

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code section 237A.12, the Department of Human Services amends Chapter 110, “Child Development Homes,” Iowa Administrative Code.

These amendments update requirements for child development home providers as follows:

These amendments add a requirement that providers must document medication given to a child while the child is in the provider’s care.

These amendments allow for a provider who is unable to access a copy of the provider’s GED or high school diploma to show verification of higher education participation.

Category “C” child development homes regularly operate with a provider and coprovider. There have been requests by child development home providers to allow for numerous coproviders. Child development homes, if allowed numerous coproviders, would more closely resemble child care centers, which have different licensing requirements. These amendments clarify that there shall be no more than two providers on a registration certificate for a child development home.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 1862** on February 4, 2015. The Department received no comments from the public during the public comment period. However, in the course of a technical review the Department determined that the change of administrative rules as proposed in Item 2 of the Notice of Intended Action may be impacted by pending legislative requirements. As a result, the changes originally proposed in ITEM 2 have been deleted from the Adopted and

Filed administrative rule amendment. The subsequent ITEMS were also renumbered.

The Council on Human Services adopted these amendments on March 11, 2015.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 237A.3A.

These amendments will become effective June 1, 2015.

The following amendments are adopted.

ITEM 1. Amend paragraph **110.5(1)“d”** as follows:

d. Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are inaccessible to children. Any medication administered to a child shall be recorded, and the record shall indicate the name of the medication, the date and time of administration, and the amount given.

ITEM 2. Amend paragraph **110.9(2)“b”** as follows:

b. The provider shall have a high school diploma, ~~or~~ GED, or documentation of current or previous enrollment in credit-based coursework from a postsecondary educational institution that is an accredited college or university.

ITEM 3. Amend subparagraph **110.10(2)“a”(2)** as follows:

(2) The provider shall have a high school diploma, ~~or GED,~~ or documentation of current or previous enrollment in credit-based coursework from a postsecondary educational institution that is an accredited college or university.

ITEM 4. Adopt the following new paragraph **110.10(2)“c”**:

c. No more than two named providers shall be allowed on a registration certificate.

Information on Proposed Rules

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1. Give a brief summary of the rule changes:

Item 1: This adds a requirement that providers must document medication given to children while in their care

Item 2: this allows for a provider that is unable to access a copy of GED or high school diploma to show verification of higher education participation.

Item 3: this allows for a provider that is unable to access a copy of GED or high school diploma to show verification of higher education participation.

Item 4: category C Child Development Homes regularly operate with a provider and co-provider. There have been requests to allow for numerous co-providers. Child Development Homes, if allowed numerous co-providers, would encourage those to perform as a Child Care Center, which has different licensing requirements. This clarifies that there are no more than 2 providers that can be on a registration certificate

Item 5: Form 470-5152, Child Care Provider Physical Examination Report is not an accurate document for child exams. This rule change allows for documentation similar to those in children’s files to be utilized for children residing in the home, rather than the identified form.

2. What is the reason for the Department to request these changes?

Item 1: At this time, providers are allowed to provide medications to children without documentation of doing so however the comm 143 does advise that documentation of medication administration is recorded.

Item 2: At times, we find that providers have an associate’s or bachelor’s degree or higher education coursework but are still required to provide a high school diploma or equivalent to meet the rule requirements. We have had providers that have difficulty accessing this information for a variety of reasons.

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Item 4: category C Child Development Homes regularly operate with a provider and co-provider. There have been requests to allow for numerous co-providers. Child Development Homes, if allowed numerous co-providers, would encourage those to perform as a Child Care Center, which has different licensing requirements. This clarifies that there are no more than 2 providers that can be on a registration certificate.

Item 5: The form is not best utilized for children in the home.

3. What will be the effect of the rule adoption? (who, what, when, how)?

Item 1: Parents will be able to review documentation and verify that medication was provided to their children. Providers will be able to verify during compliance checks that they are accurately giving medication when required

Item 2: Providers will be able to provide other higher education documentation without the high school diploma requirement.

Item 3: Providers will be able to provide other higher education documentation without the high school diploma requirement.

Item 4: This clarifies that there are no more than 2 providers that can be on a registration certificate

Item 5: Providers would not be required to have this form completed on the children residing in their home. Rather, appropriate medical documentation and immunization certificates would be approved.

4. Is the change mandated by State or Federal Law? (Cite the authorizing state and federal statutes and federal regulations)

State initiative.

5. Will anyone be affected by this rule change? If yes who will be affected and will it be to the person(s) benefit or detriment?

Item 1: Providers will be required to maintain documentation

Item 2: Providers will be able to provide other higher education documentation without the high school diploma requirement.

Item 3: Providers will be able to provide other higher education documentation without the high school diploma requirement.

Item 4: Providers will only be allowed to have one co-provider as a Category C provider. This is currently what is allowed and this rule clarifies what is already in place.

Item 5: Providers would not be required to have this form completed on the children residing in their home. Rather, appropriate medical documentation and immunization certificates would be approved.

6. What are the potential benefits of this rule?

Item 1: Parents will be able to review documentation and verify that medication was provided to their children. Providers will be able to verify during compliance checks that they are accurately giving medication when required

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Item 3: Providers will be able to provide other higher education documentation without the high school diploma requirement.

Item 4: This is currently what is allowed and this rule clarifies what is already in place.

Item 5: Providers would not be required to have this form completed on the children residing in their home. Rather, appropriate medical documentation and immunization certificates would be approved.

<p>7. What are the potential costs, to the regulated community or the State of Iowa as a whole, of this rule?</p> <p>No associated costs</p>
<p>8. Do any other agencies regulate in this area? If so, what agencies and what Administrative Code Sections apply?</p> <p>No other agencies regulate these areas.</p>
<p>9. What alternatives to direct regulation in this area are available to the agency? Why were other alternatives not used?</p> <p>No other alternatives have been identified.</p>
<p>10. Does this rule contain a waiver provision? If not, why?</p> <p>These rules do not contain waiver provisions. Individuals may request an exception pursuant to the Department General Rule 441 IAC 1.8 on Exception to Policy.</p>
<p>11. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee)</p> <p>There is no known impact</p>

ADMINISTRATIVE RULE FISCAL IMPACT STATEMENT

Date: 12/23/14

Agency: Human Services

IAC citation: 441 IAC 110

Agency contact: Ryan Page

Summary of the rule: 1. Requires child care providers to document medication given to children while in their care. 2. and 3. Allows a child care provider to document post-secondary education instead of providing a copy of their high school diploma or GED. 4. Clarifies that no more than 2 named providers are allowed on a registration certificate. 5. Allows a different means of documentation as evidence of the health of children residing in the provider's home.

Fill in this box if the impact meets these criteria:

No fiscal impact to the state.

Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.

Fiscal impact cannot be determined.

Brief explanation: The various rule changes listed above are procedural changes for child care providers and clarification of the policy limiting the number of co-providers for a category C child development home. There is no impact on the populations served or the cost to the state to pay for child care assistance, therefore there is no fiscal impact to the state.

Fill in the form below if the impact does not fit the criteria above:

Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	Year 1 (FY)	Year 2 (FY)
Revenue by each source:		
General fund		
Federal funds		
Other (specify):		
TOTAL REVENUE		
Expenditures:		
General fund		
Federal funds		
Other (specify):		
TOTAL EXPENDITURES		
NET IMPACT		

_____ This rule is required by state law or federal mandate.
Please identify the state or federal law:

_____ Funding has been provided for the rule change.
Please identify the amount provided and the funding source:

_____ Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:
None anticipated.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):
None anticipated.

Agency representative preparing estimate: Kathy Blume
Telephone number: (515) 281-4196