Iowa Department of Human Services

Licensing Regulation Checklist

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

CITE	RULE	Y	N	NA
	ADMINISTRATION			
237A.7	Information regarding a child in a child care center or their relative is confidential. If this information is released by visual, verbal or written means, written consent from the parent or guardian is in the file or a court order allowing the release of the information.	☐	☐	☐
109.4(1)	Written statement of purpose and objectives. Plan and practices consistent with the written statement.	☐	☐	☐
Required Written Policies				
109.4(2)a	Fee policies and financial agreements developed.	☐	☐	☐
109.4(2)b	Written policies on: • Enrollment and discharge. • Field trips and non-center activities. • Transportation. • Discipline. • Nutrition. • Health and safety policies.	☐	☐	☐
109.4(2)c	Curriculum or program structure developmentally appropriate and activities designed to the developmental level/needs of children served.	☐	☐	☐
109.4(2)d	Written plan developed for staff orientation regarding center's policies and licensing regulations. Orientation is in accordance with center's staff orientation plan.	☐	☐	☐
109.4(2)e	Written plan for ongoing staff development that complies with 441 IAC 109.7.	☐	☐	☐
109.4(2)f	Copy of the center policies and program to all staff at the time of employment and each parent at the time a child is admitted to the center.	☐	☐	☐
109.4(2)g	Develop and implement a policy for responding to incidents of biting. Include: (1) Explanation of center philosophy on biting. (2) How the center will respond to individual and ongoing incidents. (3) How the center will assess the adequacy of caregiver supervision. (4) How the center will respond to the child or caregiver who was bitten. (5) The process of notification of parents. (6) How the incident will be documented. (7) How confidentiality will be protected. (8) First aid procedures that will be used.	☐	☐	☐
109.4(2)h	Develop a policy to ensure that people do not have unauthorized access to children at the center. Include: (1) Criteria for allowing people on the property when children are present. (2) How people will be supervised or monitored. (3) How responsibility will be delegated to staff. (4) How the policy will be shared with parents.	☐	☐	☐
109.4(2)i	Develop and implement a policy for protection of child's confidentiality.	☐	☐	☐

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Required Postings				
109.4(3)a	Postings are required for: • The certificate of license. • Notice of exposure to communicable disease. • Notice of decision to deny, suspend, or revoke center license or reduce to provisional status. All postings shall be conspicuously placed at main entrance of center.	☐	☐	☐
109.4(3)b	Postings are required for: • Mandatory reporter requirements. • Notice of availability of handbook. • Program activities. These shall be posted in area frequented by parents or public.	☐	☐	☐
109.4(4)	Requirements and procedures for mandatory reporting of suspected child abuse shall be posted where they can be read by staff and parents.	☐	☐	☐
109.4(5)	Child Care Centers and Preschool Licensing Standards and Procedures shall be available in the center and a notice stating a copy is available for review. Contact information of the child care consultant shall be included in the notice.	☐	☐	☐
109.4(6)	The child care license shall be posted in a conspicuous place and shall state the particular premises in which child care may be offered and the number of children who may be cared for at any one time.	☐	☐	☐
PARENTAL PARTICIPATION				
109.5(1)	Written policy notifying parents of unlimited access provisions.	☐	☐	☐
PERSONNEL				
109.6	Develop policies for hiring and maintaining staff and managers that demonstrate competence in working with children.	☐	☐	☐
Center Director				
109.6(1)	Centers with multiple sites have a qualified director or on-site supervisor at all sites. Information on the director's qualifications is submitted to consultant prior to employment and is sufficient to make a determination. Center director meets qualifications or is "qualifiable" with a plan established to meet qualifications.	☐	☐	☐
On-Site Supervisor				
109.6(2)	Director or on-site supervisor on-site during the hours of operation or a minimum of eight hours of center's hours of operation. Information on on-site supervisor's qualifications is submitted to the consultant prior to employment and is sufficient to make a determination. On-site supervisor meets qualifications or is "qualifiable" with a plan established to meet qualifications.	☐	☐	☐
109.6(3)	Another responsible adult is clearly designated as the interim on-site supervisor if the on-site supervisor is temporarily absent from the center.	☐	☐	☐
Volunteers and Substitutes				
109.6(5)a	All volunteers and substitutes shall be at least 16 years of age and shall: (1) Have signed statements indicating no conviction of any law in any state or record of founded child or dependent adult abuse. (2) Signed statements indicating no communicable disease or other health concerns that poses a threat to children.	☐	☐	☐

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109.6(5)b	Signed statement indicating they have been informed of responsibilities as mandatory reporters.	☐	☐	☐
109.6(5)c	Undergo record check process if: (1) It is included in meeting the required child/staff ratio. (2) Has direct responsibility for a child or children. (3) Has access to child or children when no other staff is present.	☐	☐	☐
Record Checks				
109.6(6)c	Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.	☐	☐	☐
109.6(6)d	Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs.	☐	☐	☐
109.6(6)h(2)	No one owns, directs or works in the center who has been prohibited from involvement with child care.	☐	☐	☐
106.6(7)	**Use of controlled substances and medications**: All owners, personnel, and volunteers shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or nonprescription drug that could impair their ability to function.	☐	☐	☐
PROFESSIONAL GROWTH AND DEVELOPMENT				
109.7(1)	***All staff (within first three months of employment)***: • Two hours of approved training for the mandatory reporting of child abuse within three months of employment. • At least one hour of training regarding universal precautions and infectious disease control. • Certification in American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Minimum health and safety trainings, approved by the Department occurs every five years. If significant changes occur to content, the Department may require the training be renewed.	☐	☐	☐
109.7(2)	Center directors and all staff have the required contact hours of training. *Number not in compliance:*	☐	☐	☐

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Staff Employed in Centers That Operate Summer Only Programs				
109.7(3)	Staff employed in centers that operated a summer-only program receive the following training within three months of employment: • Two hours of Iowa's training for mandatory reporting of child abuse. • At least one hour of training regarding universal precautions and infectious disease control. • Certification in American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Minimum health and safety trainings, approved by the Department.	☐	☐	☐
109.7(5)	Training plans are developed for staff that supplement educational and experience requirements and enhance staff's skill in working with the developmental and cultural characteristics of children served.	☐	☐	☐
109.7(8)	The director, on-site supervisor, and any person designated a lead in the absence of supervisory staff shall have all completed all pre-service orientation training outlined in 109.7(1).	☐	☐	☐
STAFF RATIO REQUIREMENTS				
Minimum Staff Requirements				
109.8(1)a	All staff in ratio: • At least sixteen years of age. • If less than eighteen, under direct supervision of an adult.	☐	☐	☐
109.8(1)b	All staff in ratio involved with children in programming activities.	☐	☐	☐
109.8(1)c	At least one person on duty in the center, outdoor play area, or on field trips is over eighteen and has current certification in CPR and first-aid.	☐	☐	☐
Ratio				
109.8(2)	Ratio maintained in center as required by age.	☐	☐	☐
109.8(2)a	• Combinations of age grouping for children four years of age and older determine ratio on age of majority in group. • In combined age groups that include children age three and under, ratio is maintained for each age group. • Preschools: Ratio maintained for age of majority of children.	☐	☐	☐
109.8(2)b	If child between ages 18 and 24 months is placed outside infant area, ratio of 1:4 shall be maintained as would otherwise be required for the group until the child reaches the age of 2.	☐	☐	☐
109.8(2)c	Every child-occupied program room has adult supervision in the room.	☐	☐	☐
109.8(2)d	• At least one staff is present in every room where children are resting. • If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained. • Ratio in infant rooms is always maintained.	☐	☐	☐

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109.8(2)e	Ratio maintained during mealtimes and outdoor activities at the center.	☐	☐	☐
109.8(2)f	• Two adults are present when seven or more children over age three are on the premises. • Two adults are present when seven or more children are being transported in one vehicle. • One staff for school transportation; only in center-owned vehicle with parent authorization. • One additional staff when the center contracts for transportation for seven or more children for non-school related purposes.	☐	☐	☐
109.8(2)g	One additional staff when five or more children are involved in a center-sponsored activity away from the center.	☐	☐	☐
109.8(2)h	If ratio reduced to one staff at the beginning or end of center's operation, timeframe does not exceed two hours and occurs only when six or fewer children are present with not more than two of the children under two years of age and there are no more than six children in the center.	☐	☐	☐
109.8(2)i	Ratio exceeded for school-age children when school classes unexpectedly start late or are dismissed early. For no more than four hours, care is limited to children already in the program and licensed capacity is not exceeded.	☐	☐	☐
	RECORDS			
Personnel Records. Number of files reviewed:				
109.9(1)a	All files contain statement signed by staff indicating whether they have a criminal conviction or founded child/dependent adult abuse. *Number not in compliance:*	☐	☐	☐
109.9(1)b	All files contain: (1) A signed copy of the *DHS Criminal History Record Check, Form B*, that was submitted prior to employment. (2) A copy of *Request for Child and Dependent Adult Abuse Information.* (3) Copies of the results of Iowa records checks conducted. (4) Copies of national criminal history check results. (5) Any Department-issued documents sent to the center related to records check. *Number not in compliance:*	☐	☐	☐
109.9(1)d	All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, *Child Care Provider Physical Examination Report.* *Number not in compliance*:	☐	☐	☐
109.9(1)e	All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training. *Number not in compliance:*	☐	☐	☐
109.9(1)f	Files contain a photocopy of a valid driver's license if the staff will be involved in the transportation of children. *Number not in compliance:*	☐	☐	☐

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

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

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109.10(7)	**Staff hand washing**: The center shall ensure staff demonstrate clean personal hygiene. Staff shall wash hands: (a) Upon arrival at the center. (b) Immediately before eating or participating in food service activity. (c) After diapering a child. (d) Before leaving the rest room either with a child or by themselves. (e) Before and after administering nonemergency first aid if gloves are not worn. (f) After handling animals or cleaning cages.	☐	☐	☐
109.10(8)	**Children's hand washing**: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed: (a) Immediately before eating or participating in food service activity. (b) After using the restroom or being diapered. (c) After handling animals.	☐	☐	☐
109.10(9)	**First aid kit:** The center shall ensure that a clearly labeled first aid kit that is sufficient to address minor injury or trauma is available and accessible to staff at all times when children are: • In the center. • In the outdoor play area. • On field trips.	☐	☐	☐
109.10(10)	**Recording incidents**: Parents shall be notified on the day of the incident involving a child that includes: • Minor injuries. • Minor changes in health status. • Minor behavioral concerns. • Incidents resulting in injury to a child. Shall be verbally notified immediately when there is: • A serious injury to a child. • An incident resulting in significant change in health status. • An incident includes child being involved in inappropriate, sexually acting out behavior. A WRITTEN report, fully documenting every incident, shall be provided to the parent or authorized person. This should be completed by staff that witnessed the incident and retained in child file.	☐	☐	☐
109.10(11)	**Smoking** and use of tobacco products shall be prohibited in the center and every vehicle used to transport children. Prohibited in outdoor play area during hours of operation. Nonsmoking signs shall be posted at every entrance and in every vehicle used to transport. Signs shall include: (a) Telephone number for reporting complaints. (b) Internet address to DPH.	☐	☐	☐
Transportation				
109.10(12)	All children transported in motor vehicle subject to registration, except a bus, shall be individually secured by a safety belt, seat, or harness.	☐	☐	☐
109.10(12)a	Children under age 6 shall be secured in child restraint system. Child under 1 and weighing less than 20 lbs. shall be secured during transit in rear facing child restraint system.	☐	☐	☐

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109.10(12)b	Children under 12 shall not be located in front seat.	☐	☐	☐
109.10(12)c	Drivers shall possess a valid driver's license and shall not operate while under the influence.	☐	☐	☐
109.10(12)d	Vehicles that are owned or leased by the center shall receive regular maintenance and inspection according to manufacturer-recommended guidelines for vehicle and tire maintenance and inspection.	☐	☐	☐
109.10(13)	**Field trip emergency numbers**: Phone numbers for each child shall be taken by staff when transporting to and from school, and on field trips and non-center-sponsored activities away from the premises.	☐	☐	☐
109.10(14)	**Pets**: Animals kept on site shall be in good health with no evidence of disease, does not pose a safety threat, and is maintained in clean manner. Documentation of current vaccinations shall be available for cats and dogs. Pets shall not be allowed in food prep or kitchen areas. Animals prohibited from being kept on site: ferrets, reptiles, turtles, birds of the parrot family.	☐	☐	☐
Emergency Plans				
109.10(15)a	• The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intruders within the center, intoxicated parents, and lost or abducted children. • Shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards. • If center is within 10 miles of nuclear power plant, center shall have evacuation plan. • Emergency plans shall include written procedures including plans for: ▪ Evacuation to safely leave the facility. ▪ Relocation to a common, safe location after evacuation. ▪ Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue. ▪ Lock down to protect children and providers from an external situation. ▪ Communication and reunification with parents or other adults responsible for the children, which includes emergency telephone numbers. ▪ Continuity of operations ▪ To address the individual children, including those with functional or access needs.	☐	☐	☐
109.10(15)b	Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.	☐	☐	☐
109.10(15)c	Center shall develop procedures for annual staff and volunteer training on emergency plans.	☐	☐	☐
109.10(15)d	Daily checks to ensure all exits are unobstructed.	☐	☐	☐
Supervision and Access				
109.10(16)a	The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.	☐	☐	☐
109.10(16)b	Any person who does not have a record check completed shall not have unrestricted access to children for whom that person is not a parent, guardian, or custodian.	☐	☐	☐

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109.10(16)d	A sex offender who has been convicted of an offense against a minor and required to register with the sex offender registry, shall not be present on the property without written permission of the director, except for the time reasonably necessary to transport offender's own minor child to and from the center.	☐	☐	☐
	PHYSICAL FACILITIES			
Room Size				
109.11(1)	• 35 square feet of usable floor space per child. • Rooms with cribs have 40 square feet of space per child.	☐	☐	☐
Infant's Area				
109.11(2)	• A safe and properly equipped area is provided for infants that does not allow for intrusion by children over two years of age. • Children over 18 months are only placed outside the infant area if appropriate to the developmental needs of the child. • Children over age two who remain in the infant area are placed at the recommendation of a physician or AEA due to a significant developmental delay. Children are placed for a limited time with DHS approval if doing so does not pose a threat to the infants.	☐	☐	☐
Facility Requirements				
109.11(3)a	Center shall ensure that: (1) Facility and premises are sanitary, safe, and hazard free. (2) Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. (3) Sufficient space provided for dining. (4) Sufficient lighting shall be provided. (5) Sufficient ventilation. (6) Sufficient heating. (7) Sufficient cooling. (8) Sufficient bathroom and diapering facilities. (9) Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. (10) Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease.	☐	☐	☐
109.11(3)d	Record of monthly inspections of outdoor recreation area and equipment shall be kept.	☐	☐	☐
109.11(4)	**Restroom facilities**: • One toilet and sink for each 15 children in room with ventilation. • Built after 11/1/95 – at least one sink in same area as toilet. • Adequate training seats or chairs for children under two years if used in lieu of plumbed toilet.	☐	☐	☐
109.11(5)	**Telephone**: Working non-pay phone with posting adjacent for emergency numbers for police, fire, and poison control center. Center street address and phone included in posting. List of emergency numbers for children kept near phone.	☐	☐	☐

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109.11(6)	**Kitchen appliance or microwaves**: • Gas or electric ovens are not in program area. • Area housing kitchen appliances in program area is sectioned off and not counted in useable floor space. • Formula or food warmed for infants in microwaves is not served immediately and is shaken or stirred prior to serving. • Breast milk is not warmed in the microwave.	☐	☐	☐
Environmental Hazards				
109.11(7)a	Centers built before 1960: Assessment and plan for remedy of lead paint hazard is conducted.	☐	☐	☐
109.11(7)b	Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.	☐	☐	☐
109.11(7)c	All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.	☐	☐	☐
109.11(7)d	A before and after school program or summer-only program that serves only school age children in a public school building is exempt from environmental assessments.	☐	☐	☐
ACTIVITY PROGRAM REQUIREMENTS				
Program/Activities				
109.12(1)	• Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served. • Program complements but does not duplicate school curriculum. • Schedule of program is posted in a place visible to parents.	☐	☐	☐
109.12(1)a	Program provides a curriculum or program of activities that promotes self-esteem and positive self-image, social interaction, self-expression and communication, creative expression, and problem-solving skills.	☐	☐	☐
109.12(1)b	Program provides for a balance of active and quiet, individual and group, indoor and outdoor, and staff-initiated and child-initiated activities.	☐	☐	☐
109.12(1)c	Program provides activities that promote fine and gross motor activities.	☐	☐	☐
109.12(1)d	Program provides experiences in harmony with ethnic and cultural backgrounds.	☐	☐	☐
109.12(1)e	Program provides a nap or quiet time for all children under the age of six not enrolled in school who are present five or more hours.	☐	☐	☐
Discipline				
109.12(2)	Center shall have written policy on discipline of children which provides for positive guidance, with direction for resolving conflict and setting of limits.	☐	☐	☐
109.12(2)a	Center does not use corporal punishment including spanking, shaking, or slapping.	☐	☐	☐
109.12(2)b	Punishment which is humiliating or frightening or causes pain or discomfort is not allowed. Mechanical restrains shall never be used. If part of a treatment plan for a child with a disability, staff shall receive training.	☐	☐	☐
109.12(2)c	Punishment or threat of punishment associated with illness, toilet training, or food or rest is not be used.	☐	☐	☐
109.12(2)d	No child is subject to verbal abuse, threats, derogatory remarks about child or child's family.	☐	☐	☐

CITE	RULE	Y	N	NA
Child Requiring Accommodations				
109.12(3)	• Reasonable accommodations are made for children with disabilities. • Required files contain documentation of reasonable accommodations made in providing care to a child with a disability.	☐	☐	☐
Play Equipment and Materials				
109.12(4)	• Sufficient toilet articles are provided for handwashing. • Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM. • Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children. • Room's arrangement does not obstruct the direct observation of children. • Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap. • Procedures are developed and implemented to maintain equipment and materials in a sanitary manner. • Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs. • Sanitary procedures are followed for use and storage of personal hygiene articles. *If insufficient, list concerns:*	☐	☐	☐
Infant Environment				
109.12(5)	Environment for children under age two protects from harm but does not unduly restrict development.	☐	☐	☐
109.12(5)a	Stimulation provided to infants throughout the day. Same caretaker for infants as possible.	☐	☐	☐
109.12(5)b	• Infants diapered in a sanitary manner as needed in central diapering area. • One changing table for every 15 infants/toddlers needing diaper changes. • Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area. *If insufficient, list concerns:*	☐	☐	☐
109.12(5)c	Highchairs or hook-on seats equipped with safety strap and designed not to topple. Safety strap engaged when child in seat.	☐	☐	☐
109.12(5)d	Toys provided are safe, washable, too large to swallow, and with no removable parts. Hard surface toys sanitized daily.	☐	☐	☐

CITE	RULE	Y	N	NA
109.12(5)e	The provider shall follow safe sleep practices recommended by AAP for infants under one year of age: • Infants shall always be placed on their back for sleep. • Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards. • Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child will be allowed to sleep in any items not designed for sleeping including, but not limited to, an infant seat, car seat, swing, bouncy seat. • No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant. • No co-sleeping shall be allowed. • Sleeping infants shall be actively observed by sight and sound. • If an alternate sleeping position is needed, a signed physician authorization with statement of medical reason is required.	☐	☐	☐
109.12(5)f	Crib or crib-like furniture, waterproof mattress covering, and sufficient bedding that meets CPSC or ASTM standards is provided for each child under two years of age.	☐	☐	☐
109.12(5)g	Infant walkers are not used.	☐	☐	☐
109.12(5)h	Centers operating five hours or less on a daily basis: Sufficient number of cribs or crib-like furniture for children who may nap that provide a waterproof mattress, sufficient bedding, meet CPSC or ASTM standards, maintained in a sanitary manner, and used only by one child at a time. *If insufficient, list concerns:*	☐	☐	☐
EXTENDED EVENING CARE				
Facility Requirements				
109.13(1)a	Sufficient and age-appropriate cribs, beds, cots, and bedding are provided. Sufficient furniture, lighting, and activity material provided. Equipment and materials maintained in a safe and sanitary manner. *If insufficient, list concerns:*	☐	☐	☐
109.13(1)b	• Separate, private space for school-age boys and girls for restroom and bedtime activities. • Restroom doors nonlockable.	☐	☐	☐
109.13(1)c	• Center supplements those personal effect items not provided by parents for personal hygiene and sleep. • Written information obtained regarding child's snacking, toileting, personal hygiene, and bedtime routines.	☐	☐	☐
Activities				
109.13(2)a	Evening activities self-selected by child.	☐	☐	☐
109.13(2)b	• Child-occupied rooms have adult supervision present – except those used by school-age children for sleep. • All staff in ratio are present and awake. • If visual monitoring equipment used for rooms where school-age children are sleeping, monitor allows for all children to be visible. • If visual monitoring equipment used for rooms where school-age children are sleeping, staff are present at all times in room with monitor and conduct checks in the sleeping room every 15 minutes.	☐	☐	☐

CITE	RULE	Y	N	NA
	GET WELL CENTER			
109.14(1)a	Medical advisor for health policy is an MD or DO in pediatrics or family practice.	☐	☐	☐
109.14(1)b	• Licensed LPN or RN on duty at all times children are present. • If nurse on duty is LPN, arrangements exist for medical advisor or RN in proximate area to provide consultation.	☐	☐	☐
Health Policies				
109.14(2)a	Written health policy consistent with NHSPS and approved and signed by the owner or board and medical advisor prior to start of business and shall address procedures in the following areas: (1) Policy addresses medical consultation, emergencies, triage policies, storage and administration of medications, dietary considerations, sanitation and infection control, categorization of illness, length of enrollment periods, exclusion policy, employee health policy. (2) Reportable disease policy. Any change in health policy was approved by medical advisor and submitted to DHS. Written summary of health policy given to parents when child enrolled.	☐	☐	☐
109.14(2)b	All children receive a brief evaluation by LPN or RN upon arrival.	☐	☐	☐
109.14(2)c	Summary of health status provided to parent at end of day that includes: (1) Admitting symptoms. (2) Medications and time administered. (3) Nutritional intake. (4) Rest periods. (5) Output. (6) Temperature.	☐	☐	☐
Exceptions to Licensing Requirements				
109.14(3)a	Minimum ratio: 1:4 for infants and 1:5 for children over age two.	☐	☐	☐
109.14(3)b	All staff that have contact with children: Minimum of 17 clock hours of special training in caring for mildly ill children. Current certifications in file. (1) Within one month of employment: Training includes four hours in infant and child CPR and four hours in pediatric first aid; one hour in infection control. (2) Within 6 months of employment: Training includes six hours of care of ill children and two hours in child abuse identification and reporting.	☐	☐	☐
109.14(3)c	40 square feet of program space per child.	☐	☐	☐
109.14(3)d	Sink in every child-occupied room.	☐	☐	☐
109.14(3)e	Outdoor space waived by DHS if adjacent to pediatrics unit.	☐	☐	☐
109.14(3)f	Grouping of children allowed by categorization of illness without regard to age and in separate rooms with full walls and doors.	☐	☐	☐

CITE	RULE	Y	N	NA
	FOOD SERVICES			
109.15(1)	• Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines. • Staff shall provide supervision at table during snacks and meals. • Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep.	☐	☐	☐
109.15(2)	• Center shall follow minimum CACFP menu patterns for meals and snacks. • Menus planned one week in advance, made available to parents, and kept on file with substitutions noted. • Avoid foods with high incident rate of causing choking.	☐	☐	☐
Feeding of Children Under Two Years of Age				
109.15(3)a	• Children under 12 months fed on demand, unless other written instructions from parent. • Infant CACFP menu patterns followed and appropriate to the infant's nutritional requirements and eating abilities. • Menu patterns modified only upon written instruction of parent, physician, or health care provider. • Special formulas given to child with feeding problem if prescribed by physician.	☐	☐	☐
109.15(3)b	• Children under six months held or fed in sitting-up position. • Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle. • Spoon feeding is adapted to developmental capabilities of child.	☐	☐	☐
109.15(3)c	Children 12 months of age or younger fed single-serve, ready-to-feed formulas, concentrated or powdered formula following manufacturer's instructions or breast milk unless otherwise ordered by parent or physician.	☐	☐	☐
109.15(3)d	Children under age two not on formula or breast milk are fed whole milk.	☐	☐	☐
109.15(3)e	Clean and sanitized bottles and nipples used for on-site formula preparation and kept refrigerated.	☐	☐	☐
Food Brought From Home				
109.15(4)a	• Written policies developed for food brought from home for children under five years of age not enrolled in school and is provided to parent at admission. • Food brought from home for children under five years of age not enrolled in school is monitored and supplemented if necessary to ensure CACFP guidelines maintained.	☐	☐	☐
109.15(4)b	Center does not restrict parent from providing meals brought from home for school aged children or apply nutritional standards.	☐	☐	☐
109.15(4)c	Perishable foods brought from home are maintained to avoid contamination or spoilage.	☐	☐	☐
109.15(4)d	Snacks that may not meet CACFP guidelines are allowed by parents for special occasions.	☐	☐	☐

CITE	RULE	Y	N	NA
Food Preparation/Sanitation				
109.15(5)	Food preparation and storage procedures are consistent with NHSPS.	☐	☐	☐
109.15(5)a	Sufficient refrigeration is provided appropriate to perishable food. *If insufficient, list concerns*:	☐	☐	☐
109.15(5)b	• Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed. • Staff preparing food that have injuries on hands wear protective gloves. • Staff serving food use clean serving utensils and have clean hands/wear protective gloves. *If insufficient, list concerns*:	☐	☐	☐
109.15(5)c	Sanitary methods are used for dishwashing sufficient to prevent transmission of disease. *If insufficient, list concerns*:	☐	☐	☐
109.15(5)d	Sanitary methods are used for garbage disposal sufficient to prevent transmission of disease and infestation. *If insufficient, list concerns*:	☐	☐	☐
Water				
109.15(6)	• Suitable water and sanitary drinking facilities are available and accessible. • Centers serving infants and toddlers provide, at a minimum, individual cups. *If insufficient, list concerns*:	☐	☐	☐
109.15(6)a	Private water supplies are of satisfactory bacteriological quality as shown by an annual water analysis drawn between May 1 and June 30 of each year. If children under age two are served, private water analysis included nitrate analysis.	☐	☐	☐
109.15(6)b	If public or private water supply was determined unsuitable for drinking, commercially bottled water certified as chemically and bacteriologically potable or other approved water was used.	☐	☐	☐