

  The form must include date of occurrence, when it was shared with the parent, and maintained in the child's file.

Outdoor Space

Legal reference: 441 IAC 120.8(2)

- A safe outdoor play area shall:
  - Be maintained in good condition throughout the year;
  - Be fenced off when located on a busy thoroughfare or near a hazard that may be injurious to a child;
  - Have both sunny and shaded areas;
  - Be kept free from litter, rubbish, and flammable materials;
  - Be free from contamination by drainage or ponding of sewage, household waste, or storm water.

Comment: Equipment should be free of sharp, loose, or pointed parts that could cause injury to a child. Permanent outdoor equipment like swing sets or climbers should be firmly anchored. The play area should be well drained, and free from contamination caused by sewage, household drainage waste, or storm water.

- When there is a swimming or wading pool on the premises:
  - A wading pool shall be drained daily and shall be inaccessible to children when it is not in use.
  - An above-ground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use.

    The cover shall meet or exceed the ASTM International (formerly known as the American Society for Testing and Materials) specification intended to reduce the risk of drowning by inhibiting access to the water by children under five years of age.
  - An uncovered above-ground swimming pool shall be enclosed with an approved fence that is non-climbable and has a minimum height of four feet.
  - An uncovered in-ground swimming pool shall be enclosed with a fence that is non-climbable and is at least four feet high and flush with the ground.
- If children are allowed to use an above-ground or in-ground swimming pool:
  - Written permission from parents shall be kept on file.
  - Equipment needed to rescue a child or adult shall be readily accessible.
  - You must accompany the children and directly supervise during swimming or wading activities.
  - You must complete CPR for infants, toddlers, and children.

Medications and Hazardous Materials

Legal reference: 441 IAC 120.8(3)

- All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child.
- First-aid supplies shall include, but are not limited to, adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves. A first aid kit must be available in any vehicle you use to transport children. The first aid kit shall be stored in an area inaccessible to children.
- Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name.

- All medications shall be stored properly. When refrigeration is required, medicine shall be stored in a separate, covered container so as to prevent contamination of food or other medications.
- All medications shall be stored so they are inaccessible to children.
- Any medication administered to a child shall be recorded, and the record shall indicate the name of the medication, the date and time of administration, and the amount given.
- Medications shall not be provided to a child if the provider has not completed pre-service or orientation training that includes medication administration.

Comment: Medications include prescription medicines, over-the-counter medicines, salves and lotions, including those for itches, rashes, and diaper rash. Over-the-counter medications should be given only following package directions regarding dosage, length of time given, frequency given, etc. Any instructions beyond those on the labeling should have a doctor's authorization.

Emergency Plans

Legal reference: 441 IAC 120.8(4)

- Emergency plans in case of man-made or natural disaster shall be written and posted by the primary and secondary exits. The plans must map evacuation routes and tornado and flood shelter areas.
- Fire and tornado drills shall be practiced monthly. Documentation of monthly practice shall be kept on file.

  Comment: This can be as simple as a chart showing the date the drills were practiced, the time of the day, and how long it took to evacuate all the children safely.
- You must have procedures in place for the following:
  - Evacuation to safely leave the facility
  - Relocation to a common, safe location after evacuation
  - Shelter-in-place to take immediate shelter where you are when it is unsafe to leave that location due to the emergent issue
  - Lock down protocol to protect children and providers from an external situation
  - Communication and reunification with families
  - Continuity of operations
  - Procedures to address the needs of individual children, including those with functional or access needs

Safe Sleep

Legal reference: 441 IAC 120.8(5)

You must follow safe sleep practices as recommended by the American Academy of Pediatrics for infants under the age of one.

- Infants will always be placed on their back for sleep.
- Infants will 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 any 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 will be allowed in the sleeping area with the infant.
- No co-sleeping will be allowed.
- Sleeping infants will 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.

Discipline

Legal reference: 441 IAC 120.8(6)

Discipline shall conform to the following standards:

- Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.
- Corporal punishment, including spanking, shaking, and slapping, shall not be used.
- Punishment that is humiliating or frightening or causes pain or discomfort to the child shall not be used.
- Punishment shall not be administered because of a child's illness or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.

Meals

Legal reference: 441 IAC 120.8(7)

- Regular meals and snacks which are well balanced and nourishing shall be provided. Children may bring food to the child care home for their own consumption, but shall not be required to provide their own food.
- Clean, sanitary, drinking water shall be readily available in indoor and outdoor areas, throughout the day.

Children's Files

Legal reference: 441 IAC 120.9(237A.12)

You must maintain an individual file for each child and update it annually or when you become aware of changes.

Comment: Individual files may be in letter-size manila envelopes and contained in one expandable file folder, or be actual individual file folders. To protect family confidentiality, make sure that the information is kept so that parents are able to see information about their own child only.

The child's file shall contain:

- Identifying information including, at a minimum,
  - The child's name and birth date,
  - The parent's name, address, and telephone number,
  - Special needs of the child, and
  - The parent's work address and telephone number.
- Emergency information including, at a minimum,
  - Where the parent can be reached,
  - The name and telephone number of the child's regular source of health care, and
  - The name, telephone number, and relationship to the child of another adult available in case of emergency.
- A signed medical consent from the parent authorizing emergency treatment.

  Comment: A signed medical consent form is very important in case of emergencies. This form greatly reduces the time lost in obtaining emergency treatment for a child. You may wish to check with your local hospital emergency rooms to determine if they will accept any form signed by the parents, or if they require their own completed form. Also, check whether they require the form to be notarized.

- An admission physical examination report signed by a licensed physician or by a designee in a clinic supervised by a licensed physician.
- A statement of health condition signed by a physician or designee submitted annually from the date of the admission physical. For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physician statement.
- A list signed by a parent that names persons authorized to pick up the child. The authorization shall include the name, telephone number, and relationship of the authorized person to the child.

  Comment: It is very important that any child in care be released to only persons who are on this list. Request a photo identification of people whom you do not recognize on sight. If you release a child to anyone not on the list, and if something should happen to that child, you could be held liable.

- A signed and dated immunization certificate provided by the Iowa Department of Public Health shall be on file for each child enrolled. For the school-aged child, a copy of the most recent immunization record shall be acceptable.

  Comment: To see current immunization required by the Department of Public Health, visit http://idph.iowa.gov/immtb/immunization/laws.

  Immunization certificates must be signed by a physician (MD or DO) or county health official and must list the dates of the doses and the health providers. Medical exemptions must be signed by a MD or DO (not a chiropractor). Religious exemptions shall be signed by the parent or guardian or legally authorized representative. This exemption is only valid when notarized.

- Written permission from the parents for their child to attend activities away from the child care home. The permission shall include:

  - Times of departure and arrival.
  - Destination.
  - People who will be responsible for the child.

  Comment: This could include such events as trips to the library or grocery store, or a “field trip” such as to the fire station or a farm. It also includes instances when a child is transported to dance class, Scouts, etc. by another child’s parent or a person designated by the parent.

  Parental permission is needed whenever children in child care will not be at the child care so that parents know where their child is at and have unlimited access to their child.

  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, congregate 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.
- An individual or family who will imminently lose their housing, including:
  - Housing they own, rent, or live in without paying rent;
  - Housing 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.

  The individual or family has no subsequent residence identified and lacks the resources or support networks needed to obtain other permanent housing.
- 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,
  - 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.

Training

Legal reference: 441 IAC 120.10(237A.12)

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/.

Prior to registration and every five years thereafter, you shall complete:

- Minimum health and safety trainings in the following areas:
  - Prevention and control of infectious disease, including immunizations
  - Prevention of sudden infant death syndrome and use of safe sleeping 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 a man-caused event
  - Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
  - Precautions in transporting children
- Two hours of Iowa's training for mandatory reporting of child abuse and every five years thereafter.
- First-aid and cardio pulmonary resuscitation (CPR) training:
  - Training shall be provided by a nationally recognized training organization, such as the American Red Cross, the American Heart Association, the National Safety Council, or Emergency Medical Planning (Medic First Aid) or by an equivalent trainer using curriculum approved by the Department.
  - First-aid training shall include certification in infant and child first aid.
  - You shall maintain a valid certificate indicating the date of first-aid training and the expiration date.
  - You shall maintain a valid certificate indicating the date of CPR training and the expiration date.
- On-line CPR and first aid courses are not approved for continuing education or training to meet regulatory requirements.

Minimum health and safety training may be required prior to the five year period if content has significant changes that warrant the training be renewed.

Mandatory Reporting of Child Abuse

It is mandatory for you to report to the Department immediately when you discover signs of abuse in the course of caring for a child. You must make both an oral and a written report when there is reason to suspect that the child has suffered child abuse.

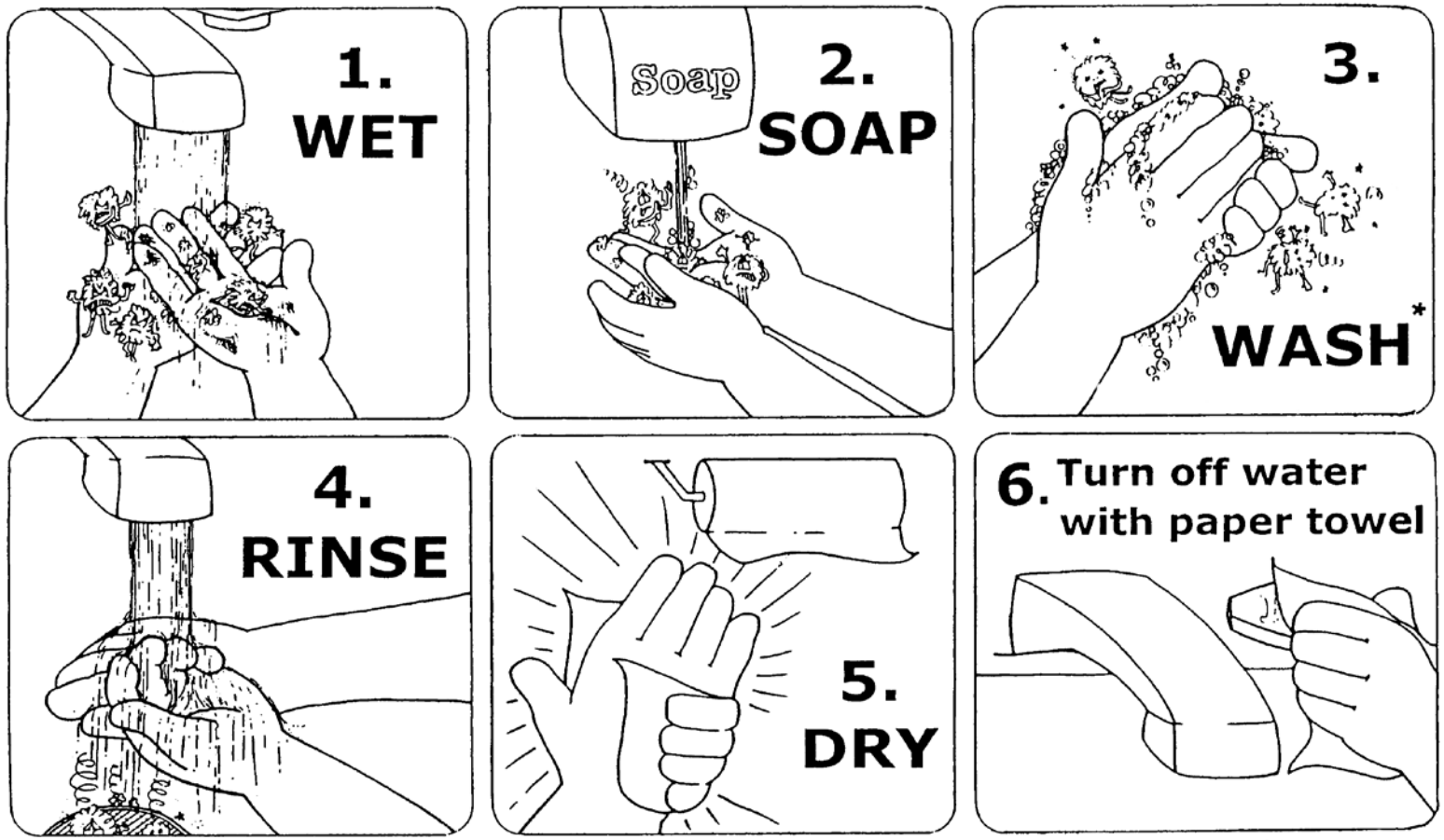
The first step in reporting suspected child abuse is to call your local Department office or call toll-free any time, day or night: 1-800-362-2178. You must make this oral report within 24 hours. If the child's life is in immediate danger, call the police.

The written report must follow within 48 hours of the oral report. By law, the oral and written reports must contain:

- The name and home address of the child and of the child's parents or other persons responsible for the child's care.
- The child's age.
- The child's present whereabouts, if not the same as the parent's or other person's home address.
- The nature and extent of the child's injuries, including any evidence of previous injuries.
- The names of other children in the same home.
- Any other information that the person reporting believes might be helpful in establishing the cause of the injury to the child, the identity of the persons responsible for the injury, or the identity of the persons providing assistance to the child.

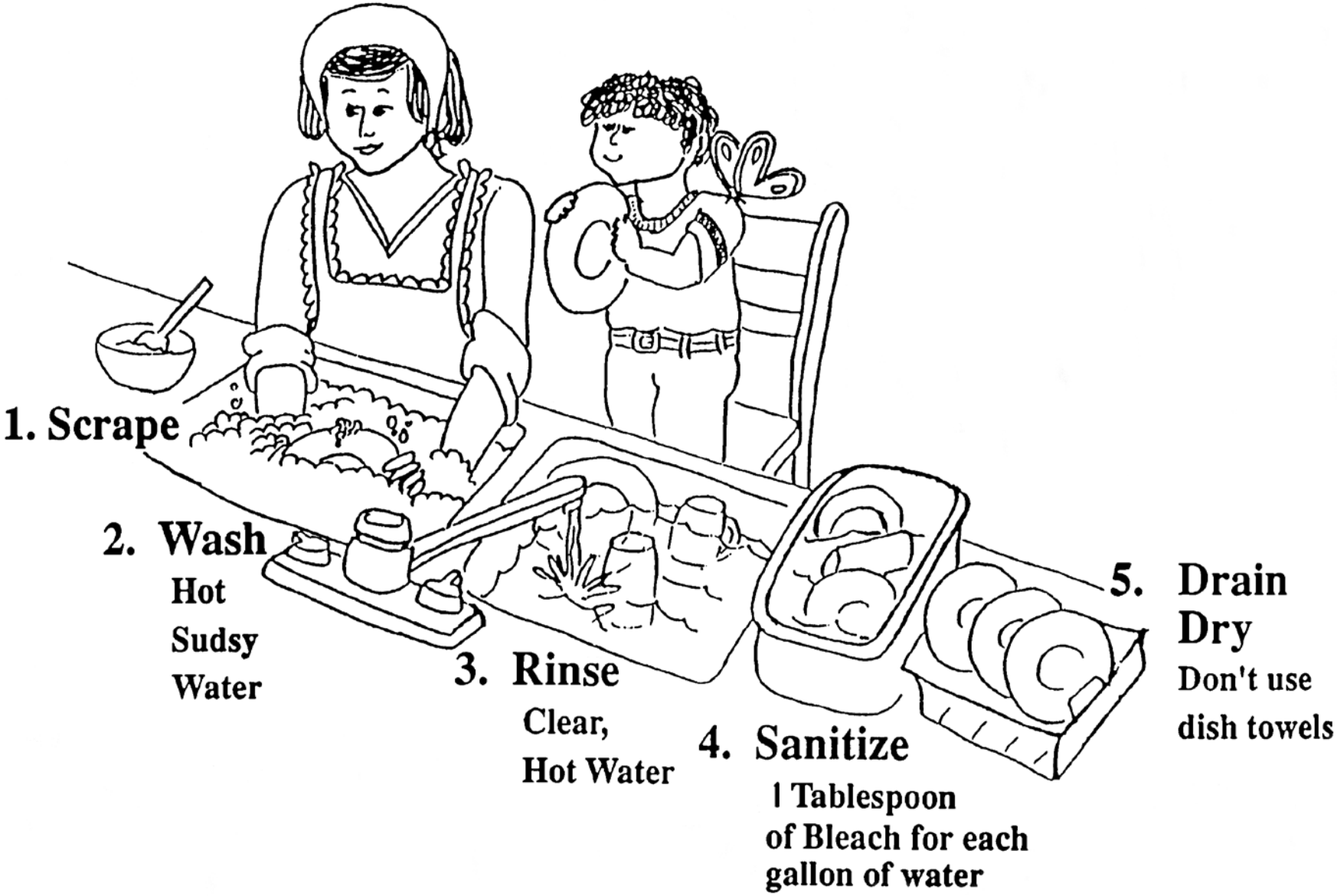
People who make a child abuse report or cooperate in the investigation of a report have immunity from any civil or criminal liability, if they report or cooperate in good faith. Any mandatory reporter who knowingly fails to report suspected child abuse is civilly liable for damages caused by not reporting. Failure to report is also a misdemeanor offense.

Be a Germ Buster… Wash Your Hands!



***Wash for 20 seconds** (sing two times – Happy Birthday…, or Row, row, row your boat, or Wash, wash, wash your hands, play this happy game, rub & scrub, rub & scrub, germs go down the drain)

Clean Dishes



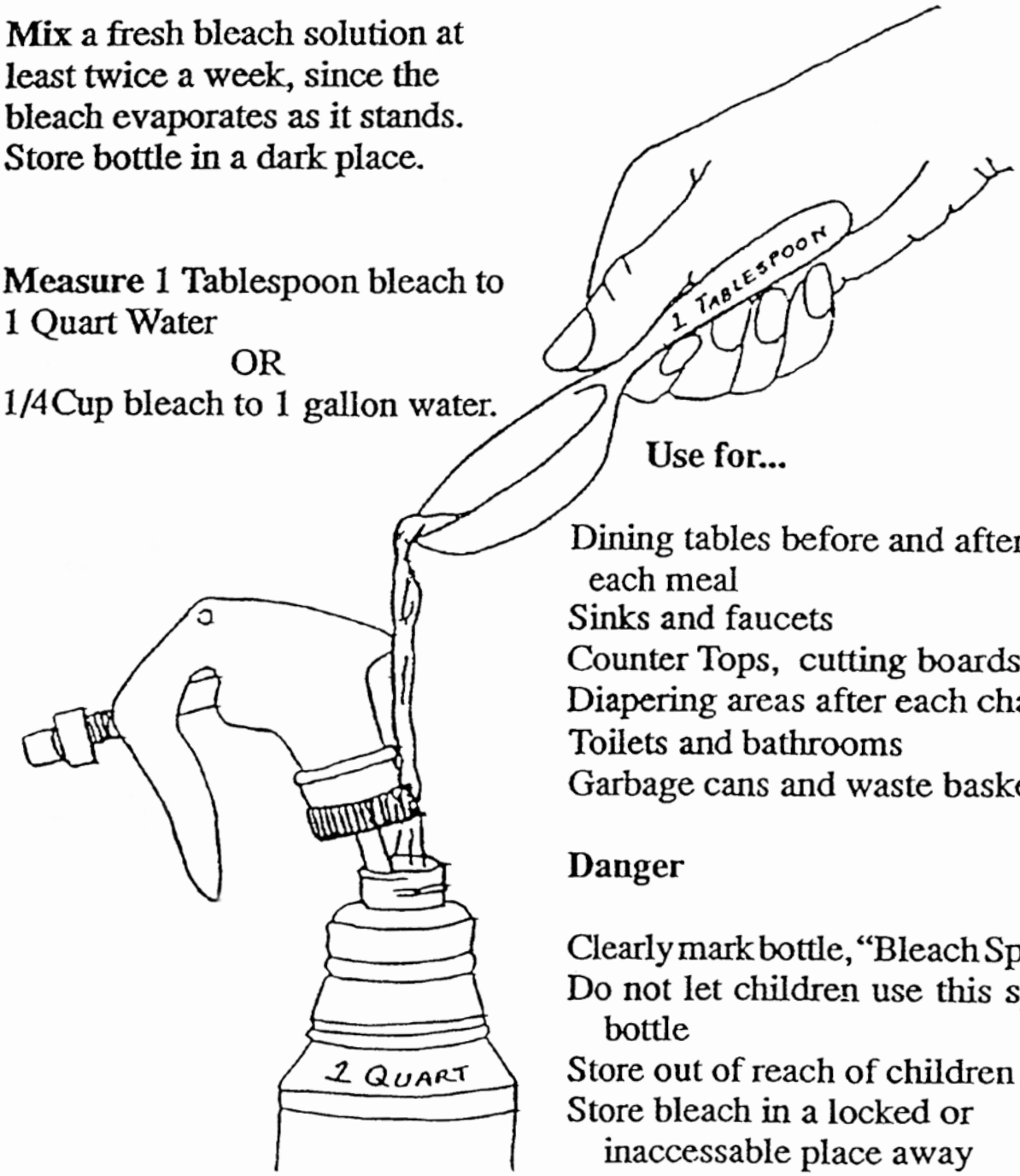
Spray Sanitizer

Mix a fresh bleach solution at least twice a week, since the bleach evaporates as it stands. Store bottle in a dark place.

Measure 1 Tablespoon bleach to 1 Quart Water

OR

1/4 Cup bleach to 1 gallon water.



Use for...

Dining tables before and after each meal
Sinks and faucets
Counter Tops, cutting boards
Diapering areas after each change
Toilets and bathrooms
Garbage cans and waste baskets

Danger

Clearly mark bottle, "Bleach Spray"
Do not let children use this spray bottle
Store out of reach of children
Store bleach in a locked or inaccessable place away from food

Health and Safety Recommendations

Best Practice for Child Care Homes

Note: Most of the information in this section comes from *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs,* Third Edition, 2011. Available at: http://cfoc.nrckids.org/. This information is best practice for the health and safety of children in your care.

Cardiopulmonary Resuscitation (CPR)

Child care providers who use swimming pools must be trained in infant and child CPR. This training is also recommended for providers who use wading pools. Providers who care for children with heart problems should also be trained in infant and child CPR.

Reason: The need for cardiac resuscitation is rare. Children who have specific heart problems, such as cardiac arrhythmia, or children who are drowning in cold water (swimming pools, wading pools), require cardiac resuscitation. Except for these two situations, the heart does not stop beating until respiratory failure occurs and causes permanent brain damage. Child care home providers often work alone and are solely responsible for the health and safety of children in care. You should have the necessary skills to manage any emergency while caring for all children in the group.

Comment: Contact your child care resource and referral agency about the training schedule for CPR.

First Aid Training

The National Standards define first aid as the first steps you take when responding to an injury or sudden illness. First aid also includes the emergency care and treatment of a child before medical help arrives. In Iowa, first aid training is required for child care home providers. The training includes rescue breathing (mouth-to-mouth) and first aid for choking (management of a blocked airway). Rescue breathing is the process of breathing air into the lungs of a person who has stopped breathing. This process is also called artificial respiration.

Comment: Contact your child care resource and referral agency about the training schedule for first aid.

Suggested First Aid Supplies

First aid kits need to be readily available wherever children are in care. This includes one kit for vehicles used to transport children and one to remain at home. Here are some characteristics for first aid kits:

- A kit should be a closed container for storing first aid supplies.
- A kit should be available to your staff members at all times.
- Each kit must be out of reach of children.

The first aid kit should contain *at least* the following items:

- Adhesive strip bandages, plastic bags for cloths, gauze, and other materials used in handling blood
- American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide
- Bandage tape
- Cold pack
- Disposable nonporous gloves (similar to gloves used in hospitals; also called latex gloves)
- Emergency medication needed for children with special needs
- Emergency phone numbers
- Parents' home and work phone numbers
- Poison Control Center phone number 1-800-222-1222
- Eye dressing
- Flexible roller gauze
- Liquid soap
- Non-glass thermometer to measure a child's temperature
- Pen or pencil and note pad
- Safety pins
- Scissors
- Small plastic or metal splints
- Sterile gauze pads
- Triangular bandages
- Tweezers
- Water

First aid kits must be refilled after each use.

Reason: As the provider, you are responsible for protecting each child and making sure that your staff members can handle emergencies. First aid was adequate treatment for 84.4 percent of the injuries in a study that reviewed 423 injuries. The supplies needed for child first aid should be on hand for use where the injury occurs.

Comment: You can leave a first aid kit in all vehicles used to transport children.

Gun (Firearm) Safety

The National Standards recommend that the following not be permitted:

- Firearms
- Pellet or BB guns (loaded or unloaded)
- Darts
- Bows and arrows
- Toy guns and weapons

If these items are present, they must:

- Be unloaded
- Be equipped with child protective devices
- Be kept under lock and key in areas the children cannot access

For best practice, let parents know about this policy.

Reason: From 1990-1998 in Iowa, 47 children under the age of 14 died because of firearms. Children have a natural curiosity, especially about firearms. They see weapons glamorized on television. The risk for injury and death of young children due to firearms is becoming more obvious. Children cannot make the distinction between a toy and a real weapon. The potential for a tragic accident is great. These items should not be available to children.

Health-Related Emergencies Policy

You should have a written policy outlining the procedures and actions you will take in the event of a health-related emergency. The policy should address the following:

- First aid measures
- Contacting emergency medical services
- Transporting of an ill or injured child
- Contacting parents
- Care for the other children in your care during the emergency

Comment: Assistance with developing policies is available from your child care health consultant at your child care resource and referral agency.

Hot Tubs and Natural Bodies of Water

The National Standards say that children should not be permitted in hot tubs, spas, or saunas. Toddlers and infants are especially at risk of overheating. These areas should be secured so that children do not have unsupervised access. Bathtubs, buckets, diaper pails, and other pails of water should be emptied immediately after use. Portable wading pools are not recommended. A national study concluded the following:

- Infants are most likely to drown in bathtubs
- Toddlers are most likely to drown in swimming pools
- Older children and adolescents are most likely to drown in freshwater (rivers, lakes, ponds)

Children who need assistance with toileting should not be allowed in toilet or bathroom areas without direct visual supervision. Children under age five should not be left unattended in a bathtub or shower.

Reason: These safety measures prevent injury and drowning. Small children can drown within 30 seconds in as little as two inches of liquid. Any body of water, including hot tubs, pails, bathtubs, and toilets present a drowning risk to young children.

An estimated 50 infants and toddlers drown each year in buckets containing liquid used for mopping floors and other household chores. Of all buckets, the five-gallon size is the most dangerous for young children because of its tall straight sides and its weight with even just a small amount of liquid. Top-heavy infants and toddlers cannot free themselves when they fall into a five-gallon bucket headfirst.

Small portable wading pools do not permit enough control of sanitation and safety. They promote spread of infectious diseases. While swimming pools pose the greatest risk for toddlers, about one-fourth of toddler drownings are in other freshwater sites, such as ponds or lakes. The American Academy of Pediatrics recommends:

- Swimming lessons for all children over age five
- Constant supervision of infants and young children when they are in the bathtub or around other bodies of water
- Installation of fencing that separates homes from residential pools
- Use of personal flotation devices when riding on a boat or playing near a river, lake or ocean
- Teaching children the dangers of drug and alcohol consumption during aquatic activities
- Stressing the need for parents and teens to learn cardiopulmonary resuscitation

Comment: Sprinklers, hoses, or small individual water buckets are safe alternatives as a cooling or play activity. Flotation devices should never be used as a substitute for supervision. The need for constant supervision is especially important for very young children and children with physical disability or mental retardation. Knowing how to swim does not make a child drown-proof.

Handling and Storing Human Milk

Child care providers often worry about handling human milk and the possible spread of infection. Human milk may carry various bacteria or virus. The Centers for Disease Control and Prevention now know that people handling human milk in child care settings are at low risk of getting an infection from human milk. Universal (standard) precautions are no longer recommended when feeding or handling human milk. Gloves are not required for feeding human milk or for cleaning up spills of human milk.

Ill Children Policy

You should have a written policy outlining the procedures and actions you will take in the event of a child becoming ill while in your care. The policy may also address the event of a parent bringing an ill child to you for care. Your policy should be based on your knowledge, skills, and level of comfort in caring for ill children. You, parents, and your child care health consultant should work together to develop your policy. Consider including the following items as you develop your policy:

- Signs and symptoms of illness to help determine if the child should stay in your care or be excluded
- Methods for keeping parents informed about the health status of their child
- Record keeping to document the ill child's health status during the day
- Special comfort measures you are willing to take for an ill child (like offering soft or bland foods, a quiet supervised rest area, and giving medications)

Comment: You have the authority to determine when children are too ill to be in your child care home. When considering caring for an ill child, you must consider the well-being of all children in your care.

Immunizations for Child Care Providers

You should talk with your health-care provider about immunizations. Immunizations offered are often for measles, mumps, rubella, diphtheria, tetanus, and polio. Other immunizations include varicella (chickenpox), influenza, pneumonia, hepatitis A, and hepatitis B. You should talk with your health-care provider and determine if you live in a high-risk area for hepatitis A.

The National Standards suggest that child care providers also receive the following immunizations:

- Varicella (also known as chickenpox)
- Hepatitis A
- Hepatitis B
- Influenza (suggested for adults age 50 and older)
- Pneumococcal for pneumonia (suggested for adults age 65 and older)

Reason: Healthy adults caring for children have a greater risk of getting sick. These infections can be prevented by vaccines but are still a cause of death and disease for adults. Child care providers are at great risk for contracting these diseases when working with children. Vaccines are safe and effective in preventing these diseases. Adults need vaccines to decrease disease and to remove possible sources that spread disease to children.

Comment: Contact your health-care provider if you have questions about your immunizations or your immune status.

Infant Sleeping Positions

As a registered home provider, the Department's rules require you to place children under the age of one year on their backs to sleep. A **physician** may prescribe a different sleep position for children with special needs. *The National Standards* state that all infants must be placed on their backs to sleep unless a physician has prescribed a different sleep position. For naps and nighttime sleeping, infants should:

- Be placed on their backs
- Be placed on a firm mattress
- Be placed in individual infant cribs
- Have no soft bedding, pillows, blankets, bumper pads, and stuffed animals in the crib
- Sleep at a room temperature of 65 to 75 degrees Fahrenheit

Infants who sleep on their backs on a firm surface have a reduced risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexpected death of a seemingly healthy infant. SIDS usually occurs between the ages of three weeks and five months. Physicians are still not certain what causes SIDS. Sleep position and exposure to secondhand smoke are related to SIDS deaths. When infants can easily turn over from their backs to their "tummies," they should be put down to sleep on their backs but allowed to choose which sleeping position they prefer.

As of June 28, 2011, all cribs sold in the United States must meet federal requirements for overall crib safety. These requirements include:

- Traditional drop-side cribs cannot be made or sold; immobilizers and repair kits are not allowed.
- Wood slats must be made of stronger woods to prevent breakage.
- Crib hardware must have anti-loosening devices to keep it from coming loose or falling off.
- Mattress supports must be more durable.
- Safety testing must be more rigorous.

The date of manufacture of a crib is a permanent marking generally found on the mattress support or below the headboard or footboard. If the manufacture date of any crib in your program is before June 28, 2011, you should confirm that a Certificate of Compliance (COC) exists. Information about what must be on the COC (i.e., manufacture and model, name/address/contact info of tester, location of test, etc.) can be found on the CPSC website. Any documentation from a business selling cribs must specify that it complies with Code of Federal Regulations (CFR) 1219 for full-size cribs and Code of Federal Regulations (CFR) 1220 for non-full size. The documentation has to say more than "the crib meets new federal requirements." A non-full size crib must come with its own mattress to be in compliance. A warning label on the mattress will refer consumers back to manufacturer if the mattress becomes non-useable.

For more information, go to http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/.

Reason: Placing infants to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from SIDS. When infants develop the motor skills to move from their backs to their sides or stomachs, it is safe to put them to sleep on their backs and allow them to change to whatever position makes them comfortable. Once the child has learned to turn over easily from back to stomach, it is not recommended that you move sleeping infants onto their backs.

If a child has an illness or a disability that leads to airway obstruction in the back sleeping position, parents should give you a physician's note telling you the need for stomach sleeping and any other special arrangements required for that child.

Comment: Infants who are back-sleepers at home but are put to sleep on their tummies in child care have a higher risk of SIDS. "Tummy time" when the child is awake and observed helps muscle development. It also reduces the tendency for back positioning to flatten the back of the head. Alternatives to blankets include sleepers or other sleep clothes.

Lead Poisoning

Iowa law requires child care home providers who operate a home built prior to 1960 to perform a visual assessment of the child care home for lead-based paint hazards. Identified hazards must be repaired in accordance with Iowa Department of Public Health rules, unless a certified lead inspector has determined that the paint is lead-free. Documentation must be provided to the Department with initial and renewal applications.

For further information about conducting visual assessments and applying interim controls, as well as complying with the Iowa Department of Public Health lead rules, you may contact the Iowa Department of Public Health's Lead Poisoning Prevention Program at 1-800-972-2026. An Iowa Department of Public Health brochure that addresses visual assessments and interim controls is available at: http://idph.iowa.gov/lpp.

A DVD recording of the 2009 Iowa Department of Public Health and Iowa Department of Human Services ICN Lead Hazards training is available through your area's Child Care Resource and Referral Agency.

What is Childhood Lead Poisoning?

Childhood lead poisoning is a disease that occurs when children have too much lead in their bodies. Most children with lead poisoning do not look sick. Lead-poisoned children may:

- Be easily excited
- Have problems paying attention
- Complain of stomachaches and headaches
- Be more tired than usual

Lead-poisoned children may have learning problems when they start school. Children with very high lead levels may have severe brain damage or even die.

How Do Children Become Lead-Poisoned?

Lead poisoning is usually caused by lead-based paint found in homes built before 1960. Over 50 percent of the homes in Iowa, both in urban and rural areas, were built before 1960. Children who live in or visit these homes become lead-poisoned if they:

- Put lead-based paint chips in their mouths
- Put dust or dirty hands, toys, bottles, or pacifiers in their mouths
- Chew on surfaces painted with lead-based paint
- Play in dirt or a sandbox near an old building or where an old building was torn down
- Breathe in dust from lead-based paint that is being sanded, scraped, or removed with a heat gun

Is Lead Poisoning a Problem in Iowa?

In Iowa, one child in every seven is lead poisoned. Among the group of children born from January 1, 1991, through December 31, 1995, 37 percent had at least one blood lead test before age six. Of children tested, 13 percent had elevated blood lead levels. This is nearly three times the national average of 4.4 percent.

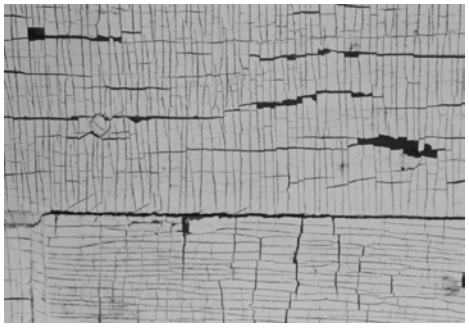
What Is a Visual Assessment? Who Can Do the Visual Assessment?

In a visual assessment, you will assume that all of the paint in the building is lead-based paint. You do not need to hire someone to do the visual assessment for you. If you want to test surfaces to see if they actually have lead-based paint on them, you need to hire a lead inspector or risk assessor who is certified by the Iowa Department of Public Health. Since this can be costly, we recommend that **you** conduct the visual assessment.

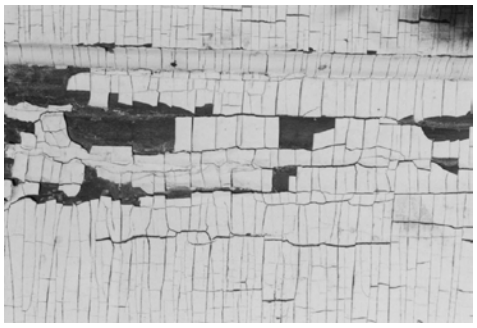
The Iowa Department of Public Health has a publication that explains how to do the assessment. For a copy of this, call the Lead Poisoning Prevention Program at 1-800-972-2026.

Examples of Lead Hazards

Lead-based paint is a hazard to small children if it is peeling, chipping, chalking, cracking, or otherwise deteriorating. When paint chips off these surfaces, all layers of paint usually come off together. This is a hazard that can cause lead poisoning because the bottom layers of paint may contain lead, even if the surface has been repainted with lead-free paint.



Paint that has an “alligator” cracking pattern or rubs off on your hands (chalks) is usually lead-based paint. Cracked or chalking paint is a hazard that can cause lead poisoning.



Old varnish that looks cloudy may contain lead.

Lead-based paint was often mixed with varnish to give it a deeper, richer color. If the finish is cracked or peeling, old varnish is a hazard that can cause lead poisoning.

Lead-based paint that is in good condition may be a hazard on:

- Surfaces children can chew on (window sills, stair railings, porch railings).
- Surfaces where paint is often damaged by hard impacts (doors, door frames, corners).
- Surfaces where paint is worn by being walked on such as floors and stairs.
- Lead dust may be on floors and other surfaces if you have recently done any remodeling or repainting in your home.

Lead in soil is a hazard when children play in areas of bare soil next to old buildings. Areas of bare soil where buildings have been torn down are also a hazard to children. Paint chips and lead in the soil of these areas can poison children.

Liability Insurance

The National Standards recommend that you carry the following insurance:

- Accident insurance on children
- Liability insurance
- Vehicle insurance on any vehicle you own or lease that is used to transport children

Reason: With current increases in lawsuits, protection against liability (i.e., responsibility) is needed. This defense helps with financial security, peace of mind, and public relations. Protection through liability insurance provides stability for families you serve and for your business.

Comment: Liability insurance should include coverage for injuries, illnesses, and giving medications.

Medication in Child Care

Medication use in child care is common. You often have an important role in fulfilling a child's health-care needs. *The National Standards* state that all medication should be stored in a locked container out of the reach of children. Some medications may need to be stored in a refrigerator. All medications should be labeled with the child's name, including over-the-counter medicine.

When you handle medications:

- Wash your hands before and after giving the child the medicine.
- Use accurate measuring tools, like dosage spoons, dosage droppers or syringes.
- Always disinfect the surface where you are preparing medication before and after giving it to the child.

When you give medications:

- Match the name of the child to the name listed on the medication label. They must be the same.
- Read and understand the directions on the label and prescription. Be very aware of special conditions (take with meals, take at bedtime, etc.).
- Give the medication according to the prescribed methods and the prescribed dose.
- Observe and report any side effects from medications.
- Record each medicine and dose given to the child.
- Remember you can always call the pharmacy listed on the label for clarification.

A sample form for medication administration is contained in this handbook. The form gives you the parent's permission to give the parent's child medication and allows you to record the action on the same form.

Reason: You need to be aware of what medications the child is receiving and when, who prescribed the medicine, and what the known reactions or side effects may be in case a child has a negative reaction to the medicine. This medication record is especially important if medications are frequently prescribed or if long-term medications are being used.

Nonprescription medications should be given according to the manufacturer's instructions unless a health-care provider provides written instructions otherwise.

Comment: You can make copies of the sample form in this guidebook for each child's file.

Pets in Child Care Homes

The National Standards suggest that any pet or animal children might have contact with, whether indoors or outdoors, should have the following traits:

- Be in good health
- Show no evidence of carrying any disease
- Be fully immunized
- Be maintained on a flea, tick, and worm control program

A current, time-specified certificate from a veterinarian should be on file showing these conditions. All contact between animals and children should be closely supervised so that you can remove any child immediately if the animal shows signs of distress or the child shows signs of treating the animal inappropriately. *The National Standards* suggest that potentially aggressive animals should not be in the same physical space with the children.

Reason: The risk of injury, infection, and aggravation of allergy from contact between children and animals is great. You must plan carefully when having an animal in your home and when visiting a zoo or local pet store. Children should be brought into direct contact only with animals known to be friendly and comfortable in the company of children.

Dog bites to children under age four usually occur in home-like settings. The most common injury sites are the head, face, and neck. Dog bites cause an estimated 600,000 injuries and 10-20 deaths every year. Many human illnesses can be acquired from pets. Many children with allergies have symptoms when they are around animals. About 6 percent of the U.S. population is allergic to animals. About 25 percent of people being treated for allergies are sensitive to dogs and cats.

Comment: Bringing animals and children together has both risks and benefits. Pets teach children how to be gentle and responsible, about life and death, and about unconditional love. However, animals can pose serious health risks. You must be sure an animal is healthy and is a suitable pet to bring into contact with children as determined by a recent check-up to the veterinarian.

Animals Not Appropriate for Child Care

The *National Standards* recommend that the following animals not be allowed in child care settings:

- Ferrets
- Turtles
- Iguanas
- Lizards or other reptiles
- Birds of the parrot family
- Wild or dangerous animals

Reptiles and exotic animals may be considered if:

- The animals are kept behind a glass wall in a tank or container where a child cannot touch the animals or reach inside of the tank; or if
- The local board of health grants authority for possession of such animals

Reason: Animals, even pets, are a source of illness for people. People may be a source of illness for animals. Reptiles may carry salmonella, a type of bacteria that causes diarrhea and fever. Even turtles, baby chickens, ducks, dogs, and cats can carry salmonella. This creates a risk to children who are likely to put unwashed hands in their mouths.

Care for Pets

When pets are kept in or near the home, procedures should be written and followed for their care and maintenance. Proof of current pet immunizations should be signed by a veterinarian and kept on file. These conditions should be met when animals are kept at the home:

- The animal's living quarters should be enclosed and kept clean of waste to reduce the risk of human contact with this waste.
- Animal cages should be of an approved type with removable bottoms and should be kept clean and sanitary.
- Litter boxes should not be located in areas where there are children.

- All animal waste should be removed immediately from children's areas and discarded as required by local health authorities.
- Animal food supplies should be kept out of reach of children.
- Live animals and fowl (chicken, hen, rooster) should be excluded from food preparation, food storage, and eating areas.
- Home providers and children should wash their hands after handling animals, animal food, or animal wastes.

Reason: Animals, even pets, are a source of illness for people. People may be a source of illness for animals. Handwashing is the most important way to reduce the spread of disease. Unwashed or improperly washed hands are primary carriers of infections. A pet's food can become contaminated by standing at room temperature or by being exposed to animals, insects, or people.

Radon

Radon is a naturally occurring, radioactive gas that is the second leading cause of lung cancer. Radon can seep into your home through very small openings in basement walls or floors. Iowa has the highest portion of homes with elevated radon in the United States.

Testing for radon is easy and inexpensive. You may want to contact the Iowa Air Quality Coalition at 800-206-7818 to obtain information and a low-cost or no-cost radon detector. If you find a radon problem, it can be fixed. The Iowa Radon Hotline can answer questions regarding radon in your home at 800-383-5992.

Second-Hand Smoke and Use of Tobacco Products in Child Care

Iowa law does not allow smoking in child care homes or in vehicles used to transport children. Secondhand smoke in the air and on clothing increases the chances of all the following:

- Sudden Infant Death Syndrome
- Lower respiratory tract infections (such as pneumonia and bronchitis)
- Chronic middle ear infections
- New cases of asthma in children who did not have symptoms before exposure to smoke
- Increased number and severity of asthma attacks

Other uses of tobacco lead to illness in adults, like cancer of the mouth, throat, stomach, and bladder.

Reason: *The National Standards* say that scientific research has linked breathing problems to secondhand smoke. No children, especially those with breathing problems, should be exposed to additional risk from the air they breathe.

When infants and young children are exposed to secondhand smoke, they become at risk of developing more serious illnesses when they get common breathing infections. Separation of smokers and nonsmokers within the same air space does not get rid of or decrease exposure to secondhand smoke. Cigarettes used by adults are the main cause of house fires.

Comment: Even if cigarettes are smoked outside the home, the odor and materials from the cigarettes remain on skin and clothing and affect children's health. By not using tobacco products in your home, you can help keep the children in your care safe and healthy.

For information to help stop smoking, call Quitline Iowa at 1-866-U-CAN-TRY (866-822-6879). Knowledgeable and supportive counselors from the Iowa Tobacco Research Center answer this toll-free number. You can receive free materials by mail. These materials cover helpful topics such as cravings, stress management, and more.

You can receive three to eight optional follow-up phone calls for continuing support. Your counselor can provide you with stop-smoking resources in your area. These resources include local support groups, clinics, and consultants. For more information, visit their website at https://iowa.quitlogix.org/.

Contact for Private (Septic) Sewer Inspection

Your private sewer systems must be checked for safe operation within one year of becoming registered. Local Boards of Health oversee the onsite wastewater program. An estimated 80 percent of the private septic systems in Iowa do not meet the standards of Iowa law. This means untreated wastewater is entering the environment.

To find out if your system meets state law, contact your local county health department (or county sanitarian) for an inspection. You can generally find these listings in the government pages in your phone book. If you cannot find contact information for your area, the Iowa Department of Public Health can help you. There may be a fee for the inspection. The cost to fix or replace septic systems is variable.

Division of Health Protection and Environmental Health
Iowa Department of Public Health
321 East 12th Street, Lucas Building
Des Moines, IA 50319
515-281-7726

Reason: Pollutants contained in wastes from households include human wastes, ground-up food from sink disposals, and laundry and bath waters. These pollutants have disease-causing organisms in them that can harm children in your care. *The National Health and Safety Performance Standards, Guidelines for Out-of-Home Childcare Programs* state that sewage facilities must be provided and inspected according to state and local rules. To keep the children in your care safe and healthy, have your sewer system inspected.

Trampolines

Trampolines are not developmentally appropriate for use with children under age five (National Program for Playground Safety: 800-554-PLAY). CPSC estimates in that in 2012, there were 94,900 hospital emergency room-treated injuries associated with trampolines.

From 2000 through 2009, the U.S. Consumer Product Safety Commission has received reports of 22 deaths involving trampolines. The following caused these deaths:

- Colliding with another person on the trampoline
- Landing improperly while jumping or doing stunts on the trampoline
- Falling or jumping off the trampoline
- Falling on the trampoline springs or frame

Reason: Almost all of the trampolines associated with injuries were located in backyards. Here are some rules to follow to prevent serious trampoline injuries.

- Allow only one person on the trampoline at a time.
- Do not attempt or allow somersaults.
- Use shock-absorbing pads that completely cover the springs, hooks, and the frame.
- Place the trampoline away from structures and other play areas.
- Ladders should not be used. They provide unsupervised access by small children.
- Children under age six **should NOT** use a full-sized trampoline.
- ALWAYS SUPERVISE children who use a trampoline.

Comment: For further information regarding trampoline safety, contact the National Program for Playground Safety at 800-554-PLAY located at the University of Northern Iowa. The Consumer Product Safety Commission also has information about trampoline use at 1-800-638-2772 or online at http://www.cpsc.gov.

Transportation

The National Standards recommend that you have a written policy for the safe transport of children to and from your home for any reason, including field trips or special outings. Address these items in your policies and practice:

- Child to staff ratio during transport.
- Child supervision during transport, including never leaving a child alone in a vehicle. Do not leave children alone in a vehicle with a window open.
- Backup arrangements for emergencies.
- Seat belt and car seat use.
  - Each child must have an individual seat belt.
  - All children 12 years old or younger should be properly secured in the back seat whenever possible. This reduces their risk of fatal injury.
  - The American Academy of Pediatrics recommends that infants ride in rear-facing safety seats until they are at least two years of age or until they reach the highest weight or height allowed by their car seat's manufacturer.
  - Children who have outgrown their rear-facing, should ride in forward-facing safety seats as long as they fit. Ears should be below the top of the back of the seat, with shoulder below the seat strap slots.
  - In spite of age, children who have outgrown their child safety seat (e.g., weigh more than 40 pounds or stand taller than 40 inches) should use a belt-positioning booster seat. Lap/shoulder belts usually do not fit properly until a child is 4' 0" tall and weighs 80 pounds. Most children under age eight should use a booster seat to ride safely.
- Licensing of vehicles and drivers.
- Maintenance of vehicles.
- Safe use of air bags.
  - The Centers for Disease Control and Prevention say that until vehicles are equipped with air bags that are safe and effective for children, children who are 12 years old and younger should NOT ride in a front passenger seat that is equipped with an air bag.
  - Even if the vehicle has an air bag, the rear seat is the safest seating position for children.

Reason: Motor vehicle crashes are the leading cause of death in the United States. Therefore, you must help to protect the children in your care by abiding by minimum requirements related to transporting children in the absence of their parents.

Safety restraints are effective in reducing death and injury when used properly. As the caregiver, you are responsible for making sure that children are fastened correctly in a restraint system.

Children have died from heat stress from being left alone in closed vehicles. Temperatures in hot cars can reach dangerous levels within minutes. From 1996 through 2000, more than 120 children died from heat stroke after being trapped in a vehicle. These children were either left in the car by caregivers or they got into the cars on their own and could not get out. Heat is much more dangerous to children than it is to adults. When left in a hot vehicle, a young child's core body temperature may increase three to five times **faster** than an adult's. This can cause permanent injury and even death.

Comment: Problems between the design of the child passenger safety seat, vehicle seat, and seat belt system can be life threatening to children. To avoid harming children in your care:

- Read the vehicle owner's manual and child restraint device instructions carefully.
- Test the car safety seat for a safe, snug fit in the vehicle.
- Have the car seat installation checked by a certified car seat technician at an approved car seat check station in the community.
- Remember that the rear vehicle seat is the safest place for a child of any age to ride.

References

American Academy of Pediatrics and American Public Health Association. *Caring for our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Third Edition. 2011.

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Third Edition, 2011. Available at: http://cfoc.nrckids.org/.

Campaign for Tobacco-Free Kids http://www.tobaccofreekids.org

Centers for Disease Control and Prevention http://www.cdc.gov

Chang A, Lugg MM, Nebedum A. Injuries in pre-school children enrolled in day care centers. *Pediatrics.* 1989;83:272-277.

Iowa Department of Public Health http://idph.iowa.gov

National Highway Traffic Safety Administration http://www.nhtsa.gov/

National Program for Playground Safety http://playgroundsafety.org/

National SAFE KIDS Campaign http://www.safekids.org

U.S. Consumer Products Safety Commission http://www.cpsc.gov

Sample DHS Forms

Iowa Department of Human Services

Payment Application for Nonregistered Providers

❑ New ❑ Renewal

Instructions

Fill out Section A with information about yourself.

Fill out Section B **OR** Section C depending on where you will provide care:

Check the box that applies and fill out the sections indicated:

❑ I will care for children in my home
If you checked this box, fill out section **B.**

❑ I will care for children in their own home
If you checked this box, fill out section **C.**

Read the information in section **D** and sign and date the application.

A. Tell Us About You

Last Name	First Name	Middle Name	Birth Date
Maiden Name or Other Last Names	Landline Phone Number ( )	Cell Phone Number ( )	Last four digits of Social Security Number

Address where care is provided			Mail Address (if different)		
City	State	Zip	City	State	Zip

B. Nonregistered - Tell Us About The People Who Live With You

List the names of other adults and children who live with you. If you need more space, please use another piece of paper and attach it to this.

Last Name	First	Middle	Birth Date	Last four digits of Social Security Number

C. In-Home - Tell Us About The Family for Whom You Will Provide Care

You must care for at least three CCA eligible children to be an In-Home provider. List the names of the parent(s) and the children you will provide care for. If you need more space, please use another piece of paper and attach it to this.

	First Name	Last Name
Parent		
Parent		
Child		
Child		
Child		
Child		

D. Your Signature

I certify that:

1. The location at which I provide child care is a single-family residence that I own, rent, or lease. (This does not apply if I provide In-Home care.)
2. I have read Comm. 95, *Minimum Health and Safety Requirements for Nonregistered Child Care Home Providers.* I meet the provider, home safety, and number of children requirements.
3. I understand the limits regarding the children in care.
   - If I provide Nonregistered care, the total number of children present at any one time will never exceed five. This includes my own children who are not in school yet. There shall never be more than four children under two years of age at any one time.
   - If I provide In-Home care, I will care only for the children who live in the family home. I will not provide care to any other children.
4. While I provide care, parents or caretakers will have access to their children, unless a court order will not allow it.
5. I know the Department may refuse to enter into or revoke an existing *Child Care Assistance Provider Agreement*, form 470-3871, when:
   - A hazard to the safety and well-being of a child exists and I cannot or refuse to fix the hazard, or
   - I have sent in claims for payment that I am not eligible for.
6. I know Iowa law requires that criminal record and child abuse checks be completed on all people who live in my home and are 14 years of age or older.
7. I know the following people may be unable to provide child care or to live in a child care home:
   - People who have been convicted of a crime against another person
   - People with a record of founded child abuse
8. I know that a person who has founded child abuse or has been convicted of a crime may not be able to get Child Care Assistance payments.

Signature of Applicant	Date

You Have the Right to Appeal

You or the person helping you may request a hearing in writing if you do not agree with any action taken on your case. You may contact your county DHS office about legal services that are available based on your ability to pay. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

You Will Not Be Discriminated Against

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to:
Iowa Department of Human Services, Office of Human Resources, 1st floor, 1305 E. Walnut, Des Moines IA 50319-0114, fax (515) 281-4243 or via e-mail stopit@dhs.state.ia.us.

Department of Human Services

Health, Safety, and Fire Standards Checklist for Child Care Homes with a Child Care Assistance Provider Agreement

Name	Telephone Number	Date of Inspection	
Street Address	City	State	Zip Code

Date of entering into a provider agreement_____

The following are requirements contained in Code of Iowa, Chapter 237A or in Iowa Administrative Code Chapter 120 that child care homes with a child care assistance provider agreement must meet.

For each requirement, check the "yes" box if the home meets the requirements, or the "no" box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found, how many "items" were missing (such as children's files, immunization cards, etc.) or what the problem was. If a requirement does not apply to this particular home, enter "NA" for not applicable in the "yes" box.

YES	NO	REF. #	RULE	COMMENT
			A provider's own infants and preschoolers are counted. A provider's own school-age children are not counted. A relative's children are counted, regardless of age.	
		120.5	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	
		120.6	No more than five children shall receive care at any one time.	
		120.7(1)	The provider meets the following requirements:	
		a	Gives careful supervision at all times.	
		b	Frequently exchanges information with the parent of each child to enhance the quality of care.	
		c	Gives consistent, dependable care.	
			Is capable of handling emergencies.	

YES	NO	REF. #	RULE	COMMENT
		d	Is present at all times, except if emergencies occur or an absence is planned.	
			If absence is planned, care is provided by a DHS-approved substitute.	
			If absence is planned, the parents are given at least 24 hours prior notice.	
		e	Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision.	
		f	Be at least 18 years of age.	
		120.7(2)	Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.	
		a	All standards regarding supervision and care of children apply to substitutes.	
		b	Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.	
		c	The substitute must be 18 years of age or older.	
		d	Use of a substitute is limited to: • No more than 25 hours per month. • An additional period of up to two weeks in a 12-month period. These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.	
		e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	

YES	NO	REF. #	RULE	COMMENT
		120.8	Conditions in the home shall be safe, sanitary, and free from hazards.	
		120.8(1)a	Has a non-pay working telephone. A cell phone can be the primary phone.	
			Emergency numbers posted for police, fire, ambulance, and poison information center.	
			Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone.	
			All travel vehicles must have a paper copy of emergency parent contact information.	
		b	Electrical wiring shall be maintained.	
			All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets.	
			All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
		c	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.	
		d	Safety barriers are at stairways and doors as needed.	
		e	An annual laboratory analysis shows satisfactory bacteriological quality if a private water supply is used. Nitrate analysis when children under 2.	
			If water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	
		f	A safety barrier surrounds any heating stove or heating element, in order to prevent burns.	
		g	Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on **each** child-occupied floor.	

YES	NO	REF. #	RULE	COMMENT
		h	Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
			Each smoke detector has been installed according to manufacturer's recommen-dations.	
			Each smoke detector is tested monthly, and a record is kept for inspection purposes.	
		i	Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.	
			Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and www.iowasmokefreeair.gov.	
		j	Homes served by private sewer systems shall be in compliance with discharge restrictions. Discharge of untreated waste water is prohibited. Compliance shall be verified by local board of health at time of renewal or new registration.	
		k	For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls on any chipping and peeling paint, using DPH lead-safe work methods. Form 470-4755, *Lead Assessment and Control*, is submitted with each initial and renewal application.	
		l	The child care home shall be located in a single-family residence that is owned, rented, or leased by the provider.	
		m	Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized.	
		n	Providers inform parents of the presence of any pet in the child development home.	

YES	NO	REF. #	RULE	COMMENT
			All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. Form 470-5153, *Veterinary Health Certificate*, is on file.	
			Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.	
			Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
			All animal waste is immediately removed from the children's areas and properly disposed of.	
			No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.	
			Children shall not perform any feeding or care of pets or cleanup of pet waste.	
		o	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents, and copies are in the child's file.	
		120.8(2)	Outdoor space.	
		a	A safe outdoor play area is maintained in good condition throughout the year.	
			Play area has a fence when located on a busy thoroughfare or near a hazard.	
			Has both sunshine and shade areas.	
			Is kept free from litter, rubbish, and flammable materials.	
			Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	
		b	When a swimming pool or wading pool is on the premises:	
			Wading pools are drained daily and are inaccessible to children when not in use.	

YES	NO	REF. #	RULE	COMMENT
			If not fenced, both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use.	
			Fence for above-ground pool is four feet high and non-climbable.	
			Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high.	
		c	If children use above-ground or in-ground swimming pools:	
			Written permission from the parents is on file.	
			Equipment needed to rescue a child or adult is accessible.	
			The provider accompanies and provides constant supervision while the children use the pool.	
			The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	
		120.8(3)	Medications and hazardous material.	
		a	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
		b	First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.	
			The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.	
		c	Medicines are given only with written authorization from the doctor or parent.	
			Prescribed medicines are accompanied by a doctor's or a pharmacist's direction.	
			All medicines are in original containers with directions intact and labeled with the child's name.	

YES	NO	REF. #	RULE	COMMENT
			Medicines are stored properly including refrigeration in a separate covered container.	
			Medicines are inaccessible to children.	
			Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given.	
		d	Medications are not provided if the provider has not completed pre-service orientation that includes medication administration.	
		120.8(4)	Emergency plans.	
		a	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
			The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.	
			Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.	
		b	Procedures are in place for: • Evacuation to safely leave the facility, • Relocation to a common, safe location after evacuation, • Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue, • Lock down to protect children and providers from an external situation, • Communication and reunification with families, • Continuity of operations, and • Procedures to address the needs of individual children, including those with functional or access needs.	

YES	NO	REF. #	RULE	COMMENT
		120.8(5)	Safe sleep. Provider must follow safe sleep practices as recommended by AAP for infants under one year of age.	
		a	Infants are placed on back to sleep.	
		b	Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.	
		c	Infants are not allowed to sleep on bed, sofa, air mattress, or other soft surface. No sleeping occurs in items not designed for sleeping such as, but not limited to, infant seat, car seat, swing, bouncy seat.	
		d	No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area.	
		e	Co-sleeping is not allowed.	
		f	Sleeping infants will be actively observed by sight and sound.	
		g	If an alternative sleeping position is needed, a signed physician authorization with state of medical reason is required.	
		120.8(6)	Discipline.	
		a	Corporal punishment including spanking, shaking, and slapping is not used.	
		b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	
		c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	
			No punishment or threat of punishment is associated with food or rest.	
		d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	
		e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	

YES	NO	REF. #	RULE	COMMENT
		120.8(7)	Meals and snacks.	
		a	Regular meals and snacks that are well-balanced and nourishing shall be provided.	
		b	Children may bring food to the child care home, but are not required to provide their own food.	
		c	Clean, sanitary drinking water shall be readily available in indoor and outdoor areas, throughout the day.	
		120.9	Files.	
		120.9(1)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
		a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	
		b	Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child's regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.	
		c	A signed medical consent from the parent authorizing emergency medical and dental treatment.	
		d	An admission physical examination report signed by physician or clinic designee.	
		e	A statement of health signed by a physician submitted annually.	
			For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.	
		f	A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	

YES	NO	REF. #	RULE	COMMENT
		g	A signed and dated immunization certificate provided by the state Department of Public Health.	
		h	Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure and destination.	
		i	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	

Signature of person completing form	Agency	Date

Signature of provider	Co-Provider (Child Development Home C only)	Date

Iowa Department of Human Services

Child Care Assistance Provider Agreement

Child Care Provider Information

In order for you to receive payment under the Child Care Assistance Program, you must provide the following information about your legal name and tax ID. Please fill out either Box A **OR** Box B.

Box A
Individual
If you answer **Yes** to Individual, please provide your Social Security Number **(SSN)** to use as your tax ID.

Are you: (Pick one)	**Yes**	**No**	**SSN**
Individual?	❑	❑	– –

If the answer to this question is No, complete Box B.

Provider Last Name			Provider First Name		
Address Where Care is Provided			Mailing Address (if different)		
City	State	Zip	City	State	Zip
Phone			Phone		

Box B
Corporation/Partnership/Government/Sole Proprietor

Is your business: (Pick one)	**Yes**	**No**	**Please provide your Employer Identification Number.**
Corporation or LLC	❑	❑	**EIN**
Partnership	❑	❑	-
Government	❑	❑	**NOTE:** Your legal business name and tax ID (EIN) must match IRS records.
Sole Proprietor	❑	❑	

Provider Legal Business Name					
Doing Business As (DBA) Name					
Address Where Care is Provided			Mailing Address (if different)		
City	State	Zip	City	State	Zip
Phone			Phone		

Eligible Provider

I must meet all federal, state, and local standards that pertain to the child care services being provided under this payment Agreement.

I must not assign, transfer, or subcontract any interest in this Agreement. This means that payment for services made under this Agreement can only go to the provider named in this Agreement for care provided at the location named in this Agreement.

Provider Rate Information

Please tell us the rates you charge for child care services (include all rates that you charge).

A ½ day rate is the rate you charge for up to 5 hours of care. A daily rate is the rate you charge for an entire day (up to 10 hours of care). A weekly rate is the rate you charge for an entire week of care.

	Infant/Toddler		**Preschool**		**School Age**	
Rate	Basic Rate	Special Needs	Basic Rate	Special Needs	Basic Rate	Special Needs
½ day						
Full day						
Hourly						
Weekly						

If you offer discount rates for second children or employees, or you have special rates for before and after school care, summer, etc., list these charges below:

_____

_____

_____

By signing this form, I agree to participate as a provider of child care services approved by the Iowa Department of Human Services (hereafter 'Department') and/or the PROMISE JOBS program and assure the Department that I will comply with the provisions of this Agreement.

Sign page 1 and return pages 1 through 4. Keep pages 5 through 7 for your records.

Name of Child Care Provider (please print)	
Signature of Child Care Provider	Date

This area to be completed by DHS worker only

Provider Type_____ **Provider Number**_____

Payments made by the Department will be in accordance with the "Approved ½ Day Rate" as listed below		
Age Group		**Approved ½ Day Rate ***
Infant/toddler	Basic Rate	
	Special Needs Rate	
Preschool	Basic Rate	
	Special Needs Rate	
School Age	Basic Rate	
	Special Needs Rate	
Other rates: (Second child, before and after school, summer, employee discount, etc.)		

Effective Date	Termination Date

* You will be paid the ½ day rate you normally charge or the maximum state reimbursement rate, whichever is less.

⇒ The Department of Human Services shall determine eligibility for services and shall authorize services if eligible. You may appeal through Department appeal procedures if you are dissatisfied with agency decisions.

Signature of Department Representative	Date

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I understand the payment I will receive for providing child care for the Department of Human Services:

1. Will be based on a five-hour unit of service.
2. Will be effective only during the effective period of this Agreement. If I fail to renew this Agreement, any payments made after the termination date may be subject to recoupment.
3. May be re-negotiated before the termination date, with the agreement of all parties.

Client Fees

I understand:

1. I am responsible for collecting all fees assessed to the client, as determined by the Department, directly from the client. The Department can't collect these fees.
2. I will not bill any Child Care Assistance participant more than the required fee for the units of care provided, as stated on the participant's *Notice of Decision*.
3. I must maintain a record of all fees collected from clients and this record shall be available, upon request, for audit by the Department or its representatives.
4. I can't charge the participant any additional fees except for a late fee if the child is not picked up timely, an "activity fee" to cover the cost of field trips, or the cost of care used beyond the units approved on the participant's *Notice of Decision*.

Billing and Payment

I understand:

1. I must provide the service as authorized on the client *Notice of Decision* or *Certificate of Enrollment* before submitting the claim for payment.
2. At the end of each billing period, I will submit a *Child Care Assistance Billing/Attendance*, form 470-4534, to the Department only for the actual hours of child care services that were provided. This form must be signed by the provider and the parent and I must keep a copy of the signed form for my records.
3. I have the option to submit attendance online through the KinderTrack web portal. If I choose to do so, I must print a *Child Care Assistance Billing/Attendance Provider Record*, form 470-4535, which must be signed by the provider and the parent and kept for my records.
4. If I am not able to use form 470-4534 or 470-4535, I must keep adequate attendance records instead. To be considered adequate, attendance records must include the child's name, the dates and daily time in and time out entries for days the child was in care, and the signature of the parent or other adult designee certifying the attendance is accurate.
5. I will be paid only for the hours of care that were authorized by the Department on the *Notice of Decision* or *Certificate of Enrollment*.
6. I cannot bill the Department or PROMISE JOBS more than what I charge other families for the same service.
7. I cannot request or accept additional payment from families, except for the client fees mentioned above.
8. If I exceed the allowed child capacity for my facility based upon the number and ages of children, this Agreement may be terminated and any payments may be recouped.
9. Failure to comply with this Agreement or other Department child care rules may result in recoupment of payments made and termination of this Agreement for up to 36 months.

Payment for Child Absences

I understand:

1. I may bill for up to four days of absences per month (in accordance with the units approved for that day) **only** when a child is scheduled to be in attendance that day but is absent from care.
2. I may not bill for a day of absence if this policy is not applied to private pay families.
3. Holidays may be paid as an absent day **only** when the child care facility is closed for business, the child is normally scheduled to be in attendance on that day and these days are charged to private pay families. Holidays are included in the four days maximum per month.
4. I may not bill for days of absences when I am not available to provide care (vacation or sick).

Record Keeping and Auditing

I understand:

1. I am responsible for keeping accurate records that document times and dates of care provided to each individual child funded by the Department or PROMISE JOBS.
2. These records must be kept for five years.
3. If this case is selected for review or audit authorized by the Department, I will make these records immediately available, upon request, to substantiate the services I provided and received payment from Child Care Assistance funds.
4. Failure to keep accurate attendance records that have been signed by the parent, may result in termination of this Agreement and repayment of funds for time periods that I am unable to provide adequate attendance verification to support the payments I have received.

Protective Child Care

1. I understand that to provide protective child care, I must be a licensed or registered child care provider unless otherwise approved by the Department.
2. I will cooperate with all aspects of the child's/family's Departmental Case Permanency Plan.

Special Needs Child Care

1. Parents are responsible to provide the Department with written documentation that their children meet the definition of "special needs."
2. I understand that in order to receive "special needs" reimbursement rates, I must provide documentation to the Department that I am responding to a child's special needs with (but not limited to) adaptive equipment, more careful supervision, or special staff training.

Other Provider Requirements

Nondiscrimination:

I will not discriminate because of race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, or political belief against any person seeking services.

Change Reporting:

I am responsible for reporting changes in my household members, substitutes, assistants, address, phone number, criminal convictions, etc. within 10 days of any change. Failure to report these changes may result in recoupment of funds paid to me and termination of this Agreement.

Abuse Reporting:

I understand that as a registered or licensed provider, I am a mandatory reporter regarding suspected child abuse of children in my care and will report any suspected incidents of child abuse to the Department of Human Services immediately by phone and follow up with a written report. The number for reporting suspected child abuse is 800-362-2178.

I have a written policy stating how I will report suspected child abuse.

Confidentiality:

I will respect the privacy of the client and keep the client's relationship with the Department confidential. Personal information about the client may not be shared with anyone but the Department worker and the client. Failure to respect the client's privacy could result in cancellation of this Agreement and legal sanctions, if warranted.

Indemnity:

I understand that I have the status of an independent contractor only and shall in no sense be an agent, employee, or servant of the state of Iowa, the Iowa Department of Human Services, any of its employees, or its clients. I will not hold the state of Iowa, the Iowa Department of Human Services, its employees, or its clients liable, as I shall be responsible for all activity in the delivery of services.

Drug-Free Environment:

I will provide a drug-free child care environment in accordance with Executive Order Number 38.

Audits or Investigations:

I understand that when fraudulent practices are suspected, a referral may be made to an investigative unit, and that I must cooperate with the investigation. I agree to permit federal, state, and local officials to monitor and evaluate my child care facility with or without notice.

Repayment:

I understand that I may have to repay money received in error or as a result of failure to comply with Department rules, failure to report changes, or fraudulent billing.

Agreement Termination

Non-compliance with any of the provisions of this Agreement may result in termination of this Agreement upon ten days written notice from the Department. Termination of this Agreement may prevent you from making application for another Agreement. The Department may also refuse to enter into subsequent agreements with you for up to 36 months.

This Agreement may also be terminated upon mutual agreement of the parties.

Both parties agree that except in case of emergencies such as illnesses, death, or fire, ten days advance notice shall be given to allow for the arrangement of alternate service provision for clients.

Agreement Renewal

This Agreement must be renewed every two years from the effective date of this Agreement. Failure to enter into a new Agreement will result in termination.

Iowa Department of Human Services

Lead Assessment and Control

Instructions: Complete this form if you will be providing child care in home that was built before 1960.

1. As of December 1, 2009, this form must be submitted with all initial applications. If you have a valid registration on November 1, 2009, you must assess and control lead hazards and complete this form by June 30, 2010, for submission with your next renewal application after that date.
2. Complete the interim control table (page 2) for each visual assessment and application of interim controls to lead hazards.
3. Sign and date the form before submitting it to the Department with your application. Category C homes must include signatures of both providers. Retain a copy for your records.
4. Start a interim control table for each registration period, and submit both pages of the form with each renewal application.

A link to the Iowa Department of Public Health pamphlet, "Lead Poisoning, How to Protect Families" is found at: https://idph.iowa.gov/Portals/1/Files/LPP/protect_iowa_families.pdf

Visual Assessment	Applicant Initials
I certify that I have conducted visual assessments of internal and external surfaces of my child care facility.	
I certify that I DID NOT find any lead hazards.	
I certify that I DID find lead hazards, and I have applied interim controls to these hazards.	
A certified lead inspector as defined in Iowa Department of Public Health IAC 641 – Chapter 70 has determined that the paint is lead-free. *(Attach approved documentation to this form.)*	

Child Development Home Applicant Signature	Date
Child Development Home Applicant Signature	Date

Iowa Department of Human Services

Interim Control Table

Date of Visual Assessment (mm/dd/yy)	**Location of Identified Hazard**	**Description of Identified Hazard**	**How Hazard Controlled**	**Date Work Completed** (mm/dd/yy)	**Name of Person Who Completed the Work**

Sample Provider Forms

Child Intake Information

Child's Name	Birth Date
Child's Address	Phone
Name Child is Called	

Parent or Guardian	Parent or Guardian
Name	Name
Home Address	Home Address
Work Address	Work Address
Work Phone	Work Phone

Does your child have any special needs that I need to be aware of? _____

_____

_____

Physician to call if child becomes ill: _____

Address: _____ Phone: _____

Other person to notify if parent or guardian cannot be reached in an emergency:

Name	Phone #	Relationship

(Also list the emergency contacts below if you wish to allow them to pick up your child.)

The following persons are allowed to pick up my child from day care in the event that I am unable to:

Name	Phone #	Relationship

Anyone NOT permitted to pick up my child (with copy of court order, if applicable)

_____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Emergency Medical Treatment Authorization

Permission for medical care in parental absence.

Child's Full Name_____ Birth Date_____

Name child answers to:_____

I, _____ parent or guardian of the child named above give my permission to _____, child care home provider, to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the Provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian:_____
Address:_____
Home Phone:_____ Work Phone:_____

Name of Parent or Legal Guardian:_____
Address:_____
Home Phone:_____ Work Phone:_____

Doctor:_____
Doctor's Address:_____
Doctor's Phone:_____

Preferred Hospital to Contact:_____
Address:_____ Phone:_____

Persons to be contacted in emergency if the parents are unavailable:

Name	Home Phone	Work Phone	Relationship

Present medication(s):_____
Known allergies:_____
Date of last tetanus:_____ Religious Preference:_____
Insurance:_____

Father's signature:_____ Date:_____

Mother's signature:_____ Date:_____

Child Injury / Incident Report Form

Business or program name:
Phone number:
Address:

Fill in all blanks and boxes that apply.

Child's name:_____ Gender: ☐ M ☐ F Birthdate:_____ Incident date:_____

Time of incident:_____:_____ am/pm Witnesses:_____

Name of parent or legal guardian notified:_____ Time notified:_____:_____ am/pm

Notified by (name of staff person):_____

Was EMS (911) or other medical professional notified? ☐ No ☐ Yes Time notified:_____:_____ am/pm

What EMS services responded or other medical professional provided advice?_____

Location where incident occurred: ☐ Classroom ☐ Dining room ☐ Doorway ☐ Gym ☐ Hall
☐ Kitchen ☐ Motor vehicle ☐ Office ☐ Playground ☐ Restroom ☐ Stairway ☐ Unknown
☐ Other (specify)_____

Equipment or product involved (check all that apply): ☐ Child-proof container ☐ Climber
☐ Playground surface ☐ Medication error ☐ Motor vehicle ☐ Sandbox
☐ Slide ☐ Swing ☐ Tricycle/bike ☐ Toy (specify):_____
☐ Other equipment (specify):_____ ☐ No equipment or product involved

✱ Child care provider reported to the Consumer Product Safety Commission the equipment or product involved in the injury. ☐ Yes ☐ No **CPSC Telephone: 1-800-638-2772** **CPSC website: http://www.cpsc.gov/**

Cause of injury or incident (check all that apply): ☐ Animal related ☐ Bite, animal ☐ Bite, human
☐ Child behavior related ☐ Choking ☐ Cold or heat overexposure ☐ Fall, running or tripping
☐ Fall to surface: Estimated height of fall _____ feet Type of surface:_____
☐ Hit or pushed by another child ☐ Injured by object ☐ Medication error
☐ Motor vehicle ☐ Sting, insect, bee, spider or tick bite
☐ Other (specify):_____

Describe injury or incident: *Include the parts of body injured and the type of injury markings. For medication errors describe medication and exact circumstances of the error.*

First aid or treatment given on-site: *(Examples: cold pack, comfort, wound cleaning, bandage applied, behavior intervention):*

First aid or treatment given by (name of person):_____

Medical or dental care needed day of injury or incident:
☐ No doctor's or dentist's treatment required ☐ Doctor or dentist office visit same day required
☐ Treated as an outpatient in emergency room ☐ Hospitalized

Signature of staff member:_____ Date:_____

Signature of parent or person authorized by parent:_____ Date:_____

Complete this section with details obtained in days following event. Date of late entry:_____
Follow-up treatment needed:_____
Reduced or limited activity required for _____ days.
Corrective action needed to prevent reoccurrence:_____
Signature of person making late entry:_____

American Academy of Pediatrics, Pennsylvania Chapter. *Model Child Care Health Policies,* 4th ed. Washington D.C.: National Association for the Education of Young Children, 2002. Adapted for use by the Iowa Departments of Human Services and Public Health for use by child care businesses. To order more free copies of this form call 800-369-2229. July 2007

White page is for parent or guardian. **Yellow page** is to be kept with the child's health record.

Infant, Toddler, Preschool Age – Child Health Form

PARENTS/GUARDIAN **(Complete pages 1 and 2 – Child Information)**

Child's name	Child's birthdate	Child Care Facility:_____ Telephone #:_____
Parent/Guardian name #1	Parent/Guardian name #2	
Child home address #1		Telephone # 1
Child home address #2		Telephone #2
Where parent/Guardian # 1 works	Work address	Home phone # Work # Cellular # Home email Work email
Where parent/Guardian # 2 works	Work address	Home phone # Work # Cellular # Home email Work email

In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. ☐ **YES** ☐ **NO**

During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.

Parent/Guardian signature:_____ Date:__

Alternate emergency contact person's name:_____ Phone #:_____

Relationship to child:_____ Cellular #:__

Child's doctor's name	Doctor telephone # 1	Hospital choice:_____ _____ **Phone #:**_____
Doctor's address	After hours telephone #	Does child have health insurance? ☐ Yes, Company:_____ _____ **ID #:**_____
Child's dentist's name (or family's dentist name)	Dentist telephone # 1	Does child have dental insurance? ☐ Yes, Company:_____ _____ **ID #:**_____
Dentist's address	After hours telephone #	☐ **NO, we do not have health insurance.** ☐ **NO, we do not have dental insurance.** ☐ **Please help us find health or dental insurance.**
Other health care specialist name Type of specialty	Telephone #	

Child Name:

Infant, Toddler, Preschool Age – Child Health Form

PARENTS/GUARDIAN **Complete this page.** **Child's name:**_____

Tell us about your child's health. Place an **X** in the box ☒ if the sentence applies to your child. Check *all* that apply to your child. This will help your health care provider plan your child's physical exam.

☐ **Growth**. I am concerned about my child's growth.

☐ **Appetite**. I am concerned about my child's eating/ feeding habits or appetite.

☐ **Rest**. I am concerned about the amount of sleep my child needs.

☐ **Illness/Surgery/Injury**. My child had a serious illness, injury or surgery.

Please describe:

☐ **Physical Activity**. My child must restrict physical activity.

Please describe:

☐ **Development and Learning**. I am concerned about my child's behavior, development or learning.

Please describe:

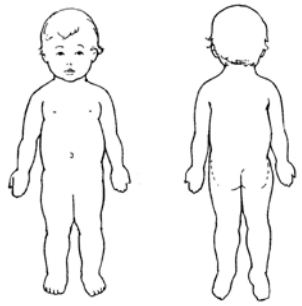
☐ **Allergies**. My child has allergies. (Medicine, food, dust, mold, pollen, insects, animals, etc.)

Please describe:

☐ **Special Needs Care Plan**. My child has a special needs care plan. (IEP, IFSP, Asthma Action Plan, Food Allergy Action Plan, etc.) **Please discuss with your health care provider.**

☐ **Body Health**. My child has problems with skin, birthmarks, Mongolian spots, hair, fingernails or toenails.

Map and describe color/shape of skin markings, birthmarks, scars, moles



☐ Eyes\vision, glasses

☐ Ears\hearing, hearing aids or device, earaches, tubes in ears

☐ Nose problems, nosebleeds, runny nose

☐ Mouth, teething, gums, tongue, sores in mouth or on lips, mouth-breathing, snoring

☐ Frequent sore throats or tonsillitis

☐ Breathing problems, asthma, cough, croup

☐ Heart, heart murmur

☐ Stomach aches, upset stomach, spitting-up

☐ Using toilet, toilet training, urinating

☐ Bones, muscles, movement, pain when moving, uses assistive equipment

☐ Nervous system, headaches, seizures or nervous habits (like twitches)

☐ Needs special equipment

List equipment:

☐ **Medication**. My child takes medication. (List the name of medication, time medication taken, and the reason medication prescribed.)

Parent/Guardian questions or comments for the health care provider:

Infant, Toddler, Preschool Age – Child Health Form

Health professional complete this page

Child's name:_____

Birthdate:_____ **Age today:**_____

Date of exam:_____

Height/length:_____ Weight:_____

BMI (start at age 24 months):_____

Head circumference (age 2 years and under):_____

Blood pressure (start at age 3 years):_____

Hgb or Hct (at 12 months):_____

Lead risk assessment:_____

Blood lead level: Date_____ Results_____

Sensory Screening

Vision assessment:_____

Vision acuity: Right eye_____ Left eye_____

Hearing assessment: Right ear_____ Left ear_____

Tympanometry (**may** attach results)

Developmental Screening

n = normal limits; otherwise describe

Developmental screening results:_____

Autism screening results:_____

Psychosocial/behavioral results:_____

Developmental referral made today: ☐ Yes ☐ No

Heart:_____

Lungs:_____

Stomach/abdomen:_____

Genitalia:_____

Extremities, joints, muscles, spine:_____

Skin, lymph nodes:_____

Neurological:_____

Health care provider comments:

Iowa Child Care Regulations require an admission physical exam report within the previous year and annually. The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (Bright Futures 2015) https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

Allergies

Environmental:_____

Medication:_____

Food:_____

Insects:_____

Other:_____

Immunizations Please attach:

☐ Iowa Department of Public Health Certificate of Immunization

☐ Iowa Department of Public Health Certificate of Immunization Exemption Medical

☐ Iowa Department of Public Health Certificate of Immunization Exemption Religious

☐ TB testing completed (only for high-risk child)

Medication Name	Dosage
☐ Diaper crème:	_____
☐ Fever or pain reliever	_____
☐ Sunscreen	_____
☐ Other:_____	_____

Other medication should be listed with written instructions for use in child care. Medication forms available at www.idph.iowa.gov/hcci/products

Referrals Made

☐ Referred to ***hawk-i*** today (1-800-257-8563)

☐ Other:_____

Health Provider Assessment Statement

☐ The child may participate in developmentally appropriate early care/learning with ***NO*** health-related restrictions.

☐ The child may participate in developmentally appropriate early care/learning with ***with restrictions*** (see comments).

☐ The child has a special needs care plan. Type of plan:_____ (please attach)

Signature:_____

May use stamp.

Check the provider credential type:

☐ MD ☐ DO ☐ PA ☐ ARNP

Address:_____

Telephone:_____

Recommendations for Preventive Pediatric Health Care – Infant, Toddler, and Preschool Age

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in Bright Futures guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	INFANCY								EARLY CHILDHOOD						
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
HISTORY: Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS: Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●			
Weight for Length		●	●	●	●	●	●	●	●	●	●				
Body Mass Index[5]												●	●	●	●
Blood Pressure[6]		✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	●	●
SENSORY SCREENING: Vision[7]		✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	●	●
Hearing		●[8]	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	●
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:															
Developmental Screening[9]								●			●		●		
Autism Screening[10]											●	●			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●
Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment[11]															
Depression Screening[12]															
PHYSICAL EXAMINATION[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[14]: Newborn Blood Screening[15]		←—	●	—→											
Critical Congenital Heart Defect Screening[16]		●													
Immunization[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin[18]						✱			●	✱	✱	✱	✱	✱	✱
Lead Screening[19]							✱	✱	● or ✱[20]		✱	● or ✱[20]		✱	✱
Tuberculosis Testing[21]				✱			✱		✱			✱		✱	✱
Dyslipidemia Screening[22]												✱			✱
STI/HIV Screening[23]															
Cervical Dysplasia Screening[24]															
ORAL HEALTH[25]							✱	✱	● or ✱		● or ✱	● or ✱	● or ✱	●	
Fluoride Varnish[26]							←—				●				—→
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

KEY: ● = to be performed ● or ✱ = risk assessment to be performed with appropriate action to follow, if positive ←—●—→ = range during which a service may be provided

Footnotes for Recommendations for Preventive Pediatric Health Care

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per the 2007 AAP statement "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3 year olds. Instrument based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See 2016 AAP statement, "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/1.51) and "Procedures for Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/1.52).
8. All newborns should be screened, per the AAP statement "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. See 2006 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
10. Screening should occur per the 2007 AAP statement "Identification and Evaluation of Children with Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
11. A recommended screening tool is available at http://www.ceasar-boston.org/CRAFFT/index.php.
12. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
13. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
14. These may be modified, depending on entry point into schedule and individual need.
15. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

16. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/129/1/190.full).

17. Schedules, per the AAP Committee on Infectious Diseases, are available at: http://aapredbook.aappublications.org/site/resources/izschedules.xhtml. Every visit should be an opportunity to update and complete a child's immunizations.

18. See 2010 AAP statement "Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)" (http://pediatrics.aappublications.org/content/126/5/1040.full).

19. For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

20. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.

21. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.

22. See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).

23. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the AAP statement (http://pediatrics.aappublications.org/content/128/5/1023.full) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

24. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/126/3/583.full).

25. Assess if the child has a dental home. If no dental home is identified, perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf) and refer to a dental home. If primary water source is deficient in fluoride, consider oral fluoride supplementation. Recommend brushing with fluoride toothpaste in the proper dosage for age. See 2009 AAP statement "Oral Health Risk Assessment Timing and Establishment of the Dental Home" (http://pediatrics.aappublications.org/content/111/5/1113.full), 2014 clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626), and 2014 AAP statement "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224.full).

26. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).

School-Age Child – Parent Statement of Health

PARENT/GUARDIAN **(Please complete pages 1 and 2.)**

Child's name	Child's birthdate	Name of school:_____ Grade:____ School telephone #:_____
Parent/Guardian name #1	Parent/Guardian name #2	
Child home address #1		Telephone # 1
Child home address #2		Telephone #2
Where parent/Guardian # 1 works	Work address	Telephone # Work # Cellular # Home email Work email
Where parent/Guardian # 2 works	Work address	Telephone # Work # Cellular # Home email Work email

In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. ☐ **YES** ☐ **NO**

During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.

Parent/Guardian signature:_____ Date:_____

Alternate emergency contact person's name:_____ Phone #:_____

Relationship to child:_____ Cellular #:_____

Child's **doctor's** name ☐ Child does not have doctor	Doctor telephone # 1	**Hospital of choice**:_____ _____ Phone #:_____
Doctor's address	After hours telephone #	Does your child have health insurance? ☐ Yes ☐ No Company:_____ **ID #:**_____
Child's **dentist's** name ☐ Child does not have dentist	Dentist telephone # 1	Does your child have dental insurance? ☐ Yes ☐ No Company:_____ **ID #:**_____
Dentist's address	After hours telephone #	☐ **HELP us find a family doctor or dentist.** ☐ **HELP us find health or dental insurance.**
Other health care/mental health specialist name Type of specialty	Telephone #	

Child Name:

School-Age Child – Parent Statement of Health

PARENT/GUARDIAN **Complete this page.** **Child's name:**_____

Please use an **X** in the box ☒ to statements that apply to your child.

Date of child's last physical exam:_____

Date of last dental appointment:_____

☐ **Growth**. I am concerned about my child's growth.

☐ **Appetite**. I am concerned about my child's eating habits.

☐ **Rest**. My child needs to rest after school.

☐ **Illness/Surgery/Injury**. My child had a serious illness, surgery or injury.

Please describe:

☐ **Physical Activity**. My child must restrict physical activity or needs special equipment to be active.

Please describe:

Play With Friends. My child:

☐ Plays well in groups with other children.
☐ Will play only with one or two other children.
☐ Prefers to play alone.
☐ Fights with other children.
☐ I am concerned about my child's play activity with other children.

School and Learning. My child:

☐ Is doing well at school.
☐ Is having difficulty in some classes.
☐ Does not want to go to school.
☐ Frequently misses or is late for school.
☐ I am concerned about how my child is doing in school.

Please describe:

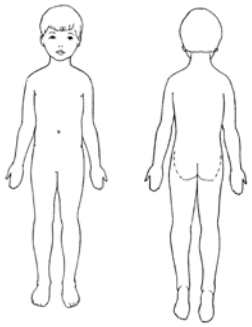
☐ **Allergy**. My child has allergies. (Medicine, food, dust, mold, pollen, insects, animals, etc.)

List allergies:

☐ **Special Needs Care Plan**. My child has a special needs care plan. (IEP, Asthma Action Plan, Food Allergy Action Plan, etc.) Please discuss with your health care provider.

☐ **Body Health**. My child has problems with skin, hair, fingernails or toenails.

Describe skin marks, birthmarks or scars. Show us where these skin marks are located using the drawing below.



☐ Eyes\vision, glasses or contact lenses
☐ Ears\hearing, hearing assistive aids or device, earache, tubes in ears
☐ Nose problems, nosebleeds
☐ Mouth, teeth, gums, tongue, sores in mouth or on lips, breathes through mouth
☐ Frequent sore throats or tonsillitis
☐ Breathing problems, asthma, cough
☐ Heart problems or heart murmur
☐ Stomach aches or upset stomach
☐ Trouble using toilet or wetting accidents
☐ Hard stools, constipation, diarrhea, watery stools
☐ Bones, muscles, movement, pain when moving
☐ Mobility, child uses assistive equipment
☐ Nervous system, headaches, seizures or nervous habits (like twitches or tics)
☐ Females – difficult monthly periods
☐ Other special needs

Please describe:

☐ **Medication**. My child takes medication. **Parents**: Please review the child care program's policies about the use of medication at child care.

Medication Name	Time Given	Reason for Giving Medication

☐ Yes ☐ No **Child has EpiPen, inhaler or other emergency medication.**

Parent signature (required)	Date

School-Age Child – Parent Statement of Health

Health professional complete this page

Date of exam:_____

Height:_____ Weight:_____

Body Mass Index:_____

☐ There are weight concerns.

☐ Referral made to:_____

Blood pressure:_____

Laboratory Screening

Blood lead level: Date:_____

☐ Venous ☐ Capillary (for child under age 6 years)

Results:_____

Hgb or Hct:_____

Urinalysis:_____

TB testing (high-risk child only):_____

Sensory Screening

Vision acuity: Right eye_____ Left eye_____

Hearing: Right ear_____ Left ear_____

Tympanometry: Right ear_____ Left ear_____

Exam Results (*n = normal limits; otherwise describe)*

Skin:_____

HEENT:_____

Teeth/oral health:_____

Date of dentist exam:_____ **or** ☐ None to date

Dental referral made today: ☐ Yes ☐ No

Heart:_____

Lungs:_____

Stomach/abdomen:_____

Genitalia:_____

Extremities, joints, muscles, spine:_____

Neurological:_____

Psychosocial/behavioral assessment (depression screening starting at age 11):_____

Allergies

Environmental:_____

Medication:_____

Food:_____

Insects:_____

Other:_____

Health care provider comments:

Child's name:_____

Date of birth:_____ **Age:**_____

Immunizations Please attach:

☐ Iowa Department of Public Health Certificate of Immunization

☐ Iowa Department of Public Health Certificate of Immunization Exemption Medical

☐ Iowa Department of Public Health Certificate of Immunization Exemption Religious

Medication

Health provider authorizes the child to receive the following medications while at child care or school. (Include over-the-counter and prescribed.)

Medication Name	Dosage
☐ Fever/pain reliever	_____
☐ Sunscreen	_____
☐ Cough medication	_____
☐ Other (list all):_____	_____
_____	_____
_____	_____

Other medication should be listed with written instructions for use in child care. Medication forms available at www.idph.iowa.gov/hcci/products

Referrals Made

☐ Referred to ***hawk-i*** today (1-800-257-8563)

☐ Other:_____

Health Provider Assessment Statement

☐ The child may **fully participate** with ***NO*** health-related restrictions.

☐ The child has the following **health-related restrictions** to participation (please specify):

_____

☐ The child has a special needs care plan. Type of plan:_____ (please attach)

Signature:_____

May use stamp.

Check the provider type:

☐ MD ☐ DO ☐ PA ☐ ARNP

Address:_____

Telephone:_____

The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (Bright Futures 2015) https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

Recommendations for Preventive Pediatric Health Care – School-Age Child

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in Bright Futures guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY: Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS: Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference																	
Weight for Length																	
Body Mass Index[5]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING: Vision[7]	●	●	✱	●	✱	●	✱	●	✱	✱	●	✱	✱	✱	✱	✱	✱
Hearing	●	●	✱	●	✱	●	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:																	
Developmental Screening[9]																	
Autism Screening[10]																	
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment[11]							✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱
Depression Screening[12]							●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[13]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[14]**:** Newborn Blood Screening[15]																	
Critical Congenital Heart Defect Screening[16]																	
Immunization[17]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin[18]	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱
Lead Screening[19]	✱	✱															
Tuberculosis Testing[21]	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱
Dyslipidemia Screening[22]		✱		✱	←—●	—→		✱	✱	✱	✱	✱	✱	←—●	—→		
STI/HIV Screening[23]							✱	✱	✱	✱	✱	←—●	—→		✱	✱	✱
Cervical Dysplasia Screening[24]																	●
ORAL HEALTH[25]		●															
Fluoride Varnish[26]	—→																
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

KEY: ● = to be performed ● or ✱ = risk assessment to be performed with appropriate action to follow, if positive ←—●—→ = range during which a service may be provided

See pages 77 and 78 for footnotes.

Phone Numbers

Police_____ Poison Control_____

Fire_____ Paramedics_____

Child's Name	Birthdate	Parents			Doctor	School	Emergency Contact	
		Name	Home	Work			Name	Phone
		M F						
		M F						
		M F						
		M F						
		M F						
		M F						
		M F						
		M F						
		M F						
		M F						

Home Address_____

Telephone Numbers_____

Monthly Medicine Record

Child Name:_____ Month_____ Year_____

Child Known Allergies:

Parent Permission to give medicine: I give my permission for the child care business to give the following medicine(s) to my child.

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care:[1]	Route of medicine as on the label:	Possible side effects:	Required storage: ☐ Refrigerate ☐ Refrigeration not required
☐ Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine:[2] Beginning date for medicine:_____ Ending date for medicine:_____		

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care:[1]	Route of medicine as on the label:	Possible side effects:	Required storage: ☐ Refrigerate ☐ Refrigeration not required
☐ Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine:[2] Beginning date for medicine:_____ Ending date for medicine:_____		

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care:[1]	Route of medicine as on the label:	Possible side effects:	Required storage: ☐ Refrigerate ☐ Refrigeration not required
☐ Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine:[2] Beginning date for medicine:_____ Ending date for medicine:_____		

Parent permission to contact pharmacy and physician: I give my permission for the child care business to contact my child's pharmacy and physician should questions arise or a situation occur that involves my child and the medication.

Parent Name (print):_____ Parent Signature:_____ Date:_____

[1]The time of day for the medicine needs to be consistent between home, child care and other programs where the child is located like school. Ask the parent when the medicine is given at home so medicine doses may be evenly spaced for maximum benefit.

[2]The medicine may need to be given before meals, after meals, with food, with a specific liquid (water or milk). All instructions should be written on the medicine label or instructions. When in doubt, call the pharmacy where the prescription medicine was dispensed.

January 2007

Monthly Medicine Record

Attach Child Photo Here

Child Name:_____

Month_____ Year_____		Day of Month																														
Medicine, Dose and Route ↓	Time of Day ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Example: Amoxicillin 250 mg., 1 teaspoon, orally	10 am	*																														

*Place your initials in the box showing the medicine was given. Use an "**A**" when a child is absent. Use an "**O**" when medication is *not given* for any reason. Document the reason the medication was not given and document that the parent was informed.

Instructions for using Medicine Record:

- First Column: Record the medicine name, dosage, and route.
- Second Column: Record the time(s) of day the medicine is to be given at child care. If the medicine is given more than one time a day, use a separate row for each time of day the medicine is to be given.
- Third – Last Column: The person who measures and gives the medicine must place the person's initials in the appropriate **row** (for time) and **column** (for date) that the medicine was given. Use columns numbered from 1-31 for the date. The person who measures the medicine dosage is the only person allowed to give the medicine.

Call the Healthy Child Care Iowa talkline 1-800-369-2229 to order free copies of this form.

Iowa Poison Control Center: 1-800-222-1222

Emergency Drill Record

Year_____

Month	Fire Drills	Smoke Alarms	Tornado Drills
January	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
February	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
March	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
April	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
May	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
June	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
July	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
August	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
September	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
October	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
November	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
December	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:

Iowa Department of Human Services

Child Care Provider Physical Examination Report

Child Care Center Personnel ◆ Child Development Home Providers

Name	Date of Examination

Patient may:

- ✓ have very frequent contact with children (infant through school-age) in care.
- ✓ be responsible for children's physical care and social development during day and nighttime hours.
- ✓ need to lift children, bend, and stand for long periods of time.

Child Care Provider Health Concerns (Please check all that apply.)

- ☐ Allergies
- ☐ Breathing problems (asthma, emphysema)
- ☐ Diabetes or problems like thyroid, other
- ☐ Heart, blood pressure problems
- ☐ Vision
- ☐ Illegal or prescription drug abuse
- ☐ Neurologic problems (epilepsy, Parkinsonism, other)
- ☐ Smoking or alcohol use
- ☐ Susceptibility to infection, illness
- ☐ Stomach or bowel problems
- ☐ Skin problems (eczema, rashes, conditions incompatible with frequent hand washing, other)
- ☐ Emotional or nervous problems (depression, difficulty handling stress)
- ☐ Musculoskeletal problems (low back pain, susceptibility to back injury, neck problems, arthritis)
- ☐ Hearing or difficulty hearing in a noisy environment
- ☐ Other (explain):_____

_____

_____

Immunization Status

All child care employees and providers shall consult with their physician regarding the receipt of age appropriate immunizations in accordance with the current Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule. Individuals involved in the provision of child care often come in contact with very young children, whom may or may not be fully immunized against vaccine-preventable diseases. It is essential every child care employee and provider discuss with their physician the benefits and risks associated with receiving or not receiving all ACIP age appropriate immunizations before becoming involved in a child care setting.

(PHYSICIAN MUST CHECK ONE AND DATE)

- ☐ Patient's immunization history was reviewed and patient is current with all ACIP recommended immunizations.
- ☐ Patient received consultation regarding the receipt of age appropriate immunizations in accordance with the current ACIP recommended immunization schedule and declined the following recommended vaccinations:

_____

_____

Date:_____

Tuberculosis Screening

All child care employees and providers shall receive a baseline screening for Tuberculosis. Baseline screening shall consist of two components:

1. Assessing for current symptoms of active TB disease.
2. Screening for risk factors associated with TB.

Those individuals identified as belonging to a defined high-risk group or who have signs or symptoms consistent with TB disease shall be evaluated for TB infection and TB disease.

(PHYSICIAN MUST COMPLETE AND CHECK AND DATE BOTH BOXES)

☐ TB signs and symptoms screen completed Date:_____

☐ TB risk factor screen completed Date:_____

** ***Tuberculosis medical consultation and TB medications can be accessed by calling the Iowa Department of Public Health, Tuberculosis Control Program at 515-281-8636 or 515-281-7504.***

Other Communicable Diseases and Overall Health Status

Does the individual have a known communicable disease or other health conditions that poses a threat to the health, safety, or well-being of children? ☐ Yes ☐ No **(If yes, describe in detail below.)**

Does the child care provider have a condition that limits the provider's ability to safely supervise or evacuate multiple dependent children in case of emergency? ☐ Yes ☐ No **(If yes, describe in detail below.)**

_____

_____

_____

Conclusion

☐ Individual may be involved with child care

☐ Individual may be involved with child care, with the following accommodations and restrictions (please describe below)

☐ Individual may not be involved with child care

Necessary Accommodations or Restrictions to Meet the Demands of Providing Child Care

(Please detail.)

_____

_____

_____

Health Care Provider Signature	Date
Mailing Address	Telephone
Provider Type: ☐ MD ☐ DO ☐ PA ☐ ARNP	Iowa License Number

Daily Attendance Record for "Part-Time" Hours

(Only 2 "part-time" children can be present at one time. Additional copies may be needed if there are more children attending as "part-time.")

Provider's Name_____ **Month/Year**_____ **Page #**_____

Day	First Child (last, first name)	Time In and Time Out	Second Child (last, first name)	Time In and Time Out	Third Child (last, first name)	Time In and Time Out	Total hours used for all children each day	180 Total hours (Start with 180 hours and subtract each day's total hours used. When zero is reached there are no part-time hours left in the month.)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
							Total "part-time" hours used for this month:	

Daily Attendance Record for "Part-Time" Hours

(Only 2 "part-time" children can be present at one time. Additional copies may be needed if there are more children attending as "part-time.")

Provider's Name **Mary Jones** **Month/Year** **May 2002** **Page #** **1**

Day	First Child (last, first name)	Time In and Time Out	Second Child (last, first name)	Time In and Time Out	Third Child (last, first name)	Time In and Time Out	Total hours used for all children each day	180 Total hours (Start with 180 hours and subtract each day's total hours used. When zero is reached there are no part-time hours left in the month.)
1	Jones, Evelyn	8A-9:45A	Smith, Terry	1P-2P			2¾	177¼
2								
3	Jones, Evelyn	8A-9:45A					1¾	175½
4								
5								
6								
7								
8	Cooper, Jan	11:30A-1P	Smith, Terry	1P-3P			3½	172
9								
10	Smith, Sally	1P-2:30P	Smith, Terry	1P-2:30P	James, Rose	4P-6P	5	167
11								
12								
13								
14	Greene, Marie	7:30A-9:15A	Smith, Sally	1P-3P	Smith, Terry	1P-3P	5¾	161¼
15								
16								
17								
18								
19	Greene, Marie	7:30A-8:45A					1¼	160
20								
21	Greene, Marie	7:30A-9A					1½	158½
22								
23								
24								
25	Cooper, Jan	2P-3:45P					1¾	156¾
26								
27								
28								
29								
30								
31								
							Total "part-time" hours used for this month:	**23¼**

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

Guidelines for Child Care Homes with a Child Care Assistance Provider Agreement, Comm. 95

Purpose	Comm. 95 explains the minimum requirements that a nonregistered child home must commit to meeting in order to participate in the Child Care Assistance (CCA) program.
Source	Print or photocopy supplies from the sample in the manual.
Distribution	Provide these guidelines to nonregistered child care providers that are selected as a care provider by a child care assistance applicant or member.
Data	These guidelines explain: ♦ Provider qualifications, ♦ Provider responsibilities, ♦ Fire, health, and safety requirements for the home, ♦ Information required to be kept about the child, and ♦ How to apply to become a CCA provider.

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 *Application for Child Development Home Registration*.
Distribution	Give one copy to each applicant-provider along with: ♦ Form 470-3384 or 470-3384(S), *Application for Child Development Home Registration*. ♦ Form 595-1396 or 595-1396(S), *DHS Criminal History Record Check* (Form B). ♦ Form 470-4755 or 470-4755(S), *Lead Assessment and Control*.
Data	The handbook contains: ♦ The minimum requirements for registration in each category. ♦ Practice recommendations. ♦ An explanation of the use of the *Parent Guide to Child Development Home Registration*.

Iowa Department of Human Services

Comm. 143 (Rev. 10/16)

Child Development Home Registration Guidelines

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Five-Year Prohibitions

Individuals with the following convictions and founded abuse reports are prohibited from registration as a child development home provider, employment in a child development home, living in a child development home, receiving public funding for providing child care, or living in a non-registered child care home that receives public funding for five years from the date of the conviction or founded abuse report:

- Conviction of controlled substance offense under Iowa Code Chapter 124.
- Founded child abuse that was determined to be physical abuse.

Individuals with these convictions or founded child abuse reports may reapply after the five-year period has passed.

Individuals with other founded child abuse reports or criminal convictions may be approved for registration, employment, or residence, depending on the Department's evaluation of the incident.

Record Check Evaluations

The person having a record of criminal conviction or founded abuse will be sent form 470-2310, *Record Check Evaluation*, to complete and return to the child care worker. This form must be returned to the Department within ten days. If the form is not returned within ten days, you will be sent a *Notice of Decision* denying or revoking your child development home registration.

If the Department receives the completed *Record Check Evaluation* within ten days, the Department will evaluate the criminal conviction or founded child abuse record as required under Iowa Code Section 237A.5. The purpose of the evaluation is to determine whether or not the criminal conviction or founded child abuse merits prohibition of employment, registration, or residence in a child development home. Based on the evaluation results, a registration may be approved, denied, or revoked.

Training

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 of providers and teachers.

Through the Navigate Your Pathway website, you may:

- See where you are today in your professional development,
- See where your next step will take you, and
- Create your 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://edieducationpathway.org

Child Care Training Registry

Iowa's Child Care Provider Training Registry is an online tool where child care professionals can locate and enroll for DHS-approved professional development. To access and enroll for DHS-approved professional development opportunities, please click https://ccmis.dhs.state.ia.us/trainingregistry/

You may also access additional trainings approved by the Department, here: http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf

Prior to registration, you shall complete:

- Prior to registration and every five years thereafter, minimum health and safety trainings, approved by the Department, in the following areas:
  - Prevention and control of infectious disease, including immunizations
  - Prevention of sudden infant death syndrome and use of safe sleeping 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 a man-caused event
  - Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
  - Precautions in transporting children
- Two hours of Iowa's training for mandatory reporting of child abuse and every five years thereafter.
- First-aid and cardiopulmonary resuscitation (CPR) training:
  - Training shall be provided by a nationally recognized training organization, such as the American Red Cross, the American Heart Association, the National Safety Council, or Emergency Medical Planning (Medic First Aid) or by an equivalent trainer using curriculum approved by the Department.
  - First-aid training shall include certification in infant and child first aid,
  - You shall maintain a valid certificate indicating the date of first-aid training and the expiration date.
  - You shall maintain a valid certificate indicating the date of CPR training and the expiration date.
- On-line CPR and first aid courses are not approved for continuing education or training to meet regulatory requirements.

During each two year registration period, you shall receive a minimum of 24 hours of training from one or more of the content areas.

COMMENT: The purpose of continuing education is to increase skills and knowledge over time. Training and education in child development has been linked to higher quality of childcare. Experience without that training and education actually has been shown to decrease the quality of care.

COMMENT: Minimum health and safety training may be required prior to the five year period if content has significant changes that warrant the training be renewed.

Content Areas for Training

Training topics may include:

- Planning a safe, healthy learning environment, including nutrition (two hours required in the first year).
- Steps to advance children's physical and intellectual development.
- Positive ways to support children's social and emotional development (includes guidance and discipline).
- Strategies to establish productive relationships with families (includes communication skills and cross-cultural competence).
- Strategies to manage an effective program operation (includes business practices).
- Maintaining a commitment to professionalism.
- Observing and recording children's behavior.
- Principles of child growth and development.

Training Settings

The training must be approved by the Department or be conducted by an approved trainer. An approved trainer is someone who:

- Is employed by or under contract with an approved training entity, or
- Uses curriculum or training materials developed by or obtained with written permission of an approved training entity.

Approved training entities include:

- An accredited university or college.
- A community college.
- Iowa State University Extension.
- A child care resource and referral agency.
- An area education agency.
- The Regents' Center for Early Developmental Education at the University of Northern Iowa.

- A hospital (for health and safety, first-aid, and CPR training).
- The American Red Cross, the American Heart Association, the National Safety Council, or Medic First Aid (for first-aid and CPR training).
- An Iowa professional association, including the Iowa Association for the Education of Young Children (Iowa AEYC), the Iowa Family Care Association (IFCCA), the Iowa After School Alliance, and the Head Start Association.
- A national professional association, including the National Association for the Education of Young Children (NAEYC), the National Child Care Association (NCAA), the National Association for Family Child Care (NAFCC), the National After School Association, and the American Academy of Pediatrics.
- The Child and Adult Care Food Program (CACFP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
- The Iowa Department of Public Health, Department of Education, or Department of Human Services.
- Head Start Agencies or the Head Start technical assistance program.
- Organizations that are certified by the International Association for Continuing Education and Training (IACET).

Additional Training Information

To determine if the training you are considering is approved, look for the logo of the approved training organization on the training certificate or a letter from an approved training organization indicating that the organization approves the training. Some examples include the following:

- Iowa Public Television (IPTV) programming about young children is part of the Iowa Department of Education and is offered by an approved training organization.
- *Eager to Learn* is a Minnesota child care resource and referral program and is an approved training organization. Their courses are approved as group training.
- Resources for Child Care Learning Center is a Minnesota child care resource and referral program and is an approved training organization. Their courses (Tom Copeland business courses) are approved as group training.
- A certified Red Cross trainer is not necessarily a Red Cross employee but is approved.
- Local public health offices and local school districts are **not** approved training organizations.

You can only take the same training one time every five years. For example, you could take ChildNet one time within a five-year period to meet regulatory requirements for continuing education. **NOTE:** One college credit hour in early childhood or elementary education for school age is the equivalent of 15 hours of training.

All providers must maintain current certification for approved training for the mandatory reporting of child abuse and for infant and child first-aid and CPR.

Issuance of Registration Certificate

Prior to registration, a pre-inspection must be completed by the Department to assure that health, safety, and fire safety expectations have been met. The Department issues a registration certificate when the applicant meets all requirements for registration. The local offices of the Department maintain a current list of child development homes as a referral service to the community.

COMMENT: These requirements include submitting the signed and completely filled in application form, the submission of the *DHS Criminal History Record Check Form B* for all persons required, submission of all required documentation, and the return to the local office of the completed record checks. If everything is completed correctly and all record checks come back as completely clear, the *Certificate of Registration* will be issued.

If you operate in a home built before 1960, you must also submit a completed and signed form 470-4755 or 470-4755(S), *Lead Assessment and Control*, (including interim control table) with any initial application submitted on or after December 1, 2009.

A sample of the *Parent Guide* is included in this handbook. This handout gives some explanation of the registration process and parental responsibility. It also includes a list of the minimum requirements. The parent may ask you for help in understanding the minimum requirements.

Compliance Checks

The Department must complete an unannounced compliance check of all child development homes in the state during the state fiscal year for compliance with registration requirements contained in this handbook. As a registered provider, you are required to allow DHS staff to complete this spot check of your registered child development home.

Parental Access

Parents shall be afforded unlimited access to their children and to the people caring for their children during the normal hours of operation or whenever their children are in your care, unless parental contact is prohibited by court order.

Renewal of Registration Certificate

You must renew your registration every 24 months. When renewing your registration, submit copies of your certificates of training to the Department to be retained in the registration file before the expiration date of your current registration. If you operate in a home **built before 1960** and have a valid registration on **November 1, 2009,** you must submit form 470-4755 or form 470-4755(S), *Lead Assessment and Control*, (including interim control table) with each renewal application submitted **after** June 30, 2010.

COMMENT: You must reapply every 24 months, or your *Certificate of Registration* will be invalid. Upon renewal you will get a new *Certificate of Registration* with a new expiration date. The certificate will list the start and end dates of the registration period. The Department will complete record checks at the time of your renewal.

Complaints

The Department keeps a record of all complaints and regulatory violations and their resolution in your regulatory file. This record is available to the public upon request, except that the identity of the complainant will not be disclosed unless expressly permitted by the complainant. This information is also available to the public online.

Denial or Revocation of Registration

The Department will deny or revoke registration if it finds a hazard to the safety and well-being of a child, and you cannot correct or refuse to correct the hazard. This policy applies even though the hazard may not have been specifically listed under the health and safety rules.

The Department keeps a record of all denials or revocations of registration and the reasons for denying or revoking the registration. This file is open to public inspection.

COMMENT: You have a right to appeal if the Department denies your application for registration or revokes your certificate of registration. You may request a hearing within 30 days after the date the official notice of denial or revocation was mailed. You should submit your request for an appeal to the local Department office or to the DHS Appeals Section, 5th Floor, 1305 E Walnut St, Des Moines, Iowa 50319-0114.

If your registration is denied due to a recent founded child abuse record, you may also consult with the local Department office about filing a request for review of the child abuse report findings.

Letter of Revocation

If you receive a letter from the Department initiating action to deny or revoke your child development home's registration, you must post the letter conspicuously where parents or any member of the public can read it. The letter shall remain posted until the action to deny or revoke your certificate of registration is resolved.

COMMENT: A *Notice of Decision* may serve as a letter for this purpose. Post it next to the *Certificate of Registration* where it may be read by anyone entering the child development home.

Letter to Parents

The Department will send a letter to every parent, guardian, or legal custodian of each child enrolled in a child development home if:

- The certificate of registration is revoked, or
- There has been a founded child abuse case against the provider, a staff member, or anyone living in the home.

Sanction Period

If the Department has denied or revoked your registration because you have continually or repeatedly failed to operate a child development home in compliance with Iowa law or Department rules, you are not permitted to own or operate a child development home for a period of 12 months from the date of denial or revocation. The Department will not act on an application for registration submitted during the 12-month period.

Standards

Provider Standards for All Child Development Homes

You must meet the following requirements:

- Give careful supervision at all times.
- Exchange information with the parent of each child frequently to enhance the quality of care.
- Give consistent, dependable care and be capable of handling emergencies.
- Be present at all times except when emergencies occur or an absence is planned, at which time care shall be provided by a Department-approved substitute. When an absence is planned, give parents at least 24 hours' prior notice.
- Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair your ability to give careful supervision.
- Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you:
  - Zoning code
  - Building code
  - Fire code
  - Business license
  - State and federal income tax
  - Unemployment insurance
  - Worker's Compensation
  - Minimum wage and hour requirements
  - OSHA
  - Americans with Disabilities Act (ADA)

Substitutes

As the provider, you are responsible for providing adequate and appropriate supervision at all times children are in attendance. Ultimate responsibility for supervision is with you. Any substitute provider shall have the same responsibility for providing adequate and appropriate supervision.

- Substitute providers must be 18 years of age or older.
- All child development home regulations regarding supervision and care of children apply to substitutes.
- Except in emergency situations, inform parents in advance of the planned use of a substitute provider.

Maintain a written record of the number of hours substitute care was provided, including the date and the name of the substitute provider. Substitute care may be used in the home up to 25 child care hours per month and for an additional period of up to two weeks in a 12 month period. This limit applies to the child development home, regardless of the number of individuals who may be providing the substitute care.

NOTE: Limits to the number of substitute care hours allowed does not apply when the provider is engaged in jury duty or official duties connected with the provider's membership on a state board, committee, or other policy related body.

Program Standards for All Child Development Homes

The next sections state the standards that apply to all child development homes, regardless of category, and the specific requirements for each individual category of child development home.

The following sections describe the size limits and characteristics of each type of child development home. Child development homes are divided into three categories: A, B, and C, based on the provider's education and experience.

Conditions in the home shall be safe, sanitary, and free of hazards.

Facility Requirements

- The home shall have a non-pay, working land-line or mobile telephone with emergency numbers posted and readily accessible for the following:
  - Police
  - Fire
  - Ambulance
  - Poison information center
  - The number for each child's parent
  - A responsible person who can be reached when the parent cannot
  - Each child's physician
- All travel vehicles must have a paper copy of emergency parent contact information.

- Electrical wiring shall be maintained. All accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped.
- Electrical cords shall be used properly. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous.
- Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water heaters, and gas dryers.
- Approved safety gates at stairways and doors shall be provided and used as needed.
- A private water supply shall have an annual laboratory analysis conducted to show satisfactory bacteriological quality. When children under the age of two are to be cared for, the analysis shall include a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially bottled water or water treated through a process approved by the health department or designee shall be provided.

  COMMENT: If your water is not supplied by a public system, you must have an annual laboratory analysis on file with the Department. You can get forms and a container for a laboratory analysis from the State Hygienic Laboratory in Iowa City, Iowa 52242, or from your local health department. There may be a charge for this analysis.

  If your water analysis report does not show satisfactory quality, you must provide a statement indicating your alternative plan for a safe water supply.
- A safety barrier shall surround any heating stove or heating element, in order to prevent burns.

  COMMENT: Anything that produces enough heat to burn a small child should have some type of barrier around it to prevent injury to a child. Heat sources could include, but are not limited to, wood-burning stoves, space heaters, fireplaces, radiators, electric baseboard heaters, or steam-producing vaporizers, whenever in operation.
- The home shall have at least one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.
- The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.
- Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children. All signs shall include:
  - The telephone number for reporting complaints, and
  - The Internet address of the Department of Public Health: www.iowasmokefreeair.gov.

- Homes served by private sewer systems shall be in compliance with discharge restrictions identified at 567—Chapter 69. Discharge of untreated waste water from private sewage disposal systems is prohibited. Compliance shall be verified by the local board of health at the time of renewal or new registration.

  COMMENT: Contact your local public health agency to arrange for this testing.

- A provider operating in a facility built before 1960 shall assess and control lead hazards before being issued an initial child development home registration or a renewal of the registration. To comply with this requirement, the provider shall:

  1. Conduct a visual assessment of the facility for lead hazards that exist in the form of peeling or chipping paint;
  2. Apply interim controls on any chipping or peeling paint found, using lead-safe work methods in accordance with and as defined by Department of Public Health rules, unless a certified inspector determines that the paint is not lead-based paint; and
  3. Submit form 470-4755, *Lead Assessment and Control*, as verification of the visual assessment and completion of interim controls, if necessary.

  You must submit a new form 470-4755 or 470-4755(S) with each renewal application after that date.

  You should complete visual assessments on an ongoing basis and apply interim controls whenever a lead hazard is identified. Record each visual assessment and each application of interim controls on the "Interim Control" portion of form 470-4755 or 470-4755(S). When doing a compliance or complaint inspection, the Department may ask to view this form.

  Sign and date the first page of the form to verify that the visual assessment has been performed and interim controls have been applied before submitting the form to DHS, and make a copy for your records. If a certified lead inspector has determined that the paint is lead-free, attach supporting documentation to the form.

  COMMENT: See the "Lead Poisoning" section of this handbook for more information about lead hazards, visual assessments, interim controls, and contact information for the Iowa Department of Public Health.

- The child development home shall be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home's certificate of registration.

  COMMENT: A "single-family residence" includes an apartment, condominium, townhouse, or other individual unit within a multiple unit residential dwelling, but does not include a commercial or industrial building that is primarily used for purposes other than a residence.

- Any driver who transports children for any purpose shall have a valid driver's license and adequate motor vehicle insurance that authorizes the driver to operate the type of vehicle being driven. Child restraint devices shall be utilized in compliance with Iowa Code 321.446.

- Providers shall inform parents of the presence of any pets in the home:
  - All dogs and cats in the household shall have annual health examinations by a licensed veterinarian. Acceptable veterinary examinations shall be documented on form 470-5153, *Pet Health Examination Veterinary Health Certificate*.
  - Pet birds shall be purchased from an approved dealer. Children shall not handle pet birds.
  - Aquariums must be well maintained and installed so that they prevent children from accessing the water or pulling over the tank.
  - All animal waste shall be immediately removed from the children's areas and properly disposed of.
  - Children shall not perform any feeding or care of pets or cleanup of pet waste.
  - No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times.
- The provider shall document all injuries that require first aid or medical care using an injury report form. The form shall be completed on the date of occurrence, shared with the parent, and maintained in the child's file.
- The provider shall have written policies regarding the care of mildly ill children and exclusion of children due to illness and shall inform parents of these policies.
- The provider shall have written policy and procedures for responding to health-related emergencies.
- The *Certificate of Registration* shall be displayed in a conspicuous place.

Outdoor Space

- A safe outdoor play area shall:
  - Be maintained in good condition throughout the year;
  - Be fenced off when located on a busy thoroughfare or near a hazard that may be injurious to a child;
  - Have both sunny and shaded areas;
  - Be kept free from litter, rubbish, and flammable materials;
  - Be free from contamination by drainage or ponding of sewage, household waste, or storm water.

  COMMENT: Equipment should be free of sharp, loose, or pointed parts that could cause injury to a child. Permanent outdoor equipment like swing sets or climbers should be firmly anchored. The play area should be well drained, and free from contamination caused by sewage, household drainage waste, or storm water.

- When there is a swimming or wading pool on the premises:
  - A wading pool shall be drained daily and shall be inaccessible to children when it is not in use.
  - An above-ground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use.

    The cover shall meet or exceed the ASTM International (formerly known as the American Society for Testing and Materials) specification intended to reduce the risk of drowning by inhibiting access to the water by children under five years of age.
  - An uncovered above-ground swimming pool shall be enclosed with an approved fence that is non-climbable and has a minimum height of four feet.
  - An uncovered in-ground swimming pool shall be enclosed with a fence that is non-climbable and is at least four feet high and flush with the ground.
- If children are allowed to use an above-ground or in-ground swimming pool:
  - Written permission from parents shall be kept on file.
  - Equipment needed to rescue a child or adult shall be readily accessible.
  - You must accompany the children and directly supervise during swimming or wading activities.
  - You must complete CPR training for infants, toddlers, and children.

Medications and Hazardous Materials

- All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child.
- First-aid supplies shall include, but are not limited to, adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves. A first aid kit must be available in any vehicle you use to transport children. The first aid kit shall be stored in an area inaccessible to children.
- Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name.
- All medications shall be stored properly. When refrigeration is required, medicine shall be stored in a separate, covered container so as to prevent contamination of food or other medications.
- All medications shall be stored so they are inaccessible to children.
- Any medication administered to a child shall be recorded. The record shall indicate the name of the medication, the date and time of administration, and the amount given.
- All new providers and those renewing registrations after September 30, 2016, shall not provide medication to a child if the provider has not completed pre-service or orientation training that includes medication administration.

COMMENT: Medications include prescription medicines, over-the-counter medicines, salves and lotions, including those for itches, rashes, and diaper rash. Over-the-counter medications should be given only following package directions regarding dosage, length of time given, frequency given, etc. Any instructions beyond those on the labeling should have a doctor's authorization.

Emergency Plans

- Emergency plans in case of man-made or natural disaster shall be written and posted by the primary and secondary exits. The plans must map evacuation routes and tornado and flood shelter areas.
- Fire and tornado drills shall be practiced monthly. Documentation of monthly practice shall be kept on file for the current year and the previous year.

  COMMENT: This can be as simple as a chart showing the date the drills were practiced, the time of the day, and how long it took to evacuate all the children safely.
- You must have procedures in place for the following:
  - Evacuation to safely leave the facility
  - Relocation to a common, safe location after evacuation
  - Shelter-in-place to take immediate shelter where you are when it is unsafe to leave that location due to the emergent issue
  - Lock down protocol to protect children and providers from an external situation
  - Communication and reunification with families
  - Continuity of operations
  - Procedures to address the needs of individual children, including those with functional or access needs

Safe Sleep

You must 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 any 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.

Discipline

Discipline shall conform to the following standards:

- Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.
- Corporal punishment, including spanking, shaking, and slapping, shall not be used.
- Punishment that is humiliating or frightening or causes pain or discomfort to the child shall not be used.
- Punishment shall not be administered because of a child's illness or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.

Meals

- Regular meals and snacks shall be provided which are well balanced, nourishing, and in appropriate amounts as defined by the USDA Child and Adult Care Food Program. Children may bring food to the child development home for their own consumption, but shall not be required to provide their own food.
- Clean, sanitary, drinking water shall be readily available in indoor and outdoor areas, throughout the day.

COMMENT: The meal patterns approved by the Child and Adult Care Food Program are found in the Nutrition and Sanitation section of this handbook.

Activity Program

There shall be an activity program that promotes self-esteem and exploration and includes:

- Active play
- Quiet play
- Activities for large-muscle development
- Activities for small-muscle development
- Play equipment and materials in a safe condition for both indoor and outdoor activities that are developmentally appropriate for the ages and number of children present

COMMENT: You should develop a flexible schedule to aid in planning activities for the children. Variety and appropriateness to the children's ages is important.

Examples of active play for large-muscle development include running, climbing, group games, jumping, and riding toys. Examples of quiet play and small-muscle development activities include coloring, stringing objects, putting puzzles together, using play dough to form and squeeze, doing music and finger play activities, making things with paper, using paste and scissors, reading books.

There are many variations of equipment for either outside or inside. An outside play area might have a climber, a slide, a telephone spool, a tricycle, or push and pull toys. A room inside might have a playhouse or dramatic play area in one corner, blocks and toys in one corner, and a quiet area for books and puzzles in another corner of the room. It is possible to meet this rule requirement without outdoor swing or climbing sets.

Provider Files

You must maintain a provider file that contains:

- A physical examination report that you and the members of your household are free of diseases or disabilities that would prevent good child care.

  Form 470-5152, *Child Care Provider Physical Examination Report*, must be completed for all household members over the age of 12. The examination shall include any necessary testing for communicable diseases and include discussion regarding current Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations.

  You must have this form completed for all members of your household over the age of 12 that may be present when children are in the home. Obtain the statement at the time of your first registration and at least every three years thereafter.

- Children 12 years of age or younger that are residing in the household must have the following:
  - An admission physical examination report signed by a licensed physician or designee in a clinic supervised by a licensed physician.
  - A signed and dated immunization certificate provided by the state Department of Public Health. For the school-age child, a copy of the most recent immunization record shall be acceptable.
  - For each school-age child, on the first day of attendance, documentation of a physical examination that was completed at the time of school enrollment or since.

- Certificates or training verification documentation for all required training.

- Documentation from the Department of record check completion on all household members aged 14 and older.

Assistant Files

You must maintain an individual file for each staff assistant that contains:

- Documentation from the Department of record check completion and authorization or conditions limiting person's involvement in child care.
- A physical examination report at the time of employment and at least every three years thereafter that the person is free of diseases or disabilities that would prevent good child care. Form 470-5152, *Child Care Provider Physical Examination Report*, must be completed. The examination shall include any necessary testing for communicable diseases and include discussion regarding current Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations.
- Certification of a minimum of two hours of approved training relating to the identification and reporting of child abuse within six months of employment and every five years thereafter.

  COMMENT: This training may be obtained through the local child care resource and referral agency, the local Extension office, the local community college, etc.

Substitute Files

You must maintain an individual file for each substitute that contains:

- Documentation from the Department of record check completion and authorization or conditions limiting person's involvement in child care.
- A physical examination report at the time of employment and at least every three years thereafter that the person is free of diseases or disabilities that would prevent good child care. Form 470-5152, *Child Care Provider Physical Examination Report*, must be completed. The examination shall include any necessary testing for communicable diseases and include discussion regarding current Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations.
- Certification of a minimum of two hours of approved training relating to the identification and reporting of child abuse within three months of employment and every five years thereafter.
- Certification in infant and child first aid.
- Certification in cardiopulmonary resuscitation.
- Certification or other documentation that minimum health and safety training as identified in 441 IAC 110.10(1)"a" has been completed.

Children's Files

You must maintain an individual file for each child and update it annually or when you become aware of changes.

COMMENT: Individual files may be in letter-size manila envelopes and contained in one expandable file folder, or be actual individual file folders. To protect family confidentiality, make sure that the information is kept so that parents are able to see information about their own child only.

The child's file shall contain:

- Identifying information including at a minimum,
  - The child's name and birth date,
  - The parent's name, address, telephone number,
  - Special needs of the child, and
  - The parent's work address and telephone number.
- Emergency information including, at a minimum,
  - Where the parent can be reached,
  - The name and telephone number of the child's regular source of health care, and
  - The name, telephone number, and relationship to the child of another adult available in case of emergency.
- A signed medical consent from the parent authorizing emergency treatment.

  COMMENT: A signed medical consent form is very important in case of emergencies. This form greatly reduces the time lost in obtaining emergency treatment for a child. You may wish to check with your local hospital emergency rooms to determine if they will accept any form signed by the parents, or if they require their own completed form. Also, check whether they require the form to be notarized.
- For each infant and preschool-age child, on the first day of attendance, an admission physical examination report signed by a licensed physician or by a designee in a clinic supervised by a licensed physician.

  The date of the physical examination shall not be more than 12 months before the first day of attendance at the child care home. The written report shall include past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary.
- For each infant and preschool-age child, a statement of health signed by a licensed physician or by a designee in a clinic supervised by a licensed physician that is submitted annually from the date of the admission physical.

  COMMENT: If the doctor is willing to sign this statement after the first complete physical examination report, it will be accepted. If the doctor refuses, or does not feel comfortable with signing just a statement, a full physical examination report will be accepted.

- For each school age child, on the first day of attendance, a statement of health status signed by the parent or legal guardian and documentation of a physical examination that was completed at the time of school enrollment or since. This statement must be submitted every year.

  COMMENT: Health information is important in knowing a child is in good health and can participate in all child care activities. It is even more important to know if a physician's report contains information on health problems that require treatment, medication, or limitations on a child's diet or activities.

- Injury report forms to document injuries requiring first aid or medical care.

- A list signed by a parent that names persons authorized to pick up the child. The authorization shall include the name, telephone number, and relationship of the authorized person to the child.

  COMMENT: It is very important that any child in care be released to only persons who are on this list. Request a photo identification of people whom you do not recognize on sight. If you release a child to anyone not on the list, and if something should happen to that child, you could be held liable.

- A signed and dated immunization certificate provided by the state Department of Public Health shall be on file for each child enrolled. For the school-aged child, a copy of the most recent immunization record shall be acceptable.

  COMMENT: To see current immunization required by the Department of Public Health, visit http://www.idph.state.ia.us/ImmTb/Immunization.aspx?prog=Imm&pg=Laws.

  Immunization certificates must be signed by a physician (MD or DO), or county health official and must list the dates of the doses and the health providers. Medical exemptions must be signed by a MD or DO (not a chiropractor). Religious exemptions shall be signed by the parent or guardian or legally authorized representative. This exemption is only valid when notarized.

- Written permission from the parents for their child to attend activities away from the child development home. The permission shall include:

  - Times of departure and arrival
  - Destination
  - People who will be responsible for the child

  COMMENT: This could include such events as trips to the library or grocery store, or a "field trip" such as to the fire station or a farm. It also includes instances when a child is transported to dance class, Scouts, etc. by another child's parent or a person designated by the parent.

  Parental permission is needed whenever children in child care will not be at the registered child development home location so that parents know where their child is at and have unlimited access to their child.

COMMENT: The signed parental consent form for additional children to be present during emergency school closings should be included in this file, also.

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, congregate 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.
- An individual or family who will imminently lose their housing, including:
  - Housing they own, rent, or live in without paying rent;
  - Housing 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.

  The individual or family has no subsequent residence identified and lacks the resources or support networks needed to obtain other permanent housing.
- 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,
  - 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.

Department of Human Services

Pre-Inspection Checklist for Child Development Home Registration

Name	Telephone Number	Date of Inspection	
Street Address	City	State	Zip Code

Date of registration application_____

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code Chapter 110 that must be reviewed during pre-inspection for child development home applicants. For each requirement, check the "yes" box if the home meets the requirements, or the "no" box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found or what the problem was. If a requirement does not apply to this particular home, enter "NA" for not applicable in the "yes" box.

Areas that are Not Applicable for Pre-Inspection are noted in the comment section. **If a person seeking registration is currently caring for children or a health and safety concern is identified in an area not applicable to pre-inspection, this portion of the checklist may be completed.**

SECTION 1.

YES	NO	REF. #	RULE	COMMENT
			For all categories, a provider's own infants and preschoolers are counted. A provider's own school-age children are not counted. A relative's children are counted, regardless of age.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
For child development homes Category A complete Sections 1 and 2. For child development homes Category B complete Sections 1 and 3. For child development homes Category C complete Sections 1 and 4.				
		110.5	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.6	No more children are in care than the number authorized on the registration certificate.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.7(1)	The provider meets the following requirements:	
		a	Gives careful supervision at all times.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Frequently exchanges information with the parent of each child to enhance the quality of care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		c	Gives consistent, dependable care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Is capable of handling emergencies.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Is present at all times, except if emergencies occur or an absence is planned.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			If absence is planned, care is provided by a DHS-approved substitute.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			If absence is planned, the parents are given at least 24 hours prior notice.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision.	
		110.7(2)	Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		a	All standards regarding supervision and care of children apply to substitutes.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	The substitute must be 18 years of age or older.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Use of a substitute is limited to: • No more than 25 hours per month. • An additional period of up to two weeks in a 12-month period. These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.8	Conditions in the home shall be safe, sanitary, and free from hazards.	
		110.8(1)a	Has a non-pay working telephone. A cell phone can be the primary phone.	
			Emergency numbers posted for police, fire, ambulance, and poison information center.	
			Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			All travel vehicles must have a paper copy of emergency parent contact information.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Electrical wiring shall be maintained.	
			All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets.	
			All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
		c	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.	
		d	Safety barriers are at stairways and doors as needed.	
		e	An annual laboratory analysis shows satis-factory bacteriological quality <u>if</u> a private water supply is used. Nitrate analysis when children under 2.	
			<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	
		f	A safety barrier surrounds any heating stove or heating element, in order to prevent burns.	
		g	Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on **each** child-occupied floor.	

YES	NO	REF. #	RULE	COMMENT
		h	Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
			Each smoke detector has been installed according to manufacturer's recommen-dations.	
			Each smoke detector is tested monthly, and a record is kept for inspection purposes.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		i	Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.	
			Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and www.iowasmokefreeair.gov.	
		j	Homes served by private sewer systems shall be in compliance with discharge restrictions. Discharge of untreated waste water is prohibited. Compliance shall be verified by local board of health at time of renewal or new registration.	
		k	For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls on any chipping and peeling paint, using DPH lead-safe work methods. Form 470-4755, *Lead Assessment and Control*, is submitted with each initial and renewal application.	
		l	The child development home shall be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home's certificate of registration.	**Determined prior to inspection**
		m	Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		n	Providers inform parents of the presence of any pet in the child development home.	

YES	NO	REF. #	RULE	COMMENT
			All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. Form 470-5153, *Veterinary Health Certificate*, is on file.	
			Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.	
			Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
			All animal waste is immediately removed from the children's areas and properly disposed of.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			No animals are allowed in food preparation, storage or serving areas during food prepa-ration and serving times.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Children shall not perform any feeding or care of pets or cleanup of pet waste.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		o	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents, and copies are in the child's file.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		p	The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		q	The provider has written policies about responding to health-related emergencies.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		r	Certificate of registration is displayed in a conspicuous place	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.8(2)	Outdoor space.	
		a	A safe outdoor play area is maintained in good condition throughout the year.	
			Play area has a fence when located on a busy thoroughfare or near a hazard.	
			Has both sunshine and shade areas.	
			Is kept free from litter, rubbish, and flammable materials.	

YES	NO	REF. #	RULE	COMMENT
			Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	
		b	When a swimming pool or wading pool is on the premises:	
			Wading pools are drained daily and are inaccessible to children when not in use.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			If not fenced, both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use.	
			Fence for above-ground pool is four feet high and non-climbable.	
			Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high.	
		c	If children use above-ground or in-ground swimming pools:	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Written permission from the parents is on file.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Equipment needed to rescue a child or adult is accessible.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			The provider accompanies and provides constant supervision while the children use the pool.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	**Determined prior to inspection**
		110.8(3)	Medications and hazardous material.	
		a	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
		b	First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.	
			The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.	
		c	Medicines are given only with written authorization from the doctor or parent.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
			Prescribed medicines are accompanied by a doctor's or a pharmacist's direction.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			All medicines are in original containers with directions intact and labeled with the child's name.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Medicines are stored properly including refrigeration in a separate covered container.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Medicines are inaccessible to children.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Medications are not provided if the provider has not completed pre-service orientation that includes medication administration.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.8(4)	Emergency plans.	
		a	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
			The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.	
			Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Procedures are in place for: • Evacuation to safely leave the facility, • Relocation to a common, safe location after evacuation, • Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue, • Lock down to protect children and providers from an external situation, • Communication and reunification with families, • Continuity of operations, and • Procedures to address the needs of individual children, including those with functional or access needs.	

YES	NO	REF. #	RULE	COMMENT
		110.8(5)	Safe sleep.	
		a	Provider shall follow safe sleep practices as recommended by AAP for infants under one year of age.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Infants are placed on back to sleep.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Infants shall not be allowed to sleep on bed, sofa, air mattress, or other soft surface. No sleeping occurs in items not designed for sleeping such as, but not limited to, infant seat, car seat, swing, bouncy seat.	
			No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area.	
			Co-sleeping is not allowed.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Sleeping infants will be actively observed by sight and sound.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			If an alternative sleeping position is needed, a signed physician authorization with state of medical reason is required.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.8(6)	Discipline.	
		a	Corporal punishment including spanking, shaking, and slapping is not used.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			No punishment or threat of punishment is associated with food or rest.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		110.8(7)	Meals and snacks.	
		a	Regular meals, midmorning snacks and/or mid-afternoon snacks shall be provided and be well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Children may bring food to the child care home, but are not required to provide their own food.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Clean, sanitary drinking water shall be readily available in indoor and outdoor areas, throughout the day.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.8(8)	Activity program. There is an activity program that promotes self-esteem and exploration that:	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		a	Includes active play.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Includes quiet play.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Includes activities for large muscle development, such as running, climbing, riding toys, etc.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	All play equipment and materials are in a safe condition, for both indoor and outdoor activities.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			All activities are developmentally appropriate for the ages of the children present.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			All equipment and materials are adequate for the number of children present.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.9	Files.	
		110.9(1)	A provider file is maintained and contains:	
		a	A physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, for all household members over the age of 12. Physical exams should be repeated every three years.	

YES	NO	REF. #	RULE	COMMENT
			Children 12 years of age or younger residing in the household must have: • Admission physical exam report. • Immunization certificate. For school age: Documentation of physical exam completed at time of school enrollment or since that time.	
		b(1)	Certificates or training verification documentation for:	
			Approved Health and Safety training obtained prior to registration (and every five years thereafter).	**Determined prior to inspection**
			Two hours of approved child abuse and neglect mandatory reporter training (and every five years thereafter).	**Determined prior to inspection**
			Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout the period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	**Determined prior to inspection**
			During each two year registration period: 24 hours of approved training.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b(2)	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.9(2)	An individual file is maintained for each staff assistant:	
		a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, which is repeated at least every three years.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Certification of two hours of approved training relating to identification and reporting of child abuse within six months of employment and repeated every five years.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		110.9(3)	An individual file is maintained for each substitute and contains:	
		a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, which is repeated at least every three years.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment and repeated every five years.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	Certification or other documentation that minimum health and safety training as identified in 110.10(1)"a" has been completed.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.9(4)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
		a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child's regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	A signed medical consent from the parent authorizing emergency treatment.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		d	For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian or admission physical examination that is not more than 12 months from the child's first day.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	For infants and preschoolers: A statement of health signed by a physician submitted annually.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of statement of health or admission physical.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		f	For each school-age child, record of a physical exam completed at the time of school enrollment or since.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		g	A signed and dated immunization certificate provided by the state Department of Public Health.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		h	A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		i	Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		j	Injury report forms to document injuries requiring first aid or medical care.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		k	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

SECTION 2.

YES	NO	REF. #	RULE	COMMENT
		110.13(1)	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A"**	
		a	Not more than six preschool children present at any one time including infants.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Not more than two additional school-age children for less than two hours at any one time.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Not more than eight children present when the emergency school closing exception is in effect.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

SECTION 3.

YES	NO	REF. #	RULE	COMMENT
		110.14(1)	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"**	
		a	Not more than six preschool children present at any one time including infants.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		c	Not more than four additional school-age children.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	Not more than two children who are receiving care on a part-time basis at any one time. Part-time hours are limited to less than 180 hours per month.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	Not more than 12 children present when the emergency school closing exception is in effect.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		f	When more than 8 children are present for more than 2 hours, a DHS-approved assistant at least 14 years old is present.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.14(3)	Facility requirements.	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors per child in care.	
		b	There is a separate quiet area for sick children.	
		c	Minimum of two direct exits to the outside from the main floor.	
			All exits terminate at grade level with permanent steps.	
			If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
			If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

SECTION 4.

YES	NO	REF. #	RULE	COMMENT
		110.15(1)	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"**	
		a	When both providers are present, not more than 12 preschool children are present at any one time, including infants.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		b	When both approved providers are present, not more than 4 children 18 months of age or younger are present and no more than 4 of the 12 children are 24 months of age or younger.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**

YES	NO	REF. #	RULE	COMMENT
		c	When both approved providers are present, not more than two additional school-age children are present for less than two hours at any one time.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		d	When both approved providers are present, not more than two additional children who are receiving care on a part-time basis are present. Part-time hours are limited to less than 180 hours per month.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		e	When there are two approved providers, not more than 16 children are present when the emergency school closing exception is in effect.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			When there are two approved providers, if more than 8 children are present at any one time due to an emergency school closing exception, the provider shall be assisted by a DHS-approved assistant who is at least 18 years of age.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		f	If only one approved provider is present, not more than eight children are present.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
			If only one approved provider is present, not more than 4 of the 8 children may be 24 months of age or younger and of these 4 children, no more than 3 are 18 months of age or younger.	**Not Applicable at Pre-Inspection; will be reviewed at annual inspection**
		110.15(3)	Facility requirements.	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors for each child in care.	
		b	There is a separate quiet area for sick children.	
		c	Has a minimum of two direct exits to the outside from the main floor.	
			All exits terminate at grade level with permanent steps.	
			If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	

YES	NO	REF. #	RULE	COMMENT
			If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

Signature of person completing form	Agency	Date

Signature of provider	Co-Provider (Child Development Home C only)	Date

Department of Human Services

Checklist for Child Development Home Registration

Name	Telephone Number	Date of Inspection	
Street Address	City	State	Zip Code
Date of Initial Registration	Date of Registration at Current Category		

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code Chapter 110 that must be met by a registered child development home. For each requirement, check the "yes" box if the home meets the requirements, or the "no" box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found or what the problem was. If a requirement does not apply to this particular home, enter "NA" for not applicable in the "yes" box.

SECTION 1.

YES	NO	REF. #	RULE	COMMENT
			For all categories, a provider's own infants and preschoolers are counted. A provider's own school-age children are not counted. A relative's children are counted, regardless of age.	
For child development homes Category A complete Sections 1 and 2. For child development homes Category B complete Sections 1 and 3. For child development homes Category C complete Sections 1 and 4.				
		110.5	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	
		110.6	No more children are in care than the number authorized on the registration certificate.	
		110.7(1)	The provider meets the following requirements:	
		a	Gives careful supervision at all times.	
		b	Frequently exchanges information with the parent of each child to enhance the quality of care.	

YES	NO	REF. #	RULE	COMMENT
		c	Gives consistent, dependable care.	
			Is capable of handling emergencies.	
		d	Is present at all times, except if emergencies occur or an absence is planned.	
			If absence is planned, care is provided by a DHS-approved substitute.	
			If absence is planned, the parents are given at least 24 hours prior notice.	
		e	Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision.	
		110.7(2)	Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.	
		a	All standards regarding supervision and care of children apply to substitutes.	
		b	Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.	
		c	The substitute must be 18 years of age or older.	
		d	Use of a substitute is limited to: • No more than 25 hours per month. • An additional period of up to two weeks in a 12-month period. These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.	

YES	NO	REF. #	RULE	COMMENT
		e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	
		110.8	Conditions in the home shall be safe, sanitary, and free from hazards.	
		110.8(1)a	Has a non-pay working telephone. A cell phone can be the primary phone.	
			Emergency numbers posted for police, fire, ambulance, and poison information center.	
			Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone.	
			All travel vehicles must have a paper copy of emergency parent contact information.	
		b	Electrical wiring shall be maintained.	
			All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets.	
			All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
		c	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.	
		d	Safety barriers are at stairways and doors as needed.	
		e	An annual laboratory analysis shows satis-factory bacteriological quality <u>if</u> a private water supply is used. Nitrate analysis when children under 2.	
			<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	

YES	NO	REF. #	RULE	COMMENT
		f	A safety barrier surrounds any heating stove or heating element, in order to prevent burns.	
		g	Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on **each** child-occupied floor.	
		h	Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
			Each smoke detector has been installed according to manufacturer's recommen-dations.	
			Each smoke detector is tested monthly, and a record is kept for inspection purposes.	
		i	Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.	
			Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and www.iowasmokefreeair.gov.	
		j	Homes served by private sewer systems shall be in compliance with discharge restrictions. Discharge of untreated waste water is prohibited. Compliance shall be verified by local board of health at time of renewal or new registration.	
		k	For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls on any chipping and peeling paint, using DPH lead-safe work methods. Form 470-4755, *Lead Assessment and Control*, is submitted with each initial and renewal application.	
		l	The child development home shall be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home's certificate of registration.	

YES	NO	REF. #	RULE	COMMENT
		m	Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized.	
		n	Providers inform parents of the presence of any pet in the child development home.	
			All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. Form 470-5153, *Veterinary Health Certificate*, is on file.	
			Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.	
			Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
			All animal waste is immediately removed from the children's areas and properly disposed of.	
			No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.	
			Children shall not perform any feeding or care of pets or cleanup of pet waste.	
		o	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents, and copies are in the child's file.	
		p	The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.	
		q	The provider has written policies about responding to health-related emergencies.	
		r	Certificate of registration is displayed in a conspicuous place	

YES	NO	REF. #	RULE	COMMENT
		110.8(2)	Outdoor space.	
		a	A safe outdoor play area is maintained in good condition throughout the year.	
			Play area has a fence when located on a busy thoroughfare or near a hazard.	
			Has both sunshine and shade areas.	
			Is kept free from litter, rubbish, and flammable materials.	
			Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	
		b	When a swimming pool or wading pool is on the premises:	
			Wading pools are drained daily and are inaccessible to children when not in use.	
			If not fenced, both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use.	
			Fence for above-ground pool is four feet high and non-climbable.	
			Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high.	
		c	If children use above-ground or in-ground swimming pools:	
			Written permission from the parents is on file.	
			Equipment needed to rescue a child or adult is accessible.	
			The provider accompanies and provides constant supervision while the children use the pool.	
			The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	

YES	NO	REF. #	RULE	COMMENT
		110.8(3)	Medications and hazardous material.	
		a	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
		b	First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.	
			The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.	
		c	Medicines are given only with written authorization from the doctor or parent.	
			Prescribed medicines are accompanied by a doctor's or a pharmacist's direction.	
			All medicines are in original containers with directions intact and labeled with the child's name.	
			Medicines are stored properly including refrigeration in a separate covered container.	
			Medicines are inaccessible to children.	
			Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given.	
		d	Medications are not provided if the provider has not completed pre-service orientation that includes medication administration.	
		110.8(4)	Emergency plans.	
		a	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
			The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.	
			Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.	

YES	NO	REF. #	RULE	COMMENT
		b	Procedures are in place for: • Evacuation to safely leave the facility, • Relocation to a common, safe location after evacuation, • Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue, • Lock down to protect children and providers from an external situation, • Communication and reunification with families, • Continuity of operations, and • Procedures to address the needs of individual children, including those with functional or access needs.	
		110.8(5)	Safe sleep.	
		a	Provider shall follow safe sleep practices as recommended by AAP for infants under one year of age.	
			Infants are placed on back to sleep.	
			Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.	
			Infants shall not be allowed to sleep on bed, sofa, air mattress, or other soft surface. No sleeping occurs in items not designed for sleeping such as, but not limited to, infant seat, car seat, swing, bouncy seat.	
			No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area.	
			Co-sleeping is not allowed.	
			Sleeping infants will be actively observed by sight and sound.	
			If an alternative sleeping position is needed, a signed physician authorization with state of medical reason is required.	

YES	NO	REF. #	RULE	COMMENT
		110.8(6)	Discipline.	
		a	Corporal punishment including spanking, shaking, and slapping is not used.	
		b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	
		c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	
			No punishment or threat of punishment is associated with food or rest.	
		d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	
		e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	
		110.8(7)	Meals and snacks.	
		a	Regular meals, midmorning snacks and/or mid-afternoon snacks shall be provided and be well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program.	
		b	Children may bring food to the child care home, but are not required to provide their own food.	
		c	Clean, sanitary drinking water shall be readily available to children in indoor and outdoor areas, throughout the day.	
		110.8(8)	Activity program. There is an activity program that promotes self-esteem and exploration that:	
		a	Includes active play.	
		b	Includes quiet play.	
		c	Includes activities for large muscle development, such as running, climbing, riding toys, etc.	

YES	NO	REF. #	RULE	COMMENT
		d	Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc.	
		e	All play equipment and materials are in a safe condition, for both indoor and outdoor activities.	
			All activities are developmentally appropriate for the ages of the children present.	
			All equipment and materials are adequate for the number of children present.	
		110.9	Files.	
		110.9(1)	A provider file is maintained and contains:	
		a	A physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, for all household members over the age of 12. Physical exams should be repeated every three years.	
			Children 12 years of age or younger residing in the household must have: • Admission physical exam report. • Immunization certificate. For school age: Documentation of physical exam completed at time of school enrollment or since that time.	
		b(1)	Certificates or training verification documentation for:	
			Approved Health and Safety training obtained prior to registration (and every five years thereafter).	
			Two hours of approved child abuse and neglect mandatory reporter training (and every five years thereafter).	
			Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout the period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	

YES	NO	REF. #	RULE	COMMENT
			During each two year registration period: 24 hours of approved training.	
		b(2)	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	
		110.9(2)	An individual file is maintained for each staff assistant:	
		a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	
		b	Physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, which is repeated at least every three years.	
		c	Certification of two hours of approved training relating to identification and reporting of child abuse within six months of employment and repeated every five years.	
		110.9(3)	An individual file is maintained for each substitute and contains:	
		a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	
		b	Physical exam report documented on form 470-5152, *Child Care Provider Physical Exam Report*, which is repeated at least every three years.	
		c	Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment and repeated every five years.	
		d	Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	
		e	Certification or other documentation that minimum health and safety training as identified in 110.10(1)"a" has been completed.	

YES	NO	REF. #	RULE	COMMENT
		110.9(4)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
		a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	
		b	Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child's regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.	
		c	A signed medical consent from the parent authorizing emergency treatment.	
		d	For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.	
			For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian or admission physical examination that is not more than 12 months from the child's first day.	
		e	For infants and preschoolers: A statement of health signed by a physician submitted annually.	
			For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of statement of health or admission physical.	
		f	For each school-age child, record of a physical exam completed at the time of school enrollment or since.	
		g	A signed and dated immunization certificate provided by the state Department of Public Health.	
		h	A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	

YES	NO	REF. #	RULE	COMMENT
		i	Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.	
		j	Injury report forms to document injuries requiring first aid or medical care.	
		k	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	

SECTION 2.

YES	NO	REF. #	RULE	COMMENT
		110.13(1)	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A"**	
		a	Not more than six preschool children present at any one time including infants.	
		b	Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time.	
			Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger.	
		c	Not more than two additional school-age children for less than two hours at any one time.	
		d	Not more than eight children present when the emergency school closing exception is in effect.	

SECTION 3.

YES	NO	REF. #	RULE	COMMENT
		110.14(1)	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"**	
		a	Not more than six preschool children present at any one time including infants.	
		b	Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time.	

YES	NO	REF. #	RULE	COMMENT
			Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger.	
		c	Not more than four additional school-age children.	
		d	Not more than two children who are receiving care on a part-time basis at any one time. Part-time hours are limited to less than 180 hours per month.	
		e	Not more than 12 children present when the emergency school closing exception is in effect.	
		f	When more than 8 children are present for more than 2 hours, a DHS-approved assistant at least 14 years old is present.	
		110.14(3)	Facility requirements.	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors per child in care.	
		b	There is a separate quiet area for sick children.	
		c	Minimum of two direct exits to the outside from the main floor.	
			All exits terminate at grade level with permanent steps.	
			If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
			If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	

YES	NO	REF. #	RULE	COMMENT
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

SECTION 4.

YES	NO	REF. #	RULE	COMMENT
		110.15(1)	**SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"**	
		a	When both providers are present, not more than 12 preschool children are present at any one time, including infants.	
		b	When both approved providers are present, not more than 4 children 18 months of age or younger are present and no more than 4 of the 12 children are 24 months of age or younger.	
		c	When both approved providers are present, not more than two additional school-age children are present for less than two hours at any one time.	
		d	When both approved providers are present, not more than two additional children who are receiving care on a part-time basis are present. Part-time hours are limited to less than 180 hours per month.	
		e	When there are two approved providers, not more than 16 children are present when the emergency school closing exception is in effect.	
			When there are two approved providers, if more than 8 children are present at any one time due to an emergency school closing exception, the provider shall be assisted by a DHS-approved assistant who is at least 18 years of age.	
		f	If only one approved provider is present, not more than eight children are present.	

YES	NO	REF. #	RULE	COMMENT
			If only one approved provider is present, not more than 4 of the 8 children may be 24 months of age or younger and of these 4 children, no more than 3 are 18 months of age or younger.	
		110.15(3)	Facility requirements.	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors for each child in care.	
		b	There is a separate quiet area for sick children.	
		c	Has a minimum of two direct exits to the outside from the main floor.	
			All exits terminate at grade level with permanent steps.	
			If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
			If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

Signature of person completing form	Agency	Date

Signature of provider	Co-Provider (Child Development Home C only)	Date

Iowa Department of Human Services

Comm. 469 (Rev. 10/16)

Parent Guide

to

Child Development Home Registration

Introduction

Iowa uses a system for regulation of child development homes known as registration. When applying for registration providers self-certify that they meet the minimum requirements for registration. After a provider's application has been reviewed and background checks have been completed a DHS staff member will complete an on-site pre-inspection visit to verify essential health and safety requirements. The requirements listed in this document apply to registered child development homes. Iowa law limits the number of children a home may care for. A nonregistered child care home may care for up to five children. The number of children a child development home may care for varies based on the category of registration, number of providers present, and square footage of the child care space.

In issuing a registration certificate, the Department of Human Services (DHS) is stating that the provider has certified in writing that the provider will comply with the state regulations in all areas of child development home operation and that the provider has successfully completed the pre-inspection process. The Department of Human Services is required to complete an annual monitoring visit to all child development homes. However, responsibility for making sure the requirements are met also rest with the provider, the parents of children attending that child development home, and the community.

All child development home providers have certified to DHS that their child development home meets all of the requirements described here. (These requirements come from 441 Iowa Administrative Code, Chapter 110.) Providers must display their *Certificate of Registration* in a conspicuous place. You may review the registration file on a child development home by making arrangements with the local DHS office. This information is also available online at https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport.

If you have good reason to believe a child development home does not meet these requirements, please report the problem to the Iowa Child Care Complaint Hotline at 1-844-786-1296. Your verbal or written report should include the name and address of the home and each specific requirement you believe is not being met. A staff person from DHS will investigate concerns related to violations of the required standards.

Number of children. The number of children allowed under each category is shown in the following chart.

For all categories, a provider's own infant and preschool-age children **are** counted in the total, but the provider's own children who are attending school **are not** counted.

Number of Children Allowed in
Registered Child Development Homes and Child Care Homes

Category	Maximum Capacity	Number Restrictions	Age Restrictions	FAQ
Category A	6 children at any one time plus 2 school age children present for less than two hours at a time **TOTAL 8**	The 2 school aged children may not be present for more than 2 hours at a time	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	• An assistant does not increase the number for maximum capacity. • Can have multiple sets of school aged children if present at separate times for the 2 that exceed the capacity of 6. • All 6 children at one time can be school aged.
Category B	6 children at any one time plus 4 school aged children plus 2 part time children **TOTAL 12**	Only 2 part time children at one time for up to 180 hours per month	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	• Can use 180 part time hours per month to exceed their maximum preschool or school age capacity. Must document the use of part time hours. • Must have an assistant if caring for more than 8 children for more than 2 hours at a time. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.
Category C1	8 children at any one time **TOTAL 8**	May never exceed 8 children	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	• Can use an assistant but does not increase the number for maximum capacity. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.

Category	Maximum Capacity	Number Restrictions	Age Restrictions	FAQ
Category C2	12 children at any one time plus 2 school age children for less than 2 hours plus 2 part time **TOTAL 16**	The 2 school aged children may not be present for more than 2 hours at a time Only 2 part time children at one time for up to 180 hours per month	No more than 4 children may be under the age of 24 months at any one time If those 4 children are age 18 months or under, both providers must be present	• Can use 180 part time hours per month to exceed their maximum preschool or school age capacity. Must document the use of part time hours. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity. • If more than 8 children are present, both providers shall be present.
In-Home	N/A	N/A	N/A	• This is not care provided in the child care provider's home but provided within the child's own home. • If receiving CCA assistance, there must be a minimum of 3 eligible children. • Shall only be children within the same family.
Child Care Home	TOTAL 5	N/A	N/A	• No more than 5 children may be present. • Child Care Homes are not registered but may receive CCA funding.

Facility and provider requirements vary, based on the category of home. The following chart outlines the facility, provider, and training requirements for child development homes.

Child Development Home Facility, Provider, and Training Requirements			
Category	**Facility Requirements**	**Provider Qualifications**	**Training Requirements**
A	♦ No smoking ♦ Fire extinguisher ♦ Smoke detectors	♦ 18 years old ♦ 3 reference letters	Before becoming registered: ♦ Mandatory reporter training ♦ First aid and CPR ♦ Minimum health and safety trainings (preservice) During the two year registration period: ♦ Minimum of 24 hours of approved training
B	♦ No smoking ♦ 35 square feet per child indoors ♦ 50 square feet of child space outdoors ♦ Quiet area for sick children ♦ Fire safety: • Fire extinguisher • Smoke detectors • Two direct exits	♦ 20 years old ♦ High school diploma or GED ♦ Has either: • Two years experience working directly with children in child care, or • CDA or 2- or 4-year degree in child care related field AND 1 year of experience working directly with children in child care	Before becoming registered: ♦ Mandatory reporter training ♦ First aid and CPR ♦ Minimum health and safety trainings (preservice) During the two year registration period: ♦ Minimum of 24 hours of approved training
C	♦ No smoking ♦ 35 square feet per child indoors ♦ 50 square feet of child space outdoors ♦ Quiet area for sick children ♦ Fire safety: • Fire extinguisher • Smoke detectors • Two direct exits	One provider who meets these qualifications must always be present: ♦ 21 years old ♦ High school diploma or GED ♦ Has either: • Five years experience working directly with children in child care • CDA or 2- or 4-year child care related degree AND 4 years experience directly with children in child care The co-provider shall meet the qualifications of a Category B provider.	Before becoming registered: ♦ Mandatory reporter training ♦ First aid and CPR During the two year registration period: ♦ Minimum of 24 hours of approved training

Child Development Home Staff

The child development home provider must:

- Give careful supervision at all times.
- Give consistent, dependable care and be capable of handling emergencies.
- Frequently exchange information with the parent of each child to enhance the quality of care.
- Be present at all times. If an emergency occurs or an absence is planned, DHS-approved substitute care shall be provided. When an absence is planned, the parents shall be given at least 24 hours' prior notice.
- Not be under the influence of alcohol or other drugs that could impair the provider's ability to give careful supervision.

Record checks. DHS submits record checks for:

- Every operator of a child development home.
- All staff members with direct responsibility for child care, including substitutes.
- Anyone 14 years and older who is living in the child development home.
- Anyone who might have access to a child when the child is alone.

The purpose of the record checks is to determine whether the person has any founded child abuse reports, has any criminal convictions, or is on the sex offender registry.

If the record check shows that a person has any of the following criminal conviction or abuse records, that person cannot be registered as a child development home provider, work or live in a child development home, receive public funding for providing child care, or live in a home that receives public funding for providing child care.

- 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.
- A felony domestic abuse.
- A forcible felony.
- Felony crime against a child, including but not limited to, sexual exploitation of a minor.

If the record check shows that the person has any of the following criminal conviction or abuse records, that person cannot be registered as a child development home provider, work or live in a child development home, receive public funding for providing child care, or live in a home that receives public funding for providing child care for a period of five years from the date of the conviction or abuse report.

- Conviction of controlled substance offense under Iowa Code Chapter 124.
- Founded child abuse that was determined to be physical abuse.

If the record check shows a criminal conviction or founded child abuse report for convictions other than those listed above, the Department sends that person a *Record Check Evaluation* form. On this form, the person explains the nature of the incident, changes the person has made since the incident, and why the person should be approved in spite of the incident. After reviewing the *Record Check Evaluation* form, DHS determines if the person can be registered or live in a registered home.

In the evaluation, the Department considers:

- The nature and seriousness of the crime or abuse in relation to the position sought.
- The time elapsed since the commission of the crime or founded abuse.
- The circumstances under which the crime or founded abuse was committed.
- The degree of rehabilitation.
- The number of crimes or founded abuses committed by the person involved.

Assistants. Depending on the number of children in care, the provider may be required to have an assistant. The minimum age requirement for the assistant varies, depending on the category of child development home (please refer to chart on "Number of Children Allowed in Care"). The purpose of the assistant is to help the provider, not to substitute for the provider. The assistant may never be left alone with the children. Ultimate responsibility for supervision of the children is with the child care provider.

Substitutes. The child care provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Ultimate responsibility for supervision is with the child care provider. Substitute providers must be 18 years of age or older. All child development home regulations regarding supervision and care of children apply to substitutes. Any substitute provider shall have the same responsibility for providing adequate and appropriate supervision.

Except in emergency situations, the child care provider shall inform parents in advance of the planned use of a substitute provider.

Substitute care may be used in the home up to 25 child care hours per month and for an additional period of up to two weeks in a 12-month period. This limit applies to the child development home, regardless of the number of persons who may be providing the substitute care. The provider shall maintain a written record of the number of hours substitute care was provided, including the date and the name of the substitute provider.

Child Development Home Program Standards

A child development home must be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, by at least one of the persons named on the child development home's certificate of registration. This may include an apartment, condo, or townhouse.

Activity program. There is an activity program which promotes self-esteem and exploration and includes:

- Active play.
- Quiet play.
- Activities for large muscle development.
- Activities for small muscle development.
- Play equipment and materials in a safe condition, for both indoor and outdoor activities which are developmentally appropriate for the ages and number of children present.

Children's files. All of the following information must be in your child's individual file on the first day your child attends child care:

- The child's name, birth date, parent's name, address, telephone number, special needs, and your work address and telephone number.
- A list signed by you which gives the name, telephone number, and relationship of all persons authorized to pick up your child.
- Emergency information including where you can be reached; the name, street address, city, and telephone number of the child's regular source of health care; and the name, telephone number, and relationship to the child of another adult available in case of emergency.
- A signed medical consent from your authorizing emergency treatment.
- For each infant and preschool-age child, an admission physical examination report signed by a licensed physician that includes past health history, status of present health, allergies and restrictive conditions, and recommendations for continuing care when necessary. (A statement of health condition signed by a physician or designee must be given annually after the date of the admission physical.)
- For each school-age child, a statement of health status signed by the parent or legal guardian.
- A signed and dated immunization certificate provided by the Iowa Department of Public Health. (For a school-age child, a copy of the most recent immunization record is acceptable.)

The file must also include written permission from you for your child to attend activities away from the child development home. The permission must include times for departure and arrival, destination, and the names of persons who will be responsible for the child.

Health and safety. Conditions in the home are safe, sanitary, and free of hazards. This includes:

- A non-pay, working telephone with emergency numbers posted, and numbers for each child's parents, a responsible person who can be reached when the parent is unavailable, and the child's physician. A cell phone may be used as the primary phone.
- All medicines and poisonous, toxic, or otherwise unsafe materials secured from access by a child.
- First aid supplies available.
- Medicines given only with parent's or doctor's written authorization.
- All accessible electrical outlets safely capped and electrical cords properly used (not running cords under rugs, over hoods, through door openings, or other use that has been known to be hazardous).
- A safety barrier surrounding any heating stove or heating element, and combustible materials kept away from furnaces, stoves, or water heaters.
- Safety gates at stairways and doors provided and used as needed.
- A safe outdoor play area maintained in good condition, fenced when necessary, with both sunshine and shade areas.
- Emergency procedures for evacuation, relocation, shelter-in-place, lockdown, communication, and reunification with families, continuity of operations and how to address the needs of individual children during emergency procedures.

- Fire and tornado emergency plans must be posted by all exits, and monthly fire and tornado drills should be done with the children.
- Private sewer systems must be in compliance with discharge restrictions in 567 Iowa Administrative Code, Chapter 69 and discharge of untreated waste water from private sewage disposal systems is prohibited.
- Parents should be informed of any pets in the home. Cats and dogs must have current immunizations and animal waste shall be disposed of properly. Animals are not allowed in food preparation areas while food is being prepared or served.
- Pools fenced or covered. Wading pools drained daily and inaccessible to children when not in use.
- If children are allowed to use swimming pools, written permission from parents on file, rescue equipment available, and provider accompanies and supervises the children during water activities.
- Safe sleep practices as recommended by the American Academy of Pediatrics must be followed. This includes, but is not limited to, the following requirements:
  - Infants must be placed on their backs for sleep.
  - Infants cannot sleep in or on a bed, sofa, car seat, swing, bouncy seat or other items not designed for sleeping.
  - No toys, soft objects, stuffed animals, pillows, bumper pads, blankets or loose bedding in the sleeping area with the infant.
- Smoking and the use of tobacco products prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children.
- Smoking and the use of tobacco products prohibited in the outdoor play area during the hours of operation.
- Home built before 1960 inspected for lead-based paint hazards and hazards repaired in accordance with Iowa Department of Public Health and Iowa Department of Human Services rules.
- Parents informed about any pets in the home.
- Written policies regarding the care of mildly ill children and exclusion of children due to illness.
- Written policy and procedures for responding to health-related emergencies.
- All injuries will be documented that require first aid or medical care using an injury report form. The form must be completed on the date of occurrence, shared with the parent, and maintained in the child's file.
- Any driver transporting children needs to have a valid driver's license, motor vehicle insurance, and use appropriate child restraint devices.

Meals. This includes:

- Regular meals and midmorning or midafternoon snacks shall be provided. The meals and snacks must be well-balanced, nourishing, and in appropriate amounts.
- Children may bring food to the child development home for their own consumption, but may not be required to provide their own food.
- Clean, sanitary drinking water must be readily available to children in indoor and outdoor areas throughout the day.

Discipline. Discipline practices must:

- Be designed to help the child develop self-control, self-esteem, and respect for the rights of others.
- Not use corporal punishment, including spanking, shaking, and slapping.
- Not use punishment that is humiliating or frightening or that causes pain or discomfort to the child.
- Not use punishment because of a child's illness or because of progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- Not subject a child to verbal abuse, threats, or derogatory remarks about the child or the child's family.

Child Intake Information

Child's Name	Birth Date
Child's Address	Phone
Name Child is Called	

Parent or Guardian	Parent or Guardian
Name	Name
Home Address	Home Address
Work Address	Work Address
Work Phone	Work Phone

Does your child have any special needs that I need to be aware of? _____

_____

_____

Physician to call if child becomes ill: _____

Address: _____ Phone: _____

Other person to notify if parent or guardian cannot be reached in an emergency:

Name	Phone #	Relationship

(Also list the emergency contacts below if you wish to allow them to pick up your child.)

The following persons are allowed to pick up my child from day care in the event that I am unable to:

Name	Phone #	Relationship

Anyone NOT permitted to pick up my child (with copy of court order, if applicable)

_____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Emergency Medical Treatment Authorization

Permission for medical care in parental absence.

Child's Full Name_____ Birth Date_____

Name child answers to:_____

I, _____ parent or guardian of the child named above give my permission to _____, child care home provider, to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the Provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian:_____
Address:_____
Home Phone:_____ Work Phone:_____

Name of Parent or Legal Guardian:_____
Address:_____
Home Phone:_____ Work Phone:_____

Doctor:_____
Doctor's Address:_____
Doctor's Phone:_____

Preferred Hospital to Contact:_____
Address:_____ Phone:_____

Persons to be contacted in emergency if the parents are unavailable:

Name	Home Phone	Work Phone	Relationship

Present medication(s):_____
Known allergies:_____
Date of last tetanus:_____ Religious Preference:_____
Insurance:_____

Father's signature:_____ Date:_____

Mother's signature:_____ Date:_____

Child Injury / Incident Report Form

Business or program name:
Phone number:
Address:

Fill in all blanks and boxes that apply.

Child's name:_____ Gender: ☐ M ☐ F Birthdate:_____ Incident date:_____

Time of incident:_____:_____ am/pm Witnesses:_____

Name of parent or legal guardian notified:_____ Time notified:_____:_____ am/pm

Notified by (name of staff person):_____

Was EMS (911) or other medical professional notified? ☐ No ☐ Yes Time notified:_____:_____ am/pm

What EMS services responded or other medical professional provided advice?_____

Location where incident occurred: ☐ Classroom ☐ Dining room ☐ Doorway ☐ Gym ☐ Hall
☐ Kitchen ☐ Motor vehicle ☐ Office ☐ Playground ☐ Restroom ☐ Stairway ☐ Unknown
☐ Other (specify)_____

Equipment or product involved (check all that apply): ☐ Child-proof container ☐ Climber
☐ Playground surface ☐ Medication error ☐ Motor vehicle ☐ Sandbox
☐ Slide ☐ Swing ☐ Tricycle/bike ☐ Toy (specify):_____
☐ Other equipment (specify):_____ ☐ No equipment or product involved

✱ Child care provider reported to the Consumer Product Safety Commission the equipment or product involved in the injury. ☐ Yes ☐ No **CPSC Telephone: 1-800-638-2772** **CPSC website: http://www.cpsc.gov/**

Cause of injury or incident (check all that apply): ☐ Animal related ☐ Bite, animal ☐ Bite, human
☐ Child behavior related ☐ Choking ☐ Cold or heat overexposure ☐ Fall, running or tripping
☐ Fall to surface: Estimated height of fall _____ feet Type of surface:_____
☐ Hit or pushed by another child ☐ Injured by object ☐ Medication error
☐ Motor vehicle ☐ Sting, insect, bee, spider or tick bite
☐ Other (specify):_____

Describe injury or incident: *Include the parts of body injured and the type of injury markings. For medication errors describe medication and exact circumstances of the error.*

First aid or treatment given on-site: *(Examples: cold pack, comfort, wound cleaning, bandage applied, behavior intervention):*

First aid or treatment given by (name of person):_____

Medical or dental care needed day of injury or incident:
☐ No doctor's or dentist's treatment required ☐ Doctor or dentist office visit same day required
☐ Treated as an outpatient in emergency room ☐ Hospitalized

Signature of staff member:_____ Date:_____

Signature of parent or person authorized by parent:_____ Date:_____

Complete this section with details obtained in days following event. Date of late entry:_____
Follow-up treatment needed:_____
Reduced or limited activity required for _____ days.
Corrective action needed to prevent reoccurrence:_____
Signature of person making late entry:_____

American Academy of Pediatrics, Pennsylvania Chapter. *Model Child Care Health Policies,* 4th ed. Washington D.C.: National Association for the Education of Young Children, 2002. Adapted for use by the Iowa Departments of Human Services and Public Health for use by child care businesses. To order more free copies of this form call 800-369-2229. July 2007

White page is for parent or guardian. **Yellow page** is to be kept with the child's health record.

Infant, Toddler, Preschool Age – Child Health Form

PARENTS/GUARDIAN **(Complete pages 1 and 2 – Child Information)**

Child's name	Child's birthdate	Child Care Facility:_____ Telephone #:_____
Parent/Guardian name #1	Parent/Guardian name #2	
Child home address #1		Telephone # 1
Child home address #2		Telephone #2
Where parent/Guardian # 1 works	Work address	Home phone # Work # Cellular # Home email Work email
Where parent/Guardian # 2 works	Work address	Home phone # Work # Cellular # Home email Work email

In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. ☐ **YES** ☐ **NO**

During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.

Parent/Guardian signature:_____ Date:_____

Alternate emergency contact person's name:_____ Phone #:_____

Relationship to child:_____ Cellular #:_____

Child's doctor's name	Doctor telephone # 1	Hospital choice:_____ _____ **Phone #:**_____
Doctor's address	After hours telephone #	Does child have health insurance? ☐ Yes, Company:_____ _____ **ID #:**_____
Child's dentist's name (or family's dentist name)	Dentist telephone # 1	Does child have dental insurance? ☐ Yes, Company:_____ _____ **ID #:**_____
Dentist's address	After hours telephone #	☐ **NO, we do not have health insurance.** ☐ **NO, we do not have dental insurance.** ☐ **Please help us find health or dental insurance.**
Other health care specialist name Type of specialty	Telephone #	

Child Name:

Infant, Toddler, Preschool Age – Child Health Form

PARENTS/GUARDIAN **Complete this page.** **Child's name:**_____

Tell us about your child's health. Place an **X** in the box ☒ if the sentence applies to your child. Check *all* that apply to your child. This will help your health care provider plan your child's physical exam.

☐ **Growth**. I am concerned about my child's growth.

☐ **Appetite**. I am concerned about my child's eating/ feeding habits or appetite.

☐ **Rest**. I am concerned about the amount of sleep my child needs.

☐ **Illness/Surgery/Injury**. My child had a serious illness, injury or surgery.

Please describe:

☐ **Physical Activity**. My child must restrict physical activity.

Please describe:

☐ **Development and Learning**. I am concerned about my child's behavior, development or learning.

Please describe:

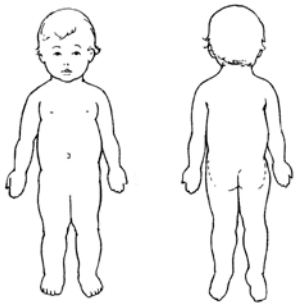
☐ **Allergies**. My child has allergies. (Medicine, food, dust, mold, pollen, insects, animals, etc.)

Please describe:

☐ **Special Needs Care Plan**. My child has a special needs care plan. (IEP, IFSP, Asthma Action Plan, Food Allergy Action Plan, etc.) **Please discuss with your health care provider.**

☐ **Body Health**. My child has problems with skin, birthmarks, Mongolian spots, hair, fingernails or toenails.

Map and describe color/shape of skin markings, birthmarks, scars, moles



☐ Eyes\vision, glasses

☐ Ears\hearing, hearing aids or device, earaches, tubes in ears

☐ Nose problems, nosebleeds, runny nose

☐ Mouth, teething, gums, tongue, sores in mouth or on lips, mouth-breathing, snoring

☐ Frequent sore throats or tonsillitis

☐ Breathing problems, asthma, cough, croup

☐ Heart, heart murmur

☐ Stomach aches, upset stomach, spitting-up

☐ Using toilet, toilet training, urinating

☐ Bones, muscles, movement, pain when moving, uses assistive equipment

☐ Nervous system, headaches, seizures or nervous habits (like twitches)

☐ Needs special equipment

List equipment:

☐ **Medication**. My child takes medication. (List the name of medication, time medication taken, and the reason medication prescribed.)

Parent/Guardian questions or comments for the health care provider:

Infant, Toddler, Preschool Age – Child Health Form

Health professional complete this page

Child's name:_____

Birthdate:_____ **Age today:**_____

Date of exam:_____

Height/length:_____ Weight:_____

BMI (start at age 24 months):_____

Head circumference (age 2 years and under):_____

Blood pressure (start at age 3 years):_____

Hgb or Hct (at 12 months):_____

Lead risk assessment:_____

Blood lead level: Date_____ Results_____

Sensory Screening

Vision assessment:_____

Vision acuity: Right eye_____ Left eye_____

Hearing assessment: Right ear_____ Left ear_____

Tympanometry (**may** attach results)

Developmental Screening

n = normal limits; otherwise describe

Developmental screening results:_____

Autism screening results:_____

Psychosocial/behavioral results:_____

Developmental referral made today: ☐ Yes ☐ No

Heart:_____

Lungs:_____

Stomach/abdomen:_____

Genitalia:_____

Extremities, joints, muscles, spine:_____

Skin, lymph nodes:_____

Neurological:_____

Health care provider comments:

Iowa Child Care Regulations require an admission physical exam report within the previous year and annually. The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (Bright

Allergies

Environmental:_____

Medication:_____

Food:_____

Insects:_____

Other:_____

Immunizations Please attach:

☐ Iowa Department of Public Health Certificate of Immunization

☐ Iowa Department of Public Health Certificate of Immunization Exemption Medical

☐ Iowa Department of Public Health Certificate of Immunization Exemption Religious

☐ TB testing completed (only for high-risk child)

Medication Name	Dosage
☐ Diaper crème:	_____
☐ Fever or pain reliever	_____
☐ Sunscreen	_____
☐ Other:_____	_____

Other medication should be listed with written instructions for use in child care. Medication forms available at www.idph.iowa.gov/hcci/products

Referrals Made

☐ Referred to ***hawk-i*** today (1-800-257-8563)

☐ Other:_____

Health Provider Assessment Statement

☐ The child may participate in developmentally appropriate early care/learning with ***NO*** health-related restrictions.

☐ The child may participate in developmentally appropriate early care/learning with ***with restrictions*** (see comments).

☐ The child has a special needs care plan. Type of plan:_____ (please attach)

Signature:_____
May use stamp.

Check the provider credential type:
☐ MD ☐ DO ☐ PA ☐ ARNP

Address:_____

Telephone:_____

Futures 2015) https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

Recommendations for Preventive Pediatric Health Care – Infant, Toddler, and Preschool Age

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in Bright Futures guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	INFANCY								EARLY CHILDHOOD						
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
HISTORY: Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS: Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●			
Weight for Length		●	●	●	●	●	●	●	●	●	●				
Body Mass Index[5]												●	●	●	●
Blood Pressure[6]		✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	●	●
SENSORY SCREENING: Vision[7]		✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	●	●
Hearing		●[8]	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	●
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:															
Developmental Screening[9]								●			●		●		
Autism Screening[10]											●	●			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●
Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment[11]															
Depression Screening[12]															
PHYSICAL EXAMINATION[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[14]**:** Newborn Blood Screening[15]		←———	●	———→											
Critical Congenital Heart Defect Screening[16]		●													
Immunization[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin[18]						✱			●	✱	✱	✱	✱	✱	✱
Lead Screening[19]							✱	✱	● or ✱[20]		✱	● or ✱[20]		✱	✱
Tuberculosis Testing[21]				✱			✱		✱			✱		✱	✱
Dyslipidemia Screening[22]												✱			✱
STI/HIV Screening[23]															
Cervical Dysplasia Screening[24]															
ORAL HEALTH[25]							✱	✱	● or ✱		● or ✱	● or ✱	● or ✱	●	
Fluoride Varnish[26]							←———				●				———→
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

KEY: ● = to be performed ● or ✱ = risk assessment to be performed with appropriate action to follow, if positive ←——●——→ = range during which a service may be provided

Footnotes for Recommendations for Preventive Pediatric Health Care

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per the 2007 AAP statement "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3 year olds. Instrument based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See 2016 AAP statement, "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/1.51) and "Procedures for Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/1.52).
8. All newborns should be screened, per the AAP statement "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. See 2006 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
10. Screening should occur per the 2007 AAP statement "Identification and Evaluation of Children with Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
11. A recommended screening tool is available at http://www.ceasar-boston.org/CRAFFT/index.php.
12. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
13. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
14. These may be modified, depending on entry point into schedule and individual need.
15. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

16. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/129/1/190.full).

17. Schedules, per the AAP Committee on Infectious Diseases, are available at: http://aapredbook.aappublications.org/site/resources/izschedules.xhtml. Every visit should be an opportunity to update and complete a child's immunizations.

18. See 2010 AAP statement "Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)" (http://pediatrics.aappublications.org/content/126/5/1040.full).

19. For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).

20. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.

21. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.

22. See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).

23. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the AAP statement (http://pediatrics.aappublications.org/content/128/5/1023.full) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

24. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/126/3/583.full).

25. Assess if the child has a dental home. If no dental home is identified, perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf) and refer to a dental home. If primary water source is deficient in fluoride, consider oral fluoride supplementation. Recommend brushing with fluoride toothpaste in the proper dosage for age. See 2009 AAP statement "Oral Health Risk Assessment Timing and Establishment of the Dental Home" (http://pediatrics.aappublications.org/content/111/5/1113.full), 2014 clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626), and 2014 AAP statement "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224.full).

26. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).

School-Age Child – Parent Statement of Health

PARENT/GUARDIAN **(Please complete pages 1 and 2.)**

Child's name	Child's birthdate	Name of school:_____ Grade:_____ School telephone #:_____
Parent/Guardian name #1	Parent/Guardian name #2	
Child home address #1		Telephone # 1
Child home address #2		Telephone #2
Where parent/Guardian # 1 works	Work address	Telephone # Work # Cellular # Home email Work email
Where parent/Guardian # 2 works	Work address	Telephone # Work # Cellular # Home email Work email

In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. ☐ **YES** ☐ **NO**

During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.

Parent/Guardian signature:_____ Date:_____

Alternate emergency contact person's name:_____ Phone #:_____

Relationship to child:_____ Cellular #:_____

Child's **doctor's** name ☐ Child does not have doctor	Doctor telephone # 1	**Hospital of choice**:_____ _____ Phone #:_____
Doctor's address	After hours telephone #	Does your child have health insurance? ☐ Yes ☐ No Company:_____ **ID #:**_____
Child's **dentist's** name ☐ Child does not have dentist	Dentist telephone # 1	Does your child have dental insurance? ☐ Yes ☐ No Company:_____ **ID #:**_____
Dentist's address	After hours telephone #	☐ **HELP us find a family doctor or dentist.** ☐ **HELP us find health or dental insurance.**
Other health care/mental health specialist name Type of specialty	Telephone #	

Child Name:

School-Age Child – Parent Statement of Health

PARENT/GUARDIAN **Complete this page.** **Child's name:**_____

Please use an **X** in the box ☒ to statements that apply to your child.

Date of child's last physical exam:_____

Date of last dental appointment:_____

☐ **Growth**. I am concerned about my child's growth.

☐ **Appetite**. I am concerned about my child's eating habits.

☐ **Rest**. My child needs to rest after school.

☐ **Illness/Surgery/Injury**. My child had a serious illness, surgery or injury.

Please describe:

☐ **Physical Activity**. My child must restrict physical activity or needs special equipment to be active.

Please describe:

Play With Friends. My child:

☐ Plays well in groups with other children.
☐ Will play only with one or two other children.
☐ Prefers to play alone.
☐ Fights with other children.
☐ I am concerned about my child's play activity with other children.

School and Learning. My child:

☐ Is doing well at school.
☐ Is having difficulty in some classes.
☐ Does not want to go to school.
☐ Frequently misses or is late for school.
☐ I am concerned about how my child is doing in school.

Please describe:

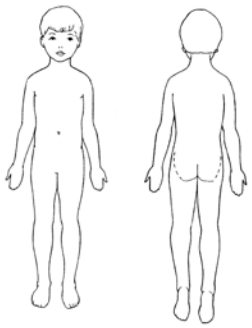
☐ **Allergy**. My child has allergies. (Medicine, food, dust, mold, pollen, insects, animals, etc.)

List allergies:

☐ **Special Needs Care Plan**. My child has a special needs care plan. (IEP, Asthma Action Plan, Food Allergy Action Plan, etc.) Please discuss with your health care provider.

☐ **Body Health**. My child has problems with skin, hair, fingernails or toenails.

Describe skin marks, birthmarks or scars. Show us where these skin marks are located using the drawing below.



☐ Eyes\vision, glasses or contact lenses
☐ Ears\hearing, hearing assistive aids or device, earache, tubes in ears
☐ Nose problems, nosebleeds
☐ Mouth, teeth, gums, tongue, sores in mouth or on lips, breathes through mouth
☐ Frequent sore throats or tonsillitis
☐ Breathing problems, asthma, cough
☐ Heart problems or heart murmur
☐ Stomach aches or upset stomach
☐ Trouble using toilet or wetting accidents
☐ Hard stools, constipation, diarrhea, watery stools
☐ Bones, muscles, movement, pain when moving
☐ Mobility, child uses assistive equipment
☐ Nervous system, headaches, seizures or nervous habits (like twitches or tics)
☐ Females – difficult monthly periods
☐ Other special needs

Please describe:

☐ **Medication**. My child takes medication. **Parents**: Please review the child care program's policies about the use of medication at child care.

Medication Name	Time Given	Reason for Giving Medication

☐ Yes ☐ No **Child has EpiPen, inhaler or other emergency medication.**

Parent signature (required)	Date

School-Age Child – Parent Statement of Health

Health professional complete this page

Date of exam:_____

Height:_____ Weight:_____

Body Mass Index:_____

☐ There are weight concerns.

☐ Referral made to:_____

Blood pressure:_____

Laboratory Screening

Blood lead level: Date:_____

☐ Venous ☐ Capillary (for child under age 6 years)

Results:_____

Hgb or Hct:_____

Urinalysis:_____

TB testing (high-risk child only):_____

Sensory Screening

Vision acuity: Right eye_____ Left eye_____

Hearing: Right ear_____ Left ear_____

Tympanometry: Right ear_____ Left ear_____

Exam Results (*n = normal limits; otherwise describe)*

Skin:_____

HEENT:_____

Teeth/oral health:_____

Date of dentist exam:_____ **or** ☐ None to date

Dental referral made today: ☐ Yes ☐ No

Heart:_____

Lungs:_____

Stomach/abdomen:_____

Genitalia:_____

Extremities, joints, muscles, spine:_____

Neurological:_____

Psychosocial/behavioral assessment (depression screening starting at age 11):_____

Allergies

Environmental:_____

Medication:_____

Food:_____

Insects:_____

Other:_____

Health care provider comments:

Child's name:_____

Date of birth:_____ **Age:**_____

Immunizations Please attach:

☐ Iowa Department of Public Health Certificate of Immunization

☐ Iowa Department of Public Health Certificate of Immunization Exemption Medical

☐ Iowa Department of Public Health Certificate of Immunization Exemption Religious

Medication

Health provider authorizes the child to receive the following medications while at child care or school. (Include over-the-counter and prescribed.)

Medication Name	Dosage
☐ Fever/pain reliever	_____
☐ Sunscreen	_____
☐ Cough medication	_____
☐ Other (list all):_____	_____
_____	_____
_____	_____

Other medication should be listed with written instructions for use in child care. Medication forms available at www.idph.iowa.gov/hcci/products

Referrals Made

☐ Referred to ***hawk-i*** today (1-800-257-8563)

☐ Other:_____

Health Provider Assessment Statement

☐ The child may **fully participate** with ***NO*** health-related restrictions.

☐ The child has the following **health-related restrictions** to participation (please specify):

_____

☐ The child has a special needs care plan. Type of plan:_____ (please attach)

Signature:_____

May use stamp.

Check the provider type:

☐ MD ☐ DO ☐ PA ☐ ARNP

Address:_____

Telephone:_____

The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (Bright Futures 2015) https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

Recommendations for Preventive Pediatric Health Care – School-Age Child

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

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The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY: Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS: Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference																	
Weight for Length																	
Body Mass Index[5]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING: Vision[7]	●	●	✱	●	✱	●	✱	●	✱	✱	●	✱	✱	✱	✱	✱	✱
Hearing	●	●	✱	●	✱	●	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:																	
Developmental Screening[9]																	
Autism Screening[10]																	
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment[11]							✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱
Depression Screening[12]							●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[13]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[14]**:** Newborn Blood Screening[15]																	
Critical Congenital Heart Defect Screening[16]																	
Immunization[17]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin[18]	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱
Lead Screening[19]	✱	✱															
Tuberculosis Testing[21]	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱
Dyslipidemia Screening[22]		✱		✱	←●	→		✱	✱	✱	✱	✱	✱	←●	→		
STI/HIV Screening[23]							✱	✱	✱	✱	✱	←●	→		✱	✱	✱
Cervical Dysplasia Screening[24]																	●
ORAL HEALTH[25]		●															
Fluoride Varnish[26]	→																
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

KEY: ● = to be performed ● or ✱ = risk assessment to be performed with appropriate action to follow, if positive ←●→ = range during which a service may be provided

See pages 131 and 132 for footnotes.

Phone Numbers

Police_____ Poison Control_____

Fire_____ Paramedics_____

Child's Name	Birthdate	Parents			Doctor	School	Emergency Contact	
		Name	Home	Work			Name	Phone
		M F						
		M F						
		M F						
		M F						
		M F						
		M F						
		M F						
		M F						
		M F						
		M F						

Home Address_____

Telephone Numbers_____

Monthly Medicine Record

Child Name:_____ Month_____ Year_____

Child Known Allergies:

Parent Permission to give medicine: I give my permission for the child care business to give the following medicine(s) to my child.

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care:[1]	Route of medicine as on the label:	Possible side effects:	Required storage: ☐ Refrigerate ☐ Refrigeration not required
☐ Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine:[2] Beginning date for medicine:_____ Ending date for medicine:_____		

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care:[1]	Route of medicine as on the label:	Possible side effects:	Required storage: ☐ Refrigerate ☐ Refrigeration not required
☐ Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine:[2] Beginning date for medicine:_____ Ending date for medicine:_____		

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care:[1]	Route of medicine as on the label:	Possible side effects:	Required storage: ☐ Refrigerate ☐ Refrigeration not required
☐ Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine:[2] Beginning date for medicine:_____ Ending date for medicine:_____		

Parent permission to contact pharmacy and physician: I give my permission for the child care business to contact my child's pharmacy and physician should questions arise or a situation occur that involves my child and the medication.

Parent Name (print):_____ Parent Signature:_____ Date:_____

[1]The time of day for the medicine needs to be consistent between home, child care and other programs where the child is located like school. Ask the parent when the medicine is given at home so medicine doses may be evenly spaced for maximum benefit.

[2]The medicine may need to be given before meals, after meals, with food, with a specific liquid (water or milk). All instructions should be written on the medicine label or instructions. When in doubt, call the pharmacy where the prescription medicine was dispensed.

January 2007

Monthly Medicine Record

Attach Child Photo Here

Child Name:_____

Month_____ Year_____		Day of Month																															
Medicine, Dose and Route ↓	Time of Day ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Example: Amoxicillin 250 mg., 1 teaspoon, orally	10 am	*																														

*Place your initials in the box showing the medicine was given. Use an "**A**" when a child is absent. Use an "**O**" when medication is *not given* for any reason. Document the reason the medication was not given and document that the parent was informed.

Instructions for using Medicine Record:

- First Column: Record the medicine name, dosage, and route.
- Second Column: Record the time(s) of day the medicine is to be given at child care. If the medicine is given more than one time a day, use a separate row for each time of day the medicine is to be given.
- Third – Last Column: The person who measures and gives the medicine must place the person's initials in the appropriate **row** (for time) and **column** (for date) that the medicine was given. Use columns numbered from 1-31 for the date. The person who measures the medicine dosage is the only person allowed to give the medicine.

Call the Healthy Child Care Iowa talkline 1-800-369-2229 to order free copies of this form.

Iowa Poison Control Center: 1-800-222-1222

Emergency Drill Record

Year_____

Month	Fire Drills	Smoke Alarms	Tornado Drills
January	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
February	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
March	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
April	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
May	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
June	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
July	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
August	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
September	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
October	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
November	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
December	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:

Daily Attendance Record for "Part-Time" Hours

(Only 2 "part-time" children can be present at one time. Additional copies may be needed if there are more children attending as "part-time.")

Provider's Name_____ **Month/Year**_____ **Page #**_____

Day	First Child (last, first name)	Time In and Time Out	Second Child (last, first name)	Time In and Time Out	Third Child (last, first name)	Time In and Time Out	Total hours used for all children each day	180 Total hours (Start with 180 hours and subtract each day's total hours used. When zero is reached there are no part-time hours left in the month.)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
							Total "part-time" hours used for this month:	

Daily Attendance Record for "Part-Time" Hours

(Only 2 "part-time" children can be present at one time. Additional copies may be needed if there are more children attending as "part-time.")

Provider's Name Mary Jones **Month/Year** May 2002 **Page #** 1

Day	First Child (last, first name)	Time In and Time Out	Second Child (last, first name)	Time In and Time Out	Third Child (last, first name)	Time In and Time Out	Total hours used for all children each day	180 Total hours (Start with 180 hours and subtract each day's total hours used. When zero is reached there are no part-time hours left in the month.)
1	Jones, Evelyn	8A-9:45A	Smith, Terry	1P-2P			2¾	177¼
2								
3	Jones, Evelyn	8A-9:45A					1¾	175½
4								
5								
6								
7								
8	Cooper, Jan	11:30A-1P	Smith, Terry	1P-3P			3½	172
9								
10	Smith, Sally	1P-2:30P	Smith, Terry	1P-2:30P	James, Rose	4P-6P	5	167
11								
12								
13								
14	Greene, Marie	7:30A-9:15A	Smith, Sally	1P-3P	Smith, Terry	1P-3P	5¾	161¼
15								
16								
17								
18								
19	Greene, Marie	7:30A-8:45A					1¼	160
20								
21	Greene, Marie	7:30A-9A					1½	158½
22								
23								
24								
25	Cooper, Jan	2P-3:45P					1¾	156¾
26								
27								
28								
29								
30								
31								
							Total "part-time" hours used for this month:	**23¼**

Iowa Department of Human Services

Comm. 469 (Rev. 10/16)

Parent Guide

to

Child Development Home Registration

Introduction

Iowa uses a system for regulation of child development homes known as registration. When applying for registration providers self-certify that they meet the minimum requirements for registration. After a provider's application has been reviewed and background checks have been completed a DHS staff member will complete an on-site pre-inspection visit to verify essential health and safety requirements. The requirements listed in this document apply to registered child development homes. Iowa law limits the number of children a home may care for. A nonregistered child care home may care for up to five children. The number of children a child development home may care for varies based on the category of registration, number of providers present, and square footage of the child care space.

In issuing a registration certificate, the Department of Human Services (DHS) is stating that the provider has certified in writing that the provider will comply with the state regulations in all areas of child development home operation and that the provider has successfully completed the pre-inspection process. The Department of Human Services is required to complete an annual monitoring visit to all child development homes. However, responsibility for making sure the requirements are met also rest with the provider, the parents of children attending that child development home, and the community.

All child development home providers have certified to DHS that their child development home meets all of the requirements described here. (These requirements come from 441 Iowa Administrative Code, Chapter 110.) Providers must display their *Certificate of Registration* in a conspicuous place. You may review the registration file on a child development home by making arrangements with the local DHS office. This information is also available online at https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport.

If you have good reason to believe a child development home does not meet these requirements, please report the problem to the Iowa Child Care Complaint Hotline at 1-844-786-1296. Your verbal or written report should include the name and address of the home and each specific requirement you believe is not being met. A staff person from DHS will investigate concerns related to violations of the required standards.

Number of children. The number of children allowed under each category is shown in the following chart.

For all categories, a provider's own infant and preschool-age children **are** counted in the total, but the provider's own children who are attending school **are not** counted.

Number of Children Allowed in
Registered Child Development Homes and Child Care Homes

Category	Maximum Capacity	Number Restrictions	Age Restrictions	FAQ
Category A	6 children at any one time plus 2 school age children present for less than two hours at a time **TOTAL 8**	The 2 school aged children may not be present for more than 2 hours at a time	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	• An assistant does not increase the number for maximum capacity. • Can have multiple sets of school aged children if present at separate times for the 2 that exceed the capacity of 6. • All 6 children at one time can be school aged.
Category B	6 children at any one time plus 4 school aged children plus 2 part time children **TOTAL 12**	Only 2 part time children at one time for up to 180 hours per month	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	• Can use 180 part time hours per month to exceed their maximum preschool or school age capacity. Must document the use of part time hours. • Must have an assistant if caring for more than 8 children for more than 2 hours at a time. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.
Category C1	8 children at any one time **TOTAL 8**	May never exceed 8 children	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	• Can use an assistant but does not increase the number for maximum capacity. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.

Category	Maximum Capacity	Number Restrictions	Age Restrictions	FAQ
Category C2	12 children at any one time plus 2 school age children for less than 2 hours plus 2 part time **TOTAL 16**	The 2 school aged children may not be present for more than 2 hours at a time Only 2 part time children at one time for up to 180 hours per month	No more than 4 children may be under the age of 24 months at any one time If those 4 children are age 18 months or under, both providers must be present	• Can use 180 part time hours per month to exceed their maximum preschool or school age capacity. Must document the use of part time hours. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity. • If more than 8 children are present, both providers shall be present.
In-Home	N/A	N/A	N/A	• This is not care provided in the child care provider's home but provided within the child's own home. • If receiving CCA assistance, there must be a minimum of 3 eligible children. • Shall only be children within the same family.
Child Care Home	TOTAL 5	N/A	N/A	• No more than 5 children may be present. • Child Care Homes are not registered but may receive CCA funding.

Facility and provider requirements vary, based on the category of home. The following chart outlines the facility, provider, and training requirements for child development homes.

Child Development Home Facility, Provider, and Training Requirements			
Category	**Facility Requirements**	**Provider Qualifications**	**Training Requirements**
A	♦ No smoking ♦ Fire extinguisher ♦ Smoke detectors	♦ 18 years old ♦ 3 reference letters	Before becoming registered: ♦ Mandatory reporter training ♦ First aid and CPR ♦ Minimum health and safety trainings (preservice) During the two year registration period: ♦ Minimum of 24 hours of approved training
B	♦ No smoking ♦ 35 square feet per child indoors ♦ 50 square feet of child space outdoors ♦ Quiet area for sick children ♦ Fire safety: • Fire extinguisher • Smoke detectors • Two direct exits	♦ 20 years old ♦ High school diploma or GED ♦ Has either: • Two years experience working directly with children in child care, or • CDA or 2- or 4-year degree in child care related field AND 1 year of experience working directly with children in child care	Before becoming registered: ♦ Mandatory reporter training ♦ First aid and CPR ♦ Minimum health and safety trainings (preservice) During the two year registration period: ♦ Minimum of 24 hours of approved training
C	♦ No smoking ♦ 35 square feet per child indoors ♦ 50 square feet of child space outdoors ♦ Quiet area for sick children ♦ Fire safety: • Fire extinguisher • Smoke detectors • Two direct exits	One provider who meets these qualifications must always be present: ♦ 21 years old ♦ High school diploma or GED ♦ Has either: • Five years experience working directly with children in child care • CDA or 2- or 4-year child care related degree AND 4 years experience directly with children in child care The co-provider shall meet the qualifications of a Category B provider.	Before becoming registered: ♦ Mandatory reporter training ♦ First aid and CPR During the two year registration period: ♦ Minimum of 24 hours of approved training

Child Development Home Staff

The child development home provider must:

- Give careful supervision at all times.
- Give consistent, dependable care and be capable of handling emergencies.
- Frequently exchange information with the parent of each child to enhance the quality of care.
- Be present at all times. If an emergency occurs or an absence is planned, DHS-approved substitute care shall be provided. When an absence is planned, the parents shall be given at least 24 hours' prior notice.
- Not be under the influence of alcohol or other drugs that could impair the provider's ability to give careful supervision.

Record checks. DHS submits record checks for:

- Every operator of a child development home.
- All staff members with direct responsibility for child care, including substitutes.
- Anyone 14 years and older who is living in the child development home.
- Anyone who might have access to a child when the child is alone.

The purpose of the record checks is to determine whether the person has any founded child abuse reports, has any criminal convictions, or is on the sex offender registry.

If the record check shows that a person has any of the following criminal conviction or abuse records, that person cannot be registered as a child development home provider, work or live in a child development home, receive public funding for providing child care, or live in a home that receives public funding for providing child care.

- 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.
- A felony domestic abuse.
- A forcible felony.
- Felony crime against a child, including but not limited to, sexual exploitation of a minor.

If the record check shows that the person has any of the following criminal conviction or abuse records, that person cannot be registered as a child development home provider, work or live in a child development home, receive public funding for providing child care, or live in a home that receives public funding for providing child care for a period of five years from the date of the conviction or abuse report.

- Conviction of controlled substance offense under Iowa Code Chapter 124.
- Founded child abuse that was determined to be physical abuse.

If the record check shows a criminal conviction or founded child abuse report for convictions other than those listed above, the Department sends that person a *Record Check Evaluation* form. On this form, the person explains the nature of the incident, changes the person has made since the incident, and why the person should be approved in spite of the incident. After reviewing the *Record Check Evaluation* form, DHS determines if the person can be registered or live in a registered home.

In the evaluation, the Department considers:

- The nature and seriousness of the crime or abuse in relation to the position sought.
- The time elapsed since the commission of the crime or founded abuse.
- The circumstances under which the crime or founded abuse was committed.
- The degree of rehabilitation.
- The number of crimes or founded abuses committed by the person involved.

Assistants. Depending on the number of children in care, the provider may be required to have an assistant. The minimum age requirement for the assistant varies, depending on the category of child development home (please refer to chart on "Number of Children Allowed in Care"). The purpose of the assistant is to help the provider, not to substitute for the provider. The assistant may never be left alone with the children. Ultimate responsibility for supervision of the children is with the child care provider.

Substitutes. The child care provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Ultimate responsibility for supervision is with the child care provider. Substitute providers must be 18 years of age or older. All child development home regulations regarding supervision and care of children apply to substitutes. Any substitute provider shall have the same responsibility for providing adequate and appropriate supervision.

Except in emergency situations, the child care provider shall inform parents in advance of the planned use of a substitute provider.

Substitute care may be used in the home up to 25 child care hours per month and for an additional period of up to two weeks in a 12-month period. This limit applies to the child development home, regardless of the number of persons who may be providing the substitute care. The provider shall maintain a written record of the number of hours substitute care was provided, including the date and the name of the substitute provider.

Child Development Home Program Standards

A child development home must be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, by at least one of the persons named on the child development home's certificate of registration. This may include an apartment, condo, or townhouse.

Activity program. There is an activity program which promotes self-esteem and exploration and includes:

- Active play.
- Quiet play.
- Activities for large muscle development.
- Activities for small muscle development.
- Play equipment and materials in a safe condition, for both indoor and outdoor activities which are developmentally appropriate for the ages and number of children present.

Children's files. All of the following information must be in your child's individual file on the first day your child attends child care:

- The child's name, birth date, parent's name, address, telephone number, special needs, and your work address and telephone number.
- A list signed by you which gives the name, telephone number, and relationship of all persons authorized to pick up your child.
- Emergency information including where you can be reached; the name, street address, city, and telephone number of the child's regular source of health care; and the name, telephone number, and relationship to the child of another adult available in case of emergency.
- A signed medical consent from your authorizing emergency treatment.
- For each infant and preschool-age child, an admission physical examination report signed by a licensed physician that includes past health history, status of present health, allergies and restrictive conditions, and recommendations for continuing care when necessary. (A statement of health condition signed by a physician or designee must be given annually after the date of the admission physical.)
- For each school-age child, a statement of health status signed by the parent or legal guardian.
- A signed and dated immunization certificate provided by the Iowa Department of Public Health. (For a school-age child, a copy of the most recent immunization record is acceptable.)

The file must also include written permission from you for your child to attend activities away from the child development home. The permission must include times for departure and arrival, destination, and the names of persons who will be responsible for the child.

Health and safety. Conditions in the home are safe, sanitary, and free of hazards. This includes:

- A non-pay, working telephone with emergency numbers posted, and numbers for each child's parents, a responsible person who can be reached when the parent is unavailable, and the child's physician. A cell phone may be used as the primary phone.
- All medicines and poisonous, toxic, or otherwise unsafe materials secured from access by a child.
- First aid supplies available.
- Medicines given only with parent's or doctor's written authorization.
- All accessible electrical outlets safely capped and electrical cords properly used (not running cords under rugs, over hoods, through door openings, or other use that has been known to be hazardous).
- A safety barrier surrounding any heating stove or heating element, and combustible materials kept away from furnaces, stoves, or water heaters.
- Safety gates at stairways and doors provided and used as needed.
- A safe outdoor play area maintained in good condition, fenced when necessary, with both sunshine and shade areas.
- Emergency procedures for evacuation, relocation, shelter-in-place, lockdown, communication, and reunification with families, continuity of operations and how to address the needs of individual children during emergency procedures.

- Fire and tornado emergency plans must be posted by all exits, and monthly fire and tornado drills should be done with the children.
- Private sewer systems must be in compliance with discharge restrictions in 567 Iowa Administrative Code, Chapter 69 and discharge of untreated waste water from private sewage disposal systems is prohibited.
- Parents should be informed of any pets in the home. Cats and dogs must have current immunizations and animal waste shall be disposed of properly. Animals are not allowed in food preparation areas while food is being prepared or served.
- Pools fenced or covered. Wading pools drained daily and inaccessible to children when not in use.
- If children are allowed to use swimming pools, written permission from parents on file, rescue equipment available, and provider accompanies and supervises the children during water activities.
- Safe sleep practices as recommended by the American Academy of Pediatrics must be followed. This includes, but is not limited to, the following requirements:
  - Infants must be placed on their backs for sleep.
  - Infants cannot sleep in or on a bed, sofa, car seat, swing, bouncy seat or other items not designed for sleeping.
  - No toys, soft objects, stuffed animals, pillows, bumper pads, blankets or loose bedding in the sleeping area with the infant.
- Smoking and the use of tobacco products prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children.
- Smoking and the use of tobacco products prohibited in the outdoor play area during the hours of operation.
- Home built before 1960 inspected for lead-based paint hazards and hazards repaired in accordance with Iowa Department of Public Health and Iowa Department of Human Services rules.
- Parents informed about any pets in the home.
- Written policies regarding the care of mildly ill children and exclusion of children due to illness.
- Written policy and procedures for responding to health-related emergencies.
- All injuries will be documented that require first aid or medical care using an injury report form. The form must be completed on the date of occurrence, shared with the parent, and maintained in the child's file.
- Any driver transporting children needs to have a valid driver's license, motor vehicle insurance, and use appropriate child restraint devices.

Meals. This includes:

- Regular meals and midmorning or midafternoon snacks shall be provided. The meals and snacks must be well-balanced, nourishing, and in appropriate amounts.
- Children may bring food to the child development home for their own consumption, but may not be required to provide their own food.
- Clean, sanitary drinking water must be readily available to children in indoor and outdoor areas throughout the day.

Discipline. Discipline practices must:

- Be designed to help the child develop self-control, self-esteem, and respect for the rights of others.
- Not use corporal punishment, including spanking, shaking, and slapping.
- Not use punishment that is humiliating or frightening or that causes pain or discomfort to the child.
- Not use punishment because of a child's illness or because of progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- Not subject a child to verbal abuse, threats, or derogatory remarks about the child or the child's family.

Parent Guide to Child Development Home Registration, Comm. 469 or Comm. 469(S)

Purpose	The *Parent Guide to Child Development Home Registration* gives some explanation about the registration process and parental responsibilities. It also includes information on the requirements for child development home registration.
Source	The English version is printed in six-page sets. Order supplies from Iowa Prison Industries in Anamosa. The Spanish version may be printed from the on-line manual.
Completion	The provider gives each parent a copy of the *Parent Guide to Child Development Home Registration* when a child is enrolled in a registered child development home.
Distribution	When mailing the *Certificate of Registration* to the child development home provider enclose 12 copies of the *Parent Guide to Child Development Home Registration*. Furnish additional copies when the provider requests them.

Classification of Criminal Offenses, RC-0042

Purpose	Use reference chart RC-0042 as a guide to interpreting records of criminal convictions. The chart lists the particular offenses that are classified in each category.
Source	Print the chart from the on-line manual or photocopy it if additional copies are needed.