



Iowa Department of Human Services

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# **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](http://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 restraint 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.

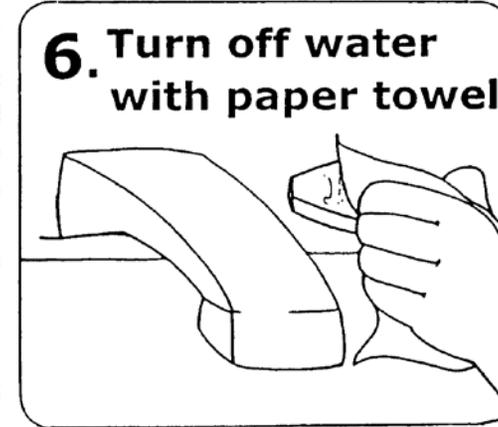
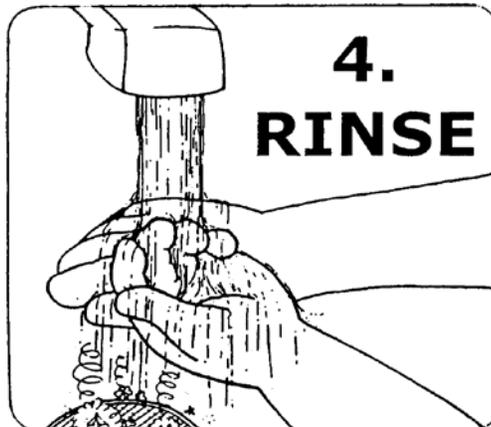
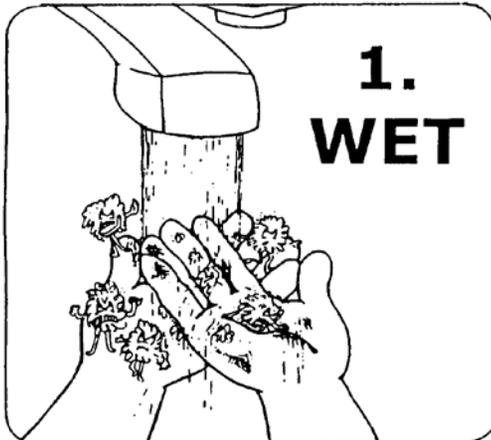
The written report must follow within 48 hours of the oral report. By law, the oral and written reports must contain:

- ◆ 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.

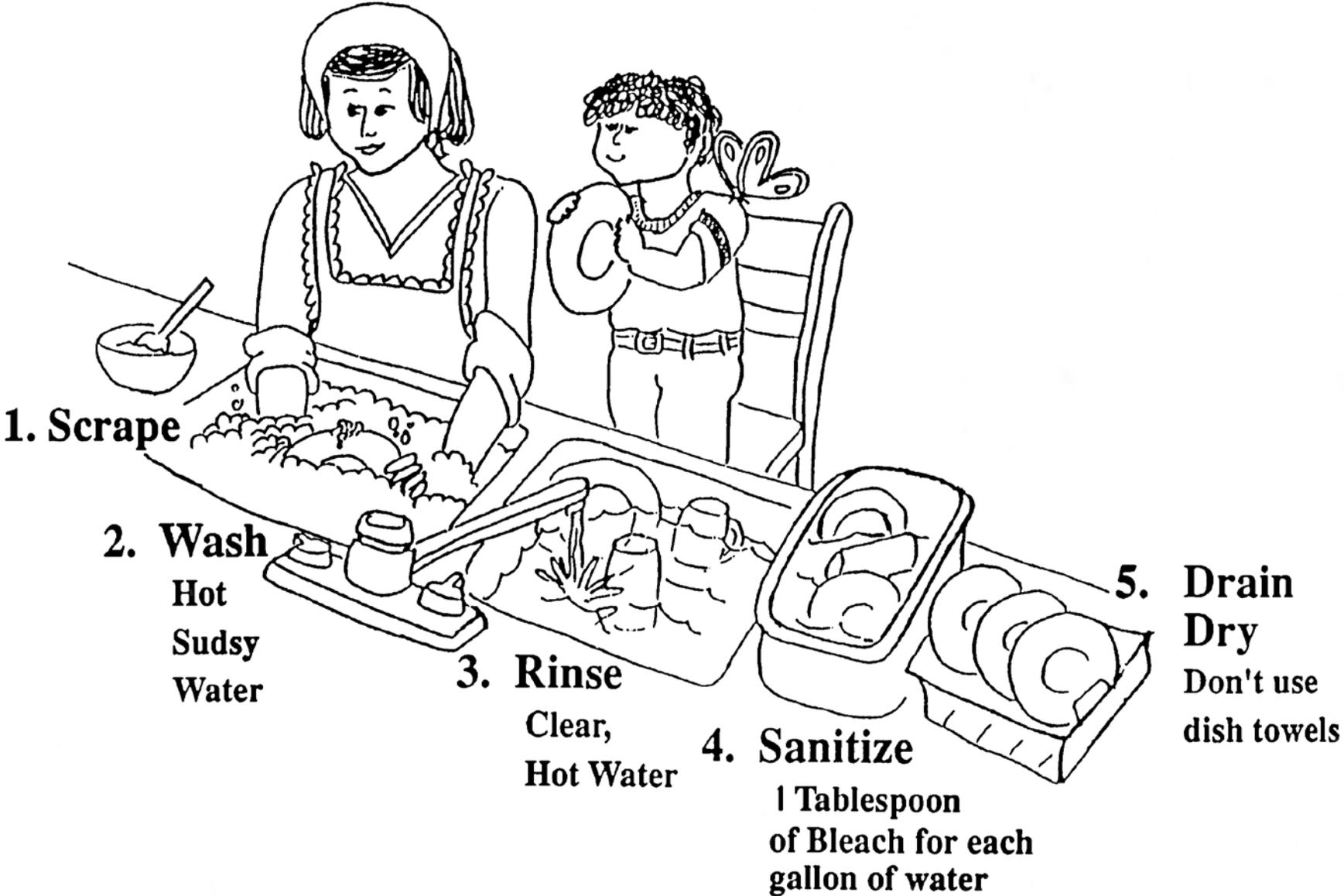


# Be a Germ Buster... Wash Your Hands!



**\*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



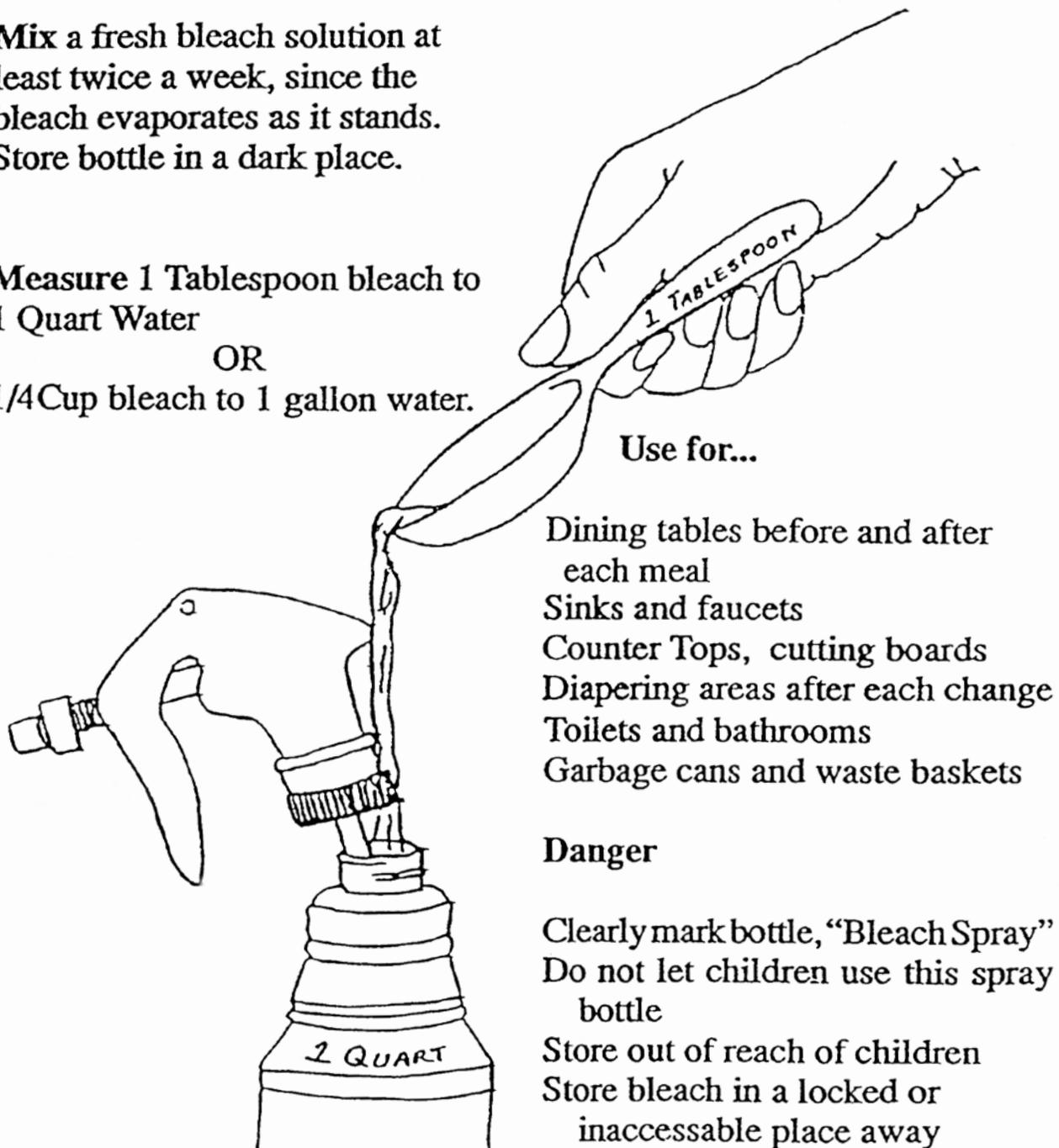
# Spray Sanitizer

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 inaccessible 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.

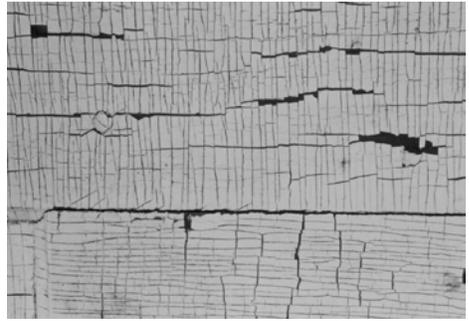
## **What Is a Visual Assessment? Who Can Do the Visual Assessment?**

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.

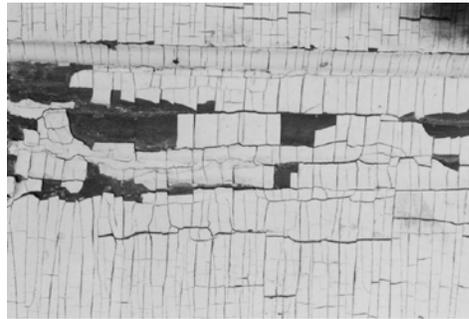
The Iowa Department of Public Health has a publication that explains how to do the assessment. For a copy of this, call the Lead Poisoning Prevention Program at 1-800-972-2026.

## 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 12<sup>th</sup> 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 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>



## 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

I will care for children in their own home

If you checked this box, fill out section **B**.

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		

## 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
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## 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](mailto:stopit@dhs.state.ia.us).



## 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
			<b>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.</b>	
		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: <ul style="list-style-type: none"> <li>No more than 25 hours per month.</li> <li>An additional period of up to two weeks in a 12-month period.</li> </ul> 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.	
		120.8	Conditions in the home shall be safe, sanitary, and free from hazards.	

YES	NO	REF. #	RULE	COMMENT
		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 <b>each</b> 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 recommendations.	
			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 <a href="http://www.iowasmokefreeair.gov">www.iowasmokefreeair.gov</a> .	
		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, <i>Lead Assessment and Control</i> , 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.	

YES	NO	REF. #	RULE	COMMENT
		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, <i>Veterinary Health Certificate</i> , 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.	

YES	NO	REF. #	RULE	COMMENT
		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.	
			<u>If not fenced</u> , 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.	

YES	NO	REF. #	RULE	COMMENT
			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.	
		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: <ul style="list-style-type: none"> <li>• Evacuation to safely leave the facility,</li> <li>• Relocation to a common, safe location after evacuation,</li> <li>• Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue,</li> <li>• Lock down to protect children and providers from an external situation,</li> <li>• Communication and reunification with families,</li> <li>• Continuity of operations, and</li> <li>• Procedures to address the needs of individual children, including those with functional or access needs.</li> </ul>	
		120.8(5)	Safe sleep. Provider must follow safe sleep practices as recommended by AAP for infants under one year of age.	

YES	NO	REF. #	RULE	COMMENT
		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.	
		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.	

YES	NO	REF. #	RULE	COMMENT
		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.	
		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.	

YES	NO	REF. #	RULE	COMMENT
		i	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	
		120.10(1)	<p>Prior to provider agreement and every five years thereafter, minimum health and safety training.</p> <p>Prevention and control of infectious disease, including immunizations. Prevention of sudden infant death syndrome and use of safe sleep practices.</p> <p>Administration of medication, consistent with standards for parental consent.</p> <p>Prevention of and response to emergencies due to food and allergic reactions.</p> <p>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.</p> <p>Prevention of shaken baby syndrome and abusive head trauma.</p> <p>Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event.</p> <p>Handling and storage of hazardous materials and the appropriate disposal of biocontaminants.</p> <p>Precautions in transporting children.</p>	
		120.10(2)	Prior to issuance of a provider agreement and every five years thereafter, the provider shall complete two hours of Iowa's training for mandatory reporting of child abuse.	
		120.10(3)	Provider shall have first aid training and CPR and maintain valid certification.	

Signature of person completing form	Agency	Date
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Signature of provider	Co-Provider (Child Development Home C only)	Date
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## 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.

<b>Box A</b> <b>Individual</b>					
If you answer <b>Yes</b> to Individual, please provide your Social Security Number ( <b>SSN</b> ) to use as your tax ID.					
<b>Are you: (Pick one)</b>	<b>Yes</b>	<b>No</b>	<b>SSN</b>		
Individual?	<input type="checkbox"/>	<input type="checkbox"/>	_ _  -  _ _  -  _ _ _ _		
<b>If the answer to this question is No, complete Box B.</b>					
Provider Last Name			Provider First Name		
Address Where Care is Provided			Mailing Address (if different)		
City	State	Zip	City	State	Zip
Phone			Phone		

<b>Box B</b> <b>Corporation/Partnership/Government/Sole Proprietor</b>					
<b>Is your business: (Pick one)</b>	<b>Yes</b>	<b>No</b>	<b>Please provide your Employer Identification Number.</b>		
Corporation or LLC	<input type="checkbox"/>	<input type="checkbox"/>	<b>EIN</b>		
Partnership	<input type="checkbox"/>	<input type="checkbox"/>	_ _  -  _ _ _ _ _ _ _ _		
Government	<input type="checkbox"/>	<input type="checkbox"/>	<b>NOTE:</b> Your legal business name and tax ID (EIN) must match IRS records.		
Sole Proprietor	<input type="checkbox"/>	<input type="checkbox"/>			
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.

Rate	Infant/Toddler		Preschool		School Age	
	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:

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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 1/2 Day Rate" as listed below		
Age Group		Approved 1/2 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 1/2 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](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.  <i>(Attach approved documentation to this form.)</i>	

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



**Sample Provider Forms**

## Child Intake Information

Child's Name	Birth Date
Child's Address	Phone
Name Child is Called	
<b>Parent or Guardian</b>	<b>Parent or Guardian</b>
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:

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

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*, 4<sup>th</sup> 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
<p><b>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.   <input type="checkbox"/> YES   <input type="checkbox"/> NO</b></p> <p><b>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</b></p> <p>Parent/Guardian signature: _____ Date: __</p> <p><b>Alternate emergency contact person's name:</b> _____ Phone #: _____</p> <p>Relationship to child: _____ Cellular #: _____</p>		
Child's doctor's name	Doctor telephone # 1	Hospital choice: _____ _____ <b>Phone #:</b> _____
Doctor's address	After hours telephone #	Does child have health insurance? <input type="checkbox"/> Yes, Company: _____ _____ <b>ID #:</b> _____
Child's dentist's name (or family's dentist name)	Dentist telephone # 1	Does child have dental insurance? <input type="checkbox"/> Yes, Company: _____ _____ <b>ID #:</b> _____
Dentist's address	After hours telephone #	<input type="checkbox"/> <b>NO, we do not have health insurance.</b> <input type="checkbox"/> <b>NO, we do not have dental insurance.</b> <input type="checkbox"/> <b>Please help us find health or dental insurance.</b>
Other health care specialist name	Telephone #	
Type of specialty		

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:

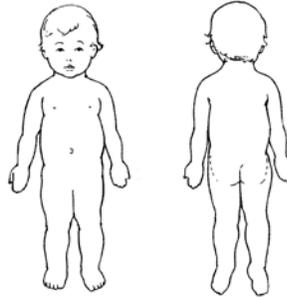
- Allergies.** My child has allergies. (Medicine, food, dust, mold, pollen, insects, animals, etc.)

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](http://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](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.

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

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](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](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. See 2011 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](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](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/uspstfscerv.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/uspstfdnch.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
<p><b>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.   <input type="checkbox"/> YES   <input type="checkbox"/> NO</b></p> <p><b>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</b></p> <p>Parent/Guardian signature: _____ Date: _____</p> <p><b>Alternate emergency contact person's name:</b> _____ Phone #: _____</p> <p>Relationship to child: _____ Cellular #: _____</p>		
Child's <b>doctor's</b> name	Doctor telephone # 1	<b>Hospital of choice:</b> _____ _____ Phone #: _____
<input type="checkbox"/> Child does not have doctor	After hours telephone #	Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Company: _____ ID #: _____
Child's <b>dentist's</b> name	Dentist telephone # 1	Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Company: _____ ID #: _____
<input type="checkbox"/> Child does not have dentist	After hours telephone #	<input type="checkbox"/> <b>HELP us find a family doctor or dentist.</b> <input type="checkbox"/> <b>HELP us find health or dental insurance.</b>
Other health care/mental health specialist name	Telephone #	
Type of specialty		

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:

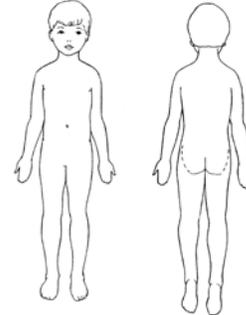
- Allergy.** My child has allergies. (Medicine, food, dust, mold, pollen, insects, animals, etc.)

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
<input type="checkbox"/> Fever/pain reliever	_____
<input type="checkbox"/> Sunscreen	_____
<input type="checkbox"/> Cough medication	_____
<input type="checkbox"/> 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](http://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: \_\_\_\_\_

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

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						

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: <sup>1</sup>	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine: <sup>2</sup>		
					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: <sup>1</sup>	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine: <sup>2</sup>		
					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: <sup>1</sup>	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine: <sup>2</sup>		
					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: \_\_\_\_\_

<sup>1</sup>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.

<sup>2</sup>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.

# 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
<b>January</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>February</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>March</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>April</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>May</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>June</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>July</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>August</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>September</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>October</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>November</b>	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
<b>December</b>	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
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### 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.)

- |                                                                                                                            |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Allergies                                                                                         | <input type="checkbox"/> Illegal or prescription drug abuse                  |
| <input type="checkbox"/> Breathing problems (asthma, emphysema)                                                            | <input type="checkbox"/> Neurologic problems (epilepsy, Parkinsonism, other) |
| <input type="checkbox"/> Diabetes or problems like thyroid, other                                                          | <input type="checkbox"/> Smoking or alcohol use                              |
| <input type="checkbox"/> Heart, blood pressure problems                                                                    | <input type="checkbox"/> Susceptibility to infection, illness                |
| <input type="checkbox"/> Vision                                                                                            | <input type="checkbox"/> Stomach or bowel problems                           |
| <input type="checkbox"/> Skin problems (eczema, rashes, conditions incompatible with frequent hand washing, other)         |                                                                              |
| <input type="checkbox"/> Emotional or nervous problems (depression, difficulty handling stress)                            |                                                                              |
| <input type="checkbox"/> Musculoskeletal problems (low back pain, susceptibility to back injury, neck problems, arthritis) |                                                                              |
| <input type="checkbox"/> Hearing or difficulty hearing in a noisy environment                                              |                                                                              |
| <input type="checkbox"/> 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.)**

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## 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.)

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Health Care Provider Signature	Date
Mailing Address	Telephone
Provider Type: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> 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								
<b>Total "part-time" hours used for this month:</b>								

## 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								
<b>Total "part-time" hours used for this month:</b>								<b>23¼</b>



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