



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

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

Dear

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

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

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

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

Please provide proof of two or more years of child care experience (tax return or insurance policy listing your employment as child care provider) OR send a copy of your Child Development Associates (CDA) certificate OR two- or four-year degree in child care related field AND one year of experience providing child care.

Primary Provider Co-Provider

Please provide verification of training hours received for the registration period of for

Please provide verification of completion and certification of First Aid training with mouth-to-mouth resuscitation for .

Please provide verification of completion and current certification of cardiopulmonary resuscitation (CPR) if you were unable to obtain First Aid training with mouth-to-mouth resuscitation for .

Please provide verification that you have completed Mandatory Child Abuse Reporter training in the previous five years for .

Other:

Sincerely,

DHS CCA Registration
1305 E Walnut St
Des Moines, IA 50319-0114