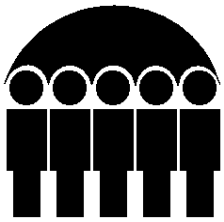
IOWA DEPARTMENT OF HUMAN SERVICES

CHILD CARE CENTERS
AND
PRESCHOOLS

LICENSING STANDARDS AND PROCEDURES



DHS:

Iowans Working Together…

Doing What Works

Comm. 204

August 2008

WELCOME TO CHILD CARE PROVIDERS

On an average day in Iowa, more than 75,000 children are cared for in more than 1,500 licensed child care centers, preschools, and before- and after-school programs across the state.

As a current or potential provider of care to those children, you play a pivotal role in the development, nurturing, health, safety and support of these children. The research is undisputed:

- The first three years of life are of critical importance in a child's overall development and ability to learn.
- The caregiver relationship (parent or provider to child) is the single strongest determinant of children's emotional and social development.
- The availability of after-school care programs reinforces school-age children's self-esteem and sense of community, while significantly decreasing the likelihood of children engaging in unhealthy and dangerous behaviors.

The handbook provides information on the process to obtain a license to operate a child care center and the state regulations that centers must follow. The rationale behind a regulation and "best practice" guidelines are offered to assist you in implementing these standards.

If you have questions regarding the contents of the licensing standards handbook, contact:

Licensed Centers

1. The child care consultant assigned to your center.

[*Insert label or business card*]

Prospective Providers

1. The child care consultant assigned to your area. To get the name of the consultant assigned to your area, call the Department's child care center licensing office at (515) 725-2731.

2. The Department's child care licensing program manager.
   DHS Division of Child and Family Services
   1305 E Walnut Street, 5th Floor
   Des Moines, IA 50319-1114
   Phone: (515) 281-0390 Fax: (515) 281-6248 E-mail: rlarsen@dhs.state.ia.us

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LICENSING STANDARDS AND PROCEDURES
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CHILD CARE CENTERS AND PRESCHOOLS
LICENSING STANDARDS AND PROCEDURES

PART I

LICENSING PROCEDURES

LICENSING AUTHORITY

The Iowa Department of Human Services has been delegated authority in Chapter 237A of the Code of Iowa to develop and enforce the rules setting the minimum standards for the licensing of child care centers. Chapter 237A also requires centers to comply with state health and fire safety laws.

The child care center minimum requirements are found, in their entirety, in 441 Iowa Administrative Code, Chapter 109.

The Iowa Department of Public Health establishes the immunization requirements for child care centers in 641 Iowa Administrative Code, Chapter 7, and is responsible for enforcement of the requirements.

The State Fire Marshal establishes the fire safety requirements for child care centers in 661 Iowa Administrative Code, Chapter 5, and is responsible for enforcement of the requirements.

Your child care consultant can provide a copy of 441 Iowa Administrative Code Chapter 109 and instructions on how to obtain the State Fire Marshal inspection report and copies of the required immunization certificate.

Be aware that local building codes and zoning laws may apply to your business as well. Contact your city officials for additional information.

DEFINITIONS

Legal reference: Iowa Code 237A.1 and 441 Iowa Administrative Code 109.1(237A)

"Adult" means a person aged 18 or older.

"Child" means either of the following:

1. A person 12 years of age or younger.
2. 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 Disabilities Assistance and Bill of Rights Act of 2000, Public law No. 106-402, codified in 42 U.S.C. 15002(8).

"Child care center" or "center" means a facility providing child care or preschool services for seven or more children, except when the facility is registered as a child development home.

"Child care" means the care, supervision, and guidance of a child by a person other than the child's parent, guardian, or custodian for periods of less than twenty-four hours per day per child on a regular basis.

"Department" means the Department of human services.

"Extended evening care" means child care provided by a child care center at any time between the hours of 9 p.m. and 5 a.m.

"Facility" means a building or physical plant established for the purpose of providing child care.

"Get-well center" means a facility that cares for a child with a temporary illness of short duration for short enrollment periods.

"Infant" means a child who is less than 24 months of age.

"Parent" means parent or legal guardian.

"Preschool" means a child care facility which provides to children ages three through five, for periods of time not exceeding three hours per day, programs designed to help the children to develop intellectual skills, social skills, and motor skills, and to extend their interest and understanding of the world about them.

"School" means kindergarten or a higher grade level.

Note: The contents of this handbook apply to licensed child care centers and preschools. A "licensed" center is one that provides care for periods of less than 24 hours to seven or more children in a place other than the children's home and that is not a child development home.

A child care home provider that cares for six or more children must be "registered" with the state as a child development home. There are restrictions on the numbers of children by age categories that a child development home can serve and assistants are required when serving a certain number of children. Requirements for child development homes are found in "Child Development Home Registration Guidelines, " Comm. 143. You can obtain these guidelines by contacting the DHS office in your county or you can find them on the Department's web site at www.dhs.state.ia.us.

ACRONYMS

ADA	Americans with Disabilities Act
AEA	Area Education Agencies
AHA	American Heart Association
ARC	American Red Cross
ASTM	American Society for Testing and Materials for juvenile products
CACFP	Child and Adult Care Food Program
CCR&R	Child Care Resource and Referral Agency
CDA	Child Development Associate
CHSC	Child Health Specialty Clinics
CPR	Cardiopulmonary Resuscitation
CPSC	Consumer Product Safety Commission
DE	Department of Education
DHS	Department of Human Services
DPH	Department of Public Health
HCCI	Healthy Child Care Iowa
NHSPS	National Health and Safety Performance Standards
IAC	Iowa Administrative Code
OSHA	Occupational Safety and Health Administration
USDA	United States Department of Agriculture

ROLE OF THE CHILD CARE CONSULTANT

The Department offers consultation and assistance in applying for a license and meeting the requirements of a licensed center through the child care consultants located throughout the state. There is no fee to receive consultation and assistance in obtaining a license.

In addition to serving as a resource to the center, the consultant monitors compliance with the regulations through relicensing, annual unannounced visits, evaluation of complaints and a review of the findings of allegations of child abuse in the center.

WHEN A LICENSE IS REQUIRED

Iowa Code 237A.1, 237A.2, 237A.19, 237A.20, 279.49 and 441 IAC 109.2(2)

A person cannot establish or operate a child care center without obtaining a license.

A center must obtain a new license certificate when it expands or remodels to change licensed capacity. If you are going to remodel the center or expand the capacity of the center, contact your licensing consultant for a list of items that you must submit for approval.

A center must obtain a new license when another person or agency assumes ownership or legal responsibility for the center or if the center moves to a new location. The items that must be submitted are listed under the section "Submitting an Initial Application to Operate a Child Care Center."

A program that is not a "child care center" by reason of the definition of child care, but which provides care, supervision, and guidance to a child may be issued a license if the program complies with all the provisions of licensing.

Programs such school-based programs, neighborhood drop-in programs and programs operated for fitness centers or shopping malls sometimes seek a license to participate in the Child and Adult Care Food Program (CACFP) program or for reasons of quality assurance to their parents. Providers may be licensed if they meet all of the licensing standards and the requirements of the Department of Public Health and the State Fire Marshal's office.

SCHOOL-OPERATED PROGRAMS

Iowa Code section 279.49 requires that child care programs operated or contracted for by a school must either meet the licensing requirements of the Department of Human Services **or** meet the standards for child care programs adopted by the State Board of Education (established in 1991).

While your child care consultant can provide a copy of the Board of Education guidelines, contact the superintendent of the school district or the Iowa Department of Education's Division of Children, Family and Communities with questions or concerns. The number for the Department of Education is listed under "State Contacts" in Part II of this handbook.

PENALTY FOR OPERATING WITHOUT A LICENSE

A person who establishes, conducts, manages, or operates a center without a license is guilty of a serious misdemeanor. Each day of continuing violation after conviction, or after notice from the Department by certified mail of the violation, is considered a separate offense. According to Iowa Code section 903.1(1)(b), a serious misdemeanor is punishable by a fine of at least $250 but not over $1500. In addition, the court may also order imprisonment not to exceed one year.

Injunction

A person who establishes, conducts, manages, or operates a child care center without a license may be restrained by temporary or permanent injunction. A person who has been convicted of a crime against a person or a person with a record of founded child abuse may be restrained by temporary or permanent injunction from providing child care services in a licensed child care center. The state, a county attorney, or other interested persons may initiate this action.

PROGRAMS THAT ARE NOT REQUIRED TO BE LICENSED

For purposes of licensing, child care does not include care, supervision, and guidance of a child by any of the following:

DESCRIPTION	EXAMPLES (Not intended as an exhaustive list)
1. An instructional program for children who are attending prekindergarten, as defined by the State Board of Education under Iowa Code section 256.11, or a higher grade level and are at least fours years of age administered by any of the following: • A public or nonpublic school system accredited by the Department of Education or the State Board of Regents. • A nonpublic school system that is not accredited by the Department of Education or the State Board of Regents.	• Traditional school classroom settings, including prekindergarten (for four year olds) through junior high that use a school-based educational curriculum • Prekindergarten, kindergarten, or elementary education provided by public or nonpublic schools
2. A program provided under Iowa Code section 279.49 or 280.3A.	• School-based child care or preschools operated by or contracted for by the school board of an accredited public or nonpublic school that meets the standards for child care programs adopted by the State Board of Education (**Note:** A program operated by a board under contract that is not located on property owned or leased by the board must be licensed by DHS)

DESCRIPTION	EXAMPLES (Not intended as an exhaustive list)
3. Any of the following church-related programs: • An instructional program. • A youth program other than a preschool, before- or after-school child care program, or other child care program. • A program providing care to children on church premises while the children's parents are attending church-related or church-sponsored activities on the church premises.	• Sunday school, confirmation or catechism classes, etc. • Care provided to children while parents attend adult education or activities within the church building • Youth programs that typically occur in the evenings or on weekends
4. Short-term classes of less than two weeks' duration held between school terms or during a break within a school term.	• Classes offered by local community centers, colleges, museums, art or science centers, etc. on semester, winter, or spring break that usually last less than two weeks. (This does not include "summer-only" programs that typically run for more than two weeks.)
5. A child care center for sick children operated as part of a pediatrics unit in a hospital licensed by the Department of Inspections and Appeals pursuant to Iowa Code Chapter 135B.	• "Sick bay" or get-well center located as part of the pediatrics unit in a hospital
6. A program operated not more than one day per week by volunteers that meets all of the following conditions: • Not more than 11 children are served per volunteer. • The program operates for less than four hours during any 24-hour period. • The program is provided at no cost to the children's parent, guardian, or custodian.	• Green Thumb volunteer reading programs • Tutoring programs • After-school church-sponsored program that meets these criteria.
7. A program administered by a political subdivision of the state that is primarily for recreational or social purposes and is limited to children who are five years of age or older and attending school.	• City park and recreation programs for school-aged children
8. An after school program continuously offered throughout the school year calendar to children who are least five years old, are enrolled in school, and attend the program intermittently, or a summer-only program for such children. The program must be provided through a nominal membership fee or at no cost.	• Boys and Girls Clubs of America

DESCRIPTION	EXAMPLES (Not intended as an exhaustive list)
9. A special activity program that meets less than four hours per day for the sole purpose of the special activity. Such programs include but are not limited to music or dance classes, organized athletic or sports programs, recreational classes, scouting programs, and hobby or craft clubs or classes.	• Soccer or Little League baseball • Boy or Girl Scouts • Art clubs, music classes, etc.
10. A nationally accredited camp.	• Camp Sunnyside • 4-H camps
11. A structured program for the purpose of providing therapeutic, rehabilitative, or supervisory services to children under any of the following: • A purchase of service or managed care contract with the Department. • A contract approved by a local decategorization governance board created under Iowa Code section 232.188. • An arrangement approved by juvenile court order.	• After school supervision of children receiving services from DHS or under the supervision of a juvenile court officer • Group therapy arranged under the supervision of DHS or a juvenile court officer
12. Care provided on-site to children of parents residing in an emergency, homeless, or domestic violence shelter.	• Domestic violence shelters, temporary shelters for the homeless, etc.
13. A child care facility providing respite care to a licensed foster family home for a period of 24 hours or more to a child who is placed with that licensed foster family home.	• Registered child development home that is providing respite care to foster children.
14. A program offered to a child whose parent, guardian, or custodian is engaged solely in a recreational or social activity, remains immediately available and accessible on the physical premises on which the child's care is provided, and does not engage in employment, while the care is provided.	• Adult exercise, social and recreation programs where child care is offered on-site and the parent remains at the site.

APPLYING FOR A LICENSE TO OPERATE A CHILD CARE CENTER
441 IAC 109.2(1) and (2)

Any adult or agency has the right to apply for a child care center license.

SUBMITTING AN INITIAL APPLICATION

To initiate an application to operate a child care center, obtain and review an orientation packet provided by the child care consultant. Direct questions regarding compliance with specific sections to the child care consultant.

The chairman of the board, the owner, or the operator of the facility must complete form 470-0722, *Application for a License to Operate a Child Care Center*. Submit the completed application and all requested reports, including an approved State Fire Marshal's report, to the child care consultant **before** opening the center to conduct business.

A center that has submitted a sufficient application for a license to the child care consultant may operate for a period of up to 120 days, pending the final licensing decision. To be "sufficient," an application must include:

- Application for a License to Operate a Child Care Center, form 470-0722.
- An approved State Fire Marshal's report.
- A floor plan indicating room descriptions and dimensions, including the location of windows, doors, and exits.
- Information sufficient to determine that the center director meets the minimum qualifications.

The child care consultant will make one or more on-site visits to the center, including a visit made after the program is in operation, before issuing a license.

The following sections describe the reports that <u>must</u> be submitted to the child care consultant before a licensing decision can be made. Centers must furnish these requested reports to the Department upon new application and annually thereafter. This includes the state fire marshal's report and other information relevant to the licensing determination, as directed by the child care consultant.

State Fire Marshal Report

The state fire marshal or an approved designee must inspect each child care center applying for a license and conduct an annual inspection. The state fire marshal's Certificate of Inspection Report must be completed. A valid fire inspection report cannot be more than one year old (from the date of issuance). To find out who is responsible for conducting these inspections in your area, contact the child care consultant or the state fire marshal's office.

The center owner, administrator, or director must obtain the state fire marshal inspection report and submit it to the child care consultant or be sure the report is sent to the consultant. No program is permitted to begin operation without <u>both</u> the signed application and the approved fire inspection report on file with the Department.

A center must meet all state fire safety requirements, as determined by the inspection, before a full license can be issued.

In adopting rules for buildings (other than school buildings) that have child care centers located in them but are not the primary use of the building, the state fire marshal has taken into consideration that children are received for temporary care only. The fire safety rules for the building do not differ from the rules that apply to the primary purpose and occupancy of the building. However, the state fire marshal may require a fire-rated separation from the remaining portion of the building if one is necessary for the protection of children from a specific flammable hazard.

State fire marshal rules for a building which is owned or leased by a school district or accredited nonpublic school and used as a child care facility do not differ from standards adopted by the state fire marshal for school buildings. If a building is owned or leased by a school district or accredited nonpublic school and complies with the standards adopted by the state fire marshal for school buildings, the building is considered appropriate for use by a child care facility.

Standards and requirements set by a city or county for a building which is owned or leased by a school district or accredited nonpublic school and used as a child day care facility take into consideration that children are received for temporary care only. These standards do not differ from standards and requirements set for use of the building as a school.

Floor Plans

A center must submit a drawing of the floor plan to the child care consultant when making an initial application and when the location or floor plan is changed. The floor plan must include all measurements and location of windows, doors, and exits. The floor plan should designate the type of room (i.e., classroom, office, bathroom, etc.) and should indicate the location of all sinks and toilets.

Submit plans for new construction or plans for additions or structural alterations to existing facilities to both the child care consultant and the office of the state fire marshal. Obtain approval for the plans from both the Department and state fire marshal before proceeding. This allows the consultant and the fire marshal to troubleshoot with you regarding areas of concern about fire safety or capacity before you incur additional costs.

Water Analysis

A facility that uses a private, non-public water supply must obtain an annual laboratory water analysis to determine that the water has a satisfactory bacteriological quality. If the facility is going to provide care for children under age two, the analysis must also include testing for nitrates.

The water analysis must be conducted before the center opens and annually thereafter. For the most accurate results, the annual testing should be conducted in May or June of each year. Keep a copy of the laboratory's water analysis at the center and give a copy to the child care consultant.

If the laboratory analysis determines that the water is not of a satisfactory quality, you must develop an alternative plan for water supply. Alternative plans can include using commercially bottled water, water from a public water supply, or other sources of water approved by the county sanitarian.

The child care consultant can provide information about where to obtain a laboratory analysis in your area of the state.

Qualifications of Director and On-Site Supervisor

Submit information sufficient to determine the qualifications of the director and on-site supervisor to the child care consultant **before** hiring the person to assume the duties and responsibilities of the position. The information must document the education, experience, and training required to qualify for employment in these positions. A worksheet to copy and use for this purpose is included in Part IV of the handbook.

SUBMITTING A RENEWAL APPLICATION

The consultant sends out an application form to renew the license approximately 60 days in advance of each center's licensed renewal date. Submit the signed form 470-0722, *Application for a License to Operate a Child Care Center*, to the consultant. Submit the other updated reports for renewal with the application or make them available to the consultant at the relicensing visit.

Reports required for a renewal application include:

- State fire marshal's Certificate of Inspection Report.
- Inspection of fuel-burning appliances for carbon monoxide hazards.
- Water analysis (if on a private, non-public water source).
- Results of assessment for lead paint (if required by age of building).
- Results of radon testing (if required by location of center).

For more information on environmental assessment, see Part III of the handbook under rule 441--109.11(7).

LICENSING DECISION

Iowa Code 232A.2 and 441 IAC 109.2(3)-(6)

The Department of Human Services will notify applicants of approval or denial within 120 days of the date the child care consultant receives a complete or sufficient application.

APPROVAL FOR A FULL LICENSE

The Department will issue a license to a center if it has determined the center complies with the minimum requirements as defined in state laws and rules governing the standards for child care centers. (This includes the fire safety rules of the State Fire Marshall and the immunization rules of Iowa Department of Public Health.) An applicant in compliance with the laws and rules governing child care centers will be issued a license for 24 months.

APPROVAL FOR A PROVISIONAL LICENSE

The Department may issue a provisional license at time of new application or renewal when the center does not meet all licensing laws and rules. In some instances, the child care consultant may request a corrective action plan, including timelines.

A provisional license may be in effect for up to one year. A provisional license may be renewed when a written plan to bring the center into compliance with the standard, giving specific dates for completion of work, are submitted to and approved by the Department. A center cannot receive a provisional license for more than two years in a row for being out of compliance with the same licensing standards.

When the center submits documentation or it can otherwise be verified that the center complies with the licensing regulations or standards, the license will be upgraded from a provisional to a full license status.

In addition, if a center is issued a license indicating it is fully in compliance with licensing requirements, but at a later date within the license period fails to be in compliance, the Department may reduce a license to a provisional status. Upon correction of the deficiencies and approval by the child care consultant, the provisional license may be upgraded to a full license.

DENIAL

The Department will deny a license on an initial or renewal application when:

- The center does not comply with essential center licensing laws and rules in order to be considered for a provisional license.
- The center is operating in a manner that the Department determines impairs the safety, health, or well-being of children in care.
- A person subject to an evaluation has transgressions that merit prohibition of involvement with child care and of licensure, as determined by the Department.
- Information provided to the Department, either orally or in writing, or information contained in the center's files is shown to have been falsified by the provider or with the provider's knowledge.
- The center is not able to obtain an approved state fire marshal's certificate or fails to comply in correcting or repairing any deficiencies in the time determined by the state fire marshal, or the state fire marshal determines the building is not safe for occupancy.

If the Department denies an application for an initial license, the center must **not** continue to provide child care pending the filing of an appeal of the decision and the outcome of an evidentiary hearing.

SUSPENSION AND REVOCATION

The Department may initiate an action to **suspend** a license to address an issue of noncompliance that may be temporary. An example is a center unable to use its licensed facility due to floodwaters or a fire.

The Department may initiate an action to **revoke** a license when the center exhibits a pattern of noncompliance or an imminent concern arises that jeopardizes the well-being of children.

The Department may act to suspend or revoke a license during the licensing year. The Department will suspend or revoke a license if corrective action has not been taken when:

- The center does not comply with the licensing laws and rules and makes no substantial attempt to correct deficiencies.
- The center is operating in a manner that the Department determines impairs the safety, health, or well-being of the children in care.
- A person subject to an evaluation has transgressions that merit prohibition of involvement with child care and of licensure, as determined by the Department.
- Information provided to the Department, either orally or in writing, or information contained in the center's files is shown to have been falsified by the provider or with the provider's knowledge.
- The center is not able to obtain an approved State Fire Marshal's certificate or fails to comply in correcting or repairing any deficiencies in the time determined by the State Fire Marshal, or the State Fire Marshal determines the building is not safe for occupancy.

RIGHT TO APPEAL ADVERSE ACTION

Any center receiving a notice indicating that the Department has initiated an action to deny, suspend, or revoke the license will be informed of its right to appeal and the procedures to file an appeal. The procedures follow the requirements outlined in the Department's administrative rules governing appeals, at 441 Iowa Administrative Code, Chapter 7.

A center affected by an adverse action may initiate an appeal by means of a written request directed to the county office, or central office of the Department within 30 days after the date the Department mailed the official notice of the denial, revocation, or suspension.

When the owner or director of a licensed facility receives a *Notice of Decision*, form 470-0602, initiating action to deny, suspend, or revoke the facility's license, this notice must be conspicuously posted at the main entrance to the center where it can be read by parents or any member of the public. The notice must remain posted until resolution of the action to deny, suspend, or revoke the license.

The Department will notify the parents, guardians, or custodians of the children for whom the center provides care when it takes action to suspend or revoke a license. The center must cooperate with the Department in providing the names and address of each parent, guardian, or legal custodian.

A center may continue to operate while appealing a decision by the Department to suspend, revoke, or deny its license unless the negative action is against an initial application or the Department has obtained a court injunction.

STATE INSPECTION AND EVALUATION
Iowa Code 237A.4

The following state agencies periodically conduct on-site inspections. Inspections by these agencies may occur throughout the duration that a center is licensed.

DEPARTMENT OF HUMAN SERVICES

The Department will make periodic inspections of licensed centers to ensure compliance with licensing requirements. The inspections will be conducted by the child care consultant and may be in the form of announced and unannounced visits. The child care consultant will conduct at least one unannounced visit each year. The consultant may inspect records maintained by a licensed center and may inquire into matters concerning the centers and the people in charge.

DEPARTMENT OF PUBLIC HEALTH

With authority from the state or local boards of health, personnel from public health agencies may make periodic inspections of licensed centers to ensure compliance with health-related licensing requirements. Public health officials may also conduct periodic audits of immunization records to ensure compliance. Additionally, the Department of Public Health may offer on-site consultation in meeting health and environmental-related and immunization requirements.

STATE FIRE MARSHAL

Inspections by the state fire marshal or a designee to determine compliance with rules relating to fire safety can be conducted at any time without prior notice. Inspections can occur on a random basis, upon anyone's request, in response to a complaint, or when fire appears to be possible (for example, an odor of a flammable liquid or gas is present outside a building).

RECORDS
Iowa Code 237A.7 and 441 IAC 109.3(237A)

Child care centers should consult with their boards of directors, accountants, insurance agents, and attorneys in establishing policies for record retention. Centers should also be aware that funding sources, such as United Way and the state child care assistance program, may have additional requirements for record retention. Centers should ask the funding source what specific information and the length of time records should be retained.

CONFIDENTIAL INFORMATION

Under state law, information about a person in a child care center or the relative of a person in a child care center is confidential. Anyone who acquires such information through the operation of a child care center may not disclose it, directly or indirectly, except upon inquiry before a court of law or with the written consent of the person. In the case of a child, written consent must be obtained from the parent or guardian or as otherwise specifically required or allowed by law.

Child care consultants must have unrestricted access to children's files in performing their duties. In addition, centers must make child immunization records accessible to public health officials without requiring parental consent. Child care centers may also be asked to cooperate with public health officials in the event of a communicable disease investigation.

These confidentiality provisions allow the disclosure of information about the structure and operation of a center. They also allow duly authorized persons to perform statistical analysis of data collected on licensed centers and the publication of the results of the analysis in a manner, which does not disclose information identifying individual persons.

LICENSING FILE

The Department of Human Services maintains the licensing file for the center for the period of time that the center remains licensed. Once a center is no longer licensed, the Department maintains the record for an additional three years. After that time, the record may be destroyed.

The Department licensing file is a public record and is subject to review by parents and other interested parties. Any person who wishes to review the licensing file of a child care center can contact the child care consultant responsible for licensing the center.

Findings of any licensing visits are summarized and maintained in the licensing file. After each visit and complaint, the Department documents whether a center was in compliance with center licensing standards as imposed by licensing laws and rules. This record is available to the public upon request, except that the identity of the complainant will be withheld unless expressly waived by the complainant.

PARENTAL ACCESS

Centers must give parents unlimited access to their children and to the providers caring for their children during the center's hours of operation or whenever their children are in the care of the center, unless parental contact is prohibited by court order. The center must inform parents of this policy in writing when the child is admitted to the center.

PARENTAL SURVEY

If requested by the Department, centers must assist the Department in conducting an annual survey of parents served in their center. The Department will notify you of the time frames for distribution and completion of the survey and the procedures for returning the survey to the Department.

The purpose of the survey is to increase parents' understanding of developmentally appropriate and safe practices, solicit statewide information regarding parental satisfaction with the quality of care being provided to children, and obtain the parents' perspective regarding the center's compliance with licensing requirements.

In addition to the Department's survey, you are encouraged to establish your own mechanism for soliciting ongoing parental input and to provide for a process for quality improvement, including complaint resolution, in the delivery of child care services. Recommendations for improvement should be sought from both staff and parents.

MANDATORY REPORTING OF CHILD ABUSE

The center must have written policies established that include procedures for reporting suspected child abuse. Center staff serving in a caretaking role with children are mandatory reporters of child abuse. Centers must provide this information to all staff at orientation and within 30 days of employment.

Iowa Code Section 232.69 requires any director or employee of a licensed child care center to report to the Department within 24 hours when, in the course of working with a child, you have reason to believe that the child has suffered sexual abuse, physical abuse, or neglect. The first oral report must be followed within 48 hours with a written report to the Department. The person who has witnessed the abuse or the effects of the abuse should make the reports.

Staff may report suspected child abuse by calling the county Department of Human Services office or calling the 24-hour, toll-free, Child Abuse Hotline number: 1-800-362-2178.

CIVIL RIGHTS ACT OF 1964

Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, and regulations of the U.S. Department of Health and Human Services (45 Code of Federal Regulations--Part 80) prohibit discrimination on the grounds of race, color or national origin in the administration of programs under the direction of the Department of Human Services where federal funds are involved.

Agencies, institutions, and organizations providing child care for children under any program supervised by the Department of Human Services are required to abide by the terms of the Act and regulations prohibiting discrimination on the basis of race, color, or national origin. A child care center's failure to comply will necessitate the withdrawal of Department financial support.

The regulations provide that people who feel that they or others have been the object of discrimination by a child care center, contrary to the provisions of the Act, may file a complaint. All complaints will be investigated and appropriate action taken when indicated. Inquires should be directed to the Iowa Civil Rights Commission at (515) 281-4121.

AMERICANS WITH DISABILITIES ACT (ADA)

Child care centers, as a form of public accommodation, are required to comply with Title III of the Americans with Disabilities Act (ADA). The Act requires that child care providers not discriminate against children with disabilities on the basis of the disability.

The center must provide children and their parents an equal opportunity to participate in the center's program and activities. According to the U.S. Department of Justice, a center cannot exclude a child unless the child's presence poses a direct threat to the health and safety of others or would require a fundamental alteration of the program.

Center facilities need to be accessible to children and their parents who have disabilities. Existing centers must remove barriers according to a readily achievable standard, while newly constructed or renovated centers must be fully accessible.

A center must make reasonable modifications to its policies and procedures to integrate children, unless doing so would constitute a fundamental alteration. Unless it is an undue burden, centers must provide appropriate auxiliary aids and services needed for effective communication with a child with a disability.

The child care consultant can provide additional information and resources regarding compliance with the ADA.

CHILD CARE CENTERS AND PRESCHOOLS
LICENSING STANDARDS AND PROCEDURES

PART II

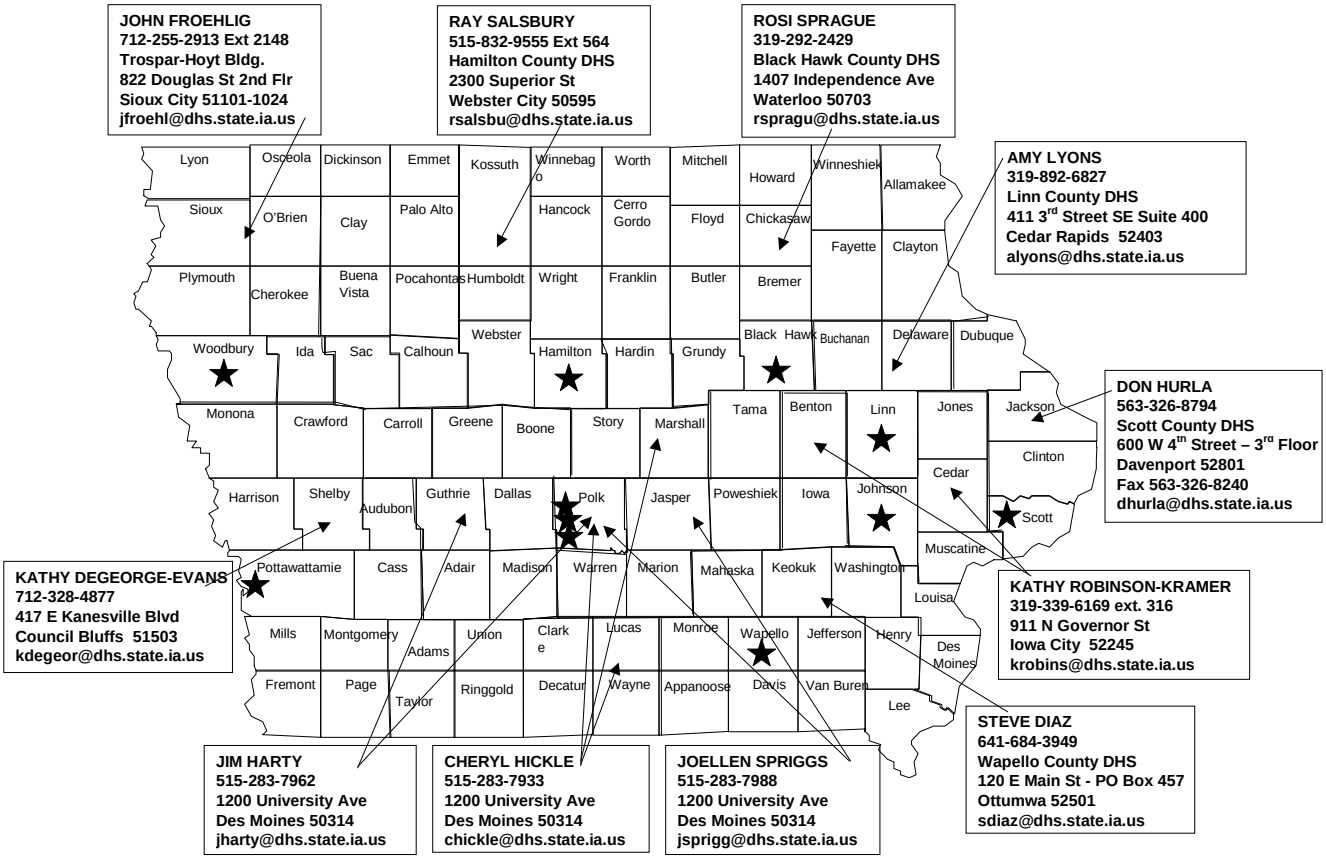
PROVIDER RESOURCES

CHILD CARE CONSULTANTS

Child care consultants responsible for licensing centers are located in DHS offices. To locate the child care consultant for your area, see the map on the next page.

Child Care Consultants Area Map
June 17, 2009

★ Denotes consultant's base county



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(Rev 8/09)

CHILD CARE RESOURCE AND REFERRAL AGENCIES

The child care resource and referral agencies are available to provide training, resources, technical assistance, and lending library materials to providers. These agencies distribute a newsletter to providers containing topics of interest related to early childhood and school-age care and inform providers of training opportunities in their area. In addition, they offer parent referral services and consumer education on quality child care.

Child care resource and referral agencies are organized into a network through five service delivery areas. Each area has a designated lead agency. To locate the resource and referral agency for your area, contact the lead agency for your area.

Counties in Service Delivery Area:	Lead Agency For Service Delivery Area:
SDA 1 Buena Vista, Calhoun, Cherokee, Clay, Crawford, Dickinson, Emmet, Hamilton, Humboldt, Ida, Kossuth, Lyon, Osceola, O'Brien, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Webster, Wright, Woodbury	Child Care Resource and Referral of Northwest Iowa Regional Director 418 Marion Street **Remsen**, IA 51050 Phone: 712-786-2001 1-800-859-2025 Fax: 712-786-3250
SDA 2 Allamakee, Black Hawk, Bremer, Buchanan, Butler, Cerro Gordo, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Floyd, Franklin, Grundy, Hancock, Howard, Mitchell, Winnebago, Winneshiek, Worth	Child Care Resource and Referral of Northeast Iowa Regional Director 760 Ansborough Avenue PO Box 4090 **Waterloo**, IA 50704 Phone: 319-233-0804 1-800-475-0804 Fax: 319-274-8841 or 319-232-0453
SDA 3 Adair, Adams, Audubon, Carroll, Cass, Clarke, Decatur, Fremont, Greene, Guthrie, Harrison, Lucas, Mills, Monona, Monroe, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union, Wayne	Child Care Resource and Referral of Southwest and South Central Iowa Regional Director 710 10th Street PO Box 709 **Harlan**, IA 51537 Phone: 712-755-7381 1-800-945-9778 Fax: 712-755-7827

Counties in Service Delivery Area:	Lead Agency For Service Delivery Area:
SDA 4 Boone, Dallas, Hardin, Jasper, Madison, Marion, Marshall, Story, Polk, Warren	Child Care Resource and Referral of Central Iowa Regional Director 808 5th Avenue **Des Moines**, IA 50314-1309 Phone: 515-246-3560 1-800-722-7619 Fax: 515-246-3570
SDA 5 Appanoose, Benton, Cedar, Clinton, Davis, Des Moines, Henry, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Mahaska, Muscatine, Poweshiek, Scott, Tama, Van Buren, Wapello, Washington	Child Care Resource and Referral of Southeast Iowa Regional Director 2804 Eastern Avenue **Davenport**, IA 52803 Phone: 563-324-1302 1-800-369-3778 Fax: 563-324-7736

OTHER STATE PROGRAMS

Child Care Licensing:

Child Care Licensing Program Manager
Iowa Department of Human Services
Division of Child and Family Services
1305 E Walnut, 5th Floor, Hoover Bldg
Des Moines, IA 50319-0114
(515) 281-0390

Food Program:

Child and Adult Care Food Program
Bureau of Food and Nutrition
Iowa Department of Education
400 E 14th St
Des Moines, IA 50319
(515) 281-5356

Immunizations:

Bureau of Immunization
Iowa Department of Public Health
321 E 12th St
Des Moines, IA 50319
(515) 281-7301
Vaccine for Children Hotline: 1-800-831-6293
Immunization Certificate: 1-800-398-9696

State Fire Marshal:

Iowa Department of Public Safety
Division of State Fire Marshal
401 SW 7th St., Suite N
Des Moines, IA 50309
(515) 281-5821

Healthy Child Care Iowa:

State Health Consultant
Healthy Child Care Iowa
Bureau of Maternal and Child Health
Iowa Department of Public Health
321 E 12th St
Des Moines, IA 50319
(515) 281-6071
1-800-383-3826

School-Operated Programs:

Iowa Department of Education
Bureau of Children, Family, and
Community Services
400 E 14th St
Des Moines, IA 50319
(515) 281-7844

IOWA RESOURCES

You can obtain additional information on these materials from your child care consultant.

HEALTHY CHILD CARE IOWA

Healthy Child Care Iowa is a statewide initiative to increase the health and safety practices within child care. Child care health consultants are located in the child care resource and referral agencies and can provide information and resources on health-related matters. For answers to questions regarding health- and safety-related issues or to be connected with health consultants in your area visit the web site at http://idph.state.ia.us/hcci.

IOWA STATE UNIVERSITY EXTENSION SERVICE

County ISU Extension offices provide publications, workshops, and self study training materials on early childhood and child care. Consultation and materials cover a wide variety of topics, including financial considerations of operating a child care center, child care environmental design, playground safety, nutrition, child development, health and safety, and positive guidance and discipline.

ISU Extension also works with communities and employers to explore child care options and conduct needs assessments. Publications and videos on choosing quality child care are also available for parents.

AREA EDUCATION AGENCIES

Area education agency (AEA) early childhood consultants and early childhood special education personnel can provide on-site technical assistance and training on a variety of issues, including technical assistance and training for children with developmental disabilities, behavioral issues, and developmentally appropriate practices.

CHILD CARE ASSISTANCE (SUBSIDY)

Financial assistance for child care is available to families who meet income guidelines and requirements for participation in education or employment. Centers can refer families who might benefit from assistance to the county Department of Human Services office.

CHILD SUPPORT

Some families may have difficulty in meeting the cost of child care when a noncustodial parent fails to make child support payments. Centers can refer families who might be in need of assistance in establishing or enforcing child support to the Child Support Recovery Unit that serves the county where the custodial parent resides.

IOWA STATEWIDE POISON CONTROL CENTER

The statewide poison control center for Iowa is located at 1920 Hamilton Blvd., Lower A, Sioux City, Iowa 51104. The POISON CONTROL NUMBER is 1-800-222-1222.

HEALTHY AND WELL KIDS IN IOWA (*hawk-i*)

The Healthy and Well Kids in Iowa (HAWK-I) program provides health care coverage for families who do not qualify for Medicaid but cannot afford private health care coverage. The health care coverage is for children birth to age 19 and covers, among other services, doctor and dentist visits, hospital stays, well child visits, and eye exams. To apply or to get more information regarding the program, call the 24-hour number: 1-800-257-8563 or visit the web site at www.hawk-i.org.

CHILD HEALTH CENTERS

Iowa has 25 community-based child health centers that provide a variety of health services to children ages birth through 21 years. Services available include access to a medical home, physical examination, select health screening laboratory procedures, immunization, and care coordination. You can obtain the location of the nearest child health center by calling the Healthy Families Line at 1-800-369-2229.

CHILD HEALTH SPECIALTY CLINICS

The University of Iowa Child Health Specialty Clinics regional health services coordinators, nutritionists, parent consultants, and other professional staff can assist with the provision of on-site technical assistance or training for a variety of issues specific to children with special health care needs. You can access telephone consultation and printed resources through the regional center nearest you or by contacting the Child Health Specialty Clinics central office at (319) 384-6865.

MATERNAL HEALTH CENTERS

Iowa has 26 maternal health centers that provide prenatal medical and health related services to women. You can obtain the location of the nearest maternal health center by calling the Healthy Families Line at 1-800-369-2229.

FAMILY PLANNING CLINICS

Center staff may be able to obtain their required physical examination at a family planning clinic at a reduced cost. You can obtain the location of the nearest family planning clinic by calling the Healthy Families Line at 1-800-369-2229.

LOCAL HEALTH DEPARTMENTS

County health departments can provide consultation and training on health related matters.

NATIONAL RESOURCES

HANDBOOK FOR PUBLIC PLAYGROUND SAFETY

The *Handbook for Public Playground Safety*, Pub No. 325 (2008) was developed by the Consumer Product Safety Commission. It can assist centers in the design, construction, operation and maintenance of safe playground areas. The guidelines make recommendations regarding surfacing materials, spacing and layout, installation, equipment design, and general hazards regarding an array of playground equipment. You can obtain a copy by contacting your county ISU Extension office.

NATIONAL HEALTH AND SAFETY PERFORMANCE STANDARDS

The National Health and Safety Performance Standards for out-of-home child care are also known as "Caring for Our Children." They are published by the American Public Health Association and the American Academy of Pediatrics.

These national standards address recommendations for child/staff ratios and personnel, activities for healthy development, health protection and promotion, nutrition and food service, facilities, supplies, equipment, transportation, infectious diseases, children with special needs, and administration. You can obtain a copy by contacting the National Resource Center on Health and Safety in Child Care at their web site: http://nrc.uchsc.edu./cfoc/index.html

NATIONAL RESOURCE CENTER FOR HEALTH AND SAFETY IN CHILD CARE

The National Resource Center on Health and Safety in Child Care is located at the University of Colorado Health Sciences Center. The primary mission of the Center is to promote health and safety in out-of-home child care settings.

The Center maintains and distributes the National Health and Safety Performance Standards and maintains a web site that includes the licensing standards of every state and links to other child care related web sites, and maintains a resource library on topics of interest to child care. Contact the Center at 1-800-598-5437 or at their web site: http://nrc.uchsc.edu. Their mailing address is as follows: University of Colorado, Health Sciences Center at Fitzsimons, Campus Mail Stop F541, PO Box 6508, Aurora, CO 80045-0508. E-mail: Natl.child.res.ctr@UCHSC.edu

STEPPING STONES TO USING "CARING FOR OUR CHILDREN"

Stepping Stones is an abbreviated version of the 659 standards that are included in the National Health and Safety Performance Standards. The 233 standards in *Stepping Stones* focus on the key standards for reducing morbidity and mortality in child care settings. You can obtain a copy by contacting the National Resource Center for Health and Safety in Child Care at 1-800-598-5437 or at their web site: http://nrc.uchsc.edu.

INTERNET WEB SITES

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

Consumer Product Safety Commission
http://www.cpsc.gov

Department of Justice's Commonly Asked Questions About Child Care Centers and the ADA
http://www.usdoj.gov/crt/ada/childq&a.htm

HAWK-I
www.hawk-i.org

Healthy Child Care Iowa
http://www.idph.state.ia.us/hcci

Iowa State University Extension -- Child Care That Works
http://www.extension.iastate.edu/cctw/

National Association for the Education of Young Children
http://www.naeyc.org

National Network for Child Care
http://www.nncc.org/

National Program for Playground Safety
http://www.uni.edu/playground

National Resource Center for Health and Safety in Child Care
http://nrc.uchsc.edu

National School-Age Care Alliance
http://www.nsaca.org

Program for Infant and Toddler Care
http://www.pitc.org

Zero to Three
http://www.zerotothree.org

CHILD CARE CENTERS AND PRESCHOOLS
LICENSING STANDARDS AND PROCEDURES

PART III

REGULATIONS

Part III of the handbook is organized according to the organization of 441 Iowa Administrative Code (IAC) 109, as outlined on the following pages. Each rule is quoted, followed by an explanation of the rationale for the rule and recommendations for implementing it.

The information contained in this section has been obtained, in part, from the following sources:

Iowa Code Chapter 237A, "Child Care Facilities"

Iowa law that gives authority to the Department of Human Services to develop rules governing the licensing of child care centers.

441 Iowa Administrative Code, Chapter 109, "Child Care Centers"

Administrative rules developed by the Iowa Department of Human Services establishing minimum standards for the licensing of child care centers.

641 Iowa Administrative Code, Chapter 7, "Immunization of Persons Attending Elementary or Secondary School or Licensed Child Care Centers"

Administrative rules developed by the Iowa Department of Public Health establishing minimum standards for immunization requirements.

661 Iowa Administrative Code, Chapter 5, "Fire Marshal"

Administrative rules developed by the Iowa Department of Public Safety establishing minimum building standards for fire safety.

The Child and Adult Care Food Program of the U.S. Department of Agriculture

In Iowa, the **C**hild and Adult Care Food Program is administered by the Bureau of Food and Nutrition in the Iowa Department of Education.

***Caring for Our Children: National Health and Safety Performance Standards -- Guidelines for Out-of-Home Child Care Programs* (1992 and revised in 2002) 2nd Edition**

This publication is a collaborative project of the American Academy of Pediatrics and the American Public Health Association designed to establish recommendations for minimum health and safety standards and best practices in out-of-home child care programs.

***Handbook for Public Playground Safety*, Pub No. 325 (1997)**

The Iowa Playground Safety Network distributes this publication of the US Consumer Product Safety Commission.

Smoke Free Air Act, 237A.3B Sec 142D.2

This law was enacted in 2008 and prohibits smoking and ashtrays, and requires no smoking signs in child care facilities and vehicles. For more information go to http://www.iowasmokefreeair.gov.

441 IOWA ADMINISTRATIVE CODE CHAPTER 109
CHILD CARE CENTERS

Administration

441—109.1(237A) Definitions

441—109.2(237A) Licensure procedures
- **109.2(1)** Application for license
- **109.2(2)** License
- **109.2(3)** Provisional license
- **109.2(4)** Denial
- **109.2(5)** Revocation and suspension
- **109.2(6)** Adverse actions

441—109.3(237A) Complaint file

441—109.4(237A) Administration
- **109.4(1)** Purpose and objectives
- **109.4(2)** Required written policies
- **109.4(3)** Required postings
- **109.4(4)** Mandatory reporters
- **109.4(5)** Handbook
- **109.4(6)** Certificate of license

441—109.5(237A) Parental participation
- **109.5(1)** Unlimited access
- **109.5(2)** Parental evaluation

Personnel

441—109.6(237A) Personnel
- **109.6(1)** Center director requirements
- **109.6(2)** On-site supervisor
- **109.6(3)** Director and on-site supervisor functions combined
- **109.6(4)** Transition period for staff
- **109.6(5)** Volunteers and substitutes
- **109.6(6)** Record checks and evaluations

441—109.7(237A) Professional growth and development
- **109.7(1)** Required training within the first six months of employment
- **109.7(2)** Staff employed 20 hours or more per week
- **109.7(3)** Staff employed less than 20 hours per week
- **109.7(4)** Staff employed in centers that operate summer-only programs
- **109.7(5)** Training plans

Staff Ratio

441—109.8(237A) Staff ratio requirements

109.8(1) Staff requirements
109.8(2) Staff ratio

Records

441—109.9(237A) Records

109.9(1) Personnel records
109.9(2) Child's file
109.9(3) Immunization certificates
109.9(4) Daily activities

Health and Safety

441—109.10(237A) Health and safety policies

109.10(1) Physical examination report
109.10(2) Medical and dental emergencies
109.10(3) Medications
109.10(4) Daily contact
109.10(5) Infectious disease control
109.10(6) Quiet area for ill or injured
109.10(7) Staff hand washing
109.10(8) Children's hand washing
109.10(9) First-aid kit
109.10(10) Recording incidents
109.10(11) Smoking
109.10(12) Transportation
109.10(13) Field trip emergency numbers
109.10(14) Pets
109.10(15) Emergency plans

Facility Requirements

441—109.11(237A) Physical facilities

109.11(1) Room size
109.11(2) Infants' area
109.11(3) Facility requirements
109.11(4) Bathroom facilities
109.11(5) Telephone
109.11(6) Kitchen appliances and microwaves
109.11(7) Environmental hazards

Activities, Programming, and Equipment

441—109.12(237A) Activity program requirements

109.12(1) Activities
109.12(2) Discipline
109.12(3) Policies for children requiring special accommodations
109.12(4) Play equipment, materials and furniture
109.12(5) Infant environment

Centers Providing Evening Care

441—109.13(237A) Extended evening care

109.13(1) Facility requirements
109.13(2) Activities

Centers Providing Care for Mildly Ill

441—109.14(237A) Get-well center

109.14(1) Staff requirements
109.14(2) Health policies
109.14(3) Exceptions

Food Service

441—109.15(237A) Food services

109.15(1) Nutritionally balanced meals or snacks
109.15(2) Menu planning
109.15(3) Feeding of children under two years of age
109.15(4) Food brought from home
109.15(5) Food preparation, storage, and sanitation
109.15(6) Water supply

Iowa Department of Human Services	SECTION: 109.4 **Administration**	SUBJECT: **Purpose and Objectives**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.4(1)	

RULE

Purpose and objectives. Incorporated and unincorporated centers shall submit a written statement of purpose and objectives. The plan and practices of operation shall be consistent with this statement.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The center's purpose describes the population to be served, the mission of the organization, etc. Objectives help to define for both staff and parents the underlying philosophies and practices of the organization that determine how the center serves to benefit the children for whom care is provided. In providing a written description, centers are challenged to assess all program activities, curriculum, and practices to ensure a quality environment is provided consistent with its purpose.

Iowa Department of Human Services	SECTION: 109.4 Administration	SUBJECT: **Required Written Policies**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: IAC 441--109.4(2)	

RULE

Required written policies. The child care center owner, board or director shall:

a. Develop fee policies and financial agreements for the children served.

b. Develop and implement policies for enrollment and discharge of children, field trips and non-center activities, transportation, discipline, nutrition, and health and safety policies.

c. Develop a curriculum or program structure that uses developmentally appropriate practices and an activity program appropriate to the developmental level and needs of the children.

d. Develop and implement a written plan for staff orientation to the center's policies and to the provisions of 441—Chapter 109 where applicable to staff.

e. Develop and implement a written plan for ongoing training and staff development in compliance with professional growth and development requirements established by the Department in rule 441—109.7(237A).

f. Make available for review a copy of the center policies and program to all staff at the time of employment and each parent at the time a child is admitted to the center. A copy of the fee policies and financial agreements shall be provided to each parent at the time a child is admitted to the center.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Child care is a service that operates through a contractual relationship between the provider and the parent in the interests of the child. Parents must be fully informed about a center's services and expectations to allow them an informed decision in delegating care and supervision of their child to the center.

In writing down policies, centers are challenged to focus on activities and practices that are conducive to positive child development and safety practices. Written policies provide a method for parents to choose the type of program that best suits the needs of their child. Written policies are an important step in building a comprehensive and well-developed program, providing a mechanism to communicate to staff and parents, and ensuring consistency in implementation.

All levels of administration, including the board of directors, the center director, the on-site supervisor, and direct care staff should be provided a copy of the center's policies and the DHS licensing standards at time of employment. These materials should be reviewed during the staff's orientation.

You may want to develop a checklist of all materials and information required before a child can be admitted to the program. The checklist can be shared with parents and serve as a reminder to staff.

A copy of all the center's policies should be shared with parents at the time of their child's admission. You are encouraged to make this handbook available to parents at the time of admission to educate parents on the licensing standards that you must be meet.

You must provide fee policies to the parents at the time of admission. Fee policies and financial agreements should be clearly stated. Policies should clearly indicate discharge provisions for a parent's failure to pay, including a process for resolution. Any change to the agreements should allow for timely notification to parents. Provide amended copies to the parent. Continuity of care for children should be given highest priority in mediating disputes.

Because of the importance of stable and consistent adult relationships to children and for the protection of the center, you should have well-defined criteria for permanently discharging a child from the program. The decision to discharge a child should be made only after defined attempts to resolve problems, with the knowledge and support of the child's parents, have been unsuccessful. Document attempts to resolve the problems, including communications with the child's parents.

In the written polices that describe the center's practices related to enrollment and discharge of children, field trips and non-center activities, transportation, discipline, nutrition, and health and safety policies, you should have clear policies that outline the expectation for parent authorizations for:

- Participation in center-sponsored field trips.
- Participation in non-center-related activities away from the center that the child may attend.
- Transportation by the center to and from school.
- Changes in meals and snacks provided to a child that differ from CACFP guidelines.
- Health-related care and administering medications.

Suggestions for content of the required written policies and procedures are included in Part IV of the handbook.

Iowa Department of Human Services	SECTION: 109.4 Administration	SUBJECT: **Required Postings**
Child Care Center Licensing	☐ New ☑ Revised	Date: 7/1/08
Provider Handbook Regulations	Rule Citation: 441 IAC 109.4(3), 109.10(1) as amended by HF 2212(16)(t) Sec 6	

RULE

Required postings:

a. Postings are required for the certificate of license, notice of exposure of children to a communicable disease, and notice of actions to deny, suspend, or revoke the center's license and shall be conspicuously placed at the main entrance to the center. If the center is located in a building used for additional purposes and shares the main entrance to the building, the required postings shall be conspicuously placed in the center in an area that is frequented daily by parents or the public.

b. Postings are required for mandatory reporter requirements, the notice of availability of the handbook required in subrule 109.4(5), and the program activities and shall be placed in an area that is frequented daily by parents or the public.

c. Post nonsmoking signs at every entrance of the child care center and in every vehicle used to transport the children. All signs shall include:

   (1) The telepone number for reporting complaints, and
   (2) The Internet address of the Department of Public Health (www.iowasmokefreeair.gov).

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Parents have a right to be informed regarding activities within or regarding the center, including any legal action taken against the center, which may impact their child or their decision to continue services at the center. The goal of postings is to facilitate and increase communication opportunities with parents.

In addition to posting within a center, in some circumstances centers may also want to send notices home with children or do a separate mailing to parents. Centers may also want to include information regarding mandatory reporters, this handbook, and the program structure of the center in their parent handbook. However, this does not remove the requirement to post *in the center*.

Postings must be clearly visible to parents when they enter the center. If the location of the center within a building makes it impractical to post a notice by the front door, the posting must be in an area of the center where parents routinely gather when they arrive to pick up or leave their children.

The posting regarding the availability of the handbook must also include the name, office mailing address, and telephone number of the child care consultant.

Letters from the Department giving notice of action to suspend or revoke a license MUST be posted in the format in which they are received. Do not alter the content or design of the letter in any way.

Iowa Department of Human Services	SECTION: 109.4 Administration	SUBJECT: **Mandatory Reporters**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.4(4)	

RULE

Mandatory reporters. Requirements and procedures for mandatory reporting of suspected child abuse as defined in Iowa Code section 232.69 shall be posted where they can be read by staff and parents. Methods of identifying and reporting suspected child abuse and neglect shall be discussed with all staff within 30 days of employment.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

In efforts to reduce the incidence of child abuse, it is important that parents and staff be knowledgeable of the reporting requirements and procedures as defined by Iowa law. Centers that are located in "border" counties with other states are still bound by the requirements of Iowa law, regardless of the state of residence of the staff or children served.

All employees of a center who are involved in the direct care of children, including volunteers used in meeting staff ratio, are mandatory reporters and must be informed of their responsibilities and the procedures for reporting suspected abuse. All staff, excluding volunteers, must complete training for Iowa's mandatory reporting of child abuse within the first six months of employment.

Within 30 days of employment or at the time a person volunteers, the center should provide the employee or volunteer with an outline of the reporting requirements. Keep signed documentation in the personnel file indicating that the information was shared and that the employee or volunteer understands their responsibilities as a mandatory reporter.

Iowa Department of Human Services	SECTION: 109.4 Administration	SUBJECT: **Handbook**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.4(5)	

RULE

Handbook. A copy of form SS-0711, *Child Care Centers and Preschools Licensing Standards and Procedures*, shall be available in the center, and a notice stating that a copy is available for review upon request from the center director shall be conspicuously posted. The name, office mailing address and telephone number of the child care consultant shall be included in the notice.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The handbook provides parents an opportunity to become more knowledgeable about the state's expectations of centers in providing quality child care. In addition, the handbook can serve as a support to centers in explaining the importance of complying with a standard with which the parent may have a disagreement.

While you do not have to give an individual copy of the handbook to parents, a copy must be accessible to parents within the center at all times. The notice stating that the handbook is available must be in an area of the center where parents routinely gather when they arrive to pick up or leave their children.

Iowa Department of Human Services	SECTION: 109.4 Administration	SUBJECT: **Certificate of License**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.4(6)	

RULE

Certificate of license. The child care license shall be posted in a conspicuous place and shall state the particular premises in which child care may be offered and the number of children who may be cared for at any one time. Notwithstanding the requirements in rule 441—109.8(237A), no greater number of children than is authorized by the license shall be cared for at any one time.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Post it your certificate of license at the main entrance to the facility. Display the certificate fully. Do not alter it in any way.

The "particular premises in which child day care may be offered" is the specific site of the facility. If the center moves to a new facility, the license does not transfer. You must apply for a new license specific to the new site. You must return the license for the former facility to the child care consultant.

If a change in ownership occurs, you must remove the old license and return it to the child care consultant. Submit a new form 470-0722, *Application for a License to Operate a Child Care Center*, to the child care consultant.

There may be times when your license expires before the child care consultant makes a relicensing visit and develops recommendation. As long as you have submitted the required *Application for a License to Operate a Child Care Center* to the child care consultant to initiate the renewal process, your license remains in effect.

Iowa Department of Human Services	SECTION: 109.5 **Parental Participation**	SUBJECT: **Unlimited Access**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.5(1)	

RULE

Unlimited access. Parents shall be afforded unlimited access to their children and to the provider caring for their children during the center's hours of operation or whenever their children are in the care of a provider, unless parental contact is prohibited by court order. The provider shall inform all parents of this policy in writing at the time the child is admitted to the center.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

You should include this item in your admissions packet. Parents have the right to enter the center and observe the care of their child at any point during the child's care. Encouraging the active participation of parents is a way to reinforce the safe and healthy environment that you are providing.

Caution: If parent contact is prohibited by court order, you may want the parent or custodian to provide a copy of the applicable portions of the court order to be included in the child's file. Obtaining documentation may prevent you from being placed in a compromising position or making legal judgments regarding authorizations and release of child. This also reduces liability concerns of relying solely on the verbal statements of one parent.

In adversarial situations where parents indicate that the other party is restricted in contact or in receiving information about the child, a copy of the court order protects the center from unwillingly becoming a party to the custody action. You may want to consult your own legal counsel in establishing policies.

Iowa Department of Human Services	SECTION: 109.5 Parental Participation	SUBJECT: **Parental Evaluation**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.5(2)	

RULE

Parental evaluation. If requested by the Department, centers shall assist the Department in conducting an annual survey of parents being served by their center by providing to parents form 470-3409, *Parent Survey: Child Care Centers*. The Department shall notify centers of the time frames for distribution and completion of the survey and the procedures for returning the survey to the Department.

The purpose of the survey shall be to increase parents' understanding of developmentally appropriate and safe practice, solicit statewide information regarding parental satisfaction with the quality of care being provided to children and obtain the parents' perspective regarding the center's compliance with licensing requirements.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

You are strongly encouraged to conduct your own evaluation of your services, obtaining the perspective of parents and staff. Information you obtain from such a survey should be provided to parents and staff. Such information is vital in achieving and maintaining a quality program and meeting the needs of the consumers – the parents, and more importantly, the children served.

If the Department undertakes a statewide evaluation, the center will not be expected to bear the cost. You may be asked to assist with providing names and addresses of parents served, assist in distribution of the survey at the center, etc. The Department will shared final reports obtained from conducting any statewide survey with all licensed centers.

Iowa Department of Human Services	SECTION: 109.6 **Personnel**	SUBJECT: **Center Director Requirements**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.6(1)	

RULE

Center director requirements. Centers that have multiple sites shall have a center director or on-site supervisor in each center. The center director is responsible for the overall functions of the center, including supervising staff, designing curriculum and administering programs.

The director shall ensure services are provided for the children within the framework of the licensing requirements and the center's statement of purpose and objectives. The center director shall have overall responsibility for carrying out the program and ensuring the safety and protection of the children.

The center I shall submit information in writing to the child care consultant before the start of employment. The Department shall make the final determination. The information submitted shall be sufficient to determine that the director meets the following minimum qualifications:

a. Is at least 21 years of age.

b. Has obtained a high school diploma or passed a general education development test.

c. Has completed at least one course in business administration or 12 contact hours in administrative-related training related to personnel, supervision, record keeping, or budgeting or has one year of administrative-related experience.

d. Has certification in infant, child, and adult cardiopulmonary resuscitation (CPR), first aid, and Iowa's training for the mandatory reporting of child abuse.

e. Has achieved a total of 100 points obtained through a combination of education, experience, and child development-related training as outlined in the following chart:

(1) In obtaining the total of 100 points, a minimum of two categories must be used, no more than 75 points may be achieved in any one category, and at least 20 points shall be obtained from the experience category.

(2) Points obtained in the child development-related training category shall have been taken within the past five years.

(3) For directors in centers predominantly serving children with special needs, the directors may substitute a disabilities-related or nursing degree for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, experience in working with children with special needs in an administrative or direct care capacity shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

(4) For directors in centers serving predominantly school-age children, the directors may substitute a degree in secondary education, physical education, recreation or related fields for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, child-related experience working with school-age children shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

EDUCATION		**EXPERIENCE** (Points multiplied by years of experience)		**CHILD DEVELOPMENT-RELATED TRAINING**
Bachelor's or higher degree in early childhood, child development, or elementary education	75	Full-time (20 hours or more per week) in a child care center or preschool setting	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child-related field	50	Part-time (less than 20 hours per week) in a child care center or preschool setting	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full-time (20 hours or more per week) child development-related experience	10	
Bachelor's degree in a non-child-related field	40	Part-time (less than 20 hours per week) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home provider	10	
		Nonregistered family home provider	5	

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Every center **MUST** have a director! The director is responsible for the overall function of the center and is essentially the leader of a small business. The director of a center must have an understanding of good business practices, administration, and child development in order to:

- Ensure the overall well-being of children
- Establish healthy, safe, and developmentally appropriate practices
- Hire and maintain competent, motivated staff and provide for their professional development
- Set appropriate expectations for staff
- Maintain clear communication with parents
- Manage the center and provide for the financial soundness of the center over the long-term

You must notify the child care consultant **before** hiring a director, either when opening a new center or replacing the director. Submit to the child care consultant sufficient information to determine whether the person meets the education, experience, and training requirements for a director. The final determination as to whether the person meets qualifications rests with the child care consultant.

An organization that has more than one center location under its direction and financial control must designate at least one director for all the centers and specify an on-site supervisor for each location. However, if one director is assigned for multiple sites, the director must be present in the center as often as needed to ensure the listed responsibilities are met. The ultimate responsibility for the safe and sound operation of the center rests with the director; therefore, sufficient time must be spent in each center.

Larger centers serving 50 or more children may want to consider not including the director in the staff/child ratio, to allow the director to be more available for the overall supervision of the center. Doing so allows the director to be more knowledgeable of all the activities throughout the center, provide guidance and modeling to staff, give more immediate response and intervention during emergencies, and fill in temporarily for an absent employee until a substitute can arrive.

New center directors are encouraged to visit and network with a nearby center director in their community or county. The more experienced director can serve as a "mentor" to offer ideas, strategies, and sample plans and policies.

In addition, directors are encouraged to make contact with their local child care resource and referral agencies, county Extension offices, and local provider associations. These agencies can provide support and guidance and resources for health and safety, center and playground design, developmentally appropriate practices, nutrition and menu planning, and financial considerations in running a business.

The child care resource and referral agency lists licensed centers on a database to receive parent referrals. Keep your local resource and referral agency updated regarding changes in your hours of operation, ages served, etc.

Understanding the Point Chart

The point chart is used to determine if directors are qualified, based on a combination of post-secondary education, experience, and training. The goal is to assist potential directors who may not fully meet the point requirement but are "qualifiable" by allowing them an opportunity to obtain additional training in areas where their formal education or experience needs reinforcement.

A person must achieve a total of 100 points to qualify as a director.

- At least two categories must be used to achieve the 100-point total. No more than 75 points may be achieved in any one category. The rationale for this restriction is that it:
  - Allows directors who do not have a degree or whose degree is not child-related to use years of experience and training to meet the point total
  - Allows directors who have a child-related degree and at least a year of full-time experience in a child care or child-related setting to meet the point total with minimum additional training

- Doesn't allow a person with a recent college degree but no experience in a child care setting to be in charge of a center without first obtaining experience
- Emphasizes the importance of a combination of criteria in ensuring staff are well-versed in their knowledge and understanding of their responsibilities

♦ At least 20 of the 100 points must be obtained from the experience category.

Rationale: Experience in a child care or child-related field is essential in understanding the developmental needs of children, the structure necessary to ensure an appropriate, safe and non-chaotic environment is maintained, and the orientation and training needs of staff.

♦ Training used to calculate points in the "child development-related training" category must have been taken within the past five years.

Rationale: Our understanding of child development, health and safety considerations, and environmental concerns, changes and evolves over time. Ongoing research constantly challenges the development of new curriculum. Therefore, it is important in maintaining quality staff that training received be centered on the most up-to-date information available.

♦ One continuing education unit (CEU) is equivalent to 10 contact hours.

♦ Accommodations are made for centers serving predominately children with special needs or school-age children.

Rationale: Because of the special program considerations, additional degrees are allowed for in the education category and additional experiences in other program-related settings are allowed for in the experience category.

Parenthood is not considered as "child development-related experience." Internships are not counted as "child development-related experience" if they were required to obtain a degree.

The Department may issue a provisional license for up to one year to allow the director to meet qualifications. However, using a provisional license for those people who are "qualifiable" is not intended as an open-ended approval for anyone merely interested in operating a center. Some measure of education or a track record of involvement with early childhood or school-aged children is needed.

Given the variation in educational, employment and volunteer opportunities, the scope of education and experience sufficient to warrant issuing a provisional license must be decided on a case-by-case basis. Potential center directors are allowed and encouraged to make up deficiencies in education and experience by obtaining training relevant to their areas of need.

However, it is not the intent of the Department to allow 75 hours of self-study. Training is to be viewed as professional development resulting in better outcomes for children, not as an "easy" way to become a center director.

A worksheet to assist in determining if a person qualifies under this system is included in Part IV of the handbook.

Iowa Department of Human Services	SECTION: 109.6 Personnel	SUBJECT: **On-Site Supervisor Requirements**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.6(2)	

RULE

On-site supervisor. The on-site supervisor is responsible for the daily supervision of the center and must be on site daily either during the hours of operation that children are present or a minimum of eight hours of the center's hours of operation. Information shall be submitted in writing to the child care consultant before the start of employment. Final determination shall be made by the Department. Information shall be submitted sufficient to determine that the on-site supervisor meets the following minimum qualifications:

a. Is an adult.

b. Has obtained a high school diploma or passed a general education development test.

c. Has certification in infant, child, and adult cardiopulmonary resuscitation (CPR), first aid, and Iowa's mandatory reporting of child abuse.

d. Has achieved a total of 75 points obtained through a combination of education, experience, and child development-related training as outlined in the following chart:

(1) In obtaining the total of 75 points, a minimum of two categories must be used, no more than 50 points may be achieved in any one category, and at least 10 points shall be obtained from the experience category.

(2) Points obtained in the child development-related training category shall have been taken within the past five years.

(3) For on-site supervisors in centers predominantly serving children with special needs, the on-site supervisor may substitute a disabilities-related or nursing degree for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, experience in working with children with special needs in an administrative or direct care capacity shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

(4) For on-site supervisors in centers serving predominantly school-age children, the on-site supervisor may substitute a degree in secondary education, physical education, recreation or related fields for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, child-related experience working with school-age children shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in early childhood, child development, or elementary education	75	Full-time (20 hours or more per week) in a child care center or preschool setting	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in child-related field	50	Part-time (less than 20 hours per week) in a child care center or preschool setting	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full-time (20 hours or more per week) child development-related experience	10	
Bachelor's degree in a non-child-related field	40	Part-time (less than 20 hours per week) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home provider	10	
		Nonregistered family home provider	5	

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Every center (including multiple sites under the jurisdiction of one business, school, etc.) **must** have an on-site supervisor! The on-site supervisor is responsible for the day-to-day supervision of the center. Among other duties, the on-site supervisor is directly responsible for:

- The daily operation of the center and supervision of direct-care staff.
- Ensuring children are accounted for and proper record keeping is maintained.
- Scheduling activities and transportation needs.
- Ensuring information regarding exposure to communicable disease is posted immediately upon notification.
- Ensuring parents are immediately notified of emergency or other serious incidents.
- Ensuring information is communicated to parents at the end of the day etc.

These functions may be performed either in a dual role by the director, if the director remains on site, or by another person who meets the qualifications for an on-site supervisor.

Notify the child care consultant **before** hiring an on-site supervisor or assigning supervisory duties, both when opening a new center and when making a change in supervisors. Submit to the child care consultant sufficient information to determine whether the person meets the education, experience, and training requirements for a supervisor.

An on-site supervisor must be present at the center a minimum of eight hours or the hours of the operation of the center. This allows for a figure of authority to be present during the majority of the day. Occasionally the on-site supervisor is temporarily absent from the center due to illness, vacation, attendance at staff development training, etc.

At all times when care is provided to children, including in the absence of the on-site supervisor, an adult must be assigned to be "in charge" of the operation of the center. The assignment is important to prevent disruptions in the administrative and programmatic operation of the center and to respond in the event of an emergency.

For programs that offer either evening care (second or third shift) or weekend care, in addition to weekly daytime care, an on-site supervisor must be present eight hours of the program time. As with daytime hours, a responsible adult must be placed "in charge" beyond the eight-hour timeframe or when the on-site supervisor is absent, and this authority must be clearly communicated to all staff.

Inform all staff any time there is a change in the assignment of the on-site supervisor. You may want to consider a daily posting of the name of the on-site supervisor and amend the posting when a temporary reassignment is made. An organization that has more than one center location under its direction and financial control must designate at least one director for all the centers and specify an <u>on-site supervisor</u> for <u>each</u> location.

Larger centers (serving 50 or more children) may want to consider <u>not</u> including the on-site supervisor in the staff/child ratio to allow the supervisor to be more available for the overall supervision of the center. This allows the on-site supervisor to be more knowledgeable of all the activities <u>throughout</u> the center, provide guidance and modeling to staff, give more immediate response and intervention during emergencies, and fill in temporarily for an absent employee until a substitute can arrive.

The need for a responsible adult with experience in caring for children is no less during night-time care. A person who meets the qualifications of an on-site supervisor is required for programs providing overnight and weekend care.

For daytime programs that extend into the evening but do not go later than 9 p.m., an on-site supervisor is encouraged but is not required. A responsible adult must be designated to be in charge of the program during those hours. Daily supervision and communication should occur with the on-site supervisor to ensure that adequate programming is provided, center policies and procedures are adhered to, and issues regarding care are shared for children who may transfer from the day to the evening program.

Understanding the Point Chart

A point chart is used to determine if on-site supervisors are qualified, based on a combination of post-secondary education, experience, and training. The goal is to assist potential on-site supervisors who do not fully meet the point requirement but are "qualifiable" by allowing them an opportunity to obtain additional training in areas where their formal education or experience needs reinforcement.

A person must achieve a total of 75 points to qualify as an on-site supervisor. A worksheet to determine if a person qualifies under this system is included in Part IV of the handbook.

- At least two categories must be used to achieve the 75-point total. No more than 50 points may be achieved in any one category. The rationale for this restriction is that it:
  - Allows on-site supervisors who do not have a degree or whose degree is not child-related to use years of experience and training to meet the point total.
  - Allows on-site supervisors who have a child-related degree and at least a year of full-time experience in a child care or child-related setting to meet the point total with minimum additional training.
  - Doesn't allow a person with a recent college degree but no experience in a child care setting to be in charge of the center without first obtaining additional experience.
  - Emphasizes the importance of a combination of criteria in ensuring staff are well-versed in their knowledge and understanding of their responsibilities.
- At least 10 of the 75 points must be obtained from the experience category. Parenthood is not considered as "child development-related experience." Rationale: Experience in a child care or child-related field is essential in understanding the developmental needs of children, the structure necessary to ensure an appropriate, safe and non-chaotic environment is maintained, and the orientation and training needs of staff.
- Training used to calculate points in the "Child Development-Related Training" category must have been taken within the past five years. Rationale: Our understanding of child development, health and safety considerations, and environmental concerns changes and evolves over time. Ongoing research constantly challenges the development of new curriculum. Therefore, it is important in maintaining quality staff that training received be centered on the most-up-to-date information available.
- One continuing education unit (CEU) is equivalent to 10 contact hours.
- Accommodations are made for centers serving predominately children with special needs or school-aged children. Rationale: Because of the special program considerations, additional degrees are allowed for in the education category and additional experiences in other program-related settings are allowed for in the experience category.

The Department may issue a provisional license for up to one year to allow an on-site director to meet qualifications. However, using a provisional license for people who are "qualifiable" is not intended as an open-ended approval for anyone interested in a position of responsibility within a center. Some measure of education or a track record of involvement with early childhood or school-aged children is needed.

Given the variation in educational, employment and volunteer opportunities, the scope of education and experience sufficient to warrant issuing a provisional license must be decided on a case-by-case basis. Potential on-site supervisors are allowed and encouraged to make up deficiencies in education and experience by obtaining training relevant to their areas of need.

However, it is not the intent of the Department to allow 50 hours of self-study. Training is to be viewed as professional development resulting in better outcomes for children, not as an "easy" way to become an on-site supervisor.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.6 Personnel	SUBJECT: **Director and On-Site Supervisor Functions Combined**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.6(3)	

RULE

Director and on-site supervisor functions combined. In a center where the functions of the center director and the on-site supervisor are accomplished by the same person, the educational and experience requirements for a center director shall apply.

If the center director is serving in the role of the on-site supervisor, the director shall be on site daily either during the hours of operation or a minimum of at least eight hours of the center's hours of operation. If the staff person designated as the on-site supervisor is temporarily absent from the center, another responsible adult staff shall be designated as the interim on-site supervisor.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

In many centers, the same person completes the functions or duties of a center director and on-site supervisor. In those instances, the person qualifies if the person meets the requirements for a center director. In fulfilling the duties of the on-site supervisor, the director must be present at the center a minimum of eight hours or the hours of the operation of the center. This allows for a figure of authority to be present during the majority of the day.

If the person who is permanently designated as the on-site supervisor is temporarily absent from the center, another adult staff who has proven to be responsible must be designated as the interim on-site supervisor. "Temporarily" is intended to mean a short absence from the center due to attendance at a staff development training, short-term sick or vacation leave, or other absence that is of a short duration.

At all times during the course of the day, an adult must be assigned to be "in charge" of the operation of the center and in the event of an emergency. Inform all staff any time there is a change in the assignment of the on-site supervisor. Larger centers may want to consider a daily posting of the name of the on-site supervisor, amending the posting when a temporary reassignment is made.

An organization that has more than one center location under its direction and financial control must designate at least one director for all the centers and an on-site supervisor specified for each location.

Iowa Department of Human Services	SECTION: 109.6 Personnel	SUBJECT: **Volunteers and Substitutes**
Child Care Center Licensing	☐ New ☑ Revised	Date: 1/11/06
Provider Handbook Regulations	Rule Citation: 441 IAC 109.6(5)	

RULE

Volunteers and substitutes.

a. All volunteers and substitutes shall sign a statement indicating whether or not they have one of the following:

   (1) A conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.

   (2) A communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.

b. The center shall have the volunteer or substitute:

   (1) Complete form 595-1396, *DHS Criminal History Record Check*, Form B.

   (2) Complete form 470-0643, *Request for Child Abuse Information*.

   (3) Sign a statement indicating the volunteer or substitute has been informed of the volunteer's or substitute's responsibilities as a mandatory reporter.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Record checks are required for each owner, director, staff member including volunteer, substitute, or subcontracted staff, with direct responsibility for child care or with access to a child when the child is alone and for anyone living in the child care facility who is 14 years of age or older. See Record Checks and Evaluations.

Volunteers should always be under the direct observation of staff. Any adult with access to children has the potential to cause them harm, either through abusive behavior or in the transmission of disease. Therefore, centers need to be cautious in the use of volunteers and substitutes, not only for the protection of children, but also for the center's liability.

All volunteers and substitutes, regardless of the amount of time they volunteer or are paid to work in the center, **must** complete the statement indicating whether they have a criminal conviction or history of child abuse or dependent adult abuse or a communicable disease or health concern. Anecdotal information regarding perpetrators of child abuse and people infected with communicable disease serves as a caution to the argument: "but I know them, and they wouldn't ....."

While the Iowa Legislature in 1998 exempted volunteers from the two-hour mandatory reporting training requirement, a volunteer is deemed an "employee" for purposes of being a mandatory reporter of child abuse. Consequently, you need to ensure that volunteers are aware of their responsibilities and how to make a report. Volunteers must sign a statement indicating they have been informed and are aware of their responsibilities.

The criminal history record check and request for child abuse information are required for only those persons serving as volunteers and substitutes who are included in staff ratio. The checks on persons included in staff ratio are important because of the person's ability to be left in a supervisory position or left alone, even temporarily, with a child.

While some volunteers or substitutes may be included in ratio only several times throughout the year, receiving the information obtained in conducting the check will assist you in making a more informed decision about the continued use of the person in that role.

Volunteers younger than 18 should also sign the conviction/child abuse statement and health statements. Centers may want to require volunteers younger than 18 to provide a copy of their immunization certificate (required by their school) to ensure that they are free from communicable disease.

Iowa Department of Human Services	SECTION: 109.6 Personnel	SUBJECT: **Record Checks and Evaluations**
Child Care Center Licensing	☐ New ☑ Revised	Date: 7/10/03
Provider Handbook Regulations	Rule Citation: 441 IAC 109.6(6)	

RULE

Record checks. The Department shall conduct criminal and child abuse record checks in Iowa for each owner, director, staff member, or subcontracted staff person with direct responsibility for child care or with access to a child when the child is alone and for anyone living in the child care facility who is 14 years of age or older. The department may use Form 470-0643, *Request for Child Abuse Information*, and Form 595-1396, *DHS Criminal History Record Check*, Form B, or any other form required for criminal and child abuse record checks. The department may also conduct criminal and child abuse record checks in other states and may conduct dependent adult abuse, sex offender, and other public or civil offense record checks in Iowa or in other states.

a. *Mandatory prohibition*. A person with the following convictions or founded abuse reports is prohibited from involvement with child care:

(1) Founded child or dependent adult abuse that was determined to be sexual abuse.

(2) Placement on the sex offender registry.

(3 Felony child endangerment or neglect or abandonment of a dependent person.

(4) Felony domestic abuse.

(5) Felony crime against a child including, but not limited to, sexual exploitation of a minor.

(6) Forcible felony.

b. Mandatory time-limited prohibition.

(1) A person with the following convictions or founded abuse reports is prohibited from involvement with child care for five years from the date of the conviction or founded abuse report:

1. Conviction of a controlled substance offense under Iowa Code chapter 124.

2. Founded child abuse that was determined to be physical abuse.

(2) After the five-year prohibition period from the date of the conviction or the founded abuse report as defined in subparagraph 109.6(6)“b”(1), the person may request the department to perform an evaluation under paragraph 109.6(6)“c” to determine whether prohibition of the person’s involvement with child care continues to be warranted.

c. *Evaluation required*. For all other transgressions, and as requested under subparagraph 109.6(6)“b”(2), the department shall notify the affected person and the licensee that an evaluation shall be conducted to determine whether prohibition of the person'' involvement with child care is warranted.

(1) The person with the transgression shall complete and return form 470-2310, Record Check Evaluation, within ten calendar days of the date on the form. The department shall use the information the person with the transgression provides on this form to assist in the evaluation. Failure of the person with the transgression to complete and return this form by the specified date shall result in denial or revocation of the license or denial of employment.

(2) The department may use information from the department's case records in performing the evaluation.

(3) In an evaluation, the department shall consider all of the following factors:

1. The nature and seriousness of the transgression in relation to the position sought or held.
2. The time elapsed since the commission of the transgression.
3. The circumstances under which the transgression was committed.
4. The degree of rehabilitation.
5. The likelihood that the person will commit the transgression again.
6. The number of transgressions committed by the person.

d. *Evaluation decision*. Within 30 days of receipt of a completed Form 470-2310, Record Check Evaluation, the department shall make a decision on the person's involvement with child care. The department has final authority in determining whether prohibition of the person's involvement with child care is warranted and in developing any conditional requirements and corrective action plan under this paragraph.

(1) The department shall mail to the individual on whom the evaluation was completed Form 470-2386, Record Check Decision, that explains the decision reached regarding the evaluation of the transgression and Form 470-0602, Notice of Decision.

(2) If the department determines through an evaluation of a person's transgressions that the person's prohibition of involvement with child care is warranted, the person shall be prohibited from involvement with child care. The department may identify a period of time after which the person may request that another record check and evaluation be performed.

(3) The department may permit a person who is evaluated to maintain involvement with child care if the person complies with the department's conditions and corrective action plan relating to the person's involvement with child care.

(4) The department shall send a letter to the employer that informs the employer whether the person subject to an evaluation has been approved or denied involvement with child care. If the person has been approved, the letter shall inform the employer of any conditions and corrective action plan relating to the person's involvement with child care.

e. *Notice to parents*. The department shall notify the parent, guardian, or legal custodian of each child for whom the person provides child care if there has been a founded child abuse record against an owner, director, or staff member of the child care center. The center shall cooperate with the department in providing the names and addresses of the parent, guardian, or legal custodian of each child for whom the facility provides child care.

f. *Repeat of record checks*. The child abuse and criminal record checks shall be repeated at a minimum of every two years and when the department or the center become aware of any transgressions. Any new transgressions discovered shall be handled in accordance with this subrule.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Submit form 595-1396, *DHS Criminal History Record Check* (Form B), directly **to Department of Human Services, Child Care Licensing Support, 1200 University Ave., Des Moines, IA 50314** or e-mail it to **recordcheck@dhs.state.ia.us**. Please be sure the center name and mailing address is on the form.

Do **not** send the form to the Division of Criminal Investigation **or** make alterations to the form. This will result in the Division returning the form to the Department and a delay in turnaround. Resubmit the checks on employees every two years or when there is reason to believe there is a transgression. A copy of the form is included in Part IV of this handbook.

The child care support staff completes form 470-0643, *Request for Child Abuse Information*, when they receive the *DHS Criminal History Record Check*. The center does NOT complete or submit the *Request for Child Abuse Information*. The criminal and child abuse record checks are resubmitted every two years or when there is reason to believe a transgression has occurred. The existence of any of the following in a person's record is considered a transgression:

1. Conviction of a crime.
2. A record of having committed founded child or dependent adult abuse.
3. Listing in the sex offender registry established under Iowa Code Chapter 692A.
4. A record of having committed a public or civil offense.
5. 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.

You may want to consider conducting checks on other staff in the center, such as cooks, maintenance staff, etc., if they will have significant opportunity to have access to children.

When the licensing support staff requests an employee with a history of a transgression complete and return the *Record Check Evaluation*, form 470-2310, the form **must** be returned in **10 days**. Failure to do so can result in denial of employment.

When a record check evaluation is conducted, the Department will send a letter to the center that informs the center whether the individual subject to an evaluation has been approved or denied involvement with child care. If there are any conditions or a corrective action plan related to the approval of the individual's involvement with child care, the letter will inform the center of any of these conditions or corrective action plan.

A record check evaluation will not be requested or conducted when the criminal conviction or founded abuse meets the definition of a mandatory or time-limited prohibition from involvement with child care. In these circumstances, a *Notice of Decision*, form 470-0602, denying involvement with child care will be sent to the person who is the subject of the record check. The center will be sent a letter notifying it that the person has been denied involvement with child care.

A criminal record or child abuse record check in an employee's file is a confidential request. This record cannot be duplicated and transferred with an employee. Therefore, if an employee leaves one center and begins employment at a new center, a new form 595-1396, *DHS Criminal History Record Check*, Form B, and form 470-0643, *Request for Child Abuse Information*, must be completed. The request does not have to be resubmitted for an employee who transfers between sites of the same corporation.

Notification to Parents

You may want to take an up-front approach with parents by clearly communicating in your parent materials that criminal and child abuse record checks are required on staff, substitutes, and volunteers used to meet ratio requirements. Parents should be informed that individuals are prohibited from involvement with child care when they have the following convictions or founded abuse reports:

- 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.
- Forcible felony.

Parents should also be made aware that there is a time-limited prohibition from involvement with child care when a founded child abuse is determined to be physical abuse and when there is a conviction for a controlled substance offense under Iowa Code Chapter 124.

In these circumstances individuals are prohibited from involvement with child care for five years from the date of the conviction or founded child abuse report. After five years the department assesses the circumstances of the incident and the person to determine whether or not the person can work in a child care center. This same review process is used for other types of criminal convictions or founded abuse.

In addition, parents should be informed that Department staff will notify them if a founded abuse (confirmed and placed on the Registry) ever occurs in the center,

When the Department conducts the child abuse record check on a staff person who has a founded child abuse report <u>for an abuse that occurred in the center</u>, the child care consultant is required to notify parents in writing of the incident. Law requires the notification to parents. The notice sent to parents does NOT identify the name of the perpetrator or the child, or the specific circumstances of the abuse. The letter indicates to parents that:

- A founded child abuse has been confirmed on a staff member at the center.
- The staff person has a right to appeal the decision.
- The Department will evaluate the staff member for continued employment.
- The center or the Department has taken other corrective action, if applicable.

When the Department must send out a letter to parents, you **must** cooperate with the Department upon request of the consultant by immediately providing the names and addresses of the parents or guardians of the children served. Failure to do so could jeopardize the status of your license.

Being the subject of notification to parents of an abuse is an uncomfortable position for a center to find itself in. On the premise that an up-front disclosure usually alleviates more fears than an unexpected letter from the Department, one strategy that other directors have found of assistance, is for the center to initiate its own letter to parents.

You can inform parents that a founded abuse has occurred, that corrective action has been taken to remedy the situation or prevent reoccurrence, and that they will be receiving additional correspondence from the Department regarding this matter.

If a staff person leaves the center following an investigation that results in a founded determination, the Department is still required to notify the parents that a founded abuse occurred. If a staff person leaves employment and is later rehired, a new record check must be completed.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.7 **Professional Growth and Development**	SUBJECT: **Required Training Within First Six Months**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.7(1)	

RULE

The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum staff training requirements:

Required training within the first six months of employment. During their first six months of employment, all staff shall receive the following training:

a. Two hours of Iowa's training for mandatory reporting of child abuse.
b. At least one hour of training regarding universal precautions and infectious disease control.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Mandatory Reporting

Effective May 1, 2002, all child abuse mandatory reporter training must be training approved by the Abuse Education Review Panel in the Iowa Department of Public Health. All child abuse mandatory reporter training received before May 1, 2002, is good for five years from the date of training.

The child care resource and referral in your area has approved training and can work with you in getting your staff trained. You can find the address and telephone number of the child care resource and referral agency for your county on pages 19 and 20 of this manual. You can also find a list of approved training at the Department of Public Health's web site under the program name, Abuse Education Review Panel. The address to this web site is as follows: http://idph.state.ia.us/programs.asp.

The employee is responsible to ensure that a certificate showing the completion of training is obtained. An employee who changes jobs, going from one center to another, should take the certificate or a copy of the certificate to the new center. Mandatory reporter training must be renewed every five years.

Universal Precautions

Universal precautions is an approach to infection control (it is also referred to as "Blood-Borne Pathogen" or "Standard Precautions" training). All blood and bodily fluids are treated as if known to be infectious for HIV, Hepatitis B, or other blood-borne pathogens. Infectious materials include body fluids or waste products. The materials of most concern are human body fluids like blood, semen, vaginal secretions, saliva in dental procedures, any body fluid that visibly contains blood.

Ensure that all employees with occupational exposure to infectious materials participate in a training program provided at no cost to the employee and during working hours. According to federal Occupational Health and Safety Administration (OSHA) requirements, the training should be provided at the time the employee is assigned to duties or tasks where the employee may be exposed to infectious materials.

As licensing requirements dictate that this formal training occur within the first six months of employment, provide information to your employees regarding the universal precaution procedures used in the center at their initial orientation.

While all child care staff included in the staff/child ratio must receive the training, you may determine that additional employees may be at risk for occupational exposure of blood-borne pathogens. An occupational or job-related exposure occurs when an employee may come in contact with blood or other potentially infectious material. Ask the question: "Does this employee have any risk of coming in contact with infectious materials (the body fluids or child waste products) which may be contaminated?" If the answer is yes, then universal precautions training is required.

Employees are most likely to come in contact with infectious materials and waste in the course of:

- Changing diapers
- Giving first aid for cuts, human bites, and abrasions, or
- Handling trash that contains diapers and diaper-changing materials, and first-aid waste materials.

Child care providers are less likely to come in contact with infectious materials through a needle stick, unless the child is receiving medical treatments while in the child care center.

Training for universal precautions should include the following topics or materials:

- An explanation of how diseases are transmitted from person to person or from a contaminated object to a person.
- An explanation of how certain duties and tasks may place the staff at risk of exposure to blood and other infectious materials.
- An explanation of how to reduce the exposure to infectious materials by using new protective work practices and protective supplies and equipment.
- An explanation of the proper use, location, handling, decontamination, and disposal of protective supplies or equipment and how to select appropriate supplies for the task.
- An explanation of protective vaccines for Hepatitis B, including effectiveness and benefits of vaccine, vaccine safety, and how the vaccine is given.
- An explanation of exact procedures to follow if exposure occurs.
- An explanation of the signs and labels that may be posted regarding infectious materials and waste.
- All training participants must be given ample time to ask questions and receive answers from the person giving the training on universal precautions.

The child care health consultant, located in the child care resource and referral agency, can provide assistance in developing exposure control plans to prevent contact with infectious materials and procedures to follow should contact occur.

Staff records should document that training for universal precautions has been received. Also keep documentation for staff not included in ratio who have received the training (i.e., custodians or drivers).

Training may be received from a variety of sources. Contact the child care health consultant at your local child care resource and referral agency for more information.

The one-hour training regarding universal precautions and infectious disease control must be updated annually. Occupational Health and Safety Administration regulations require universal precautions training be given in a group setting and by a person who can respond to questions about disease transmission and prevention.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.7 Professional Growth and Development	SUBJECT: **Staff Employed 20 Hours or More a Week**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.7(2)	

RULE

The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum staff training requirements:

Staff employed 20 hours or more per week.

a. During their first year of employment, all staff employed 20 hours or more per week shall receive the following training:

(1) Certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.

(2) Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, and Emergency Medical Planning (Medic First Aid) or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.

(3) Ten contact hours of training from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. Training received for cardiopulmonary resuscitation (CPR), first aid, mandatory reporting of child abuse, and universal precautions shall not count toward the ten contact hours.

(4) At least four hours of the ten contact hours of training shall be received in a sponsored group setting. Six hours may be received in self-study using a training package approved by the Department.

(5) Center directors and on-site supervisors shall receive all ten hours of training in a sponsored group setting.

(6) Staff who have completed a comprehensive training package of at least ten contact hours offered through a child care resource and referral agency or community college within six months before initial employment shall have the first year's ten contact hours of training waived.

b. Following their first year of employment, all staff who are employed 20 hours or more a week shall:

(1) Maintain current certification for Iowa's training for the mandatory reporting of child abuse; infant, child and adult CPR; and infant, child and adult first aid.

(2) Receive six contact hours of training annually from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. At least two of the six contact hours shall be in a sponsored group setting.

(3) Center directors and on-site supervisors shall receive eight contact hours of training annually from the topical areas. At least four of the eight contact hours shall be in a sponsored group setting.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Research indicates that formal education or training that increases the knowledge of providers has been shown to be the greatest determinant of safe and quality programming for children. The following chart summarized the training requirements.

WITHIN FIRST YEAR OF EMPLOYMENT	ANNUALLY THEREAFTER
1 hour of universal precautions (within first six months)	1 hour of universal precautions
Training for mandatory reporting of child abuse (within first six months)	Maintain current certification for mandatory reporting of child abuse
Certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR)	Maintain current certification for infant, child, and adult CPR
Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization (see rule)	Maintain current certification for infant, child, and adult first aid
10 contact hours of training from: • Child development • Guidance and discipline • Developmentally appropriate practices • Nutrition • Health and safety • Communication skills • Professionalism, business practices • Cross-cultural competence. Training received for CPR, first aid, mandatory reporting, and universal precautions does not count toward the 10 hours. Staff must receive at least 4 hours of the 10 contact hours in a sponsored group setting. 6 hours may be received in Department-approved self-study.	Staff must receive 6 contact hours of training from the topical areas. At least 2 of the 6 contact hours must be in a sponsored group setting. Center directors and on-site supervisors must receive 8 contact hours of training annually from the topical areas. At least 4 of the 8 contact hours must be in a sponsored group setting.

Center directors and on-site supervisors must get all 10 hours of training in a sponsored group setting. Staff that completed a comprehensive training package of at least 10 contact hours offered through a child care resource and referral agency or community college within 6 months before initial employment are waived from first year's 10 contact hours of training.	

Certification for CPR includes training on rescue breathing and first aid for choking, two critical elements in providing emergency care to children. Cessation of breathing almost always precedes cardiac arrest in children by a time period that makes rescue breathing an essential element of emergency care. However, being able to apply CPR techniques is still an essential skill, particularly in relation to responding to water emergencies and providing care to children with special needs. Recertification is necessary to ensure that skills are maintained.

A person or agency that wants to provide "equivalent certification" in first aid and CPR should contact the child care consultant for prior approval. The scope of content and practice time should be similar to that conducted by one of the four approved national organizations. A training that consists of less than two hours for certification (or renewal) in first aid or CPR cannot be deemed to be equivalent.

For first aid or CPR, a certificate is issued that documents that the person has completed the course and has demonstrated skills. If staff are current certified for only part of the specific populations for first aid or CPR (for example, infant and child but not adult), they must obtain the additional certification at the time of their next renewal.

"Contact hours" means the actual hours of training (hour-for-hour). Obtaining more than the required hours in one year does not carry over in the following year. (For example, a person who takes 12 hours of training in the first year of employment still requires 6 hours of training in the following year.)

Sponsored group setting is not self-study, but is training received with other adults, either in or out of the center. The training must be conducted by a trainer or using curriculum or training materials developed or obtained from:

- Accredited universities and colleges
- Community colleges
- ISU Extension
- Child care resource and referral agencies
- Area education agencies
- Regent's Center
- Hospitals (health and safety, first aid, CPR)
- Red Cross, American Heart Association, National Safety Council, Medic First Aid
- Head Start
- State professional associations such as IAEYC, IFCCA, etc.
- National professional associations such as NAEYC, American Academy of Pediatrics, etc.
- CACFP and WIC
- State Departments of Health, Education, and Human Services

Any sponsored training in a group setting must offer:

- Content equal to at least one hour of training credit.
- Training that follows the philosophy of developmentally appropriate practice, as defined by NAEYC and National Health and Safety Performance Standards.
- An opportunity for questions and answers within the contact hours.
- Documentation of training for each participant that includes:
  - The title of training
  - The area addressed relative to the topical areas required.
  - The name of person who served in the instructor role.
  - The number of contact hours.

The requirement for sponsored training is not intended to discourage capable center directors and staff from conducting "in-house" training. However, a sponsored training that occurs in a center setting by a director or other staff member does not simply mean staff "updating" each other about a conference session they attended or materials they've reviewed.

The material or content of the training must have been obtained from one of the entities listed above and follow a "presentation" format that incorporates adult learning methods. If information is shared regarding a topic from a conference or training, etc., it should be supplemented with other materials, such as handouts, a video presentation on the topic, etc.

Sponsored training may also occur over the Iowa Communications Network, via tele-credit courses that are offered through public television stations, or through Internet-based training such as Learning Options On-Line Campus (www.learningoptions.org)

Training conducted with staff either during the hours of operation of the center, staff lunch hours, or while children are resting must <u>not</u> diminish the required staff ratio coverage. Staff cannot be actively engaged in the care and supervision of children and simultaneously participate in training.

Self-study training packages approved by the Department include curriculum developed and materials maintained by the child care consultants, child care health consultants, ISU Extension, and the resource and referral agencies. If you want to use a self-study package not distributed by these entities, forward it to the child care consultant for review. Approvals of self-study packages will be communicated to the entities listed above.

A "comprehensive training package" is a course of study such as ChildNet offered through the child care resource and referral agencies or a curriculum used by a community colleges that incorporates multiple training elements in caring for children, including child development, appropriate guidance and supervision, health and safety, etc.

People who change jobs, going from one center to a different center, may take their training history with them, and simply continue the hours required for the appropriate year of employment.

The child care resource and referral agencies can provide information on available training in your area.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.7 Professional Growth and Development	SUBJECT: **Staff Employed Less Than 20 Hours a Week**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.7(3)	

RULE

The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum staff training requirements:

Staff employed less than 20 hours per week.

a. During their first year of employment, all staff who are employed less than 20 hours a week shall receive the following training:

   (1) Five contact hours of training from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence.

   (2) At least two of the five contact hours shall be in a sponsored group setting.

   (3) Staff who have completed a comprehensive training package of at least ten contact hours offered through a child care resource and referral agency or community college within six months before initial employment shall have the five contact hours required in the first year waived.

b. Following their first year of employment, all staff who are employed less than 20 hours a week shall:

   (1) Maintain current certification for Iowa's training for mandatory reporting of child abuse.

   (2) Receive four contact hours of training annually from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. At least two of the four contact hours shall be in a sponsored group setting.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The following chart summarizes the training requirements for part-time staff. Remember, a staff person working less than 20 hours per week can be left alone in the center for opening or closing only **if** they are certified in CPR and first-aid.

WITHIN FIRST YEAR OF EMPLOYMENT	ANNUALLY THEREAFTER
1 hour of universal precautions (within first six months)	1 hour of universal precautions
Training for mandatory reporting of child abuse (within first six months)	Maintain current certification for mandatory reporting of child abuse
5 contact hours of training from: • Child development • Guidance and discipline • Developmentally appropriate practices • Nutrition • Health and safety • Communication skills • Professionalism, business practices • Cross-cultural competence. Training received for mandatory reporting and universal precautions does not count toward the 5 contact hours. Staff must receive at least 2 hours of the 5 contact hours in a sponsored group setting. 3 hours may be received in Department-approved self-study. Staff who completed a comprehensive training package of at least 10 contact hours offered through a child care resource and referral agency or community college within 6 months before initial employment are waived from first year's 5 contact hours of training.	4 contact hours of training from the topical areas At least 2 of the 4 contact hours must be in a sponsored group setting.

"Contact hours" means the actual hours of training (hour for hour). Extra hours obtained in one year do not carry over in the following year. (For example, a person who takes 12 hours of training in the first year of employment still requires 6 hours of training in the following year.)

Sponsored group setting is not self-study, but is training received with other adults, either in or out of the center. The training must be conducted by a trainer or using curriculum or training materials developed or obtained from:

- Accredited universities and colleges
- Community colleges
- ISU Extension
- Child care resource and referral agencies
- Area education agencies
- Regent's Center
- Hospitals (health and safety, first aid, CPR)
- Red Cross, American Heart Association, National Safety Council, Medic First Aid
- Head Start
- State professional associations such as IAEYC, IFCCA, etc.
- National professional associations such as NAEYC, American Academy of Pediatrics, etc.
- CACFP and WIC
- State Departments of Health, Education, and Human Services

Any sponsored training in a group setting must offer:

- Content equal to at least one hour of training credit.
- Training that follows the philosophy of developmentally appropriate practice, as defined by NAEYC and National Health and Safety Performance Standards.
- An opportunity for questions and answers within the contact hours.
- Documentation of training for each participant that includes:
  - The title of training.
  - The area addressed relative to the topical areas required.
  - The name of person who served in the instructor role.
  - The number of contact hours.

The requirement for sponsored training is not intended to discourage capable center directors and staff from conducting "in-house" training. However, a sponsored training that occurs in a center setting by a director or other staff member does not simply mean staff "updating" each other about a conference session they attended or materials they've reviewed.

The material or content of the training must have been obtained from one of the entities listed above and follow a "presentation" format that incorporates adult learning methods. If information is shared regarding a topic from a conference or training, etc., it should be supplemented with other materials, such as handouts, a video presentation on the topic, etc.

Sponsored training may also occur over the Iowa Communications Network, via tele-credit courses that are offered through public television stations, or through Internet-based training such as Learning Options On-Line Campus (www.learningoptions.org)

Training conducted with staff either during the hours of operation of the center, staff lunch hours, or while children are resting must <u>not</u> diminish the required staff ratio coverage. Staff cannot be actively engaged in the care and supervision of children and simultaneously participate in training.

Self-study training packages approved by the Department include curriculum developed and materials maintained by the child care consultants, child care health consultants, ISU Extension, and the resource and referral agencies. If you want to use a self-study packages not distributed by these entities, forward it to the child care consultant for review. Approvals of self-study packages will be communicated to the entities listed above.

A "comprehensive training package" is a course of study such as ChildNet offered through the child care resource and referral agencies or a curriculum used by a community colleges that incorporates multiple training elements in caring for children, including child development, appropriate guidance and supervision, health and safety, etc.

People who change jobs, going from one center to a different center, may take their training history with them, and simply continue the hours required for the appropriate year of employment.

The child care resource and referral agencies can provide information on available training in your area.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.7 Professional Growth and Development	SUBJECT: **Staff Employed in Summer-Only Programs**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.7(4)	

RULE

The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum staff training requirements:

Staff employed in centers that operate summer-only programs. Staff who are employed in centers that operate only in the summer months when school is not in session shall receive the following training:

a. Two hours of Iowa's training for mandatory reporting of child abuse.

b. At least one hour of training regarding universal precautions and infectious disease control.

c. At least one staff person on duty in the center and outdoor play area when children are present and on field trips shall have certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.

d. At least one staff person on duty in the center and outdoor play area when children are present and on field trips shall receive certification in infant, child and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, and Emergency Medical Planning (Medic First Aid) or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The temporary nature of staff typically employed in summer-only programs makes it difficult to prescribe ongoing training plans. However, for the well-being of the children served, minimum health and safety training is required. The following chart summarizes the training requirements for summer staff.

WITHIN FIRST YEAR OF EMPLOYMENT	ANNUALLY THEREAFTER
1 hour of universal precautions	1 hour of universal precautions
Training for mandatory reporting of child abuse	Maintain current certification for mandatory reporting of child abuse
At least 1 staff on duty in the center and outdoor play area when children are present and on field trips certified in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR)	
At least 1 staff on duty in the center and outdoor play area when children are present and on field trips certified in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization	

Certification for CPR includes training on rescue breathing and first aid for choking, two critical elements in providing emergency care to children. Cessation of breathing almost always precedes cardiac arrest in children by a time period that makes rescue breathing an essential element of emergency care. However, being able to apply CPR techniques is still an essential skill, particularly in relation to responding to water emergencies and providing care to children with special needs. Recertification is necessary to ensure that skills are maintained.

A person or agency that wants to provide “equivalent certification” in first aid and CPR should contact the child care consultant for prior approval.

If staff are current certified for only part of the specific populations for first aid or CPR (for example, infant and child but not adult), they must obtain the additional certification at the time of their next renewal.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.7 Professional Growth and Development	SUBJECT: **Training Plans**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.7(5)	

RULE

Training plans. Training shall supplement educational and experience requirements in rule 441--109.6(237A) and shall enhance the staff's skill in working with the developmental and cultural characteristics of the children served.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Ongoing staff development and in-services provide an opportunity to:

- Motivate staff.
- Advance their professional skills.
- Provide up-to-date information on child development, learning strategies, developmentally appropriate practices, and health and safety practices.

You are encouraged to develop individual training plans for your staff, based on:

- Reinforcements needed to their past education and experience.
- The populations of children they provide direct care to.
- Health and safety considerations.
- Concerns cited in their evaluation and supervision.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.8 **Staff Ratio Requirements**	SUBJECT: **Staff Requirements**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.8(1)	

RULE

109.8(1) *Staff requirements.* Persons counted as part of the staff ratio shall meet the following requirements:

a. Be at least 16 years of age. If less than 18 years of age, the staff shall be under the direct supervision of an adult.

b. Be involved with children in programming activities.

c. At least one staff person on duty in the center and outdoor play area when children are present and present on field trips shall be over the age of 18 and hold current certification in first aid and cardiopulmonary resuscitation (CPR) as required in rule 441—109.7(237A).

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The staff requirements listed above apply to the staff members included as part of the staff ratio.

Research has shown that the quality of staff is the single most important determinant of a quality child care setting. Because of the rapidly changing developmental needs of children, the vulnerability of young children, the needs of older children for mentoring and support, and the responses required in emergencies, staff included in ratio need to display:

- A level of maturity.
- A knowledge of child development.
- A knowledge of acceptable health and safety practices.
- An ability to adapt to the constantly changing emotional and physical care needs of children.

Failure to employ staff who meet staff requirements, or to come into compliance as arranged with your child care consultant, could result in the suspension or revocation of your license.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.8 Staff Ratio Requirements	SUBJECT: **Staff Ratio**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.8(2)	

RULE

Staff ratio. The staff-to-child ratio shall be as follows:

Age of Children	Minimum Ratio of Staff to Children
Two weeks to two years	One to every 4 children
Two years	One to every 6 children
Three years	One to every 8 children
Four years	One to every 12 children
Five years to ten years	One to every 15 children
Ten years and over	One to every 20 children

a. Combinations of age groupings for children four years of age and older may be allowed and may have staff ratio determined on the age of the majority of the children in the group. If children three years of age and under are included in the combined age group, the staff ratio for children aged three and under shall be maintained for these children. Preschools shall have staff ratios determined on the age of the majority of the children, including children who are three years of age.

b. If a child between the ages of 18 and 24 months is placed outside the infant area, as defined at subrule 109.11(2), the staff ratio of 1 to 4 shall be maintained as would otherwise be required for the group until the child reaches the age of two.

c. Every child-occupied program room shall have adult supervision present in the room.

d. During nap time, at least one staff shall be present in every room where children are resting. Staff ratio requirements may be reduced to one staff per room where children are resting for a period of time not to exceed one hour provided staff ratio coverage can be maintained in the center. The staff ratio shall always be maintained in the infant area.

e. The minimum staff ratio shall be maintained at mealtimes and for any outdoor activities at the center.

f. When seven or more children under the age of three are present on the licensed premises or are being transported in one vehicle, at least two adult staff shall be present. Only one adult is required when a center is transporting children in a center-owned vehicle with parent authorization for the sole purpose of transporting children to and from school. When a center contracts with another entity to provide transportation other than for the purpose of transporting school-age children to or from school, at least one adult staff in addition to the driver shall be present if at least seven children provided care by the center are transported.

g. Any child care center-sponsored program activity involving five or more children conducted away from the licensed facility shall provide a minimum of one additional staff over the required staff ratio for the protection of the children.

h. For a period of two hours or less at the beginning or end of the center's hours of operation, one staff may care for six children or less, provided no more than two of the children are under the age of two years.

i. For centers or preschools serving school-age children, the ratio for school-age children may be exceeded for a period of no more than four hours during a day when school classes start late or are dismissed early due to inclement weather or structural damage provided the children are already enrolled at the center and the center does not exceed the licensed capacity.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Standards for staff ratios are based on what children need in order to have a reasonable amount of quality, nurturing care. The ratio of children to adults allows for increased one-to-one interaction, knowledge of individual children, and consistent and safe caregiving. Research shows that the staff/child ratio is the most critical for children from birth to three years of age.

While a low staff/child ratio does not in and of itself guarantee that quality care is provided, it does increase the likelihood that staff will be able to provide more individualized, interactive, direct care and increases staff's ability to respond to emergencies, tend to children with minor illness, etc. The National Fire Protection Association, in its *1988 Life Safety Code 10,1* recommends lower staff/child ratios for nonambulatory children as essential for fire safety.

Centers may enlist volunteers, high school students interested in child development (who are at least 16), college students in early childhood or CDA programs, Green Thumb, or other retired senior programs as resources to meet ratio.

Larger centers (serving 50 or more children) may want to consider not including the director or on-site supervisor in the staff/child ratio to allow them to be more available for the overall management and supervision of the center. This allows the director and supervisor to be more knowledgeable of all the activities throughout the center, provide guidance and modeling to staff, allow for more immediate response and intervention during emergencies, and fill in temporarily for an absent employee until a substitute can arrive.

General Ratio Requirements

Preschools determine their ratio on the basis of the age of the majority of the children. Centers determine ratio on the basis of the ages of all the children served. When there is no majority of any age group, staff on the age of the lower group. For example, if a group consists of five three year olds and five four year olds, determine the ratio based on the three-year-olds (1:8).

A combined age group may be accomplished in a segregated program room or in a general-purpose program area. Combinations of age groupings are allowed for, but not required, in child care centers.

Given the vulnerability and care needs of children under age three, staff ratio must be maintained for their age group when they are included in a combined grouping. Remember, infants must be cared for separate from the other children except for very limited periods of time, maintaining their staff ratio.

When combining age groups, consider the amount of time spent in a combined group, the personal needs of the children, and the safety considerations of younger children when combined with school-age children. Be mindful of the fact that too large of a group may impede the activity level, interaction, and overall development of the children.

In addition, the larger the group, the more stress this places on staff in trying to meet individual needs, coordinate group activities, and provide for overall supervision. Higher stress levels of staff are associated with inappropriate responses to situations, abuse due to a loss of control, and high staff turnover.

Depending on the developmental stage of an individual child, it may be appropriate to include a child aged 18 to 24 months in with other children who are two years of age. If this is done, the child must still be staffed at a 1:4 ratio until the child's second birthday. Do not routinely place children under 18 months in rooms or groups of children who are two years or older.

A program area where children are present must never be left unsupervised by an adult. A person 18 years or older must be present in every child-occupied program room.

Other than the exception allowed for at the beginning and ending of a center's hours of operation, at least two adults must be on duty whenever seven or more children three years of age and older are in the child care center. (Two adults are always required by ratios for children birth through age 2 if seven children of either of those age groupings are present.)

Examples for Determining Ratio

Program room by age:

Children under 2 (1:4)	9	X X X X / X X X X / X	3 staff required
2-year-olds (1:6)	15	X X X X X X / X X X X X X / X X X	3 staff required
3-year-olds (1:8)	10	X X X X X X X X / X X	2 staff required

All in one program area:

Children under 2 (1:4)	9	X X X X / X X X X / X	3 staff required
2-year-olds (1:6)	15	X X X / X X X X X X / X X X X X X	2 staff required
3-year-olds (1:8)	10	X X X X X X X X / X X	2 staff required

2-year-olds (1:6)	1
3-year-olds (1:8)	1
5-year-olds (1:15)	5

In the above grouping example, two staff are required because of the ratio for the two-year-old.

Example for Determining Ratio in a Preschool

3-year-olds	9	X X X X X X X X
4-year-olds	15	X X X X X X X X X X X X X X X X X
5-year olds	3	X X X

The majority of the children are 4-year-olds, requiring a ratio of 1:12. Therefore, 27 children require three staff.

Examples for Determining Ratio in a Center

Combined age group in program area that includes 3-year-olds:

3-year-olds	9	X X X X X X X X X
4-year-olds	15	X X X X X X X X X X X X X X X X X
5-year-olds	3	X X X

The three-year-olds must still have ratio maintained for their age group at 1:8. The majority of the other children are four-year-olds, requiring a ratio of 1:12. Therefore, 27 children require three staff.

Combined age group in program area that doesn't include 3-year-olds:

4-year-olds	9	X X X X X X X X X
5-year-olds	15	X X X X X X X X X X X X X X X X X
11-year-olds	3	X X X

The majority of the other children are five-year-olds, requiring a ratio of 1:15. Therefore, 27 children require two staff.

Ratio While Children are Resting

During nap time, children are at varying degrees of resting. At a mid-point in the day, child care staff are often also in need of a break period to rejuvenate, attend to center maintenance or record keeping duties, etc. To accommodate staff's needs for a break, to eat lunch, to participate in in-house staff development opportunities, to attend to other duties, the staff ratio in each room may be reduced to only one staff for a period <u>not to exceed one hour</u>. (**Note:** This does not mean that the nap time must be limited or capped at one hour.)

Staff ratio in the center <u>must</u> still be maintained during this hour. Although the staff ratio in the infant room cannot be reduced, you can use other staff to provide the infant caregivers a break as well.

Example in program room by age:

2-year-olds (1:6)	9	X X X X X X X X X	2 staff required
3-year-olds (1:8)	15	X X X X X X X X X X X X X X X X X	2 staff required
4-year-olds (1:12)	10	X X X X X X X X X X X	1 staff required

In this scenario, the center's nap time begins at noon. From 12:00-1:00 p.m., only one staff has to be in each room, but a total of five staff need to remain in the center. After 1:00 p.m., the rooms must be staffed as shown above. (**Note:** This is just an example -- the hour does not have to begin immediately at the start of the designated nap time, but rather after children have begun to fall asleep.)

Ratio During Activities

Given the importance of modeling appropriate mealtime behaviors and being available to respond to emergencies, it is important to maintain staff ratio during meal and snack times.

Children are susceptible to injury and accidents during outdoor playtime. To allow staff the ability to attend to an injured child and appropriately supervise children on play equipment, it is important to maintain staff ratio during outdoor play.

If you arrange for an activity away from the center for <u>five or more</u> children (such as a field trip, a walk to the library, etc.), one additional staff person over the required ratio must attend. The additional person is available to assist with general supervision, helping young children in crossing streets, attending to non-ambulatory children, and in the event a child becomes ill or an emergency arises. One person may take four children or fewer on an activity away from the center, such as a short walk to a park or library or taking a stroller of two to four infants for a walk outdoors.

Sometimes children attend an organized activity away from the center that the parent enrolled the child in or for which the parent is paying a separate fee. Examples include swimming lessons, city park and recreation programs, and library or science center activities. During these activities, the center must meet ratio requirements for the transportation of the children to the activity.

If the organization or entity conducting the activity is assuming responsibility for the children during the activity, staff do not have to remain with the children while the activity is being completed. The party responsible for supervision should be clearly understood between the organization and the center AND clearly communicated with parents in writing.

Please note: Ratio must be maintained if the activity is a general "field trip" where children are going swimming or attending the science center solely as a group of center children with no formal program being held.

Ratios for Transportation

When seven or more children three years of age and older are being transported, at least two adults must be in the vehicle.

If you contract with another agency or organization to provide transportation for children other than for transportation of school-aged children to and from school, at least one adult from the center must ride along if at least seven children from the center are in the vehicle. The requirement for the additional staff applies only when you are paying another entity to provide the service.

In a scenario where a preschool is contracting with a school to provide transportation for the children, the extra staff requirement would apply. However, if the school is providing the service at no cost to the preschool program, then the additional staff is not necessary. Centers should clearly communicate to parents who the responsible entity is for supervision when transportation is being provided by a non-contracted entity.

Exception: When a center-owned vehicle is used to transport school-aged children to and from school, only one adult is required, provided that the parents of the children being transported are aware and have authorized the reduced ratio. Keep a copy of the signed authorization in the child's file.

Accommodations During Special Circumstances

To meet the demands of parents' work schedules, many centers are open 12 hours or more a day. Often only a few children are present at the beginning or end of a center's business hours. To accommodate the staff scheduling issues that arise during these times, one adult staff may care for six children or less for a period of time not to exceed two hours, as long as no more than two children are two years old or younger. This accommodation is not intended to apply to preschool or before- and after-school programs, which typically operate for three or fewer hours.

Allowing for scheduling of this type was not intended to establish a norm for all centers' staffing, but rather to allow flexibility when the situation warrants. Be mindful of that your first and foremost obligation is providing care and supervision to children. Therefore, the one staff person should remain actively involved with the children, and not be attending to duties such as cooking or doing general maintenance or cleaning.

In Iowa, unforeseen weather events (snow or ice storms, fog, etc.) often result in schools delaying their start time or dismissing early. In addition, schools occasionally experience structural or mechanical problems (no heat or electricity, roof leaks, etc.) that result in late start or early dismissal. During these times, you may need to provide care to your school-aged children but have had insufficient warning to accommodate the additional staff needs required.

When this occurs, you may exceed ratio for no more than four hours, as long as the children cared for are already enrolled in the program and you do not exceed your licensed capacity. The four-hour window allows you time to contact staff to come into work. This accommodation is not intended to apply to scheduled events that result in school closings, late starts, or early dismissals (such as parent-teacher conferences or teacher in-service days).

Iowa Department of Human Services	SECTION: 109.9 **Records**	SUBJECT: **Personnel Records**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.9(1)	

RULE

Personnel records. The center shall maintain personnel information sufficient to ensure that persons employed in the center meet minimum staff and training requirements and do not pose any threat to the health, safety, or well-being of the children. Each employee's file shall contain, at a minimum, the following:

a. A statement signed by each individual indicating whether or not the individual has any conviction by any law of any state or if the individual has any record of founded child abuse or dependent adult abuse.

b. A copy of Form 595-1396, *DHS Criminal History Record Check*, Form B. The center shall complete the form and forward it to the Department before the start of employment.

c. A copy of Form 470-0643, *Request for Child Abuse Information*.

d. A physical examination report. Personnel shall have good health as evidenced by a preemployment examination, including testing for communicable diseases which shall include testing for tuberculosis, performed within six months before beginning employment by a licensed medical doctor, doctor of osteopathy, physician's assistant or advanced registered nurse practitioner and repeated at least every three years after initial employment.

e. Documentation showing the minimum staff training requirements as outlined at rule 441--109.7(237A) are met, including current certifications in first aid and cardiopulmonary resuscitation (CPR) and Iowa's training for the mandatory reporting of child abuse.

f. A photocopy of a valid driver's license if the staff will be involved in the transportation of children.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The listed items are the minimum requirements for a center to maintain in a personnel file. Original first aid and CPR certificates should be in the file for documentation of training. Photocopies must have the instructors and employee signatures.

You may want to require additional items, such as proof of age for staff under 18; proof of employment, education, or training that documents how staff meet qualifications; information regarding a staff person's specific medical or health needs; or emergency contact information.

In addition to completing the required record checks, Iowa law requires that you have all prospective employees sign a statement indicating whether they or not they have a record of:

- A founded child or dependent adult abuse
- A conviction in any state for any crime

Prospective employees need to be informed that a criminal history and child abuse check will be conducted if they are offered or accept a position. While the record check and subsequent evaluations might not be completed before the employee starts to work, you need to initiate the process at the point you offer the person a position.

Submit form 595-1396, *DHS Criminal History Record Check*, Form B, directly to the Department of Human Services, Child Care Licensing Support, 1200 University Ave., Des Moines, IA 50314 or e-mail it to recordcheck@dhs.state.ia.us before the start of employment. Do NOT send the form to the Division of Criminal Investigation or make alterations to the form. The Department initiates the required child abuse registry check upon receipt of the *DHS Criminal History Record Check*, Form B. Centers do not complete the *Request for Child Abuse Information*.

Iowa law requires that the employment physical be a pre-employment physical. The physical examination must be completed every three years. The decision as to who bears the cost of an employment physical examination is an issue to be agreed upon between you and the employee.

If an employee leaves a center and then returns or begins working at a new site within the same corporation or organization, a new physical examination does not have to be submitted if the previous examination is less than three years old. Provide a copy of the examination to the new center. (You may establish more restrictive policies for when a new examination is required.)

Tuberculosis has been on the rise around the country, and remains an issue in Iowa. Employees are required to be tested for tuberculosis at the time of their physical. A person who tests positive for tuberculosis should have a statement from the physician indicating whether or not the person is restricted in any manner from providing care. Staff are at greater risk of encountering tuberculosis in areas with a high prevalence of transient, migrant, or immigrant populations, particularly Hispanic populations. Staff working in centers serving these populations may not want to wait until their examination is due before being tested.

An employee is not required to be tested for all communicable diseases, given their number. However, the physician must verify that the employee is either status-free or, if a person has been exposed to a communicable disease, the physician should determine if the person's health status impedes or limits the person's ability to care for children in a child care center. Medical conditions that do not affect the performance of the employee in the capacity employed or the health and safety of the children do not prohibit employment.

You may choose to maintain staff records, including the physical examination report, in a central repository due to confidentiality concerns, lack of locked storage space, etc. This practice is permissible as long as the records are available to the child care consultant during normal business hours. However, you should maintain emergency contact and medical information on the staff at the sites so that you can respond to a staff's health emergency.

Iowa Department of Human Services	SECTION: 109.9 Records	SUBJECT: **Child's File**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.9(2)	

RULE

Child's file. Centers shall maintain sufficient information in a file for each child, which shall be updated at least annually or when the parent notifies the center of a change or the center becomes aware of a change, to ensure that:

a. A parent or an emergency contact authorized by the parent can be contacted at any time the child is in the care of the center.

b. Appropriate emergency medical and dental services can be secured for the child while in the center's care.

c. Information is available in the center regarding the specific health and medical needs of a child, including information regarding any professionally prescribed treatment. Information shall include a physical examination report as required at subrule 109.10(1). For a center serving school-age children that operates in the same school facility in which the child attends school, documentation shall include a statement signed by the parent that the immunization information is available in the school file.

d. A child is released only to authorized persons.

e. Documentation of injuries, accidents, or other incidents involving the child is maintained.

f. Parent authorization is obtained for a child to attend center-sponsored field trips and non-center activities. If parental authorization is obtained on an authorization form inclusive of all children participating in the activity, the authorization form shall be kept on file at the center.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

While all information in a child's file must be reviewed on an annual basis with the parents to ensure the information is accurate, more frequent reviews with the parents ensure you have the most accurate and up-to-date information. You may want to have parents initial and date forms to indicate that they have reviewed and verified the information and initial any changes to information throughout the year.

Contact and Authorization Information

Due to the unforeseen emergencies that may arise with either the parents or child, it is important that you have sufficient information to contact a responsible adult if the parent cannot be reached or is incapacitated.

For parent or emergency contact information to be sufficient, it must provide enough information to enable you to contact the parent at any point during which the center is providing care. At a minimum, Information for the parents and an authorized emergency contact should contain:

- Home and work locations.
- Home, work, and beeper or cell phone numbers.
- Relationship of the emergency contact to the child (grandparent, friend, neighbor, etc.).

Maintain a list of all persons authorized by the parent to ensure that children are released only to these persons. The authorization should include a signature by the parent verifying the accuracy of the information. You may want to have the parent periodically review and initial the list.

Do not release a child to anyone for whom you do not have a written authorization from the parent. Should a no-contact order or other legal restriction be established on a parent or other person, you may want to maintain a copy of the order in the child's file.

Keep parents informed of any field trips you plan and obtain authorization for the child to participate. The authorizations can be obtained on one form for all parents or authorized people to sign. Keep a copy of these forms in the center.

If parents want their child to participate in activities away from the center not sponsored by the center, they should provide authorization with specific details, such as the location and time of the activity, how the child will get to and from the activity, etc. If a child will walk to the activity, the authorization form should clearly state this, as well as the fact that the center will not be providing supervision during the time of the activity. For ongoing activities, such as Scouts, music lessons, tutoring, etc., the authorization information should be updated annually.

The file should also contain the parent authorization for reduced ratio for school-aged children who are transported to and from school in the center vehicle. You may want to obtain parent authorization for children who walk to and from the center to home or school.

Child's Physical Examination

Keep a copy of the child's physical examination and health statement on premises in the center. Do not keep the reports in a central office location for a multi-site program. Staff need immediate access to information on past health history; status of present health, including allergies, medications, and acute or chronic conditions; and recommendations for continued care. This is particularly important if a decline in the child's health occurs during the course of care, or if the child needs medical treatment while in attendance.

Children in Foster Care

Many situations require a parent or guardian's consent or involvement (authorization for medication, permission for field trips, policies provided to parents, etc.). This can become confusing for centers that serve children who are in foster care, due to the legal and practical considerations of obtaining consent or sharing information.

The Department, in its capacity as custodian, may sign for routine authorizations, such as enrollment forms, authorizations for field trips or non-center-sponsored activities, permission to seek emergency medical or dental care, authorizing people who may remove the child from the center, etc.

However, in most instances, the Department social worker will first seek the signature of the child's parent. When Department staff determine that it is impractical or inappropriate to obtain a parent's signature, the worker may sign for any authorizations required in center rules that otherwise would be required of the parent.

As custodian, the Department worker can authorize only emergency medical care. The worker cannot authorize the use of routine medications. Therefore, you may want to have the Department worker obtain the parent's signature on a universal statement before the child's admission. This statement would authorize the specific prescription medications for the child, as well as specific over-the-counter medications that the parent consents to be used (Tylenol, decongestants, cough syrup, etc.).

The foster parents are not deemed the child's custodian and therefore should not sign authorizations. However, as they in most instances will have daily contact with the center, information that is required to be given to parents (fee policies, daily reports on infants and toddlers, and incident reports) can be given to the foster parents. They, in turn, will share them with the Department worker.

Notify the Department worker notified immediately for any serious incident involving a child who is in foster care. This includes any serious injury, a significant change in health status, or an allegation that the child was the victim of abuse while in the center's care. The Department worker, not the foster parent, should receive the Department's letters to parents regarding notification of abuse or notice of intent to revoke or suspend a license.

Medical and Dental Services

Obtain specific information from the parents regarding where emergency medical and dental services should be obtained. For some children with chronic or special care needs, this information may include medical specialists who need to be contacted for emergencies.

The parent needs to authorize a doctor and hospital within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency. Obtain the phone number and location of all emergency services. You may want to obtain copies of a child's insurance cards to expedite securing emergency medical or dental care.

Even very young children can sustain injuries to the mouth that can require dental care. If the family does not have a dentist, or the parent has not yet secured a dentist for the child, the parent needs to authorize a dental office within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency.

All preschool-age children not enrolled in school must have a physical examination report in the file. School-aged children must have a statement signed by the parent indicating the child's health status and considerations. School-based centers may want to develop a standard immunization statement for parents of school-aged children to use to indicate that the required immunizations are up-to-date and the information is available in the school file.

If a child needs special medical services (tube feedings, nebulizer treatments for asthma, insulin injections for diabetes, treatment for allergies, etc.), you should have a written explanation of those procedures from the doctor and parent. The explanation should include how to perform the services, when the service is to be performed, and any possible complications or side effects including required interventions. Document these procedures in a manner similar to documentation of medicine given.

Centers that serve families who do not have a medical or dental home provider may want to refer the parent to the child health center that serves their area. Child health centers provide a variety of health services to children ages birth through 21 year of age, including access to a medical home, physical examination, select health screening laboratory procedures, immunizations, and care coordination. You can obtain the location of the nearest child health center by calling 1-800-383-3826.

Iowa Department of Human Services	SECTION: 109.9 Records	SUBJECT: **Immunization Certificates**
Child Care Center Licensing	☐ New ☑ Revised	Date: 8/8/08
Provider Handbook Regulations	Rule Citation: 441 IAC 109.9(3)	

RULE

Immunization certificates. Signed and dated Iowa immunization certificates, provided by the state Department of Public Health, shall be on file for each child enrolled as prescribed by the Department of Public Health at 641—Chapter 7.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The importance of children being properly immunized has been reinforced recently through outbreaks of pertussis in the infant and toddler population, as well as increases in measles and tetanus in Iowa. The Iowa Department of Public Health requires all children enrolled in a licensed child care center to be immunized against diphtheria, tetanus, pertussis, *H. Influenza* type B, polio, measles, rubella, and varicella (chicken pox).

H. Influenza type B (Hib) is a leading cause of bacterial meningitis, a serious brain infection that can result in some cases in acquired mental retardation or death. Child care centers are common sites for outbreaks of this infection, and children under the age of two are at highest risk of serious complications from Hib.

Chickenpox is a highly contagious viral infection. Before the availability of the chickenpox vaccine, approximately 11,000 people with chickenpox required hospitalization each year. The Iowa Legislature added chickenpox (varicella) immunization as a required immunization for enrollment in child care effective July 1, 2003.

Child care centers' records are expected to comply completely by January 1, 2004. Chickenpox vaccine should be received on or after 12 months of age. At least one dose of chickenpox vaccine (or a history of having had the illness) will be required for a child that is 18 months of age or older. The immunization certificate will state whether the child had the vaccine or a history of the disease.

Immunization information must be documented on the *Iowa Department of Public Health Certificate of Immunization*. This form can be found in the appendix to this handbook or on the Internet.

The yellow form previously used is now obsolete and should not be used with new enrollments. Yellow cards with an existing record are an acceptable format to document past compliance with the requirement. Records from other states should be transferred onto Iowa's certificate.

The blue card for children who are exempt from immunization requirements should continue to be used until further notice. The Department of Public Health is transitioning from the 3 × 5 card to an 8½ × 11 computer-generated certificate. Either form is acceptable. The immunization certificate is acceptable as either an original or a photocopy of the form, as long as the information is complete. Only a physician can sign the medical waiver. For the purposes of immunization, the Department of Public Health defines a physician as a medical doctor (MD) or doctor of osteopathy (DO).

A religious exemption may be granted when the parent adheres to a personal, faith-based belief that conflicts with the administering of immunizations or is a member of a recognized religious denomination whose tenets and practices conflict with administering immunizations. The exemption is valid only when notarized.

All certificates must include the child's birthday, and must list the required immunizations, name of administering personnel, and the date administered to be considered a valid certificate. Certificates must be signed by an MD, DO, RN, physician's assistant, nurse practitioner, county public health nurse, school nurse, or an official of the local health department. Parents are encouraged, but not required, to sign the certificate.

School-aged children receiving care in a center that operates in the same school building where the child attends school do not have to provide additional copies of the certificate to the center. However, the parent must sign a statement that verifies that the immunization information is available in the school file.

The Department of Public Health allows "provisional enrollment" for children who have begun but not completed the required immunizations. Children must have received at least one dose of each of the required vaccines to be provisionally enrolled. A provisional certificate of immunization must be signed by an MD, DO, RN, physician's assistant, nurse practitioner, county public health nurse, school nurse, or an official of the local health department.

Parents who do not present proper evidence of immunizations or exemptions for their children and who have not been approved for provisional enrollment are not entitled to enrollment in a licensed child care center. The director is responsible to deny enrollment to any child who does not submit proper evidence of immunization and to exclude a provisionally enrolled applicant if immunizations are not completed as required.

Immunization certificates, immunization exemptions, and provisional certificates should be kept together in one place, such as in a file box for the smaller cards or a notebook for the larger sheets or photocopies. The cards are to be accessible to the Department of Public Health personnel, while the other information in a child's file is confidential.

The child care consultant will review the certificates to ensure at a minimum a certificate is on file for each child. County public health nursing agencies or the child care health consultant may audit the certificate for compliance with immunization requirements.

Address questions regarding immunizations to the Vaccine for Children program by calling its Hotline at 1-800-831-6293. The Health Protection Clearinghouse maintains materials and resources that centers may find useful to share with staff and parents. You can obtain a free brochure on immunization, entitled "Protecting Iowa's Children," by calling the Clearinghouse at 1-800-398-9696. Copies of the immunization certificates can be obtained through the clearinghouse too.

Iowa Department of Human Services	SECTION: 109.9 Records	SUBJECT: **Daily Activities**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.9(4)	

RULE

Daily activities. For each child under two years of age, the center shall make a daily written record. At the end of the child's day at the center, the daily written record shall be provided verbally or in writing to the parent or the person who removes the child from the center. The record shall contain information on each of these areas:

a. The time periods in which the child has slept.
b. The amount of food consumed and the times at which the child has eaten.
c. The time of and any irregularities in the child's elimination patterns.
d. The general disposition of the child.
e. A general summary of the activities in which the child participated.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Because of the need for continuity of care and to assist providers and parents in anticipating and providing for the needs of children under age two, good communication between center staff and parents is essential. Daily recording of information is important because an infant may have several caretakers during the day and they may not all discuss the child's activities with the parent at the end of the day.

Changes in bodily functions may have an impact on the child's well being. Any changes in eating habits, sleep patterns, disposition, or elimination can be early indications of illness. Parents should be encouraged to share similar information at arrival time.

Staff should record information as it occurs and not rely on memory at the end of the day in composing a record of events. Center staff need to remember that not all parents can read. Therefore, sharing information verbally to a parent is essential to ensuring parents receive the necessary information, even if a written copy of the information is provided.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 **Health and Safety Policies**	SUBJECT: **Physical Examination Report**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(1)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Physical examination report:

a. Preschool-age children. For each child five years of age and younger not enrolled in kindergarten, the child care center shall require an admission physical examination report, submitted within 30 days from the date of admission, signed by a licensed medical doctor, doctor of osteopathy, physician's assistant or advanced registered nurse practitioner.

   The date of the physical examination shall be no more than 12 months before the first day of attendance at the center. The written report shall include past health history, status of present health including allergies, medications, and acute or chronic conditions, and recommendations for continued care when necessary.

   Annually thereafter, a statement of health condition, signed by a licensed medical doctor, doctor of osteopathy, physician's assistant or advanced registered nurse practitioner, shall be submitted that includes any change in functioning, allergies, medications, or acute or chronic conditions.

b. School-age children. For each child five years of age and older and enrolled in school, the child care center shall require, before admission, a statement of health status signed by the parent or legal guardian that certifies that the child is free of communicable disease and that specifies any allergies, medications, or acute or chronic conditions. The statement from the parent shall be submitted annually thereafter.

c. Religious exemption. Nothing in this rule shall be construed to require medical treatment or immunization for staff or the child of any person who is a member of a church or religious organization which has guidelines governing medical treatment for disease that are contrary to these rules. In these instances, an official statement from the organization shall be incorporated in the personnel or child's file.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Health assessments provide an opportunity for prevention, early detection, and intervention in problems. Adaptations in care or routine can then be made to enable children to realize their full potential. Child care centers that encourage families to seek medical homes and routine care for their children do the children a service by increasing their access to immunizations, routine and preventative care.

Establish clear criteria for excluding children who are ill and inform parents of the policy when children are enrolled. You should not accept responsibility for a child whose health care needs are unknown.

Preschool-Aged Children

Recognizing that parents often have an immediate child care need and yet have not had an opportunity to secure a medical home (provider), parents are allowed up to 30 days from the date of admission to the center to secure a physical examination for their child.

At the time of admission, you should still require parents to report any known exposure to communicable disease and other special health care needs, including medications, chronic or acute conditions, allergies, etc. that impact the child's care. You may establish more stringent policies, but be mindful of the needs of families new to a community, those lacking financial resources for medical care, etc.

The physical examination is important because it provides an opportunity to establish the health history of the child, assess the child's health status and developmental progress or delays, and provide recommendations to the child care center for continued care. The physical examination must be signed by a medical doctor (MD), doctor of osteopathic medicine (DO), a physician's assistant (PA), or an advanced registered nurse practitioner (ARNP).

School-Aged Children

While many schools no longer require physicals at the time of school enrollment, you still need to know the health care needs and considerations of school-aged children. While a physical examination report is not required, before enrolling a child, you must obtain a statement of health status signed by the parent that certifies that the child is free of communicable disease and that specifies any allergies, medications, or acute or chronic conditions.

While the responsibility rests with the parents in ensuring that you are knowledgeable and able to attend to the health care needs of their child, you should establish strategies to ensure you are able to fully meet the child's needs.

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, a publication of the National Center for Education in Maternal and Child Health recommends that school-aged children be examined at five, six, eight, ten, eleven, and twelve years of age.

Physical examinations provide an opportunity for more than just a review of the body's systems for abnormalities. The health care practitioner can:

- Observe developmental progress or delays.
- Observe parent-child interactions and behaviors that indicate risk factors.
- Screen for vision, hearing and lead poisoning.
- Ensure that immunizations are up-to-date and complete.
- Provide anticipatory guidance to families on what to expect in the current and upcoming developmental phase, including areas of health habits, prevention of illness and injury, nutrition, oral health, sexuality, social development and family relationships, and community and school involvement.

Medical exemptions for immunizations must be completed by an MD, DO, PA, or ARNP. When there is an exemption granted for religious reasons, there must be a notarized certificate of exemption signed by the parent or guardian. The statement must document that the parent adheres to a personal, faith-based belief that conflicts with the administering of immunizations, or that the family are members of a recognized religious organization whose tenets and practices are contrary to the administering of immunizations.

If a child who claims the religious exemption for physical examinations is enrolled, ensure that the parents provide a signed, written statement of the exact procedures to be followed in the event of a medical or dental emergency. Staff responsible for the child's care must be knowledgeable of the plan. Maintain the written statement in the child's file. The parents should provide a list of people who can be contacted in an emergency who are knowledgeable of the parents' wishes and who can accept responsibility for the child if the parents are not immediately available or are unable to be located.

If you serve families who do not have a medical or dental home, you may want to refer them to the child health center that serves their area. Child health centers provide a variety of health services to children age birth through 21, including access to a medical home, physical examination, select health screening laboratory procedures, immunizations, and care coordination. You can obtain the location of the nearest child health center by calling the Healthy Families Line at 1-800-383-3826.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Medical and Dental Emergencies**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(2)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Medical and dental emergencies. The center shall have sufficient information and authorization to meet the medical and dental emergencies of children. The center shall have written procedures for medical and dental emergencies and shall ensure, through orientation and training, that all staff are knowledgeable of and able to implement the procedures.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Obtain specific information from the parents regarding where emergency medical and dental services should be obtained. For some children with chronic or special care needs, the information may include medical specialists who need to be contacted for emergencies. The parent needs to authorize a doctor and hospital within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency. Obtain the phone number and location of all emergency services.

Even very young children can sustain injuries to the mouth that can require dental care. If the family does not have a dentist or the parent has not yet secured a dentist for the child, the parent needs to authorize a dental office within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency.

You should provide annual in-service to staff regarding the procedures to be followed in a medical or dental emergency and include this in all staff orientations. Also, staff providing care to children with special health care considerations or treatments must be trained in all procedures, including how to intervene in response to negative reactions or side effects to treatment, medications, etc.

Contact health care professionals to provide training and consultation. The child care health consultant located at the child care resource and referral agency can provide information or other resources in developing medical and dental emergency procedures.

The child health center can help in securing dental care and in some instances, provide financial assistance for dental care. You can obtain the location of the nearest child health center by calling the Healthy Families Line at 1-800-383-3826.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Medications**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(3)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Medications. The center shall have written procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications, including the following:

a. All medications shall be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public. Nonprescription medications shall be labeled with the child's name.

b. For every day an authorization for medication is in effect and the child is in attendance, there shall be a notation of administration including the name of the medicine, date, time, dosage given or applied, and the initials of the person administering the medication or the reason the medication was not given.

c. In the case of medications that are administered on an ongoing, long-term basis, authorization shall be obtained for a period not to exceed the duration of the prescription.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

You must have accurate and precise information regarding a child's need for medication before should administering any medication. Keep all authorizations and medication administration forms on site where the children are located and not in a central record depository in another building.

The National Health and Safety Performance Standards cautions centers against contributing to the overmedicating of children, especially the use of over-the-counter medications, solely on the desire of parents. Children under age five are especially prone to inappropriate medication treatment by parents for respiratory illness. While often advocated by parents, be aware that decongestants and antihistamines have been shown to have a negative impact on children with inner ear infections.

Because of the range of prescription and non-prescription medications you may be dispensing, all medications should be stored so that they are inaccessible to children, center personnel who do not have authorization to administer medications, and non-center personnel. You should also keep other health products, such as sun blocks, ointments, etc., inaccessible to children.

Keep medications in their original containers and store them so that they cannot contaminate or spill. In administering medications, be sure to follow the prescription in regards to amount, frequency, and duration and in accordance with parental authorization. Double-check to make sure the name on the prescription and the child who is to receive the medication are the same.

Some medications, such as asthma and allergy medications, are given on a "PRN" or "as needed" basis. The prescription should indicate the status. If there is any doubt, consult with the parent or physician who ordered the medication. Medications should be measured with the measuring instrument provided with the medication.

To avoid the possibility of overdosing or failing to provide medications, you may want to designate specific staff who will administer all medications in a given program area. Careful recording of medications when the medication is administered reduces the likelihood of overmedicating a child. You should make a notation on the medication administration record if:

- A child is absent for a day during the period when a medication is to be administered.
- A parent picks up a child earlier than normal and a medication is not administered.
- A parent forgets to bring the medication and therefore no medicine can be administered.
- The child experiences any side effect or negative reaction to the medications.

For commonly used over-the-counter medications, such as acetaminophen, you may secure a standing written authorization order from parents that specifies exactly what type of medication and under what circumstances medication may be administered to their child. If a physician orders an over-the-counter medication, make sure the amount administered is consistent with the physician's order, as that may differ from the directions on the package. An example from the NHSPS of a standing order for an over-the-counter medication:

> "My child can receive acetaminophen when the child's oral temperature is 100° Fahrenheit or greater (rectal temperature is 101° Fahrenheit or greater; axillary temperature is 99° Fahrenheit or greater). See attached note from the child's health care provider (*if applicable*)."

For long-term medications administered, obtain authorization by the parent for the duration indicated on the prescription. While the parent is responsible for informing you of any change in medication, including dosage, you should periodically have the parent review the authorizations to ensure the information is accurate.

If the parent requests it, you should notify the parent before administering any medication. You should always update the parent at the end of the day regarding any non-prescription medications that were administered and any deviations that occurred in administering prescription medications.

You may also be asked to administer medications such as nebulizers for breathing treatments and injections such as glucagon, epipens (for allergic reactions) and insulin. In many instances, parents can provide in-service to staff on how to administer a treatment to their child. You could also contact the child care health consultant at the child care resource and referral agency for technical assistance or training regarding a particular procedure.

You should discard prescription and non-prescription medications that remain in the center after the expiration date (by flushing or putting down the drain) or return them to the parent. Any medication remaining after the authorization to dispense has ended or the child no longer requires the medication should be returned to the parent. You may mail medications to parents, but you should leave the medication in the original container. You are advised to use caution in sending unused or expired medications home with children.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Daily Contact**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(4)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Daily contact. Each child shall have direct contact with a staff person upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior that may adversely affect the child or the group. The center shall post notice at the main entrance to the center where it is visible to parents and the public of exposure of a child receiving care by the center to a communicable disease, the symptoms, and the period of communicability. If the center is located in a building used for other purposes and shares the main entrance to the building, the notice shall be conspicuously posted in the center in an area that is frequented daily by parents or the public.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Observing a child upon arriving at the center provides an opportunity to determine if the child is ill or infectious with a communicable disease and needs to be isolated from the other children or sent home. Touching the child's forehead, observing the child's eyes and nose for redness or drainage or dark circles under the eyes, and checking for odor which may be symptomatic of diarrhea are all simple strategies. The child care health consultant can provide additional information on "health check" strategies for observing children.

You should post information as soon as the staff becomes aware of a child's exposure to a communicable disease. Postings for communicable disease must be clearly visible to parents when they enter the center. If the location of the center within a building makes it impractical to post a notice by the front door, put the posting in an area where parents routinely gather when they arrive to pick up or leave their children. If someone other than the parent regularly transports children, you may want to send a note home with the child to alert the parent.

If your policy is to send an individual note home with the children, this procedure does not remove the requirement to post a notice at the center.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Infectious Disease Control**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(5)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Infectious disease control. Centers shall establish policies and procedures related to infectious disease control and the use of universal precautions with the handling of any bodily excrement or discharge, including blood and breast milk. Soiled diapers shall be stored in containers separate from other waste.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

"Universal precautions" is an approach to infection control. All blood and bodily fluids are treated as if know to be infectious for HIV, hepatitis B, or other blood-borne pathogens. All staff are required to complete one hour of training annually on universal precautions.

Illness is spread in a variety of ways, such as coughing, sneezing, skin-to-skin- contact, or touching a contaminated surface. Infectious agents may be contained in urine, feces, saliva, eye and nasal discharge, discharge at the site of a wound or injury, and of course, blood.

Many people who are infected with a communicable disease show no symptoms or are contagious before they display symptoms. Therefore, routine daily sanitation and disinfecting are essential to significantly reduce the occurrence and spread of illness in a child care center. Handwashing is essential to reduce the spread of disease. For more information on how to prevent the spread of illness in a child care center, child care providers should review *Caring For Our Children*, National Health and Safety Performance Standards, 2nd Edition (2002).

OSHA requires that bags with infectious waste be labeled as "biohazard material" and be handled separately from other trash. However, due to the small amount of infectious waste in a child care center, we recommend that you treat potentially hazardous waste, especially in infant rooms, as "first-aid waste." Double-bag and tie the plastic bags used to contain articles that are contaminated with blood, feces, or other potentially infectious material.

A solution of 1/4 cup household chlorine liquid bleach to 1 gallon of cool water, mixed daily, is a cheap and effective disinfectant for nonporous surfaces. For smaller quantities, use 1 tablespoon bleach to 1 quart water, mixed daily. Using hot water breaks down the bleach and renders it ineffective.

Wearing single-use, disposable gloves is the most fundamental precaution staff can take. However, be aware of the increase in adults and children who experience an allergic reaction to latex. Research has shown that children with spina bifida are particularly sensitive to latex, which can be found in gloves, catheters, band aids, rubber bands, bottle nipples, etc. Check products to determine latex content. Contact the child care health consultant located in your child care resource and referral agency for more information.

Early childhood education and care providers often have concerns about handling human milk and the potential spread of infection. Although human milk may carry various bacteria or virus, the Centers for Disease Control and Prevention now know that people who handle human milk in child care settings are at low risk of getting an infection from the human milk. Universal (Standard) precautions are no longer recommended when feeding or handling human milk.

Caring for Our Children, National Health and Safety Performance Standards, 2nd Edition (2002) address how to handle human milk in Standard 3.026, page 101 states: Gloves are not required for feeding, or handling of human milk. Gloves are not required for cleaning up spills of human milk.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Quiet Area for Ill or Injured**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(6)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Quiet area for ill or injured. The center shall provide a quiet area under supervision for a child who appears to be ill or injured. The parents or a designated person shall be notified of the child's status in the event of a serious illness or emergency.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

A serious illness is one that requires follow-up (observation or treatment) by the parent or requires a medical or dental examination and treatment outside of the center's scope of care. Examples of illness include sudden onset of vomiting, diarrhea, high fever, and rash.

The decision as to whether or not to exclude a mildly ill child from care can be a source of great tension between providers, parents, and health care professionals. Child care centers serve not only the care and developmental needs of children but also function as a family support service.

In this context, you need to be family-responsive in the development of exclusion policies. Rather than black and white categories of exclusion, view the child in the context of whether you can meet the child's needs and whether the child is able to participate in the program, even if in a more quiet or isolated environment.

Both the American Academy of Pediatrics and the National Health and Safety Performance Standards concur that excluding mildly ill children from care does not have a significant impact on the spread of many respiratory and gastrointestinal diseases. Usually children are infectious long before they begin to exhibit any symptoms of illness. By the time a child is ill, the germs are already in circulation. However, sanitation procedures should still be rigidly followed to reduce the further spread of infection.

The NHSPS recommends that "when formulating exclusion policies, it is reasonable to focus on the needs and behavior of the ill child and the ability of the staff in the out-of-home child care setting to meet those needs without compromising the care of the other children in the group." In designing the layout of program areas for children, it is important to make accommodations for quiet areas where children, whether mildly ill or not, can rest.

However, there are, instances when children should be excluded. Highly communicable diseases, such as pertussis, rubella, and mumps, warrant exclusion for a period of time. Other illnesses may warrant exclusion until treatment has been initiated sufficient to reduce the likelihood of transmitting the illness.

The child care consultant assigned to your center as well as the child care health consultant located at the child care resource and referral agency are two staff who can offer guidance regarding *including* mildly ill children.

Be prepared to care for an ill or injured child until a parent can arrive and take the child home or to a health care provider. You should remove ill children from the group activity and allow them to rest in a comfortable position. However, an ill child must remain under constant supervision. Anticipate the onset of multiple symptoms or complaints. For example, a child may complain of a headache and moments later vomit or have diarrhea. Anticipate vomiting or fainting if a child is injured.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Staff Hand-washing**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(7)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Staff hand washing. The center shall ensure that staff demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease. All staff shall wash their hands at the following times:

a. Upon arrival at the center.
b. Immediately before eating or participating in any food service activity.
c. After diapering a child.
d. Before leaving the rest room either with a child or by themselves.
e. Before and after administering nonemergency first aid to a child if gloves are not worn.
f. After handling animals and cleaning cages.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Thorough hand-washing to remove pathogens, using soap and running water, has been proven to be effective in preventing the transmission of disease. Education and enforcement of hand-washing and sanitation procedures with staff can significantly reduce the occurrence of illness within the center. The vulnerability of infants and toddlers mandates extreme compliance with hand-washing requirements.

You should post hand-washing procedures at all sinks. In addition to the required times that staff must wash their hands, you may want to consider additional policies that require staff to wash their hands after smoking, blowing their nose, upon return to the center, etc.

The state epidemiologist reports that singing one refrain of “Happy Birthday” while rubbing soapy hands together is a sufficient amount of time to effectively remove most germs! Cracks in the skin and excessive dryness that results from frequent hand-washing can deter staff to comply with hand-washing requirements. You may want to have hand lotion available at all sinks.

Some research indicates that in center settings, liquid soap reduces the transmission of disease better than bar soap. Research does not fully support the idea that antibacterial soaps are better than regular soap at reducing disease transmission except under certain circumstances, such as for children who have compromised immune systems (like children who are HIV-positive or are receiving chemotherapy).

Research suggests that alcohol-based, antibacterial soaps and no-water hand sanitizers are best restricted for use on field trips and other settings where soap and running water are not available. "Wet-wipes" that do not contain antibacterial products are not sufficient to eliminate pathogens (bacteria and viruses) and should be for intermittent use, not as a sole source of hand-washing.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Children's Hand-washing**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(8)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Children's hand washing. The center shall ensure that staff assist children in personal hygiene sufficient to prevent or minimize the transmission of illness or disease. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed at the following times:

a. Immediately before eating or participating in any food service activity.
b. After using the rest room or being diapered.
c. After handling animals.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Thorough hand-washing with soap, warm water, and running water which allows the pathogens (bacteria and viruses) to be lifted from the skin and rinsed away has proven to be an effective in preventing the transmission of disease. Children should wash their hands before and after eating or participating in a food preparation activity. Children should wash their face and hands after eating to decrease the amount of saliva on their hands and remove food particles from their face.

For the safe handling of infants, it may be appropriate at times to use a separate cloth to wash the hands of infants in place of running water. Use separate cloths for washing, rinsing, and for drying. Cloths should not be used on more than one infant or used more than once.

Paper towels may be considered as cloths with the same use restrictions applied (i.e., single-use, one towel-one child, etc.) "Wet-wipes" are not sufficient to eliminate pathogens (bacteria and viruses) and should not be used as a sole source of hand-washing. Research suggests that alcohol-based, antibacterial soaps and no-water hand sanitizers are best restricted for use in settings where soap and running water are not available. These soaps should be used for intermittent use and not as a permanent replacement to replace soap and warm, running water.

Research does not fully support the idea that antibacterial soaps are better than regular soap at reducing the transmission of disease except under certain circumstances, such as for children who have compromised immune systems (such as children who are HIV-positive or are receiving chemotherapy). Some research indicates that liquid soap reduces the transmission of disease better than bar soap.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **First-Aid Kit**
	☐ New ☑ Revised	Date: 8/8/08
	Rule Citation: 441 IAC 109.10(9)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

First-aid kit. The center shall ensure that a clearly labeled first-aid kit is available and easily accessible to staff at all times whenever children are in the center, in the outdoor play area, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

At a minimum, first aid kits in the center and kits used on field trips should contain, supplies to address pediatric first aid. The first aid kit shall contain at least the following items:

- Adhesive strip bandages, tape bandages, plastic bags for cloths, gauze, and other materials used in handling blood
- American Academy of Pediatrics standard first aid chart or equivalent first aid guide
- Bandage tape
- Cell phone
- Coins for use in a pay phone
- 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:
  - Parent's home and work phone numbers
  - Poison Control Center phone number (1-800-222-1222)
- EMS
- Eye patch pad
- Flexible roller gauze
- Hand sanitizer
- Non-glass thermometer to measure a child's temperature
- Pen or pencil and note pad
- Rescue breathing mouthpiece
- Safety pins
- Scissors
- Small plastic or metal splints
- Splints finger
- Sterile gauze pads
- Triangular bandages
- Tweezers
- Water

When the outdoor play area is immediately accessible to the center, the first aid kit may be a fanny pack with disposable nonporous gloves, gauze, plastic bag for materials used for handling blood and crushable ice pack. When staff does not have immediate accessibility to the center because of a need to maintain minimum staffing ratios or the outdoor play area is a distance from the center a field trip first aid kit shall be available in the outdoor play area.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Recording Incidents**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(10)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Recording incidents. Incidents involving a child, including minor injuries, minor changes in health status, or behavioral concerns, shall be reported to the parent on the day of the incident. Incidents resulting in an injury to a child shall be reported to the parent on the day of the incident. Incidents resulting in a serious injury to a child or significant change in health status shall be reported immediately to the parent.

A written report shall be provided to the parent or person authorized to remove the child from the center. The staff member who observed the incident shall prepare the written report and a copy shall be retained in the child's file.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Serious injury means an injury that requires follow-up (observation or treatment) by the parent or requires a medical or dental examination and treatment outside the center's scope of care. Examples include a child who:

- Receives a laceration that requires stitches.
- Suffers a head injury.
- Loses consciousness or has a change in the level of consciousness.
- Receives an injury to the eyes, teeth, or bones.
- Exhibits convulsions.
- Has a nosebleed that doesn't stop after 15 minutes of pressure.
- Suffers an asthma attack that doesn't respond to medication.
- Has bleeding from the ears.
- Loses a permanent tooth.

Significant change in health status means unexplained changes in a child's daily behavior or activities of daily living. Examples include a child who:

- Experiences a sudden change in self-care (ambulatory child suddenly stops walking or stops self-toileting; child who stands in crib suddenly only bears weight on one leg, etc.)
- Experiences a change in level of consciousness (child goes from alert to lethargic, is difficult to arouse from sleep, or sleeps longer than usual)
- Whimpers, cries or exhibits gestures of pain or discomfort and can't be consoled or relieved, etc.

A review of incident reports may also be useful in identifying areas of the center where children are routinely suffering injury (i.e., running into a certain piece of furniture, a hazardous component of an outdoor play equipment, etc.) or patterns of behavior exhibited by children that require intervention. Recording such information can be useful when seeking consultation from other professionals regarding remedies to the facility or behavioral interventions, discharge of children, etc.

To protect the privacy and interactions of children, you are encouraged to not identify other children by name on incident reports.

<table>
<tr><td rowspan="3">Iowa Department of Human Services

Child Care Center Licensing

Provider Handbook Regulations</td><td>SECTION: 109.10
Health and Safety Policies</td><td>SUBJECT:
Smoking</td></tr>
<tr><td>☐ New
☑ Revised</td><td>Date: 7/1/08</td></tr>
<tr><td colspan="2">Rule Citation:
441 IAC 109.10(11) as amended by HF 2212(16)(t) Sec 6</td></tr>
</table>

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Smoking. Smoking and the use of tobacco products shall be prohibited at all times in the center and every vehicle used to transport the children. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during hours of operation.

Post nonsmoking signs at all entrances of the child care center and in every vehicle used to transport the children. All signs shall include:

- The telepone number for reporting complaints, and
- The Internet address of the Department of Public Health (www.iowasmokefreeair.gov).

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Research has linked "second-hand smoke" or "environmental tobacco smoke" as contributing to a host of health problems. Infants and young children, especially those under age two, exposed passively to tobacco smoke are at increased risk of developing bronchitis, pneumonia, asthma, upper-respiratory infections, and ear infections.

Environmental tobacco smoke can also make recovering from colds more difficult and can cause stuffy noses, headaches, sore throats, eye irritation, loss of appetite, and fussiness. Separating smokers within a building does not eliminate the exposure to second hand smoke.

<table>
<tr><td rowspan="3">Iowa Department of Human Services

Child Care Center Licensing

Provider Handbook Regulations</td><td>SECTION: 109.10
Health and Safety Policies</td><td>SUBJECT:
Transportation</td></tr>
<tr><td>☐ New
☑ Revised</td><td>Date: 7/1/04</td></tr>
<tr><td colspan="2">Rule Citation:
441 IAC 109.10(12) as amended by SF 2066</td></tr>
</table>

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Transportation. Iowa Code section 321.446 requires that all children transported in a motor vehicle subject to registration, except a school bus, must be individually secured by a safety belt, safety seat, or harness, in accordance with federal motor vehicle safety standards and the manufacturer's instructions.

a. Children under the age of six shall be secured during transit in a federally-approved child restraint system. Children under one year of age and weighing less than 20 pounds shall be secured during transit in a rear-facing child restraint system.

b. Children under the age of 12 shall not be located in the front seating section of the vehicle.

c. Drivers of vehicles shall possess a valid driver's license and shall not operate a vehicle while under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair their ability to operate a motor vehicle.

d. Vehicles that are owned or leased by the center shall receive regular maintenance and inspection according to manufacturer-recommended guidelines for vehicle and tire maintenance and inspection.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Each child is to be secured by a single safety belt. Do not use a safety belt to secure more than one child. Children transported in school buses are secured according to the state laws for school buses. Take extra care if infants or toddlers are transported on a school bus for any reason, as most buses are not currently equipped with seat belts.

A "restraint system" is typically a "car seat." A federally approved child restraint system is one that meets that meets the federal motor vehicle safety standards. Compliance with these standards is indicated on the restraint system. It should include a label that the system meets all federal safety regulations and a sticker with a manufacture date *after* 1/1/81. Seats should fit the child properly based on the child's weight.

Because of the vulnerably of children to front-end collisions and the deployment of airbags, many car manufacturers, insurance companies, and consumer safety organizations advise against having children younger than 12 in the front seats of any vehicle.

Is Your Vehicle a School Bus?

According to Iowa law, if a center transports children to or from school in a vehicle with a capacity of 11 or more people, the vehicle must conform to the safety requirements of a school bus, and the driver must meet the state requirements for a bus driver.

Iowa Code Chapter 321.1 states:

> "School bus" means every vehicle operated for the transportation of children to or from school, except vehicles which are:
>
> - Privately owned and not operated for compensation;
> - Used exclusively in the transportation of the children in the immediate family of the driver;
> - Operated by a municipally or privately owned urban transit company for the transportation of children as a part of or in addition to their regularly scheduled services; or
> - Designed to carry not more than nine persons as passengers, either school owned or privately owned, which are used to transport pupils to activity events in which the pupils are participants or to transport pupils to their home in case of illness or other emergency situations...."

Child care providers are exempt from the school bus and driver requirements if the vehicle is "privately owned and not operated for compensation." Vehicles owned by a child care center are determined to be "privately owned." If you do not charge a separate and discernible fee to parents for the specific service of transporting their children to or from school, but rather incorporate the expenses incurred in transportation into your overall operating costs and parent fee schedules, then the vehicle is "not operated for compensation."

However, if as a child care provider, you do charge a special or distinct fee only to those parents for whom you transport their children to or from school, then you are not exempt. You must meet certain driver and vehicle safety standards, depending on the capacity of the vehicle.

If you charge a separate fee and are not exempt, contact Mr. Max Christensen, State Transportation Director at the Iowa Department of Education, to determine the requirements you must meet. You can reach Mr. Christensen by phone at (515)281-4749) or by e-mail (max.christensen@ed.state.ia.us).

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Field Trip Emergency Numbers**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(13)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Field trip emergency numbers. Emergency telephone numbers for each child shall be taken by staff when transporting children to and from school and on field trips and non-center-sponsored activities away from the premises.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

When a child participates in an activity that is away from the center and not sponsored by the center, staff must have the numbers available if transporting the child to the activity. You may want to remind parents to be sure that an adult responsible for supervising the extracurricular or special activity has the emergency contact information for the child.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Pets**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(14)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Pets. Animals kept on site shall be in good health with no evidence of disease, be of such disposition as to not pose a safety threat to children, and be maintained in a clean and sanitary manner. Documentation of current vaccinations shall be available for all cats and dogs. No ferrets, reptiles, including turtles, or birds of the parrot family shall be kept on site. Pets shall not be allowed in kitchen or food preparation areas.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Reptiles, including turtles, are prohibited from child care settings due to their propensity to be a carrier of salmonella, an intestinal infection that can be passed on to humans. A review of recent literature suggests that the presence of salmonella in reptiles has not been eliminated even in farm-raised species.

Young children in particular are susceptible to the disease, regardless of whether they have direct contact with the turtle. The Centers for Disease Control recommends that children under the age of five not have contact with reptiles, either directly or indirectly.

In several studies, children were exposed because the adult caretaker came into contact with salmonella while feeding or cleaning the reptile, not through direct contact of child and reptile. The transfer of salmonella occurred through the contamination of the sink or food preparation area (later used to prepare food, bottles, etc.) and the contamination of the caretaker, where hand-washing procedures were absent or inadequate to prevent the spread of the disease.

There are many alternatives for young children to have educational opportunities with animals that do not entail the risks inherent in reptiles. Exposure to salmonella in the child-care setting can be reduced, if not eliminated, through the practice of sanitary food preparation and the elimination of known causes, such as reptiles.

Birds of the parrot family can transmit airborne respiratory illness to humans. The most common members of the parrot family, which should be avoided, include parrots, parakeets, budgies, cockatoos, lovebirds, macaws, canaries, mynahs, and toucans. Any other birds not listed should be confirmed as not being of the parrot family before being brought into the center.

Some animals, such as pit bulls, Dalmatians, and Siamese cats, may be of a disposition or excitability as not to be conducive to interactions with young children. You need to make these decisions case by case, but be advised of the concerns that have been cited with some breeds of animals.

Make sure parents are aware of the presence of any pets in the center and obtain a statement from the parent if access to a pet should be denied. Animals' cages should not be kept near the kitchen or a food preparation area, nor should animals be out of their cages at mealtimes. Cages should never be cleaned in the kitchen or food preparation area. Staff and children must wash their hands after handling animals.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.10 Health and Safety Policies	SUBJECT: **Emergency Plans**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.10(15)	

RULE

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Emergency plans.

a. The center shall have written emergency plans for responding to fire, tornado, flood (if area is susceptible to flood), intruders within the center, intoxicated parents and lost or abducted children. In addition, the center shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards.

   If the center is located within a ten-mile radius of a nuclear power plant or research facility, the center shall also have plans for nuclear evacuations. Emergency plans shall include written procedures including plans for transporting children and notifying parents, emergency telephone numbers, diagrams, and specific considerations for immobile children.

b. Emergency instructions, telephone numbers, and diagrams for fire, tornado, and flood (if area is susceptible to floods) shall be visibly posted by all program and outdoor exits. Emergency plan procedures shall be practiced and documented at least once a month for fire and for tornado. Records on the practice of fire and tornado drills shall be maintained for the current and previous year.

c. The center shall develop procedures for annual staff training on these emergency plans and shall include information on responding to fire, tornadoes, intruders, intoxicated parents and lost or abducted children in the orientation provided to new employees.

d. The center shall conduct a daily check to ensure that all exits are unobstructed.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

In Iowa, communities are frequently vulnerable to structural or natural disasters such as fire, tornadoes, floods and flash flooding. Centers are also increasingly responding to “social” emergencies such as intruders into a center, intoxicated parents, lost or abducted children.

Therefore, it is important to have written procedures that are updated annually and to give all staff an annual orientation to the procedures. At a minimum, the procedures should include emergency phone numbers, diagrams for evacuation and protection, notifying parents, and transporting children to safety or medical care.

Centers are vulnerable to other emergency situations that may occur in their communities, including blizzards, chemical spills and bomb threats. While these may seem more remote, center staff need to be aware of the possibility of these natural and man-made disasters and be prepared to respond.

The guidelines do not have to be detailed written plans developed by the center. They can be guidelines prescribed by disaster-preparedness organizations, such as the American Red Cross or the Federal Emergency Management Agency.

You are encouraged to translate these guidelines into written center policies and to discuss with staff specific evacuation procedures for these emergencies. In the case of bomb threats and chemical spills, these may entail removing children a greater distance from the center.

Each county in Iowa has an emergency management coordinator. The coordinator can help plan appropriate polices for health and safety needs, given the hazards that may be specific to your location. Communication also allows the coordinator the opportunity to know where the children will be located during an emergency.

Because of the need for immediate response to any emergency involving nuclear plants, if your center is within a 10-mile proximity to a nuclear power plant or research facility, contact your emergency management coordinator regarding specific responses you should take.

For additional information on hazards and policies relevant to your area, contact your local county Emergency Management Agency (in your local phone book) or contact the Iowa Emergency Management Division in Des Moines at (515) 281-3231 for the contact person in your area.

Emergency plans need to include:

- How children will be transported to safety, to medical care if needed, and eventually home.
- How to contact parents.
- Maintaining a “head count” of the children and staff.
- Procedures should the group become separated.
- Strategies for ensuring the safety of immobile or nonambulatory children, including infants and children with disabilities.
- Items that should be taken if evacuation of the center is necessary (such as emergency contact information, first aid kit, cellular phone).

For centers serving a high number of infants, “baby packs” allow multiple infants to be evacuated by one adult by placing them in a pouch-like carrier strapped to the adult. You may also want to consider the purchase of evacuation cribs for the same purpose.

Doorknob coverings that make the door inoperable, such as those used for safety reasons on storage closets, should never be used on exit doors.

Strategies for dealing with intoxicated or substance-impaired adults are challenging. You are encouraged to consult your own legal counsel in developing your policies. While decisions have to be made on a case-by-case basis, a first step-approach is to offer to telephone someone else to provide transportation for the child (and the parent, if willing).

Staff should not attempt to physically restrict the parent from removing the child. If the parent appears so impaired as to place the child in jeopardy, you could contact local law enforcement. In addition, if the parent does leave with the child, and staff have reason to believe that the parent was substance-impaired, staff must act in their role as mandatory reporters and file a child abuse report.

In addition to the required procedures, you may also want to develop policies for other "social" emergencies or situations, including responding to weapons or drugs brought into the center by children, the notification by law enforcement of a known sexual predator residing in the area, etc.

You may also want to have procedures developed and shared with parents regarding what steps will be taken if a parent fails to arrive within a designated number of minutes after the center closes. The possibility of this occurrence reinforces the need for centers to have accurate and up-to-date phone numbers for phone, office, etc., as well as another adult who can be contacted in lieu of the parent.

Iowa Department of Human Services	SECTION: 109.11 **Physical Facilities**	SUBJECT: **Room Size**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.11(1)	

RULE

Room size. The program room size shall be a minimum of 80 square feet of useable floor space or sufficient floor space to provide 35 square feet of useable floor space per child. In rooms where floor space occupied by cribs is counted as useable floor space, there shall be 40 square feet of floor space per child. Kitchens, bathrooms, halls, lobby areas, storage areas and other areas of the center not designed as activity space for children shall not be used as regular program space or counted as useable floor space.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Children need to have ample space to move and play unobstructed and free of equipment and other hazards. Adequate space for activities helps to minimize the risk of injury and reduces the transmission of illness among children.

Because of the floor space occupied by cribs, additional program space is needed in infant rooms to allow adequate space between cribs and equipment for caregivers to attend to the routine and emergency needs of the infants. The NHSPS recommends 50 square feet of floor space in rooms that are used as program and sleep areas for children under the age of two. When rooms are used solely for sleeping, the NHSPS recommends 30 square feet per child to comfortably accommodate crib and equipment needs.

Centers that have equipment in program areas that is used for preparation of snacks or crafts, such as microwaves or crock pots, should provide a barrier or enclosure to this area. The area housing "kitchen" appliances cannot be counted as program space when calculating square footage.

A private residence could be licensed as a center or preschool **if** the home*:*

- Meets the stringent requirements of the State Fire Marshal for child care centers, and
- Meets all requirements for administration, personnel, physical facilities, health and safety, activity programming, and food service, as outlined in this handbook.

In addition, private residences must adhere to local zoning ordinances. If consideration is given to opening a child care center in a private residence, the kitchen, bedrooms, bathrooms, and hallways are not included in calculating the available space for program areas.

Iowa Department of Human Services	SECTION: 109.11 Physical Facilities	SUBJECT: **Infants' Area**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.11(2)	

RULE

Infants' area. An area shall be provided properly and safely equipped for the use of infants and free from the intrusion of children two years of age and older. Children over 18 months of age may be grouped outside this area if appropriate to the developmental needs of the child.

Upon the recommendation of a child's physician or the area education agency serving the child, a child who is two years of age or older with a disability that results in significant developmental delays in physical and cognitive functioning who does not pose a threat to the safety of the infants may, if appropriate and for a limited time approved by the Department, remain in the infant area.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Given the care considerations and vulnerability of infants, children two years of age and older should not be allowed into the infant area. For a specific activity of a short duration, caregivers may bring infants into program areas for older children, provided that one-to-one supervision is provided for each infant, the infants are never left unattended, and they are protected from injury from older children.

The only exception to this is for the two hours at the beginning and end of the center's hours of operation, when one staff person may care for six children, as long as no more than two of the children are under age two.

Children who are 18 to 24 months old are sometimes developmentally capable of interacting safely and appropriately with children who are two years old. The determination to allow an 18-24 month-old child to be grouped with two year olds should be made on an individual basis and not as a general rule to follow. Remember that the younger children must still be staffed on a 1:4 ratio until the day of their second birthday.

Sometimes children who are two years old with developmental disabilities or delays are appropriately served for an extended duration in the infant room. A medical doctor or an early childhood special education professional from the area education agency must make this determination, with the permission of the parent.

The decision to leave an older child in the infant room must not pose any safety threat to the other infants. The decision to allow a two-year-old to remain in the infant area should not exceed one year in duration without further assessment and review.

<table>
<tr><td rowspan="3">Iowa Department of Human Services

Child Care Center Licensing

Provider Handbook Regulations</td><td>SECTION: 109.11
Physical Facilities</td><td>SUBJECT:
Facility Requirements</td></tr>
<tr><td>☑ New
☐ Revised</td><td>Date: 4/1/98</td></tr>
<tr><td colspan="2">Rule Citation:
441 IAC 109.11(3)</td></tr>
</table>

RULE

Facility requirements.

a. The center shall ensure that:

(1) The facility and premises are sanitary, safe and hazard-free.

(2) Adequate indoor and outdoor program space that is adjacent to the center is provided. Centers shall have a safe outdoor program area with at least sufficient square footage to accommodate 30 percent of the enrollment capacity at any one time at 75 square feet per child. The outdoor area shall include safe play equipment and an area of shade.

(3) Sufficient program space is provided for dining to allow ease of movement and participation by children and to allow staff sufficient space to attend to the needs of the children during routine care and emergency procedures.

(4) Sufficient lighting shall be provided to allow children to adequately perform developmental tasks without eye strain.

(5) Sufficient ventilation is provided to maintain adequate indoor air quality.

(6) Sufficient heating is provided to allow children to perform tasks comfortably without excessive clothing.

(7) Sufficient cooling is provided to allow children to perform tasks without being excessively warm or subject to heat exposure.

(8) Sufficient bathroom and diapering facilities are provided to attend immediately to children's toileting needs and maintained to reduce the transmission of disease.

(9) Equipment, including kitchen appliances, placed in a program area is maintained so as not to result in burns, shock or injury to children.

(10) Sanitation and safety procedures for the center are developed and implemented to reduce the risk of injury or harm to children and reduce the transmission of disease.

b. Approval may be given by the Department to waive the outdoor space requirement for programs of three hours or less, provided there is suitable substitute space and equipment available.

c. Approval may be given by the Department for centers operating in a densely developed area to use alternative outdoor play areas in lieu of adjacent outdoor play areas.

d. The director or designated person shall complete and keep a record of at least monthly inspections of the outdoor recreation area and equipment for the purpose of assessing and rectifying potential safety hazards.

If the outdoor play area is not used for a period of time due to inclement weather conditions, the center shall document the reasons why the monthly inspection did not occur and shall complete and document an inspection before resuming use of the area.

e. Centers that operate in a public school building, including before and after school programs and summer programs serving school-age children, may receive limited exemption from a facility requirement at subrule 109.11(3), particularly relating to ventilation and bathroom facilities, if complying with the requirement would require a structural or mechanical change to the school building.

Centers shall ensure that the space occupied by the center is sanitary, safe, and hazard-free and shall conduct monthly playground inspections or provide documentation that one has been completed by the public school personnel.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Location and safety: The center should be located in an area that does not pose environmental or safety hazards to children. Hazardous locations include a center located in a high-traffic area or too close to a road, an airstrip, a gravel pit, storm drains, drainage ditches, abandoned wells, etc. When hazards exist, steps should be taken to minimize any impact and safeguard the children.

As examples of sanitary, safe, and hazard free premises, the center should be kept free of garbage and unnecessary debris. Toxic or flammable materials should be kept out of the way of children, and sanitation practices should be followed. All doors should be in working order, exits must be left unobstructed, and stairwells should have railings and protective barriers that accommodate the needs and height of the children served.

Indoor space: The indoor space design must allow for ease of movement by children and staff and for the observation of all children. Ample space must exist to conduct both individual and group activities; allow areas for activities, dining, napping, toileting and diaper change; office space; and break room or privacy accommodations for staff.

Outdoor space: The outdoor play space provides an opportunity for children to develop gross motor, intellectual, emotional and social skills. It allows children to learn about the world around them and "burn off extra energy." Children should have an opportunity for outdoor play at a minimum of once a day, with at least twice a day being preferred.

The outdoor space needs to be adjacent to the center or so close as not to require a route that poses a safety risk to children. The play area should be designed to provide for supervision of the children at all times. It should be constructed so as not to allow ponding of water and should be located away from electrical hazards, such as high voltage lines, electric substations, or air conditioning units.

To reduce infestation of insects and the risk of disease transmission by insects such as mosquitoes, low levels that allow for ponding should be filled if possible, and outdoor equipment or toys that can hold rainwater should be checked and emptied following a rain. If located near hazards such as railroad tracks, streets, or water hazards, the center should enclose the play area with a fence or other barrier at least four feet high.

Because of the dangers of excessive exposure to sun, the outdoor play area must have shade, whether naturally from trees or man-made by awning, tent, or a structural aspect of the building that providers for shade. Young children's vulnerable skin should be protected with sunscreen during outdoor play. You can obtain a weather chart indicating when caution should be observed for outdoor play due to either heat index or wind child by calling the child care health consultant.

While the ideal outdoor space would accommodate children at 75 square feet per child at any one time, not all centers have an outdoor area that can fully accommodate all the children at this space requirement. Therefore, the outdoor space must be able to accommodate at least 30% of the enrollment of the center at 75 square feet per child. This allows the center to do staggered rotation of children in outdoor playtime without compromising their space needs for play.

The play equipment should be safe, in good repair, firmly anchored and with appropriate impact-absorbing surfacing material. Nationally, each year more than 200,000 children -- one child every 2 1/2 minutes -- are treated in an emergency room for injuries sustained on the playground. Be aware of your liability in providing for safe outdoor equipment.

The majority of all injuries result from falls from the equipment to the ground with insufficient surfacing below the equipment. Other injuries result from collision by moving equipment, such as swings, or contact with sharp edges or protrusions on equipment. Fatal injures result from falls from the top of equipment, entanglements of clothing on equipment or in ropes attached to equipment, head entrapments in openings in equipment, and equipment tip-over or structural failure.

Some of the existing equipment in Iowa's playground areas is unsafe, developmentally inappropriate, or not accessible to children with disabilities. To assess existing equipment or in making decisions for equipment purchases, *The Handbook for Public Playground Safety* provides recommendations for the surfacing, equipment design, layout, and maintenance of playgrounds.

You should consult this reference book and contact the ISU County Extension office/Iowa Playground Safety Network for consultation, reference and training materials on playground safety. Another resource for playground safety is The National Program for Playground Safety, located at the University of Northern Iowa, which can also provide additional information, publications, and videos (Phone: 1-800-554-PLAY).

Conduct and maintain a record of a monthly inspection of the outdoor equipment and area to ensure that it is safe and free of hazards. If you operate in a school, you must either conduct the inspection yourself or provide documentation that other school personnel have completed a monthly inspection.

If inclement weather, such as an extended period of snow or rain, prevents the use of the outdoor play area, you should document why the inspection was not completed. However, you must conduct an inspection before resuming use of the play area.

For centers that are located in urban areas that are developed to the extent that an adjacent area for outdoor play is not available, the child care consultant may approve the use of an alternate play area, such as the use of a park and nearby community recreation facility.

The alternate play area must still provide for safe equipment and shade for the children. The center should develop plans for safe travel to and from such alternate areas and ensure that children have access to water, toilet facilities, etc.

When alternate play space is used, you should still assess the equipment and area, to make decisions regarding whether children should be restricted from play on unsafe equipment or kept away from an unsafe area of the playground.

If you need to use alternative playground sites due to constraints imposed by your location, submit a request in writing to the child care consultant. Describe the "densely developed area" and explain why the proposed site is the only or most appropriate alternative. In addition, include what routine steps you will take to ensure that the alternative site and the equipment do not pose any safety hazards and how you will respond should concerns arise. The consultant will provide a written notice of decision to the center.

For preschool programs or centers that operate for three hours or less per day, the consultant may waive the outdoor space requirement if the center is able to provide alternate space and equipment for both fine and gross motor development. As with the outdoor play space, the alternate space should be safe, properly ventilated, provide for access to water and toileting facilities, etc.

Dining: The dining area should be arranged so that children are not crowded, staff can move between the chairs and tables to attend to the feeding and emergency needs of the children, and children can eat independently without bumping into one another or items on the table.

The ideal height of tables for children while eating is between the waist and mid-chest level of a child. Chairs should allow the child's feet to rest on the floor. A good table height adds to a child's overall comfort while eating and has been shown to reduce the risk of food aspiration and choking.

Lighting: Children need ample lighting for safety and to engage in activities. For general activities, rooms need to be illuminated at a minimum of 20 foot-candles. For areas that will be used by school-aged children for reading or homework, a minimum of 50 foot-candles must be maintained.

A foot-candle is a means for measuring the illuminance on a surface at every point one foot away from the light source. The consultant can test your rooms with a light meter. You may also contact your local electric company, as it may also be able to provide a foot-candle measurement.

Ventilation: Poor indoor air quality can increase the short- and long-term health problems of children and staff, decrease activity and productivity levels, and accelerate the deterioration and reduce the inefficiency of heating and cooling equipment.

Ceiling heights of at least seven feet allow for adequate volume and distribution of air that reduces the transmission of disease and does not allow for a quick concentration of noxious fumes. To improve the air quality and ability of furnaces and air conditioners to maintain consistent temperatures, filters should be cleaned or changed monthly.

Centers can ventilate the facility by means of windows, air conditioning units, or mechanical ventilation systems. A center with noticeable air drafts at floor level does not mean a well-ventilated center. Bathrooms and kitchens without windows should have mechanical ventilation, such as that provided by exhaust fans. Program rooms that use paints, glues, or other materials that have toxic fumes should also have natural or mechanical ventilation.

If windows are the means of ventilation, they should be child-safe in that they are either inaccessible to children, cannot be fully opened, or can be opened no more than 6 inches, to prevent children from exiting through the window. The narrow opening is especially important for centers serving children under age five, to prevent them from falling out of the window.

To provide adequate ventilation, the ratio of window to floor space should be at least 8%. Windows should be covered with screens to prevent them from being used as exits by children, to allow for the free-

flow of air, and to prevent insects from entering the center. Screens that are made of 16-mesh wire or smaller will keep out the majority of insects.

Heating: Children cannot participate appropriately in activities or rest comfortably if they are cold. The temperature should be monitored by means of a thermometer. When caring for children under the age of five, the temperature at floor level should be monitored.

The American Society of Heating, Refrigerating and Air Conditioning Engineers has established comfort levels for heating and cooling, taking both health and comfort into consideration. Based on the recommendations of the Society, rooms should be maintained at a temperature of 65-75 degrees Fahrenheit when the outdoor temperature falls below 65 degrees Fahrenheit.

Cooling: Likewise, children cannot participate appropriately in activities or rest comfortably if they are too warm. Children, especially infants, are also susceptible to heat exposure during unusually warm days. The temperature should be monitored with a thermometer. When caring for children under the age of five, the temperature should be monitored at floor level to ensure that it is not too cool or warm for young children and that they are properly dressed relative to the temperature.

When the outdoor temperature rises above 82 degrees Fahrenheit, the room temperature should be cooled to between 68-72 degrees Fahrenheit. If air conditioning is not available, all program and dining rooms used by children should have the air circulated by fans whenever the temperature in the room exceeds 82 degrees Fahrenheit.

Bathroom and diapering facilities: Bathroom and diapering areas should:

- Be sanitary.
- Provide for individual, single-use or disposable cloths or towels and hand-washing soap.
- Have appropriate waste receptacles.
- Have provisions for privacy when appropriate.
- Have equipment sized or modified to the developmental age of the child.

School-aged children need provisions for privacy when using the bathroom. If the physical structure does not allowed for walled-off stalls, you can accommodate privacy through the use of partitions, dividers, or curtains. Because of the frequent and sometimes urgent need of young children to toilet, consider children's needs not only during indoor activities but during outdoor play as well.

Electrical or gas equipment: Children under five years of age are at the greatest risk of injury from extension and appliance cords, so care should be taken to ensure that all cords are inaccessible to children. Centers that serve children under the age of five should have all unused electrical outlets covered with outlet covers or "shock stops" (i.e., plastic electrical plugs).

Be aware that single-plug electrical plugs can be a choking hazard. You are encouraged to used double-plugs for all outlets. Centers that have "ground-fault detectors" still need to use safety plugs. The ground-fault detector shuts down the electric circuit if it is interrupted, but a child can still receive an electrical shock.

All stoves and electric kitchen appliances, radiators, and fans should be placed or use a barrier so they are inaccessible to children. Hot water pipes and radiators that are accessible to children should be screened off or insulated.

Sanitation and safety: While child care centers are highly susceptible to outbreaks of communicable disease and illness, either by child-to-child or adult-to-child routes, the transmission routes may be influenced or altered by the design, construction, and overall maintenance of the facility. These strategies may include:

- Adequate ventilation systems.
- Proper and consistent sanitation procedures followed by all staff.
- Location of kitchens, bathrooms, garbage receptacles and isolation areas in relation to general program areas.

Research supports that many communicable diseases and illnesses, particularly diarrhea illness and respiratory ailments such as upper respiratory infections and chicken pox, can be prevented or the spread reduced through appropriate hygiene, sanitation, and disinfecting methods.

Studies of child care centers have shown them to be at a high predisposition for fecal contamination. Consequently, hands, toys, and other equipment become contaminated, resulting in the transmission of diseases in child care settings. Centers should develop sanitation plans for equipment used for toileting, diaper-changing areas, toys, and play equipment.

"Sanitize" means to remove soil and small amounts of bacteria. Sanitizing is commonly used for routine housekeeping such as floors, walls, bedding, etc. Surfaces, objects, or equipment are considered sanitized when the surface area is clean and the number of germs has been reduced to such a level as to reduce the likelihood of the transmission of disease. Sanitizing is less rigorous than disinfecting and involves the use of soap, detergent, or abrasive cleansers.

"Disinfect" means to remove virtually all germs from surfaces, objects, or equipment through the use of a chemical. Disinfecting is commonly used for toys, table tops, high-chair trays, diaper-changing stations, food utensils, and any other object or surface that is significantly contaminated with body fluids.

Disinfecting can be accomplished by mixing a solution of 1/4 cup household liquid chlorine bleach to 1 gallon of warm water (as recommended by the NHSPS). Chlorine bleach solutions have been shown to be sufficient to kill a number of blood-borne pathogens, including hepatitis-B.

The solution must be prepared daily to be effective and be used on surfaces after they have been washed clean of filth, soil, or bodily fluids, using soap and water. The surface should be left wet and allowed to air dry. If circumstances do not allow time for air drying, the surface should be wiped dry with a clean single-use or disposable towel.

The solution is not toxic at this level if ingested but care should be taken to keep the solution inaccessible to children. The disinfecting solution should never be sprayed on a table or high chair where children are seated. Bleach is corrosive and can damage the eyes and skin of children and staff. Undiluted bleach or diluted bleach should NEVER be mixed with other solutions, particularly acids such as vinegar or an ammonia-based product, as it will result in the rapid development of highly poisonous chlorine gas**.**

Poisons, toxic and unsafe materials, such as cleaning materials, detergents, aerosol cans, pesticides, and health and beauty aids, should be stored in an area inaccessible to children. To prevent contamination, these materials should not be stored with, next to, or above food, food preparation items, or medications.

Centers should also take precautions with art materials, as many of those contain hazardous materials such as lead and formaldehyde. Federal law requires all substances to be identified. Centers should use only materials labeled "non-toxic."

The Art Hazards Information Center lists the following art materials that have been determined to be unsafe, and an alternative craft source:

Unsafe Material	**Alternate**
Powdered clay	Wet clay
Lead-based glazes	Poster paints
Oil-based paints	Water-based paints
Powdered tempera paint	Liquid or non-toxic paint

Unsafe Material	**Alternate**
Cold water dyes or commercial dyes	Natural dyes such as vegetables, onion skins
Permanent markers	Water-based markers
Epoxy, instant glues, or solvent-based glues	Water-based white glue or library paste
Instant paper mache	Black and white newsprint and library paste or liquid starch

Many indoor and outdoor plants are known to be toxic. Young children are often drawn to the colorful aspects of plants and are curious about any item that may appear to be "food". Plants are among the most common household substances ingested by children and are a common cause of poisoning among preschool-aged children. If a child should eat all or part of a plant, remove any remaining pieces from the child's mouth or obtain a nearby sample and immediately contact the Poison Control Center.

As there is no complete listing of all the known toxic plants, a good practice would be to keep all household plants out of the reach of children and ensure that the outdoor play area does not contain bushes, plants, or shrubs that could be harmful to children.

The following is a list of SAFE houseplants:

African violet
Aluminum plant
Begonia
Boston fern
Coleus
Dracaena
Hens & chickens
Jade plant
Mother-in-law's tongue
Peperomia
Prayer plant
Rubber plant
Sensitive plant
Spider plant
Swedish ivy
Wandering jew
Wax plant
Weeping fig

While a complete listing is impossible, the following is a list of poisonous plants that have resulted in the deaths of children:

House Plants, Flower Garden, and Wild Plants

Autumn crocus
Azalea
Baneberry
Belladonna
Bittersweet
Bird of paradise
Black snakeroot
Bleeding heart
Buttercups
Caladium
Caper spurge
Castor bean
Chinaberry
Daffodil bulbs
Daphne
Delphinium
Dumbcane (dieffenbachia)
Duranta
English ivy
False hellebore
Chrysanthemum
Foxglove
Golden chain
Hyacinth
Holly
Hydrangea
Jack-in-the-pulpit
Jequirty bean (rosary pea)
Jerusalem cherry
Jessamine
Jimson weed
Jonquil
Larkspur
Lantana
Laurel
Lily of the valley
Lupine
Mistletoe
Monkshood
Moonseed
Mountain laurel
Mushrooms (certain ones)
Narcissus
Nightshade
Oleander
Philodendron
Poison hemlock
Poison ivy
Poison oak
Poison sumac
Pokeweed
Privet
Rhododendron
Rubber vine
Skunk cabbage
Tansy
Water hemlock
White snakeroot
Yellow jessamine
Yellow oleander

Trees and Shrubs

Black cherry tree
Black locust tree
Boxwood tree
Buckeye tree
Elderberry
English yew
Horse chestnut tree
Oak tree
Sandbox tree
Thorn apple
Tung oil tree
Yew

Vegetable Garden

Potato (sprouts and green parts
Rhubarb leaves
Tomato (green parts)
Tobacco

Iowa Department of Human Services	SECTION: 109.11 Physical Facilities	SUBJECT: **Bathroom Facilities**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.11(4)	

RULE

Bathroom facilities. At least one functioning toilet and one sink for each 15 children shall be provided in a room with natural or artificial ventilation. Training seats or chairs may be used for children under two years of age.

New construction after November 1, 1995, shall provide for at least one sink in the same area as the toilet and, for centers serving children two weeks to two years of age, shall provide for at least one sink in the central diapering area. At least one sink shall be provided in program rooms for infants and toddlers or in an adjacent area other than the kitchen. New construction after April 1, 1998, shall have at least one sink provided in the program rooms for infants and toddlers.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The ideal toilet height for young children is 11 inches. Child-sized toilets, step-aids, or modified toilet seats are encouraged. When they are not available, "potty chairs" are appropriate, provided extra care is taken to ensure proper disinfection to reduce the transmission of disease through contact with urine or feces.

Many communicable diseases can be prevented through appropriate hygiene, sanitation, and disinfecting methods. Therefore, items used for toileting should not be washed in the same sink used for hand-washing. When this cannot be avoided, the sink should be disinfected immediately and before use by children or staff.

Sinks should have hot and cold running water. The ideal sink height is 22 inches. The hand washing "fountains" that accommodate simultaneous use by more than one person are acceptable, as long as they are used according to the manufacturer's recommendations for the numbers of children that may be served at any one time. Foot-operated faucets provide another alternative to decrease the transmission of disease. Push button faucets that do not allow the free use of both hands for washing should be avoided.

The ideal water temperature for hand-washing or bathing is 110-120 degrees Fahrenheit. Children under five years of age are the most frequent victims of tap-water burns. At 120 degrees Fahrenheit, a burn can occur after two minutes of contact. At 130 degrees, burns are sustained within 30 seconds.

To prevent scalding, centers should ensure that the temperature of the water heater does not exceed 120 degrees Fahrenheit when children will use the water for hand-washing. The center or an area plumber can also install inexpensive scald prevention devices and “mixers” that ensure a mixture of hot and cold water.

Because of the increased opportunity for the transmission of disease following toileting or diapering of infants and toddlers, hand-washing remains the most effective deterrent. Therefore, all new construction after April 1, 1998, must have hand-washing facilities in the program room for infants and toddlers.

For existing facilities, the sink adjacent to the infant room must not require that staff travel further than outside the room (meaning staff do not travel across the center, through another program room, etc.). Sinks in the infant area should never be used for food or bottle preparation.

If training seats are used, the toilet-sink arrangement should allow for these to be cleaned without having to carry them any significant distance from the toilet area.

You should also confer with city building codes to determine if local ordinance requires the toilet and sink to be co-located.

As a general rule, bathroom facilities should not be shared with other adult programs, such as adult day care facilities. However, in some instances, such as school-based programs and YMCA or YWCA programs, children may be accessing the same facilities as adults. In these situations, proper supervision is important. An optimal situation would be to have a cooperative arrangement to designate certain restrooms or stalls for the children served in the center.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.11 Physical Facilities	SUBJECT: **Telephone**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.11(5)	

RULE

Telephone. A working nonpay telephone shall be available in the center with emergency telephone numbers for police or 911, fire, ambulance, and poison information center posted adjacent to the telephone. The street address and telephone number of the center shall be included in the posting. A separate file or listing of emergency telephone numbers for each child shall be maintained near the telephone.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

At a minimum, emergency telephone numbers should include parent contacts, emergency contacts in place of the parent, and a health care provider and dental care provider for each child.

For staff to be able to respond immediately to emergencies without having to leave children unattended or understaffed, the telephone must be available in the licensed program area. A school-based program cannot rely on the availability of a telephone in a school office.

When appropriate, a cordless phone can be used to meet the telephone requirement. However, take measures to ensure that the phone is maintained to ensure a sufficient charge for use at all times. Attaching a sticker with emergency telephone numbers to the phone will ensure quicker response times in the event of an emergency.

Be aware of the transmission problems that sometimes exist with cordless and cellular phones. Cordless phones do not operate during power outages, which frequently occur in Iowa during thunderstorms and snow storms. In addition, be mindful of the lack of privacy sometimes afforded by cordless or cellular phones. The channels are not always secure, meaning that others can sometimes hear your conversation. Measures should be taken to limit confidential information released over the telephone.

Iowa Department of Human Services	SECTION: 109.11 Physical Facilities	SUBJECT: **Kitchen Appliances and Microwaves**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.11(6)	

RULE

Kitchen appliances and microwaves. Gas or electric ranges or ovens shall not be placed in the program area. If kitchen appliances are maintained in the program area for food preparation activities, the area shall be sectioned off and shall not be counted as useable floor space for room size.

Centers using microwave ovens for warming infant bottles or infant food shall ensure that the formula or food item is not served immediately to the child after being removed from the microwave. The infant bottle shall be shaken or food stirred and the formula or food item tested by the caregiver before being fed to the infant. Breast milk shall not be warmed in a microwave.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The most important element is the safety of the child, not the convenience of the provider. Therefore, you should take every step to ensure that children are not exposed to "hot spots" in formula or food, which can result in scalding burns to the mouth and esophagus.

The American Dietetic Association recommends heating infant formula or food only until it's barely warm, letting it stand a few minutes, stirring it thoroughly, and then testing the temperature to avoid burns. Infants do not have to have excessively warm formula.

Be aware that the use of microwaves for warming infant formula or food, while allowable, is not supported by some experts. However, many parents, providers, hospitals, etc., use microwaves in this manner. You are encouraged to obtain the parents' consent in using microwaves for infant and toddler food preparation.

Microwaves should not be used for warming breast milk, as it destroys Vitamin C, immunoglobin A (an immunity protective component of breast milk), and other properties and alters the protein content. Warming breast milk also makes it susceptible to bacterial growth, including E. coli.

Alternatives to microwaves that are safer and equally effective include using bottle warmers, setting containers in a pan of warm water, holding containers under warm running water, or setting formula out to reach room temperature. (5-15 minutes should be sufficient to "take off the chill.") Take care with any of these methods to ensure that cords and pan handles are out of the reach of children, that food does not become contaminated, and that the food item is still shaken or stirred.

Some manufacturers of prepackaged and food provide instructions regarding the use of microwaves, and some formula companies advise against their use. Staff should follow all instructions on prepackaged foods or formulas.

In warming food in a microwave, the initial temperature is an important safety element, as food at room temperature requires less heating time than refrigerated or frozen foods. In addition, warming a small volume of food or formula quickly increases the inner temperature of the item.

Microwaves should also be positioned so that children cannot get near the heat vent, be exposed to radiation from a malfunctioning unit, or be in danger of having an item accidentally spilled or splashed onto them during the removal of food or beverages.

You may want to experiment by heating different amounts of food and liquids in their microwave, as each microwave responds differently to the amount of time needed for heating or cooking. You may want to post information on adequate time or settings based on your microwave and that ensure new staff are aware of the information.

Crock pots can be used in the program areas for meal preparation, to warm infant bottles, etc. However, safety measures must be taken, including using the crock pot on the lowest setting and ensuring that the unit and electrical cords are located in such a manner that the unit cannot be pulled over on top of children.

Iowa Department of Human Services	SECTION: 109.11 Physical Facilities	SUBJECT: **Environmental Hazards: Lead-Based Paint**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.11(7)	

RULE

Environmental hazards.

a. Within one year of being issued an initial or renewal license, centers operating in facilities built before 1960 shall conduct a visual assessment for lead hazards that exist in the form of peeling or chipping paint.

   If the presence of peeling or chipping paint is found, the paint shall be presumed to be lead-based paint unless a certified inspector as defined in Department of Public Health rules at 641—Chapter 70 determines that it is not lead-based paint. If the presence of peeling or chipping paint is found, interim controls using safe work methods as defined by the state Department of Public Health shall be accomplished before a full license being issued.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Lead is highly toxic, especially to children under six, and can adversely affect every organ system of the body. Very high levels of lead in the body can result in death. Even low levels of lead in the body have been shown to cause learning disabilities; attention deficit disorder and other behavioral concerns; speech, language, and hearing problems; decreased muscle and bone growth; and damage to the kidneys and nervous system.

Lead enters the body through the mouth or nose and is poisonous because it interferes with some of the body's basic functions. Children are susceptible to lead poisoning because of their tendency to put things in their mouths. Once lead enters the body, it may remain in the bloodstream for several weeks and can then be absorbed into the bone, where it may remain a lifetime. Children under the age of six are especially at risk, since the damage occurs while their brains and nervous systems are rapidly developing.

The major source of lead for Iowa children is deteriorated lead-based pain in pre-1960 homes or buildings. Young children most commonly become lead-poisoned by ingesting lead when they put paint chips in their mouths or when they get house dust or soil that contains lead on their hands or toys and then put their hands or toys in their mouths. A few children are lead-poisoned while inhaling lead dust when they are present while someone removes lead-based paint by dry sanding, dry scraping, or using a heat gun.

The only way to prevent childhood lead poisoning is to repair lead hazards before a child is ever lead poisoned. If a child is already lead poisoned, hazards must be repaired to help the child's blood lead level drop.

However, the damage done to a child who is lead-poisoned is not reversible. Fourteen percent of the children in Iowa tested for lead poisoning are determined to be lead poisoned, three times the national average of 4.4%

The Iowa Department of Public Health and local childhood lead poisoning prevention programs conduct comprehensive environmental investigations to determine the source of lead poisoning when a child:

- Has a venous blood lead level of 20 micrograms per deciliter or higher or
- Has two blood tests of 15 to 19 micrograms per deciliter or higher.

Children with these blood lead levels are considered at risk and may receive medical case management and developmental evaluation to determine if a physical or learning disability is present. The Department of Public Health must work with the parents of these children in their investigations to determine the primary cause of lead exposure.

Lead-based paint was banned in 1978. Because it was rarely used after 1960, most homes and buildings built after 1960 are considered safe. No cases of lead poisoning in Iowa have been attributed to homes or building built after 1960. Iowa has some of the oldest housing in the nation, with more than 50% of the housing built before 1960.

While most buildings built before 1960 contain lead-based paint, the presence of lead-based paint does not always present a hazard. Deteriorated lead-based paint presents the major hazard to children. In Iowa, lead-based paint chips found between the inside window and the screen or storm window are a primary cause of childhood lead poisoning. Almost every home or building built before 1960 has peeling or chipping paint in this area.

Lead-based paint is a hazard to small children if it is loose, cracked, chipping, peeling, flaking, rubbing off or deteriorating in any way. Surfaces that are accessible to children to chew on, subject to friction (something rubbing against the painted surface), or subject to frequent hard impacts that knock paint from the surface are hazards, even if the paint is intact.

On the exterior of homes, lead-based paint falls onto the soil as it deteriorates or when it is scraped and repainted. Lead-based paint that has been painted over several times with newer paint that does not contain lead is not a hazard <u>if</u> it is in good condition. However, if it is deteriorating, it becomes a hazard because all of the layers of paint, including the old lead-based paint, tend to come off the surface together.

If the center was built before 1960, conduct a visual assessment for the presence of lead paint and eliminate lead hazards. <u>You do not need to hire a lead inspector to do the visual assessment</u>. Center staff can conduct this test using the information from the Iowa Department of Public Health Bureau of Lead Poisoning Prevention.

Assume that the paint is lead-based paint. If hazards are identified, use safe methods to repair the hazards. Assume that the soil around the building contains lead, and take steps to keep children from coming in contact with the bare soil.

Do not use the home test kits for lead that are available through local retailers. These test kits are not a reliable way to identify lead-based paint. If you want to confirm that paint is indeed lead-based, the State Hygienic Laboratory can conduct tests on paint chips at a cost of approximately $25. Contact the Hygienic Laboratory on (515) 281-5371 for more information. By comparison, a comprehensive lead inspection by a certified lead-inspection specialist can range between $300-1000.

If you identify lead hazards when you conduct the visual assessment or have a confirmation from the State Hygienic Laboratory that the paint is lead-based, you do not need to "abate" the hazard. Abatement is the permanent elimination of lead-based paint hazards. Rather, you need to control the hazards by using "interim controls."

Interim controls are less costly measures that do not remove the lead paint from the building but that safely reduce the risk of further exposure. Some low-cost methods of interim controls are:

- Repair chipping and peeling paint using safe methods.
- Repair accessible, friction, and impact surfaces. Accessible surfaces include window sills or any painted surface that a child can chew on. Paint should be stripped from these surfaces or the surfaces should be covered with something sturdy that a child cannot chew through.
- Friction surfaces are areas such as floors where something rubs against the paint. Floors can be covered with carpet or another covering to address this problem. The most common impact surfaces are the edges of doors and doorjambs and the outside corners of walls. Paint should be stripped from these surfaces or they should be covered with sturdy corner protectors.
- Keep the building clean. Floors, window wells, and woodwork should be washed thoroughly with any household detergent at least once a week. Carpets should also be vacuumed at least once a week. Any type of vacuum will work, although a vacuum with a microfilter (HEPA-filter) bag is the best type. A standard household vacuum bag cannot accomplish the removal as effectively. Rugs, carpets, drapes and curtains should be cleaned and heating or air conditioning filters changed.
- Prevent access to soil hazards. Cover bare soil by planting grass, covering with mulch, or landscaping with bushes. Do not let children play in areas of bare soil, especially next to the building. Move their play area to a grassy area away from the center.

For assistance in conducting the visual assessment or to receive guidance on interim controls, contact the Iowa Department of Public Health's Childhood Lead Poisoning Prevention Program at 1-800-972-2026 or (515) 281-3479.

Iowa Department of Human Services	SECTION: 109.11 Physical Facilities	SUBJECT: **Environmental Hazards: Radon**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.11(7)	

RULE

Environmental hazards.

b. Within one year of being issued an initial or renewal license, centers operating in facilities that are at ground level, use a basement area as program space, or have a basement beneath the program area shall have radon testing performed as prescribed by the state Department of Public Health at 641—Chapter 43.

Testing shall be required if test kits are available from the local health Department or the Iowa Radon Coalition. Retesting shall be accomplished at least every two years from the date of the initial measurement if test kits are available from the local health department or the Iowa Radon Coalition.

If testing determines confirmed radon gas levels in excess of 4.0 picocuries per liter, a plan using radon mitigation procedures established by the state Department of Public Health shall be developed with and approved by the state Department of Public Health before a full license being issued.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Radon is a naturally occurring radioactive gas that is impossible to see, smell, or taste. While the gas is found in high levels in every state, a study by the Environmental Protection Agency (EPA) indicates that Iowa has relatively high levels of radon. The gas seeps into buildings through the surrounding soil via openings in basement walls and floors.

Radon is the second leading cause of lung cancer, based on studies conducted routinely since the 1950s. The higher the level of radon and the longer the exposure, the greater the risk. Homes and schools have historically been the structures most likely to have radon tests conducted.

A study of 66 child care centers in central Iowa in 1993 found that 83% of the centers had confirmed radon gas levels below the EPA “action level” of 4.0 picocuries per liter. However, child care centers remain a valid structure to assess, given the number of hours young children are present in the setting.

Centers are at higher risk if the structure is at ground level or has a basement. The age of the facility and the type of foundation do not in and of themselves increase or decrease the risk. Centers in buildings that have been converted from residential homes or churches are sometimes at higher risk for elevated levels due to poorer ventilation.

Short-term testing is accomplished by placing a test canister in every room serving children, except kitchens, bathrooms, and laundry areas. Tests are repeated for confirmation in rooms that test higher than 4.0 picocuries per liter.

The test is repeated every two years or if major remodeling is done at the center. The best time to test for radon is in the winter when windows and doors are kept closed and the ground is frozen.

Test kits may be available from the Iowa Radon Coalition or the county public health Department at a charge of approximately $6-10 a canister. Kits may also be obtained from retailers at a charge of approximately $20.00 a canister. Contact the Iowa Radon Control program at 1-800-383-5992 to obtain information on approved, commercially available test kits.

Because of the cost implications of retail purchase, centers are required to conduct the tests only if the kits are available from the Iowa Radon Coalition or the county public health department. If the kits are not available from either of these two entities, you must obtain a statement in writing from both entities to verify to the consultant at time of relicensing that the test could not be accomplished.

The test kits include instructions regarding where to place the kits and how to conduct the tests. As an example of the number of kits needed, a 2000 square foot center that consists of one large program area would require two kits.

If testing yields a confirmed radon gas levels in excess of 4.0 picocuries per liter, work with the Iowa Department of Public Health in establishing appropriate mitigation producers. Implement low cost steps first before considering the more costly step of installing a radon reduction system. Steps may include:

- Sealing cracks and openings in foundations, floors, and walls with non-shrinking caulk and covering porous walls (concrete block) with waterproof paint.
- Covering dirt under crawl spaces with a protective plastic covering and sealing it to the foundation.
- Placing a gas tight lid over a sump pump and sealing it with silicon caulk.
- Increasing ventilation.

For assistance in conducting the test, interpreting the results, and establishing mitigation procedures, contact the Iowa Radon Line at 1-800-383-5992. To obtain test kits, contact the Iowa Radon Coalition at 1-800-206-7818 or your county public health nursing agency listed in the phone book.

When the laboratory results are returned to you, send a copy of the laboratory results directly to the Radon Control Program at the Iowa Department of Public Health. Submit the results to:

Iowa Department of Public Health
Radon Control Program
Lucas State Office Building
Des Moines, IA 50319

Staff at the Radon Control Program are going to monitor the results for all centers over the next few years to determine the scope of the radon concern in Iowa's child care centers.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.11 Physical Facilities	SUBJECT: **Environmental Hazards: Carbon Monoxide Poisoning**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.11(7)	

RULE

Environmental hazards.

c. To reduce the risk of carbon monoxide poisoning, all centers shall, on an annual basis before the heating season, have a professional inspect all fuel-burning appliances, including oil and gas furnaces, gas water heaters, gas ranges and ovens, and gas dryers, to ensure the appliances are in good working order with proper ventilation.

All centers shall install one carbon monoxide detector on each floor of the center that is listed with Underwriters Laboratory (UL) as conforming to UL Standard 2034.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Carbon monoxide is a poisonous gas that you cannot see or smell, but at high levels it can kill in a matter of minutes. The gas is produced whenever any fuel such as gas, oil, kerosene, wood, or charcoal is burned, such as that used in gas and oil-burning appliances and furnaces.

Hundreds of people die each year, with many more becoming seriously ill from carbon monoxide poisoning caused by malfunctioning or improperly used fuel-burning appliances. Infants are especially susceptible to carbon monoxide poisoning.

Symptoms of carbon monoxide poisoning at low levels include shortness of breath, mild nausea, and mild headaches. At moderate levels, people may experience severe headaches, dizziness, mental confusion, nausea, or fainting. Because these symptoms may mirror those similar to the flu, food poisoning, or other illnesses, presence of carbon monoxide may go unattended. Prevention is the key to avoiding carbon monoxide poisoning.

Some centers are in a building where the heating system is located in another part of the building or the center has hot water boiler heat. An inspection and detector is still required, as the heating system is still fuel-burning and could generate carbon monoxide that could impact the area where the center is located. Electric heaters, stoves, and hot water heaters do not generate carbon monoxide.

Because of the higher use of fuel-burning furnaces in the winter and the fact that buildings are more "closed up," you should have all fuel-burning appliances inspected before the start of the heating season. To conduct testing of this equipment, contact your gas company, the safety consultant at your insurance company, a local heating and cooling contractor, or a private consultant. Scheduling these tests in the summer may help to avoid long waits and may result in reduced fees if a contractor charges for the test.

As a preventative back-up measure, you must install one carbon monoxide detector on each level or floor of the center. Costs average around $20-40. Make sure that the unit meets Underwriter's Laboratory Standard 2034 and that it is a non-battery powered detector. A detector should be located following the manufacture's recommendations for placement. While detectors have not proven 100% accurate, technology is improving, and they remain the only alert system on the market today.

If you have additional questions regarding the dangers of carbon monoxide poisoning in the center, contact the Iowa Department of Public Health at (515) 281-4928.

Iowa Department of Human Services	SECTION: 109.11 Physical Facilities	SUBJECT: **Environmental Hazards: Exemption**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.11(7)	

RULE

Environmental hazards.

d. Centers that operate before and after school programs and summer-only programs that serve only school-age children and that operate in a public school building are exempted from testing for lead, radon, and carbon monoxide.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Many schools are already required to conduct tests for certain environmental risks. In addition, the size and design of schools poses a difficulty in isolating the test on the location of the building occupying the center premises. Therefore, programs that are operated in school buildings on a limited basis and serve only school-aged children are exempt from these requirements. However, for the safety of the children and staff, you are encouraged to conduct any environmental assessment you deem appropriate.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.12 **Activity Program Requirements**	SUBJECT: **Activities**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.12(1)	

RULE

Activities. The center shall have a written curriculum or program structure that uses developmentally appropriate practices and a written program of activities planned according to the developmental level of the children. The center shall post a schedule of the program in a visible place. The child care program shall complement but not duplicate the school curriculum. The program shall be designed to provide children with:

a. A curriculum or program of activities that promotes self-esteem and positive self-image; social interaction; self-expression and communication skills; creative expression; and problem-solving skills.

b. A balance of active and quiet activities; individual and group activities; indoor and outdoor activities; and staff-initiated and child-initiated activities.

c. Activities which promote both gross and fine motor development.

d. Experiences in harmony with the ethnic and cultural backgrounds of the children.

e. A supervised nap or quiet time for all children under the age of six not enrolled in school who are present at the center for five or more hours.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

The importance of developmentally appropriate practices cannot be stressed enough. As research bears out the critical importance of the first three years of life for learning and social development, it is critical that centers develop activity plans for all age groups.

The written plan of the curriculum or program provides you with a mechanism to share with parents regarding what they can expect from the child care program. It also assists you in laying out a foundation of activities that enhance the safe care and development of the children. The elements of the program should provide for activities that are:

- Geared to the developmental stage of the children served.
- Attend to the cognitive, social, emotional and physical development of children.
- Take into account the cultural, ethnic, and special needs of the children.
- Allow for the maximum participation by children.
- Encourage participation and observation by parents as well.

In providing activity programs, child care centers often provide educational activities. “Not duplicating the school curriculum” means that a center does not provide an activity program or use curriculum that mirrors the local school curriculum.

While you do not provide an instructional program per se (such as offering a math or science class), you certainly may involve children in activities that build upon math and science teachings. You may also provide tutoring or homework sessions. This limited activity does not duplicate the school curriculum; again, the intent is not to offer an instructional program.

The child care center provides an opportune setting to work with children on health education (dental practices, nutrition, proper hand-washing, self-esteem, etc.) as well as safety education ("good-touch/bad touch," responding to strangers, what to do if you're lost, fire safety procedures, etc.) Many communities have health and safety professionals, including EMT or fire station personnel who are willing to conduct presentations for children.

You are encouraged to receive ongoing training on developmentally appropriate practice. Consultation and training materials on developmentally appropriate practices can be provided by the child care consultant, the child care resource and referral agency, and ISU Extension, among others.

Children with special needs can be integrated into the child care setting and participate in activities of the general population, usually with little adaptation required. If necessary, equipment can be purchased that meets the developmental needs of the child and allows the child to participate fully in activities. These may be in the form of "micro switches," larger handles on items, adapted equipment that allows for upright positioning, etc. The local child care resource and referral agency and area education agency staff can provide assistance in obtaining equipment or adapt existing equipment to meet the child's needs.

Parents sometimes request that children not nap while at the center. However, preschool and school-aged children benefit from rest periods, whether they are in the form of actual nap times, lying down to rest, or quiet play.

For children under five, regularly scheduled nap or resting times and comfortable and quiet surroundings are important. School-aged children need opportunities for quiet activities, even if they do not wish to lie down. Children of any age should never be forced to sleep but may be encouraged to lie quietly for a period of time. The length of time children need for rest varies by child. There is no hard and fast rule regarding the maximum amount of time a child should have to remain resting.

Periods of rest also provide staff with an opportunity to:

- Take a respite break.
- Rejuvenate.
- Participate in staff development activities, as appropriate.
- Complete necessary reports and documentation.

Note: Centers showing copyrighted videocassette movies are bound by the US Copyright Act and required to obtain a low-cost license. The Act applies to centers regardless of whether you own or rent the videocassette or whether or not you charge a fee to show it.

The Motion Picture Licensing Corporation has established a one-stop license service and a discount fee for centers and school-age programs. For fee information and to obtain a license that allows the showing of home videocassettes for public performance, contact the Motion Picture Licensing Corporation at 1-800-462-8855.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.12 Activity Program Requirements	SUBJECT: **Discipline**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.12(2)	

RULE

Discipline. The center shall have a written policy on the discipline of children which provides for positive guidance, with direction for resolving conflict and the setting of well-defined limits. The written policy shall be provided to staff at the start of employment and to parents at time of admission. The center shall not use as a form of discipline:

a. Corporal punishment including spanking, shaking, and slapping.

b. Punishment which is humiliating or frightening or which causes pain or discomfort to the child. Children shall never be locked in a room, closet, box or other device. Mechanical restraints shall never be used as a form of discipline. When restraints are part of a treatment plan for a child with a disability authorized by the parent and a psychologist or psychiatrist, staff shall receive training on the safe and appropriate use of the restraint.

c. Punishment or threat of punishment associated with a child's illness, lack of progress in toilet training, or in connection with food or rest.

d. No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Discipline should include positive guidance, redirection, and the setting of clear-cut limits that assist the child in developing socially acceptable, behavioral and emotional controls. The goal of discipline is to help children develop self-discipline, not to adhere to a rigid set of rules. Discipline practices should be consistent, a logical consequence to the action of the child, and appropriate to the age and circumstances of the child.

Interventions should be explained to the child, particularly as children reach age two and their language development enables them to begin to understand the explanation. Staff should remember to reward the positive as well as respond to the negative. The need for discipline can often be reduced by:

- Attending to the relationship or "match" of the caregiver and child.
- Establishing meal, snack, rest and toileting routines that do not allow children to become too tired, hungry, or uncomfortable.
- Maintaining ratios sufficient to attend to the individual needs of children.
- Ensuring adequate toys and materials are available for the numbers served.

Note that discipline practice should promote positive guidance, not negative reinforcement. Therefore, interventions such as placing soap, vinegar or other substances in children's mouths should not be used.

As children mimic the behaviors of adults, it is important that staff not use physical interventions or abusive language with the children or between themselves. Corporal punishment is expressly forbidden in child care centers, regardless of the practices of the parents at home.

Be aware of the developmental impact of physical intervention on children, the legal implications (including allegations of abuse), and the liability issues that can arise from physical discipline. Encourage staff to seek their own "time-outs" if they feel themselves becoming too impatient or starting to lose control.

Staff should use conversational voice tones when addressing children. If a child's behavior warrants an intervention, the staff person should go to the child and speak quietly with the child about the problem. Children should not be yelled at in close proximity or across a room, or grabbed or shoved. Using derogatory language when addressing a child is prohibited.

Appropriate alternatives to corporal punishment for young children include:

- Very brief expressions of disapproval for infants and toddlers.
- A quiet, non-threatening verbal response including redirection to another activity.
- "Time-outs" for preschoolers.
- Limits on activity (such as not being able to play with the building blocks for five minutes if the child throws a block).

A general rule of thumb is one minute of time-out for the age of the child. Young children do not have a concept of large spans of time and do not benefit from long periods of exclusion. Any "time-out" intervention for any age of child should be brief, infrequent in use, and still provide for constant observation of the child. For school-aged children, denial of privileges may be an effective alternative.

Some professionals advocate the use of "body wraps" on a child as a form of time-out that serves to calm a child. A staff person sits with the child on their lap and wraps the child in their arms until the child calms down. If this type of intervention is used, staff should be mindful that the intervention must be done on the floor and away from furniture. Staff should not attempt to hold a child while in a chair or on another piece of furniture, due to the safety needs of the child.

You should have written discipline policies that include all the interventions that will be used in the center and that can be shared with parents and staff. The policies should outline the positive guidance and interventions that will be used for discipline relative to the ages or special needs of the children, as well as policies for responding to difficult and common behaviors of preschoolers, such as biting and hitting. You may want to obtain parental permission for all interventions that will be used. Include cultural considerations in the development of discipline policies.

Biting: Biting by toddlers is a common and troubling occurrence in many child care centers. Children may bite other children as well as adults. While there is often concern expressed about the behavioral implications regarding this behavior, a concern also exists regarding the transmission of disease.

While causing concern among caregivers, biting is not necessarily developmentally inappropriate. Children often use biting as a means of what is termed "instrumental aggression." This differs from "hostile aggression" in that the child is merely trying to reestablish territory, usually either space or an object. In these cases, biting may be prevented by ensuring an adequate supply of toys and materials and by staff vigilance in anticipating problems and redirecting children.

Other causes may be normal exploration, teething, learning about cause and effect, gaining attention, imitating older peers, establishing independence and control, and the expression of frustration and stress. Research has shown that the incidence of biting is at its highest point in September, when new children may be enrolled in the center. The highest incidence of biting occurs before noon, when children may be getting tired and hungry and are more easily frustrated.

The important element to remember is to attend to the victim of the biting incident, assess why the biting is occurring, and develop positive interventions with the child who bites.

The child care licensing consultant, the child care health consultant, and staff at the area education agency can provide assistance or information on proper interventions with biting. You should have a policy developed on biting behaviors that include the intervention steps that you will take before considering discharging the child.

Mechanical restraints: With regard to the use of mechanical restraints as part of a treatment plan, you should be aware of the fact that other children observe this type of intervention and it may appear abusive or frightening to them. Staff may need to spend some time with younger children, in particular, in explaining why the child needs this type of treatment.

Children who because of special medical or behavioral needs require the regular use physical restraints must have a treatment plan with instructions, as authorized by the psychologist or psychologist and parent, on file in the center. Staff must receive training on the proper use of the restraint.

Staff at the area education agency in your area can provide assistance with developmentally-appropriate interventions for behaviors that are difficult to manage.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.12 Activity Program Requirements	SUBJECT: **Special Accommodations**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.12(3)	

RULE

Policies for children requiring special accommodations. Reasonable accommodations, based on the special needs of the child, shall be made in providing care to a child with a disability. Accommodation can be a specific treatment prescribed by a professional or a parent, or a modification of equipment, or removal of physical barriers. The accommodation shall be recorded in the child's file.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Children with special needs may include those children with developmental disabilities or delays, mental retardation, emotional disturbance, sensory or motor impairment, or chronically ill children who require special health surveillance or interventions.

While some children, particularly those that are significantly technology-dependent or exhibit extreme emotional or behavioral problem, may pose special consideration in integrating into a child care center setting, every effort should be made to do so. Many financial, professional, and educational resources exist to help you and the parent in making the center a viable option for children with special needs. The input of the child's parents is critical in achieving a successful plan of care.

Children with special needs in child care may be receiving special education services through the school, the area education agency, or Iowa's System of Early Intervention (also known as "Part C" or Iowa Access). Those children have a service plan called an Individualized Family Service Plan (IFSP) for children under the age of three and an Individualized Education Plan (IEP) for children three years and older.

Child care providers may be included in the service planning process. You may wish to ask parents if the child receives special education services, so there is no disruption in the continuity of care provided in the child care center, particularly during the summer months.

The child care health consultant in your area, early childhood special education staff employed at the area education agency, or staff employed through Child Health Specialty Clinics can all provide additional consultation and training regarding specific issues of care. The child care resource and referral agency may be able to provide you with additional resources, materials, adaptive equipment and training regarding caring for children with special needs.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.12 Activity Program Requirements	SUBJECT: **Play Equipment, Materials, and Furniture**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.12(4)	

RULE

Play equipment, materials and furniture. The center shall provide sufficient and safe indoor play equipment, materials, and furniture that conform with the standards or recommendations of the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products. Play equipment, materials, and furniture shall meet the developmental, activity, and special needs of the children.

Rooms shall be arranged so as not to obstruct the direct observation of children by staff. Individual covered mats, beds, or cots and appropriate bedding shall be provided for all children who nap. The center shall develop procedures to ensure that all equipment and materials are maintained in a sanitary manner.

Sufficient spacing shall be maintained between equipment to reduce the transmission of disease, to allow ease of movement and participation by children and to allow staff sufficient space to attend to the needs of the children during routine care and emergency procedures.

The center shall provide sufficient toilet articles for each child for hand washing. Parents may provide items for oral hygiene (if appropriate to the developmental age and needs of the child). The center shall ensure that sanitary procedures are followed for use and storage of the articles.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

A quality, developmentally appropriate program must have available high quality equipment and materials. To create a child-friendly and developmentally appropriate environment, you should ensure enough tables, chairs, individual storage containers, shelves, lockers, play equipment, art supplies, toys, and play stations are available proportionate to the number of children served.

Equipment should be sized to meet the developmental stage of the children served, as well as to accommodate the care and play needs of children with special needs. Having adequate numbers of furnishings and play equipment may help children remain active and challenged throughout the day and may reduce acting-out behaviors among children that stem from boredom or frustration.

The design and placement of furniture and equipment should allow for movement of children without bumping into one another or into equipment and furniture. Children need adequate leg space between the table and their chairs. Proper adaptation and layout of the program area should encourage individual and social participation and creativity by all children. Overcrowding of play, activity, or meal areas adds to children's overall frustration levels and the likelihood of injuries.

As a general rule, you should assess all furniture, equipment and materials to ensure that:

- The items are stable and free of any safety hazards, such as sharp points or corners.
- No wood items are splintering or have peeling or chipping paint.
- No item has loose or hazardous small parts.
- No nails, bolts or screws are protruding.
- No toys have small or removable parts that pose a choking hazard to small children.
- No item presents a pinch or collapse hazard, such as the potential with folding chairs and gates.

If in doubt on any item, remove or secure the item until you can get further consultation.

Most products are the market today state on the item that it meets the standards of a federal or national certifying body, such as the Consumer Product Safety Commission, the American Society for Testing and Materials, or Underwriters Laboratory, or contain indications that the material is non-toxic, lead-free, etc. Ensuring that new equipment or furnishings has met a "seal of approval" can offer you some security that you are purchasing equipment and materials deemed to be safe.

The Consumer Product Safety Commission issues alerts and recalls on products. The child care consultant or child care health consultant may alert you to items of concern that you may have in your center. The child care resource and referral agency newsletter will also contain updates on product recalls or alerts.

Equipment for naps or rest: All children must have their own bed, cot, or mat and bedding that is appropriate for the comfort of the child. At a minimum, each bed, cot or mat must have a washable covering (waterproof mattress pad, sheet, etc.) over it for the child's warmth and comfort and to allow for sanitation through washing. In addition, you must provide bedding such as blankets, sheets, and pillows for each child appropriate to the season.

You should assess all beds and cots to ensure that they do not pose an entrapment hazard for small children. Beds, cots and mats should be placed at a minimum of two feet apart. Doing so helps the caregiver attend to the needs of each child and may reduce the transmission of illness such as respiratory infections, which are transmitted by respiratory secretions or airborne particles (from sneezing, coughing, drooling, etc.)

Mats provide an alternative to beds and, like cots, allow centers to maximize floor space. If used, give the same precautions and considerations as are given to beds and cots. All mats should have nonabsorbent, washable, and flame retardant coverings around the foam, such as vinyl or plastic.

For the comfort and health of children, mats should be at least two inches thick. Three- to four-inch mats are preferable, as they raise the child farther off of the floor to avoid drafts and help to provide more padding under the child. One-inch pads may not provide enough comfort for the child, particularly if they are laid on hardwood or linoleum. If used, give extra consideration to the bedding provided for each child to ensure the child remains warm.

All bedding and coverings should be washed at a minimum of weekly, or more often if the material becomes soiled or wet. As all children are to have their own bed, cot, or mat with appropriate bedding, you should change the bedding and sanitize the equipment between occupants.

Cots and bed frames should be wiped down and sanitized at least monthly. Because mats have more direct contact with the floor and with other mats during storage, they should be wiped down and sanitized on a weekly basis.

Frequent and consistent procedures for cleaning and disinfecting may help to prevent the transmission of lice, ringworm, and scabies, three of the most infectious diseases that plague child care centers. If at all possible, mats should be stored so that they do not touch one another and contribute to the spread of disease. Bedding and bed and cot frames should be washed and sanitized more frequently if a child is ill or a particular illness has spread through the center.

While stackable cribs potentially provide another space-saving alternative to beds and cribs, they are discouraged for use in child care centers. The National Health and Safety Performance Standards recommend against their use, as research has shown that the incidence of illness and communicable disease increases with stackable cribs.

Because of the close proximity of each unit and the upper/lower crib structure, lower cribs can becomes contaminated with saliva, urine, fecal matter, or vomit from a child in the upper crib. The proximity for airborne respiratory particles raises another health concern.

Personal toilet articles: Soap and paper towels or individual cloth towels must be provided for the children. The parent may provide other items for use by the child, such as toothbrushes or hair combs and brushes. Because of the potential for disease transmission, all personal items should be individually labeled and stored in such as way so as not to have contact with another child's items. Toothbrushes should be stored upright in a manner that does not allow them to touch or drip down onto another brush and allows for air drying.

By the age of three, children typically have their first dental exam. Many parents begin encouraging the use of fluoride toothpaste, applied to the child's finger, as early as age two. As good nutrition and oral care are critical to the development of healthy teeth, the child care center provides an optimal setting to begin educating young children on the importance of good oral health care. A dental hygienist or educator can be invited to the center to conduct educational programming for children. Contact a local dentist or the county WIC or maternal and child health office for assistance.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.12 Activity Program Requirements	SUBJECT: **Infant Environment**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.12(5)	

RULE

Infant environment. A child care center serving children two weeks to two years old must provide an environment which protects the children from physical harm, but is not so restrictive as to inhibit physical, intellectual, emotional, and social development.

a. Stimulation shall be provided to each child through being held, rocked, played with and talked with throughout the time care is provided. Insofar as possible, the same adult should provide complete care for the same child.

b. Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.

c. Highchairs or hook-on seats shall be equipped with a safety strap which shall be engaged when the chair is in use and shall be constructed so the chair will not topple.

d. Safe, washable toys, large enough so they cannot be swallowed and with no removable parts, shall be provided. All hard-surface toys used by children shall be sanitized daily.

e. Children under the age of one year shall be placed on their backs when sleeping unless otherwise authorized by a parent or physician. A crib or crib-like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards or recommendations from the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products shall be provided for each child under two years of age if developmentally appropriate.

   Crib railings shall be fully raised and secured when the child is in the crib. A crib or crib-like furniture shall be provided for the number of children present at any one time. The center shall develop procedures for maintaining all cribs or crib-like furniture and bedding in a clean and sanitary manner. There shall be no restraining devices of any type used in cribs.

f. When playpens are provided, no more than one child shall be placed in one at any time.

g. Infant walkers shall not be used.

h. For programs operating five hours or less on a daily basis, the center shall have a sufficient number of cribs or crib-like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards from the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products for children who may nap during the time in attendance. Cribs or crib-like furniture shall be used by only one child at a time and shall be maintained in a clean and sanitary manner.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

While it is generally held that most infants and parents benefit from at least six weeks of uninterrupted time following birth, some employment settings do not allow for parents to be absent from work for an extended period of time. When an infant begins child care before six weeks of age, you should be especially aware of the separation issues for both child and parent and to the critical need of the child to connect with a consistent caregiver.

You should also be sensitive to the needs of the parent, who will want to know as much as possible about the course of the child's day, and take time to provide that detail in the daily report.

The importance of the first three years of life in brain development has been documented in research. Children greatly benefit in cognitive development from being talked and read to even in infancy. Additionally, children develop stronger and more trusting social and emotional relationships from being held, touched, and soothed. Children also benefit from the continuity of reliable and affectionate care from the same caregiver. Some centers have developed staffing patterns to allow the same caregiver to remain with the child throughout the first three years.

Diapering: Gastrointestinal illness, such as diarrhea caused by bacteria, viruses, and parasites, as well as hepatitis A viral infection of the liver are spread from infected persons through fecal contamination. Procedures that reduce the likelihood of fecal contamination include proper hand-washing and personal hygiene, frequent disinfecting of diapering areas, and the proper use and removal of an infant's diaper.

The type of diaper on the market that works best in containing body fluids and fecal matter, and in reducing diaper irritation, is the disposable diaper with an absorbent gelling material. (All major brands have the gelling material.) The use of this type of disposable diaper has been shown to be the most effective in reducing fecal contamination and in reducing the frequency and severity of diaper dermatitis (diaper rash). However, regardless of type of diaper used, frequent diaper changing will significantly reduce diaper dermatitis.

If you are going to use cloth diapers, you should develop polices regarding their use, storage, and laundering, and staff hand washing, etc. The use of cloth diapers increases the likelihood of contamination of surface areas and staff's hands with fecal matter and body fluids. Increased vigilance in disposal and disinfecting is required.

Diapering stations or changing tables should have a nonabsorbent surface that may be covered with a disposable paper sheet. The surface should be cleaned after each use with a non-irritating disinfecting agent, and any paper covering disposed of in the diaper receptacle. Staff should not hold infants when cleaning the changing table. Diapering stations should never be used for food preparation areas or to hold food or food service items.

All diaper changing materials should be kept within arms reach of the table, so that staff never leave a child unattended. A lined and covered diaper receptacle should be kept beside the changing table, so staff do not have to walk with a soiled diaper. Ideal receptacles could be opened with a foot press to prevent staff from touching a repeatedly soiled lid.

The licensing or child care health consultant can help review the center's diapering procedures to ensure that adequate practices for disease prevention and health of the child are provided.

Highchairs: You should have enough highchairs or hook-on seats to allow all toddlers to eat based on their own schedule and not the availability of a seat. Assess highchairs to ensure that:

- They do not have sharp edges.
- The locking device is in working order.
- The tray can be engaged and disengaged without pinching the child.
- The design does not pose an entrapment hazard to a child.

Should a chair's safety strap of become inoperable, do not use a "bungee cord" or other strap as an alternative. The original strap needs to be repaired or the chair replaced.

The Juvenile Products Manufactures Association (of the American Society for Testing and Materials) has a testing and certification program for high chairs, play yards, carriages, strollers, gates, and expandable enclosures. You can look for labeling that certifies that these products meet the standards when purchasing new equipment.

Toys: Because children are inclined to place items in their mouths from infancy through the preschool years, you need to exercise extreme caution and supervision in the purchase and use of toys. The incidence of choking, aspirating or ingesting small objects is an occurrence well documented at many emergency rooms. Toys that do not meet the federal small parts standards are generally labeled "intended for children ages 3 and up." You should ensure that the following toys or objects are not available:

- Items that have diameters of less than 1 1/4 inches or are less than 2 1/4 inches long.
- Objects with removable parts that have diameters of less than 1 1/4 inches.
- Toys with sharp points and edges.
- Plastic bags, rubber bands, balloons, marbles and styrofoam (from children under age four).

To prevent the spread of germs from infant to infant, toys that have been mouthed by an infant should be removed from use until disinfected. You may want to keep a small basket specifically for soiled toys in each infant room.

Hard-surfaced toys can be disinfected with a solution of 1/4 cup household liquid chlorine bleach to 1 gallon of warm water (as recommended by the NHSPS). The solution must be prepared daily to be effective and used on surfaces after they have been washed clean of filth, soil or bodily fluids using soap and water. The surface should be left wet and allowed to air dry. The solution is not toxic at this level if ingested but care should be taken to keep the solution inaccessible to children.

Infant walkers: While often used by parents or used by centers in the past, there is no indication supported by research that infant walkers are beneficial to motor development. To the contrary, walkers often times support the development of inappropriate step or muscle reflex development.

Of greater concern is the risk of injury to the infants or toddler. Infant walkers are the cause of more injuries than any other baby product. In 1993, there were approximately 25,000 baby walker-related injures treated in emergency rooms. Since 1989, 11 children have died.

Concerns are raised by:

- Children's premature ability to be mobile without any ability to control where they go,
- Children's ability to reach items higher than if they were not supported by a walker,
- The structural concerns that might cause a walker to tip over, or
- A seat design that becomes an entanglement hazard.

Thus stairs, corners of furniture, changes in flooring, hot devices such as stoves or heaters, hot liquids on a table, etc., all pose a threat to the child. Even under close supervision, the ability for rapid movement places the child at unnecessary risk. You are encouraged to use the stationary sitting play units or "bouncy chairs" as an alternative.

Cribs or crib-like furniture: The National "Back to Sleep" Campaign is an effort to reduce the incidence of sudden infant death syndrome (SIDS), the sudden and unexplained death of an infant under one year of age. SIDS is also known as "crib death." Over 5000 babies die each year from SIDS. While it is not known exactly what causes SIDS to occur, research is starting to flesh out contributing factors and has led to prevention strategies.

In spite of a history of parents being told to lay their children on their stomachs when preparing them for sleep, studies now indicate that all infants should be placed on their backs for naps and at bedtime. Despite the concerns of parents, infants are not at increased risk for choking if placed on their backs. Many infants may turn themselves on their sides. Center staff do not need to constantly intervene and reposition the baby.

Some infants may require being positioned on their stomachs due to a birth defect; a chronic problem of spitting up following eating; or a heart, lung or breathing problem. If so, the child's physician should provide instructions on the child's physical examination report or provide a specific written order. Should a parent request that a child not be placed on its back for health considerations, you should have the parent sign a statement indicating this preference. If the request is due to due to a physician's order, you should place a copy of the order in the child's file. You may want to place a note or "alert" over the crib used by the child, so that all staff are aware of the exception.

Another SIDS prevention step that you can do is to make sure the crib mattress is firm. Cribs should not be equipped with "fluffy" comforters or blankets, nor should an infant be allowed to sleep on a pillow, sheepskin, or other soft material. Soft stuffed toys or pillows should not be placed in the crib, as some infants have smothered with these items. You can also ensure the infant is not overheated while sleeping. Contact the child care health consultant if you have further questions or would like additional training on SIDS prevention.

The Consumer Product Safety Commission has had crib safety standards since 1974. These were developed in part because of the high incidence of infant strangulation. Many children have strangled because their shoulders or necks became caught in crib openings, their heads became wedged between the mattress and the crib side, or their clothing became entangled on corner posts.

Therefore, slats or any other opening on a crib should not be more than 2 3/8 inches apart. Mattresses should fit snugly in the crib and allow for no more than two fingers to fit between the mattress and the crib side. The top of the mattress to the top of the crib rail should be at least 36 inches. Cribs should have no corner post that exceeds 1/16 of an inch, and the headboard should have no cutouts.

Cribs should be sturdy and have secure latching devices. Cribs on wheels are helpful in the event of a fire or tornado or other need for immediate evacuation. Cribs should have sufficient spacing between them, recommended by NHSPS to be at least three feet. A divider may be used to separate the cribs, as long as it does not obstruct staff's view of the infant.

Cribs should not be placed end to end, as this still allows for children to reach over the "wall" into another child's space, risking the likelihood of the transmission of illness. If the child care consultant approves the placement of cribs end to end for exceptional spacing considerations, the cribs should be used only for infants who are not yet able to pull themselves to a standing position. Staff must still have full access to a child located anywhere in the crib.

You must provide a crib and bedding for each child under two. The rule requires a crib or crib-like furniture for all children under two, if developmentally appropriate. If a child nearing age two is developmentally ready, you may substitute a cot or mat for the crib.

All cribs should have a waterproof plastic mattress cover, a sheet over the cover, and bedding that allows the infant to be comfortable and warm. Infants should never be placed directly on a plastic mattress cover, and the cover should be thick and taut enough so as not to pose a suffocation hazard.

All bedding and coverings should be washed at least weekly, when another infant is going to use the bed, or immediately if the material becomes soiled or wet. Crib frames should be wiped down and sanitized on a weekly basis. Frequent and consistent procedures for cleaning and disinfecting may help to prevent the transmission of lice, ringworm, and scabies, three of the most infectious disease that plague child care centers. In addition, illness caused by fecal contamination or respiratory secretion will be reduced by frequent laundering of bedding.

Crib-like devices: Crib-like devices include portable, nylon-mesh-sided nursery equipment, such as playpens, play yards, and travel yards. Because of their size, portability, and storage capabilities, they provide flexibility for providers in having crib space available for every infant. The same bedding and sanitation requirements apply to these devices.

Note of caution*:* Shortly after implementing the rule allowing a crib-like device, the Department became aware of several instances in which children died when the collapse of one of these products resulted in suffocation. Infants have been harmed either by the frame entrapping their necks when they accidentally fold up or by being trapped in the V-shaped mesh that results when the item folds. Other recalled playpens have top rails that have to be turned into place when the pen is set up.

Portable cribs known to have caused death or injury or to have been voluntary recalled include:

- Playskool Travel-Lite portable cribs with model numbers 77101 and 77103 manufactured by Kolcraft Enterprises Inc. between 1990 and 1992. Five children have died from accidental strangulation when the pen collapsed. Call Kolcraft at 1-800-453-7673 for more information about replacements or refunds.
- Evenflo's "Happy Camper, Happy Cabana, and Kiddie Camper." Evenflo Company Inc. is offering free hinge cover kits to all 1.2 million owners of its portable play yards sold under these model names. If the hinges on the product are not fully rotated, the product can collapse, possibly trapping the child in the "V" formed by the folded top rails. Additionally, if leaned or sat upon, the rotating plastic hinges in the middle of the folding top rails can crack or break, presenting a sharp edge or possibly allowing the child to crawl out.

- Century Playpen Models 10-710 and 10-810 and Baby Trend "Home and Roam, Baby Express." Baby Trend Inc. is voluntarily recalling all portable cribs and playpens sold under the brand names, Home and Roam and Baby Express.

  The Consumer Product Safety Commission determined that the cribs and playpens can collapse if the products are not completely locked into place. The crib or playpen can appear to be set up properly even if the top rails are not fully locked. If the crib or playpen is not set up so that each top rail is securely locked in position, a baby can be caught by the neck and strangle.

  The cribs and playpens, which are available in a variety of colors and fabrics, come in three sizes: 40 inches by 40 inches, 40 inches by 28 inches, and 31 inches by 41 inches. The words "Home and Roam" or "Baby Express" and "Baby Trend" appear on two of the four top rails. About 100,000 cribs and playpens, priced from $60 to $130, were sold nationwide from 1992 to 1994 by several different retailers, including Price Costco and Kmart.

- All Our Kids Models 741, 742, 761 and 762 playpens have rotating top rails, which can collapse unexpectedly, trapping a child at the neck in the "V" formed by the collapsed top rail. The top rail can collapse even when the product is set up properly. The All Our Kids play yards, models 741, 742 and 761, come in a variety of colors, shapes (rectangular and square) and sizes, with some having a detachable toy bag on one end. The words "All Our Kids" appear on two of the four top rails. A variety of retailers sold the playpens nationwide from 1992 to 1995.

The Consumer Product Safety Commission maintains a toll free telephone hotline and web site to provide information about recalled products and information on what to look for when buying products. The Commission can provide contact information for companies regarding obtaining replacement parts and refunds. You can reach the hotline at 1-800-638-2772 or visit the web site at http://www.cpsc.gov.

While stackable cribs potentially provide another space saving alternative to beds and cribs, they are discouraged for use in child care centers. The National Health and Safety Performance Standards recommend against their use, as research has shown that the incidence of illness and communicable disease increases with stackable cribs.

Because of the close proximity of each unit and the upper/lower crib structure, lower cribs can becomes contaminated with saliva, urine, fecal matter, or vomit from a child in the upper crib. Infants are at the highest risk during the first year of life for acute infectious respiratory illness that results in hospitalization. Therefore, all measures that can be taken to reduce the transfer of illness from child to child and adult to child should be taken.

You may have "elevated play pens" that have been purchased to allow young children to interact in the same area as infants but that keep them at a higher and safer level. Although some manufacturers market these devises as appropriate for two or three children, no more than one child may be placed in the play pen at a time.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.13 **Extended Evening Care**	SUBJECT: **Facility Requirements**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.13(1)	

RULE

A center providing extended evening care shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter, with the additional requirements set forth below.

Facility requirements.

a. The center shall ensure that sufficient cribs, beds, cots and bedding are provided appropriate to the child's age and that sufficient furniture, lighting, and activity materials are available for the children. Equipment and materials shall be maintained in a safe and sanitary manner.

b. The center shall ensure that a separate space is maintained for school-age boys and girls to provide privacy during bathroom and bedtime activities. Bathroom doors used by children shall be nonlockable.

c. The center shall ensure that parents have provided the personal effects needed to meet their child's personal hygiene and prepare for sleep. The center shall supplement those items needed for personal hygiene which the parent does not provide. The center shall obtain written information from the parent regarding the child's snacking, toileting, personal hygiene and bedtime routines.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

"Extended evening care" means care provided by a child care center any time between the hours of 9 p.m. and 5 a.m.

The same requirements and recommendations for practice that were previously stated for equipment, beds and bedding, lighting, safety and sanitation are to be practiced by providers of evening care.

While bathroom doors shall be unlockable, measures may be taken on bathroom doors to provide for the privacy of school-aged children. Do not install a lock that prevents staff from being able to enter the room in an emergency situation.

Personal effects are dependent on the total hours of care that are provided, but may include toothbrush and toothpaste, hairbrush and combs, and pajamas. If bathing facilities are provided, items may include individual towels and washcloths, shampoo, and soap. Towels and washcloths should be laundered after each use.

Iowa Department of Human Services Child Care Center Licensing Provider Handbook Regulations	SECTION: 109.13 Extended Evening Care	SUBJECT: **Activities**
	☑ New ☐ Revised	Date: 4/1/98
	Rule Citation: 441 IAC 109.13(2)	

RULE

A center providing extended evening care shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter, with the additional requirements set forth below.

Activities.

a. Evening activities shall be primarily self-selected by the child.

b. Every child-occupied room except those rooms used only by school-age children for sleeping shall have adult supervision present in the room. Staff counted for purposes of meeting child-to-staff ratios shall be present and awake at all times.

   In rooms where only school-age children are sleeping, visual monitoring equipment may be used. If a visual monitor is used, the monitoring must allow for all children to be visible at all times. Staff shall be present in the room with the monitor and shall enter the room used for sleeping to conduct a check of the children every 15 minutes.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Activities: Evening and overnight care, while different from the care provided to children during the daytime hours, should still be accomplished in a structured and thoughtful manner. A broad array of activities should be available to the child, including opportunities for solo and group participation.

Indoor and outdoor recreational opportunities should be provided when possible, as well as board games, art and craft opportunities, limited television, and conversation. Provisions should be made so that children are supported and have quiet work areas for the completion of homework.

Note: Centers showing copyrighted videocassette movies are bound by the US Copyright Act and required to obtain a low-cost license. The Act applies to centers regardless of whether you own or rent the videocassette or whether or not you charge a fee to show it. The Motion Picture Licensing Corporation has established a one-stop license service and a discount fee for centers and school-age programs. For fee information and to obtain a license that allows the showing of home videocassettes for public performance, contact the MPLC @ 1-800-462-8855.

Supervision: Adults should remain on the same level of the building as the children at all times. Because of the reduced activity levels and interaction among children and adults, you should take precautions to prevent the occurrence of sexual abuse. The opportunities for one adult to be left alone with children for an extended period of time should be limited.

Supervision during sleep: Rooms that preschool-aged children occupy for sleeping must have adult supervision in the room. The presence of an adult may help to ease the separation or anxiety levels some younger children experience at bedtime in the absence of their parents. An adult in the room is also able to monitor and respond to toileting needs, illness or other emergencies, particularly in caring for infants.

School-aged children may not require the same level of individual attention while sleeping as preschool-age children might. While school-aged children may not require an adult to be constantly present in the room while they are sleeping, they still require supervision for developmental risk-taking and safety reasons.

Staff should also be aware of the possibility of sexual exploration between school-aged children, especially in sleeping rooms used by both boys and girls. You should have a procedure for how frequently a staff will enter the room to check on the well being of the children.

If you choose to use a visual monitor, all children must be visible within the scope of the monitor, a staff person must be in the room with the monitor and watching the monitor at all times, and the staff must conduct an "in-room" check at least every 15 minutes.

Iowa Department of Human Services	SECTION: 109.14 **Get-Well Center**	SUBJECT: **Staff Requirements**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.14(1)	

RULE

A get-well center shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter with the additional requirements and exceptions set forth below.

Staff requirements.

a. The center shall have a medical advisor for the center's health policy. The medical advisor shall be a medical doctor or a doctor of osteopathy currently in pediatrics or family practice.

b. A center shall have a licensed LPN or RN on duty at all times that children are present. If the nurse on duty is an LPN, the medical advisor or an RN shall be available in the proximate area as defined in state board of nursing rules at 655—6.1(152).

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

A "get-well center" is a child care center that provides care for children who are experiencing an acute illness of a short duration that precludes their ability to be in their regular care arrangements.

Children in child-care settings are at an increased risk for acquiring infectious disease or illness. Children with mild illness, particularly mild respiratory illness common in preschool-aged children, can and in most cases should, continue in their regular care arrangements. When appropriate, continuity of care benefits not only the child but the family as well.

Some illnesses, such as diarrhea, chicken pox, upper respiratory infections and inner ear infections with accompanying fever, may preclude a child from attending the regular care setting for a short period of time. During these illnesses, regardless of whether care is continued in an isolated "get-well" arrangement of a center or in a separate facility for mildly ill children, it is important that all health and sanitation measures be strictly followed to prevent further spread of illness.

For those centers employing a licensed practical nurse, the center must have a detailed set of procedures for consulting with the medical advisor or registered nurse immediately upon a child's arrival at the center. The licensed practical nurse will need to communicate the child's presenting symptoms, health history, and planned course of treatment and care.

The medical advisor or registered nurse can then have the opportunity to support or make recommendations to the treatment plan, make an on-site visit, or request the child see a physician. Depending upon the type of illness, periodic consultation with the medical advisor or registered nurse may be required throughout the day.

Iowa Department of Human Services	SECTION: 109.14 Get-Well Center	SUBJECT: **Health Policies**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.14(2)	

RULE

A get-well center shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter with the additional requirements and exceptions set forth below.

Health policies.

a. The center shall have a written health policy, consistent with the National Health and Safety Performance Standards, approved and signed by the owner or the chair of the board and by the medical advisor before the center can begin operations. Changes in the health policy shall be approved by the medical advisor and submitted in writing to the Department. A written summary of the health policy shall be given to the parent when a child is enrolled in the center. The center's health policy at a minimum shall address procedures in the following areas:

   (1) Medical consultation, medical emergencies, triage policies, storage and administration of medications, dietary considerations, sanitation and infection control, categorization of illness, length of enrollment periods, exclusion policy, and employee health policy.

   (2) Reportable disease policies as required by the state Department of public health.

b. The child shall be given a brief evaluation by an LPN or RN upon each arrival at the center.

c. The parent shall receive a brief written summary when the child is picked up at the end of the day. The summary must include:

   (1) Admitting symptoms.
   (2) Medications administered and time they were administered.
   (3) Nutritional intake.
   (4) Rest periods.
   (5) Output.
   (6) Temperature.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

You should obtain emergency contact information from the parent, including the name and phone number of the child's primary physician as well as telephone numbers where the parent can be reached throughout the day. Parents should also complete an authorization for medication and permission to seek emergency care.

You can obtain information regarding reportable diseases as required by the Iowa Department of Public Health or other technical assistance regarding the prevention of communicable diseases from the child care health consultant.

Iowa Department of Human Services	SECTION: 109.14 Get-Well Center	SUBJECT: **Exceptions**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.14(3)	

RULE

A get-well center shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter with the additional requirements and exceptions set forth below.

The following exceptions to 441—Chapter 109 shall be applied to get-well centers:

a. A center shall maintain a minimum staff ratio of one-to-four for infants and one-to-five for children over the age of two.

b. All staff that have contact with children shall have a minimum of 17 clock hours of special training in caring for mildly ill children. Current certification of the training shall be contained in the personnel files. Special training shall be Department-approved and include the following:

   (1) Four hours' training in infant and child cardiopulmonary resuscitation (CPR), four hours' training in pediatric first aid, and one hour of training in infection control within the first month of employment.

   (2) Six hours' training in care of ill children, and two hours' training in child abuse identification and reporting within the first six months of employment and every five years thereafter.

c. There shall be 40 square feet of program space per child.

d. There shall be a sink with hot and cold running water in every child-occupied room.

e. Outdoor space may be waived with the approval of the Department if the program is in an area adjacent to the pediatrics unit of a hospital.

f. Grouping of children shall be allowed by categorization of illness or by transmission route without regard to age, and shall be in separate rooms with full walls and doors.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Ratio: Children who are ill may require more personalized or intensive care, and staff need to be able to respond to emergency and evacuation situations. The ratio for infant care is consistent with that provided under general care settings. However, you may want to provide care at more stringent ratios, depending on the number and types of illnesses presented. The NHSPS recommend staff/child ratios of:

Children under age two	1 to 3
Children two to five years old	1 to 4
Children aged six years or older	1 to 6

Training: In addition to specialized health training and disease prevention, staff employed in get-well settings need to have a general understanding of child development to be able to meet the child's overall physical and emotional needs during illness. Understanding of child development and experience working with children will assist the staff in the overall care of the child, as many children may be active during an illness and developmentally appropriate activities and care must be provided.

The 17 hours of required training for all staff includes:

Within first month of employment:
- 4 hours of infant and child CPR
- 4 hours of pediatric first aid
- 1 hour universal precautions and infection control

Within the first six months:
- 6 hours in caring for mildly ill children
- 2 hours of training regarding Iowa's mandatory reporting of child abuse

Annually:
- 1 hour of universal precautions and infection control
- 6 hours in caring for mildly ill children
- Maintain certification in infant and child CPR and first aid
- Iowa's mandatory reporting of child abuse (repeated every five years)

Program space: Because of the transmission routes of communicable disease, the need for mildly ill children to have developmentally appropriate play, and the need for quiet rest, 40 square feet of program space should accommodate the varying needs of children who are ill. Adequate space and ventilation are thought to be deterrents to the spread of illness, particularly those illnesses such as respiratory illness and illnesses such as chicken pox that have airborne transmission routes (sneezing, coughing, etc.).

Be mindful of that fact that mildly ill children are not necessarily bedfast. You need to arrange accommodations for developmentally appropriate play. The furnishing and equipment guidelines for type, safety and sanitation that apply to general care must be followed by get-well centers as well. If the get-well center is a part of a child care center and shares the same building, no furniture, equipment or supplies should be shared by the two populations of children.

The child care health consultant can provide resources, materials and information on health-related training opportunities.

Iowa Department of Human Services	SECTION: 109.15 **Food Services**	SUBJECT: **Nutritionally Balanced Snacks and Meals**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.15(1)	

RULE

Centers participating in the USDA Child and Adult Care Food Program (CACFP) may have requirements that differ from those outlined in this rule in obtaining CACFP reimbursement and shall consult with a state CACFP consultant.

Nutritionally balanced meals or snacks. The center shall serve each child a full, nutritionally balanced meal or snack as defined by the USDA Child and Adult Care Food Program (CACFP) guidelines and shall ensure that staff provide supervision at the table during snacks and meals. Children remaining at the center two hours or longer shall be offered food at intervals of not less than two hours or more than three hours apart unless the child is asleep.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Good nutrition practices are a vital component of children's overall physical, dental, and cognitive development. Young children experience rapid growth in the first years of life, and therefore need adequate food intake to support their growth and energy needs. School-aged children exhibit a similar rapid growth rate and thus have a need for nutritious, energy-producing foods as well.

Young children may need more frequent food intake (in the form of snacks), as their hunger may not coincide with the scheduled meal time, and they are developing likes and dislikes for food. Similarly, school-aged children have developed more definite food preferences, so you need to provide a variety of options for snacks.

The Child and Adult Care Food Program is a program of the United States Department of Agriculture designed to provide partial cash reimbursement for food costs to child care centers to assist them in meeting the nutritional needs of children.

Centers may receive reimbursement for two meals and one snack, or two snacks and one meal. Children under the age of 12 (or under 15 if an eligible child of a migrant family or a child with a developmental disability) are eligible. The Child and Adult Care Food Program is available to early childhood programs and to before- and after-school programs. In Iowa, staff at the Department of Education administers the program.

To participate in the Child and Adult Care Food Program, centers must be licensed. However, some before- and after-school programs operated by schools may participate in the program without being licensed. Regardless of whether or not the center chooses to participate in the reimbursement program, all centers program guidelines for creditable foods and serving sizes based on age for meals and snacks must be followed.

Supervision: If appropriate to the age of the children served, staff are encouraged to sit at the table with the children in a family-style fashion and eat the same foods. Doing so not only provides for more prompt responses in the event of a choking emergency but also allows staff to prevent unsafe eating practices, such as children overstuffing their mouths, feeding each other, fighting over food, etc. In addition, meal times offer an opportunity to discuss exploration of new foods, engage children in social conversation, teach serving and eating techniques, and model appropriate table manners.

Intervals of meals and snacks: Children who are cared for more than two hours a day must receive a meal or snack every two to three hours. Examples:

- Children arrive at center at 7:00 a.m. Either breakfast or snack should be provided no later than 10:30. If breakfast is provided at 7:30, a snack could be provided at 9:30 with lunch to follow after 11:30 and before 12:30.
- Children arrive at center at 6:30 a.m. Either breakfast or snack should be provided no later than 9:30.

Centers have an opportunity to serve as a model and teach young children sound nutritional practices that will have a positive impact on their development and lifestyles as adults. As such, in developing policies and procedures for children, you may want to restrict the use of candy or high-sugar foods as rewards and use other more nutritional food items or non-edible items -- such as stickers -- for positive reinforcements.

Iowa Department of Human Services	SECTION: 109.15 Food Services	SUBJECT: **Menu Planning**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.15(2)	

RULE

Menu planning. The center shall follow the minimum CACFP menu patterns for meals and snacks and serving sizes for children aged infant to 13 years. Menus shall be planned at least one week in advance, made available to parents, and kept on file at the center. Substitutions in the menu, including substitutions made for infants, shall be noted and kept on file. Foods with a high incident rate of causing choking in young children shall be avoided or modified.

Provisions of this subrule notwithstanding, exceptions shall be allowed for special diets because of medical reasons in accordance with the child's needs and written instructions of a licensed physician or health care provider.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Planning menus ahead of time is not only a sound business practice in terms of purchasing items at discounted prices and having necessary items on hand, but also serves as a good communication tool for parents. Menus should be kept a minimum of two years -- three if you are receiving reimbursement through the Child and Adult Care Food Program.

Either provide individual copies of the menu to parents, post a copy at the center where it can be read by all parents, or provide copies in newsletters sent out to all parents. If parents are aware of what the child receives during the day, more complimentary meals can be offered at home. In addition, providing parents advanced notice of what will be served during any given week allows the parent an opportunity to intervene should a particular food item pose a health or nutrition concern to the child.

The size, shape and consistency of food contribute to its ability to choke small children. As with small parts of toys, pieces of food that are approximately 1/2 inches to 1 1/2 inches in diameter, are round, or are tough and don't easily break apart pose serious risk to children.

Foods that are known to result in a high incident rate of choking if not modified include: hot dogs, dry meat, hard candies, gum drops, chewing gum, carrots, raw peas, celery, whole grapes, apples, raisins, dried fruit, nuts and seeds, pretzels, potato chips, popcorn, marshmallows, cookies, bread, and spoonfuls of peanut butter. If any of these items are served, they should be cut into small pieces (not round). Always remove any bones from meat and seeds or pits from fruit before serving to small children.

As a potential choking hazard, styrofoam cups and plates should not be used with preschool children. For younger school-aged children, extra care should be provided to ensure that children do not chew on the styrofoam. When catered meals are provided on styrofoam trays, be vigilant in supervision at mealtime to ensure children do not chew off a piece of the foam.

Children with special needs may require additional planning and accommodations. Some children may experience difficulty in feeding, including delays in chewing, swallowing, and independent feeding skills. Utensils, equipment and furniture may have to be adapted to meet the developmental and physical needs of children.

You should determine at time of admission if the child has food allergies, exhibits tongue thrusting, is medically fragile, requires special positioning, or requires nasogastric or gastrostomy feeding. The child care health consultant and staff at the area education agency or Child Health Specialty Clinics can provide consultation.

Approximately 6 to 8% of children have a food-induced allergy, which is an immune reaction to a food protein. Families with a history of allergies may want to eliminate some foods from their child's diet during the first three years of life. General recommendations for families with a history of allergies include breast feeding and delaying the introduction of solid foods until six months of age.

The most common food allergies are to milk, egg, soy, peanut, tree nut, wheat, and shellfish. Written instructions from the child's parents or physician are recommended. Depending on the level of sensitivity, center staff may need to more carefully plan menus, prepare foods, read labels, and limit to snacks provided by parents to avoid exposing a child to the allergen. An emergency plan, treatment kit and related staff training may be necessary as well.

If a child has a medical exception for a food item otherwise recommended by the Child and Adult Care Food Program, you and the parent should establish a list of foods that present a problem. Note why (allergy, choking hazard, etc.), indicate allowable substitutions, and establish a date to reevaluate the child's needs.

Iowa Department of Human Services	SECTION: 109.15 Food Services	SUBJECT: **Feeding of Children Under Two Years of Age**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.15(3)	

RULE

Feeding of children under two years of age.

a. All children under 12 months of age shall be fed on demand, unless the parent provides other written instructions. Meals and snacks provided by the center shall follow the CACFP infant menu patterns. Foods shall be appropriate for the infant's nutritional requirements and eating abilities.

   Menu patterns may be modified according to written instructions from the parent, physician or health care provider. Special formulas prescribed by a physician or health care provider shall be given to a child who has a feeding problem.

b. All children under six months of age shall be held or placed in a sitting-up position sufficient to prevent aspiration during feeding. No bottles shall be propped for children of any age. A child shall not be placed in a crib with a bottle or left sleeping with a bottle. Spoon feeding shall be adapted to the developmental capabilities of the child.

c. Single-service, ready-to-feed formulas, concentrated or powdered formula following the manufacturer's instructions or breast milk shall be used for children 12 months of age and younger unless otherwise ordered by a parent or physician.

d. Whole milk for children under age two who are not on formula or breast milk unless otherwise directed by a physician.

e. Cleaned and sanitized bottles and nipples shall be used for bottles prepared on site. Prepared bottles shall be kept under refrigeration when not in use.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Infants do not benefit from rigid feeding schedules for a variety of reasons. In the first year of life, they are in their most rapid growth stage. Both their developmental and emotional needs for security are met when staff attend to their individual cues or demands for food.

Infants also benefit from being held during feeding. Not only does this allow a time of emotional connecting for the infant, being fed while held or in a sitting up position helps to reduce the likelihood of aspiration, choking, tooth decay, and ear infections. Breast milk, whole milk, formula, and water should be served in a bottle. By the age of seven or eight months, many children can be offered these beverages in developmentally sized and structured cups.

Infants should not have their bottle "propped" (the practice of placing a bottle against an item next to an infant to allow it to self-feed unattended) or be left in a crib with a bottle. Both practices increase the likelihood of the child choking or aspirating. The practice also promotes tooth decay, orthodontic problems, speech disorders, and inner ear infections.

Breast milk is the undisputed preferred source of nutrients for an infant under six months. When breast milk is unavailable for the infant, iron-fortified formula offers the best alternative source of nutrition during this time of rapid growth and weight gain.

Breast milk or iron-fortified formula is recommended for children until their first birthday. Children under two who are no longer on formula or breast milk must be provided whole milk. Milk with a reduced fat content does not provide enough calories or nutrients for rapidly growing and active children. The Child and Adult Care Food Program allows breast milk to be used up to age two, if this is the desire of the parent.

Breast milk must be kept refrigerated and should be labeled with the child's name and date. Both breast milk and formula should be stored in covered containers in the refrigerator for no longer than 48 hours. Another general rule of thumb is not to put more breast milk or formula in a bottle than you think the baby will consume in one feeding. When a feeding is over, what is left in the bottle should be discarded.

If you will not use the breast milk within 48 hours, freeze it. Do not freeze breast milk more than one time. You are encouraged to provide a private area where a nursing mother can come to the center and nurse her infant.

"Ready-to-feed" is a manufacturer's term regarding preparation (meaning, no preparation is required; simply pour into the bottle and feed). The formula is not concentrated and should not be diluted or reconstituted unless prescribed by a physician.

However, powdered formulas or concentrated formulas must be reconstituted according to the package instructions to provide appropriate nutrition. If the formula is over diluted, infants will not be provided adequate nutrition. To eliminate concerns that formula has been over diluted, you may want to encourage parents to provide the undiluted formula in the bottle and allow the center staff to dilute according to the instructions before feeding.

You do not have to rewash bottles brought to the center by parents unless an inspection of the bottle reveals an obvious concern for the cleanliness or sanitation of the bottle. If you care for more than one infant, bottles should be dated and marked with the child's name.

As a child nears six months of age, solid foods may be introduced to the child if the child is developmentally ready. As children can experience difficulty if solid foods are introduced prematurely, any change in the meal or nutrition patterns of infants must be discussed with and approved by the parent. Introducing one food at a time allows for an opportunity to observe if the child has an allergy to a particular food.

Iowa Department of Human Services	SECTION: 109.15 Food Services	SUBJECT: **Food Brought From Home**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.15(4)	

RULE

Food brought from home.

a. The center shall establish policies regarding food brought from home for children under five years of age who are not enrolled in school. A copy of the written policy shall be given to the parent at admission. Food brought from home for children under five years of age who are not enrolled in school shall be monitored and supplemented if necessary to ensure CACFP guidelines are maintained.

b. The center may not restrict a parent from providing meals brought from home for school-age children or apply nutritional standards to the meals.

c. Perishable foods brought from home shall be maintained to avoid contamination or spoilage.

d. Snacks that may not meet CACFP nutrition guidelines may be provided by parents for special occasions such as birthdays or holidays.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

In 1994, the Iowa Legislature established the provision that centers cannot restrict school-aged children from bringing snacks or lunch brought from home for their own consumption. If school-aged children bring their meals to the center, you need to ensure that adequate refrigerator or cooler space exists to keep food from spoiling. The items should be marked with each child's name and dated.

You may develop policies for children not enrolled in school that prohibit food brought from home. If you policy allows food to be brought from home, you must still ensure that a child's nutrition needs are being met according to Child and Adult Care Food Program standards and offer additional items to the child's meal if nutrition standards are not met.

You may want to provide parents information as to the nutritional standards that must be met to assist them in preparing their child's lunch and information regarding safe food handling practices (storage, temperature, etc.). You may want to establish an annual update procedure for parents.

As a means of preventing tooth decay, you are encouraged to explore a variety of nutritious snacks that do not contain a high sugar content. However, on a limited basis, snacks such as birthday cakes or cupcakes may be provided. You may develop policies that allow for snacks that are not approved by the Child and Adult Care Food Program to be served for limited occasions.

Non-approved snacks may be sent home with the child or served as extra food in addition to the creditable snack. In these instances, you should communicate with the parents (either in a separate communication or noted on the menu) that a non-approved snack will be provided.

You may want to develop policies, with the input from parents, regarding appropriate homemade snacks. Communicating with parents may be particularly helpful in alerting them to children served in the center who have food allergies. The most common food allergies are to milk, egg, soy, peanut, tree nut, wheat, and shellfish.

Iowa Department of Human Services	SECTION: 109.15 Food Services	SUBJECT: **Food Preparation, Storage, and Sanitation**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.15(5)	

RULE

Food preparation, storage, and sanitation. Centers shall ensure that food preparation and storage procedures are consistent with the recommendations of the National Health and Safety Performance Standards and provide:

a. Sufficient refrigeration appropriate to the perishable food to prevent spoilage or the growth of bacteria.

b. Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent the transmission of disease, infestation of insects and rodents, and the spoilage of food. Staff preparing food who have injuries on their hands shall wear protective gloves. Staff serving food shall have clean hands or wear protective gloves and use clean serving utensils.

c. Sanitary methods for dish-washing techniques sufficient to prevent the transmission of disease.

d. Sanitary methods for garbage disposal sufficient to prevent the transmission of disease and infestation of insects and rodents.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Refrigeration: To prevent the growth of bacteria that can lead to salmonella or other gastrointestinal illness, the temperature of the refrigerator should be maintained at 40 degrees Fahrenheit or lower. As food should not be allowed to freeze, the temperature in all storage areas of the refrigerator should ideally be between 33 and 40 degrees Fahrenheit.

Freezer sections should maintain food at a temperature of 0 degrees Fahrenheit or lower. Frozen foods should be thawed in the refrigerator. Food should not be thawed and then refrozen. A thermometer should be kept in all refrigerator and freezer areas and checked weekly to verify the temperature. To prevent the development of bacteria, refrigerated leftovers should not be stored in containers in amounts greater than 4 inches deep.

Some centers lack sufficient refrigerator space to accommodate school-aged children who bring their lunch from home. If a thermos-type cooler must be used to store children's lunches, cover the items with a sealed bag of ice and use a thermometer to verify that the temperature remains in the "safe zone."

Food preparation, serving, and storage: Whether the food is prepared on site, catered in, or brought in from home, the temperature of the food is critical for food safety. Initial cooking or rewarming of food should occur at a temperature of 165 degrees or higher. Food that is served in heat-holding containers should maintain a temperature of 140 degrees or higher. The temperature can be checked with a food thermometer. Caution is urged in cooking some frozen or raw meats in crock pots, which may not maintain a temperature warm high enough to kill harmful bacteria.

The kitchen and food preparation areas should be maintained in a sanitary manner, including sanitizing the food preparation and surface areas at least daily. Clean all food service preparation items after each use. All dining tables should be sanitized before and after each meal. The surface should be left wet and allowed to air dry. If circumstances do not allow time for air drying, the surface should be wiped dry with a clean single-use or disposable towel. Standing pools of sanitized water should not be left to air dry.

Periodic sanitizing should also occur with appliances such as the refrigerator, stove, cabinets, and microwave. The refrigerator and freezer require frequent cleaning. You should establish and follow a routine cleaning schedule.

Cleaning agents should indicate that they are safe for kitchen or food service use. To prevent accidental ingestion, poisoning, or contamination, cleaning supplies should not be stored in any cabinet or storage area that contains food or food service items, be stored above food items, or be accessible to children.

Kitchens should have lidded garbage containers. Using a liner may facilitate removal of garbage without contaminating the floor or container. Items that are chipped, cracked, or rusty should be discarded to prevent injury to staff or children. Knives should be kept inaccessible to children.

To prevent contamination by insects and rodents, food and food service items should not be stored on the floor. Ideally, items should be stored 6-12 inches off the floor, as this will also aide in the proper cleaning and disinfecting of the kitchen area. Storage areas for food items should be dry and well ventilated to prevent mold and other contamination.

Foods should not be retained if they show any signs of spoilage or contamination. They should be stored in their original containers or in spill-proof, tightly covered containers. Products that are commercially-sealed do not need to be twice protected in another container.

While the covering of food service staff's hair is not specifically required, nor have any food-borne illnesses been traced to bacteria found in hair or dander found in food, you should consider public perception and protocol for sanitation. You are encouraged to require food preparation and service staff to use some form of hair covering.

The Federal Food and Drug Administration Food Service Sanitation Ordinance sets standards for commercial food services establishments, subject to state amendments. In those standards related to hair restraint, found in 481 Iowa Administrative Code 32.3(2), employees involved in food preparation or service are required to "effectively restrain hair, wigs and beards."

Acceptable restraints include caps, hair spray, bandannas, headscarves and hair nets, provided they cover and restrain the hair. No combing or adjusting of hair, including the application of hair spray, should occur in any kitchen or food service area.

Dishwashing: If a dishwasher is used, it should allow for a temperature to be maintained of 155 degrees Fahrenheit. The dishwasher should allow for chemical or heat disinfecting. It is recommended that large centers consider using commercial grade dishwashers. Adding bleach to the dishwashing cycle will not accomplish disinfecting, as chlorine breaks down in hot water.

If a dishwasher is not used for cleaning, the "three-step" method for cleaning and sanitizing must be used. Food service equipment and utensils should be scraped, washed in hot water mixed with a detergent and rinsed with clear water. Items must then be sanitized by immersing them in a solution of 1 tablespoon of household liquid chlorine bleach to 1 gallon of cool water for one minute and then air dried.

Chlorine bleach solutions have been shown to be sufficient to kill a number of bacteria and blood-borne pathogens, including hepatitis-B. The solution must be prepared fresh for cleanup after each meal and may need to be repeated during dishwashing, should the water become too soiled.

The dishes should be left wet and allowed to air dry. An alternative should allow for immersion for 30 seconds in water that is maintained at a temperature of 170 degrees Fahrenheit. In either method, the items should be allowed to air dry. Dishes should not be air-dried on towels because moisture will be trapped and air flow necessary for drying may be prevented. Dishes should not be stacked until completely air-dried.

Catered meals: If you have meals catered in to the center, remain mindful of the same food safety considerations as if you were preparing the food on-site. Staff should still ensure that proper food temperatures are maintained, sanitation practices are followed, and food items are properly covered.

Iowa Department of Human Services	SECTION: 109.15 Food Services	SUBJECT: **Water Supply**
Child Care Center Licensing	☑ New ☐ Revised	Date: 4/1/98
Provider Handbook Regulations	Rule Citation: 441 IAC 109.15(6)	

RULE

Water supply. The center shall ensure that suitable water and sanitary drinking facilities are available and accessible to children. Centers that serve infants and toddlers shall provide individual cups for drinking in addition to drinking fountains that may be available in the center.

a. Private water supplies shall be of satisfactory bacteriological quality as shown by an annual laboratory analysis. Water for the analysis shall be drawn between May 1 and June 30 of each year. When the center provides care for children under two years of age, a nitrate analysis shall also be obtained.

b. When public or private water supplies are determined unsuitable for drinking, commercially bottled water certified as chemically and bacteriologically potable or water treated through a process approved by the health Department or designee shall be provided.

RATIONALE AND RECOMMENDATIONS FOR IMPLEMENTATION

Because it can be a potential choking hazard, styrofoam cups and plates should not be used with preschool-aged children. For younger school-aged children, extra care should be provided to ensure that children do not chew on the styrofoam. When catered meals are provided on styrofoam trays, be vigilant in providing supervision at mealtime to ensure children do not chew off a piece of the foam.

Because of spring run-off from fields and streams, testing private well water in May and June yields a more accurate reading. The water analysis tests for coliform and fecal coliform bacteria. If infants and toddlers are cared for, the testing will check for nitrates.

Nitrates at sufficient concentration can cause a condition called methemoglobanemia (blue baby syndrome) in infants. The nitrate is converted to nitrite in the baby's gut, and the nitrite ties up the hemoglobin in the blood interfering with oxygen transport. Generally children over one year of age and adults are not affected.

The child care consultant can provide information as to how to obtain an analysis of a private water supply. The county health department and extension office can provide consultation on structural changes that can be made to remedy surface or groundwater impacting the center's water supply.

Bottled water that is chemically and bacteriologically potable will contain an inspection seal from the International Bottled Water Association (IBWA) or another national certifying body.

CHILD CARE CENTERS AND PRESCHOOLS
LICENSING STANDARDS AND PROCEDURES

PART IV

TOOLS

Iowa Department of Human Services

CHECKLIST OF ITEMS TO BE SUBMITTED FOR INITIAL LICENSURE

This is a preliminary list of items that must be submitted and reviewed by the child care consultant for the initial license of a preschool or child care center. The child care consultant assigned to your center may review or require you to submit other materials before issuing a license.

☐ **1.** *Application for a License to Operate a Child Care Center*, form 470-0722, signed by the owner, operator or the chairperson of the board.

☐ **2.** Fire inspection certificate signed by the State Fire Marshall or local designee.

☐ **3.** Floor plan of the building (or center area if co-located in a building) showing the length and width of rooms, location and dimension of windows, and ceiling height. The plan does not have to be drawn to scale and can be drawn on 8 1/2 × 11 inch paper. (The space will be inspected and measured by the child care consultant.)

☐ **4.** Documentation to support that the center director and on-site supervisor meet the qualifications outlined in 441 IAC 109.6(1) and (2), including certification in CPR, first aid, and mandatory reporting of child abuse.

☐ **5.** Written statement of the program's purpose and objectives.

☐ **6.** A written description of the curriculum or program structure and an activity plan that is appropriate to the developmental and special needs of the children served.

☐ **7.** Fee policies and financial agreements given to parents.

☐ **8.** Written policies as required by licensing standards for:

- Enrollment and discharge of children (include polices for excluding children)
- Field trips and non-center activities
- Transportation
- Discipline
- Nutrition
- Health and safety policies
- Emergency plans

☐ **9.** A written plan for staff orientation to the center's policies and applicable licensing standards and ongoing training and development of staff.

☐ **10.** A written plan for the ongoing training and development of staff.

☐ **11.** Written requirements and procedures for mandatory reporting of suspected child abuse and neglect.

☐ **12.** Samples of all forms to be used by the center, including parent authorization forms.

☐ **13.** Menus for a two-week period.

****** An on-site visit of the center and review of additional materials, including staff's and children's files, will occur before a license is issued.

****** Prospective centers should ensure that the location and facility meet all local building and zoning ordinances.

CENTER DIRECTOR QUALIFICATIONS

Name of Center	
Name of Staff	Date

The center director:

- Is responsible for overall functions of the center, supervising staff, designing curriculum, and administering programs.
- Shall ensure services are provided for the children within the framework of the licensing requirements and the center's statement of purpose and objectives.
- Has overall responsibility for carrying out the program and ensuring the safety and protection of the children.

When the same person accomplishes the functions of the center director and the on-site supervisor, the educational and experience requirements for a center director apply.

Yes	No	Qualifications		
		21 years of age		
		High school diploma or general education diploma		
		☐ 1 business administration course	☐ OR 12 contact hours in administrative related training	☐ OR 1 year administrative related experience
Description:				
		Current CPR certification	Expires:	
		Current first aid certification	Expires:	
		Child abuse certificate (5 years)	Expires:	
		100 point total	Points per category	Total
		Education	Carry over from worksheet-75 maximum	
		*Experience (20 points minimum)	Carry over from worksheet-75 maximum	
		Child development-related training completed in the last 5 years.	Carry over from worksheet-75 maximum	
			Total # of Points for Qualifications	

** 100 total points required:
A minimum of two categories must be used.
No more than 75 points may be achieved in any one category.
At least 20 points must be obtained from the experience category.

** Child development-related training category points must have been taken within the PAST FIVE years

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in early childhood, child development, or elementary education	75	Full time (20 hours or more) in a child care center or preschool setting	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child-related field	50	Part time (less than 20 hours) in a child care center or preschool setting	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full time (20 hours or more) child-development related experience	10	
Bachelor's degree in a non-child-related field	40	Part-time (less than 20 hours) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home	10	
		Nonregistered family home provider	5	

CENTER DIRECTOR QUALIFICATIONS

Name of Center	
Name of Staff	Date

WORKSHEET

EDUCATION DEGREE	AREA OF STUDY	POINTS EARNED
	TOTAL NUMBER OF EDUCATION POINTS EARNED	

EXPERIENCE (POINTS X NUMBER OF YEARS) EMPLOYER / SETTING / EXPERIENCE	FULL OR PART TIME	POINTS	X	NUMBER OF YEARS	POINTS EARNED
			X		
			X		
			X		
			X		
			X		
			X		
			X		
		TOTAL NUMBER OF EXPERIENCE POINTS EARNED			

CHILD DEVELOPMENT-RELATED TRAINING (CONTACT HRS. X 1) / DESCRIPTION	DATE MONTH/YEAR	CONTACT HOURS	X	1	TOTAL
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
	Total NO. OF CHILD DEVELOPMENT-RELATED TRAINING POINTS EARNED				

ON-SITE SUPERVISOR QUALIFICATIONS

Name of Center	
Name of Staff	Date

The on-site supervisor is responsible for daily supervision of the center and must be on-site either during the hours of operation or a minimum of eight hours of the center's operation.

When the same person accomplishes the functions of the center director and the on-site supervisor, the educational and experience requirements for a center director apply.

Yes	No	Qualifications		
		Adult (18 years of age or older)		
		High school diploma or general education diploma		
Description:				
		Current CPR certification	Expires:	
		Current first aid certification	Expires:	
		Child abuse certificate (5 years)	Expires:	
		75 point total	Points per category	Total
		Education	Carry over from worksheet-50 maximum	
		*Experience (10 points minimum)	Carry over from worksheet-50 maximum	
		Child development-related training completed in the last 5 years.	Carry over from worksheet-50 maximum	

** 75 total points required:
A minimum of two categories must be used.
No more than 50 points may be achieved in any one category.
At least 10 points must be obtained from the experience category.

** Child development related training category points must have been taken within the PAST FIVE years.

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in early childhood, child development, or elementary education	75	Full time (20 hours or more) in a child care center or preschool setting	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child-related field	50	Part time (less than 20 hours) in a child care center or preschool setting	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full time (20 hours or more) child-development related experience	10	
Bachelor's degree in a non-child-related field	40	Part-time (less than 20 hours) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home	10	
		Nonregistered family home provider	5	

ON-SITE SUPERVISOR QUALIFICATIONS

Name of Center	
Name of Staff	Date

WORKSHEET

EDUCATION DEGREE	AREA OF STUDY	POINTS EARNED
	TOTAL NUMBER OF EDUCATION POINTS EARNED	

EXPERIENCE (POINTS X NUMBER OF YEARS) EMPLOYER / SETTING / EXPERIENCE	FULL OR PART TIME	POINTS	X	NUMBER OF YEARS	POINTS EARNED
			X		
			X		
			X		
			X		
			X		
			X		
			X		
		TOTAL NUMBER OF EXPERIENCE POINTS EARNED			

CHILD DEVELOPMENT-RELATED TRAINING (CONTACT HRS. X 1) / DESCRIPTION	DATE MONTH/YEAR	CONTACT HOURS	X	1	TOTAL
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
	Total NO. OF CHILD DEVELOPMENT-RELATED TRAINING POINTS EARNED				

QUALIFICATIONS FOR CENTER DIRECTOR OF SCHOOL-AGE PROGRAM

Name of Center	
Name of Staff	Date

The center director:

- Is responsible for overall functions of the center, supervising staff, designing curriculum, and administering programs.
- Shall ensure services are provided for the children within the framework of the licensing requirements and the center's statement of purpose and objectives.
- Has overall responsibility for carrying out the program and ensuring the safety and protection of the children.

When the same person accomplishes the functions of the center director and the on-site supervisor, the educational and experience requirements for a center director apply.

Yes	No	Qualifications		
		21 years of age		
		High school diploma or general education diploma		
		☐ 1 business administration course	☐ OR 12 contact hours in administrative related training	☐ OR 1 year administrative related experience
Description:				
		Current CPR certification	Expires:	
		Current first aid certification	Expires:	
		Child abuse certificate (5 years)	Expires:	
		100 point total	Points per category	Total
		Education	Carry over from worksheet-75 maximum	
		*Experience (20 points minimum)	Carry over from worksheet-75 maximum	
		Child development-related training completed in the last 5 years.	Carry over from worksheet-75 maximum	
			Total # of Points for Qualifications	

** 100 total points required:
A minimum of two categories must be used.
No more than 75 points may be achieved in any one category.
At least 20 points must be obtained from the experience category.

** Child development-related training category points must have been taken within the PAST FIVE years

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in secondary education, physical education, recreation or related fields or early childhood, child development ,or elementary education	75	Full time (20 hours or more) in a child care center or preschool setting or child-related experience working with school-aged children	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child-related field.	50	Part time (less than 20 hours) in a child care center or preschool setting or child-related experience working with school-aged children	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full time (20 hours or more) child-development related experience	10	
Bachelor's degree in a non-child-related field	40	Part-time (less than 20 hours) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home	10	
		Nonregistered family home provider	5	

QUALIFICATIONS FOR CENTER DIRECTOR OF SCHOOL-AGE PROGRAM

Name of Center	
Name of Staff	Date

WORKSHEET

EDUCATION DEGREE	AREA OF STUDY	POINTS EARNED
	TOTAL NUMBER OF EDUCATION POINTS EARNED	

EXPERIENCE (POINTS X NUMBER OF YEARS) EMPLOYER / SETTING / EXPERIENCE	FULL OR PART TIME	POINTS	X	NUMBER OF YEARS	POINTS EARNED
			X		
			X		
			X		
			X		
			X		
			X		
			X		
		TOTAL NUMBER OF EXPERIENCE POINTS EARNED			

CHILD DEVELOPMENT-RELATED TRAINING (CONTACT HRS. X 1) / DESCRIPTION	DATE MONTH/YEAR	CONTACT HOURS	X	1	TOTAL
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
	Total NO. OF CHILD DEVELOPMENT-RELATED TRAINING POINTS EARNED				

QUALIFICATIONS FOR ON-SITE SUPERVISOR OF SCHOOL-AGE PROGRAM

Name of Center	
Name of Staff	Date

The on-site supervisor is responsible for daily supervision of the center and must be on-site either during the hours of operation or a minimum of eight hours of the center's operation.

When the same person accomplishes the functions of the center director and the on-site supervisor, the educational and experience requirements for a center director apply.

Yes	No	Qualifications		
		Adult (18 years of age or older)		
		High school diploma or general education diploma		
Description:				
		Current CPR certification	Expires:	
		Current first aid certification	Expires:	
		Child abuse certificate (5 years)	Expires:	
		75 point total	Points per category	Total
		Education	Carry over from worksheet-50 maximum	
		*Experience (10 points minimum)	Carry over from worksheet-50 maximum	
		Child development-related training completed in the last 5 years.	Carry over from worksheet-50 maximum	

** 75 total points required:
A minimum of two categories must be used.
No more than 50 points may be achieved in any one category.
At least 10 points must be obtained from the experience category.

** Child development related training category points must have been taken within the PAST FIVE years.

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in secondary education, physical education, recreation or related fields in early childhood, child development or elementary education	75	Full time (20 hours or more) in a child care center or preschool setting or child-related experience working with school-aged children	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child--related field	50	Part time (less than 20 hours) in a child care center or preschool setting or child-related experience working with school-aged children	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full time (20 hours or more) child-development related experience	10	
Bachelor's degree in a non-child-related field	40	Part-time (less than 20 hours) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home	10	
		Nonregistered family home provider	5	

QUALIFICATIONS FOR ON-SITE SUPERVISOR OF SCHOOL-AGE PROGRAM

Name of Center	
Name of Staff	Date

WORKSHEET

EDUCATION DEGREE	AREA OF STUDY	POINTS EARNED
	TOTAL NUMBER OF EDUCATION POINTS EARNED	

EXPERIENCE (POINTS X NUMBER OF YEARS) EMPLOYER / SETTING / EXPERIENCE	FULL OR PART TIME	POINTS	X	NUMBER OF YEARS	POINTS EARNED
			X		
			X		
			X		
			X		
			X		
			X		
			X		
		TOTAL NUMBER OF EXPERIENCE POINTS EARNED			

CHILD DEVELOPMENT-RELATED TRAINING (CONTACT HRS. X 1) / DESCRIPTION	DATE MONTH/YEAR	CONTACT HOURS	X	1	TOTAL
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
	Total NO. OF CHILD DEVELOPMENT-RELATED TRAINING POINTS EARNED				

SUGGESTED CONTENT FOR REQUIRED WRITTEN POLICIES AND PROCEDURES

The written polices identified below are required by 441 Iowa Administrative Code Chapter 109. Suggested content is provided for each policy. You are not required to follow a specific format and are free to address multiple requirements within a single policy statement. The overall format and content is left to the your discretion, as long as all rule requirements are met. You are encouraged to contact your child care consultant if you have questions or need assistance.

109.1(4) INCORPORATED AND UNINCORPORATED CENTERS

- Identify the purpose and objectives of the program.

109.4(2)"a" FEE POLICY AND FINANCIAL AGREEMENTS

- Identify all charges (daily, weekly, monthly, enrollment, registration, late payments, etc.)
- Identify any written agreements or forms used.
- Identify any relevant payment options, deadlines, or procedures.

109.4(2)"b" ENROLLMENT POLICY

- Identify all paperwork required and deadlines for submission, if applicable.
- Identify the specific population served (ages) and any specific requirements (such as child must be toilet trained).

109.4(2)"b" DISCHARGE POLICY

- Identify the situations that could result in discharge (e.g., failure to meet center policies; failure to pay; inability of child to adjust to group experience; threat to other children, staff or self).
- Explain the communication process for addressing the identified problems.
- Describe the decision making process.
- Explain appeal and review procedures.
- Identify all relevant time frames.

109.4(2)"b" FIELD TRIP POLICY

- State whether or not field trips will be part of the program.
- If field trips will be part of the program:
    - Provide a general description of what they might include.
    - Explain how parents are notified and authorization is obtained.
    - Identify the options parents have if they choose not to have their child participate.
- If transportation is involved, describe how it will be handled.
- Explain safety precautions taken (seat belts, extra staff, etc.)

109.4(2)"b" NON-CENTER ACTIVITY POLICY

- State whether or not non-center activities will be accommodated or are part of the program's normal routine.
- If they are part of the program:
    - Explain required authorizations.
    - Describe the types of non-center activities
    - Explain other factors (responsibility for the child, how arrangements must be made, etc.)
- If transportation is involved, describe how it will be handled.

109.4(2)"b" TRANSPORTATION POLICY

- For routine transportation:
  - Explain the purposes of the transportation.
  - Identify who provides the transportation (center staff, contract staff, parents, etc.)
  - Identify safety precautions (seat belt policies, restrictions for children under 12, extra staff, etc.). (See109.10(12).)
- Explain how transportation will be handled in medical emergencies or emergency evacuations.

109.4(2)"b" and 109.12(2) DISCIPLINE POLICY

- Describe the program's philosophy regarding positive discipline.
- Explain how interventions provide for positive guidance with directions for resolving conflict and setting well-defined limits.
- Describe disciplinary techniques that are used (redirection, etc.).
- **Note:** This policy must be provided to parents and staff in writing.

109.4(2)"b" and 109.15 NUTRITION POLICY

- Describe how CACFP standards are followed for meals and snacks.
- Indicate that exceptions are allowed for allergy, medical conditions, religion, etc.
- Describe what information is needed to make arrangements for an exception.
- Identify the program's responsibility to supplement, if necessary, snacks and meals provided by parents for children under age 5 to meet nutritional requirements.
- If parents may or are required to provide snacks, explain the procedures, expectations, etc.
- Explain records kept for meals and snacks and where menus are posted.

109.4(2)"b" and 109.10 HEALTH POLICY

- Identify all required health forms and reports.
- Identify requirements for physical examinations and statements of health status. (See 109.10(1).)
- Identify parents' responsibility to identify their children's dental and medical health care providers and provide written consent to obtain emergency care.
- Explain hand-washing requirements for children and staff. (See 109.10(7)&(8).)
- Describe procedures for notifying parents and others of communicable diseases, such as posting notice, sending information home, etc. (See 109.10(4).)
- Explain staff procedures for having direct contact with each child upon arrival. (See 109.10(4).)
- Explain procedures for handling children who are injured or become ill while in the center, (notifications, incident reports, quiet area used, etc.). Include emergency medical and dental procedures. (See 109.10(6) & 109.10(10.)
- Identify requirements for first aid kits (contents, locations, availability in the center, on the , on field trips, and during emergencies). (See 109.10(9).)
- Identify criteria for excluding an ill child from the center. (See 109.10(6).)
- Describe the parent's responsibility to update immunization records and physical and health records regularly.
- Explain how the requirement for a smoke-free environment will be met. (See 109.10(11).)

109.4(2)"b" SAFETY POLICY

- Describe parents' responsibility to provide names, relationships, and phone number of people authorized to pick a child up from the center and the schedule and procedure to review and update.
- Explain how the program will handle staff training (orientation and annual) for emergency procedures.
- Identify requirements for staff certifications and training in first aid, CPR, mandatory child abuse reporting, and infectious disease control.
- Identify any other program requirements or procedures for child and staff safety.

109.4(2)"d" STAFF ORIENTATION PLAN

- Explain how new staff receive orientation to the center's policies and to the applicable portions of the licensing regulations.
- Explain any procedures followed to document or monitor the orientation.

109.4(2)"e" and 109.7 ONGOING TRAINING AND STAFF DEVELOPMENT PLAN

- Identify training expectations for staff.
- Explain how staff will receive required training for staff development, emergency plans, etc.

109.5(1) PARENTAL ACCESS POLICY

- Clearly state the parents' right to unlimited access to their children.
- Describe the parents' access to staff caring for their children.
- Explain requirements for court orders if parental contact is prohibited.
- **Note:** These polices must be provided in writing to parents at the time of admission.

109.10(3) MEDICATION POLICY AND PROCEDURES

- State whether or not medications are routinely administered or if they are administered only in special situations (e.g., as an accommodation under the Americans with Disabilities Act).
- Identify who is responsible for medication administration and any training provided or required.
- Delineate specific procedures for dispensing, storage, authorization and recording of all prescription and nonprescription medications, including ointments, sunscreens, etc.
- Clearly explain parental responsibilities for proper authorization, updating authorizations, supplying medication, etc.

109.10(5) INFECTIOUS DISEASE CONTROL -- UNIVERSAL PRECAUTIONS POLICY

- Address the handling of any bodily excrement or discharge, hand-washing, cleanup and disposal of bloody materials or body discharges.
- Identify specific expectations for high-risk duties and tasks and the availability of protective equipment.

109.10(15)"a" EMERGENCY PLAN FOR FIRE

- Describe procedures for evacuating to a safe area, addressing head counts, immobile children, items to be taken along if possible (e.g., emergency information, first aid kit, etc.).
- Explain how notifications will be handled (to emergency personnel, parents, etc.).
- Include a diagram of escape routes, as required by rule.
- Explain how transportation of children will be handled, if it is necessary.

109.10(15)"a" EMERGENCY PLAN FOR TORNADO

- Describe procedures for evacuating to a sheltered area, addressing head counts, immobile children, items to be taken along if possible (emergency information, first aid kit, flashlight, radio, diapers, etc.). Include procedures for staff and children who are on the playground or on a walk.
- Explain how notifications will be handled (to emergency personnel, parents, etc.).
- Include a diagram of escape routes and shelters, as required by rule.
- Explain how transportation of children will be handled, if it is necessary.

109.10(15)"a" EMERGENCY PLAN FOR FLOOD, IF SUSCEPTIBLE TO FLOOD

- Describe procedures for evacuating to a sheltered area, addressing head counts, immobile children, items to be taken along (emergency information, first aid kit, flashlight, radio, diapers, etc.).
- Explain how notifications will be handled (to emergency personnel, parents, etc.).
- Explain how transportation of children will be handled, if it is necessary.

109.10(15)"a" EMERGENCY PLAN FOR INTRUDER WITHIN THE CENTER

- Identify indicators of a problem situation (when action should be taken).
- Identify notification procedures (who and how—police, staff, etc.).
- Address actions to be taken to protect children and staff (is evacuation possible, can doors be locked quickly, are there other protective measures needed?)

109.10(15)"a" EMERGENCY PLAN FOR INTOXICATED PARENT OR VISITOR

- Identify indicators of a problem situation (when action should be taken).
- Identify what actions staff should and should not take.
- Identify notification procedures (who and how—police, other staff, etc.) and what information may be needed (description of the vehicle, license number, etc.).

109.10(15)"a" EMERGENCY PLAN FOR LOST OR ABDUCTED CHILDREN (MISSING)

- Identify action staff should take.
- Identify notification procedures (i.e., who and how—police, parents, other staff, etc.,) and what information may be needed (i.e., description of child, clothing, last observation).

109.10(15)"a" GUIDELINE FOR BLIZZARDS

- Identify indicator of need (when) to implement emergency procedures.
- Identify action staff should take, including recommendations made by emergency personnel.
- Identify notification procedures (who and how—parents, other staff, etc.).

109.10(15)"a" GUIDELINES FOR POWER FAILURES

- Identify action staff should take to assess seriousness of problem and impact on continued operation.
- Identify notification procedures (who and how—parents, other staff, emergency, etc.).
- Identify actions by staff and center to ensure safety, well being, and comfort of children in care.
- Describe procedures if evacuation is determined to be necessary.

109.10(15)"a" GUIDELINES FOR BOMB THREATS

- Identify action staff should take to assess imminent danger.
- Identify notification procedures (who and how—emergency personnel, parents, etc.).
- Identify actions to be take (search, evacuation, etc.).
- Explain how transportation of children will be handled, if it is necessary.

109.10(15)"a" GUIDELINES FOR CHEMICAL SPILLS

- Identify action staff should take to assess imminent danger.
- Identify actions to be taken (clean up spill, change location, evacuation, close windows, etc.).
- Identify notification procedures (who and how—emergency personnel, parents, etc.).

109.10(15)"a" GUIDELINES FOR EARTHQUAKES OR STRUCTURAL DAMAGE

- Describe procedures for immediate response if a quake is occurring (immediate protection, addressing head counts, immobile children, etc.). Include procedures for staff and children who are on the playground or on a walk.
- Identify follow-up action to quake or event causing structural damage (calming children, evacuation, notifications, etc.).
- If evacuation is necessary, describe items to be taken along if possible (emergency information, first aid kit, flashlight, radio, diapers, etc.).
- Explain how notifications will be handled (to emergency personnel, parents, etc.).
- Explain how transportation of children will be handled, if it is necessary.

109.10(15)"a" GUIDELINES FOR NUCLEAR EVACUATION

- If located within a ten-mile radius of a nuclear facility, contact your local county Emergency Management Agency or the Iowa Emergency Management Division in Des Moines, 515-281-3231 for information to include in your procedures.

109.12(1) and 109.4(2) PROGRAM OF ACTIVITIES

- Describe program of activities (curriculum, lesson plan or calendar used in the developmentally appropriate programming).
- Identify general schedule of the program (activities, time, etc.).

109.12(3) POLICY FOR CHILDREN REQUIRING SPECIAL ACCOMMODATIONS

- Describe how the center will make reasonable accommodations under the Americans with Disabilities Act, if requested.
- **Note:** Limitation of accommodations may exist for children whose needs require extreme facility modifications beyond the capability of the facility's resources.

109.15(4) POLICY FOR FOOD BROUGHT FROM HOME

- Describe center policy concerning food brought from home (home-prepared versus prepackaged, accommodations for children with allergies, medical conditions, etc.).
- Describe center responsibility and how food brought from home will be supplemented, if necessary for children under age 5.
- Describe manner used for storage of food brought to the center.

STATE OF IOWA
DHS CRIMINAL HISTORY RECORD CHECK
FORM B

TO: **Iowa Division of Criminal Investigations**
Bureau of Identification, 1st Floor
215 E 7th Street
Des Moines, Iowa 50319

FROM:

PURPOSE:

- ☐ Child Day Care 237A.5, 237A.20
- ☐ Adoption 600.8(1)(2)
- ☐ Child Abuse 232.71
- ☐ Foster Care/Group Foster Care 237.8
- ☐ Institutions/Facility 218.13
- ☐ Juvenile Homes 232.142

REQUEST

I am requesting an Iowa criminal history (CCH) check on:

Last Name	First Name	Middle Name
Maiden Name	Sex	Social Security Number
Date of Birth	Signature of Requester	

RESULTS

As of _____ (date) a name and date of birth check revealed:

☐ CCH record attached ☐ No CCH record found

DCI Initials _____

WAIVER

(see reverse side)

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature	Date

White: Submit to DCI or to County/Region Day Care Yellow: Control Copy

595-1396 (Rev. 8/07)

WAIVER:

Iowa law does ***not*** require waiver. However, without a waiver any arrest over 18 months old ***without*** a disposition, cannot be given to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be given out to non-law enforcement agencies without a signed waiver.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal working hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history check is of the Iowa Central Repository only. No other state or federal agency records can be searched under current law.

In Iowa, a deferred judgment is not considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e., second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

If the "No CCH record found" box is checked, it could also mean that information in the file is not releasable per Iowa law without a waiver.

Reminder:

> Each agency, other than day care, should submit a self-addressed envelope with their requests. This will expedite the process.

FORM B IS FOR THE SPECIFIC PURPOSE SET OUT ON THE FRONT. COURT ORDERED HOME STUDY MUST SUBMIT FORM A WITH PAYMENT.

Iowa Department of Human Services

Record Check Evaluation

Date:

To:

HEALTH CARE FACILITIES AND HCB WAIVER PROGRAMS:
Complete Part A. Fill in your agency name, address, and hiring person in Part B. Have the person being evaluated complete Part C and Part D of the form and return it to you. Then address and mail it to:

Department of Human Services
Central Abuse Registry
PO Box 4826
Des Moines, Iowa 50305

Name of person being evaluated:

A. A background check has revealed:

- ☐ A founded child abuse report placed on the Child Abuse Registry.
- ☐ A founded dependent adult abuse report.
- ☐ A criminal conviction.
- ☐ Other, specify: _____

B. ***Please complete Page 2 of this form to enable the Department to further assess the report and return the form to:***

DHS or Agency Office	Attention	Phone	
Street	City	State	Zip Code

C. RESPONSE ***(completed by person requesting evaluation):***

- ☐ I do not wish to have the report assessed further because:
  - ☐ I am withdrawing my application.
  - ☐ I will not be involved in any of the situations listed below.
- ☐ I wish to have the report evaluated to determine if:
  - ☐ I can be approved as an adoptive parent.
  - ☐ I can be licensed or registered for child day care.
  - ☐ The family with whom I live can be a registered home or a licensed center for child day care.
  - ☐ I can be licensed for foster care.
  - ☐ The family with whom I live can be licensed for foster care.
  - ☐ I can work or volunteer in a foster care facility, a child care center, or a public institution under DHS.
  - ☐ I can work in a licensed health care facility.
  - ☐ I can work in an HCB waiver program.

D. Description of the Incident ***(completed by person requesting evaluation):***

1. Describe type of crime, child or dependent adult abuse or transgression in which you were involved.
a. Date:
b. Location:
c. Circumstances:
d. Others involved, including the victim:
e. Age of the victim:
2. Describe your efforts to change your behavior or correct the situation. Include restitution, time in jail, parenting classes, counseling, therapy, or other things that you have done. (You may attach supporting documents.)
3. Explain why you think your application should be approved in spite of the abuse or crime described above.
4. If the Department has ever previously evaluated your record, give the date, place, position sought, and results.

I realize that this information may be verified with local law enforcement agencies, the district court, or other persons having knowledge of the incident.

Name *(signature)*	Telephone	Date	
Street	City	State	Zip Code

Iowa Department of Human Services

Record Check Evaluation
(Evaluación de Cheque del Registro)

Fecha:

A:

HEALTH CARE FACILITIES AND HCB WAIVER PROGRAMS:
Complete Part A. Fill in your agency name, address, and hiring person in Part B. Have the person being evaluated complete Part C and Part D of the form and return it to you. Then address and mail it to:

Department of Human Services
Central Abuse Registry
PO Box 4826
Des Moines, Iowa 50305

Nombre de la persona que se evalua:

A. Una verification de base ha revelado:

- ☐ Un reporte de abuso de niño fundado puesto en el Registro de Abuso de Niño.
- ☐ Un reporter de abuso de adulto dependiente fundado.
- ☐ Una prueba de culpabilidad delictiva.
- ☐ Otros, especificar: _____

B. ***Por favor complete Página 2 de esta forma para habilitar que el Departament termine de evalúar el informe y devuelva la forma a:***

DHS o Oficina de Agencia	Atention	Teléfono	
Domicilio	Ciudad	Estado	Código Postal

C. CONTESTACIÓN (*completado por cada persona que pide evaluación*):

- ☐ Yo no deseo tener el reporte evaluado más porque:
  - ☐ Yo estoy retirando mi aplicación.
  - ☐ Yo no estare envuelto en cualquiera de las situaciones listo abajo.
- ☐ Yo deseo tener el reporte evaluado para determinar si:
  - ☐ Yo puedo ser aprobado como un padre adoptivo.
  - ☐ Yo puedo ser autorizado o registrado para el cuidado de niño.
  - ☐ La familia con quien yo vivo puede ser una casa registrada o un centro autorizado del cuidado de niño.
  - ☐ Yo puedo ser autorizado para “foster care.”
  - ☐ La familia con quien yo vivo puede ser licenciada para “foster care.”
  - ☐ Yo puedo trabajar o ser voluntario en una facilidad del cuidado de crianza, un centro de cuidado de niño, o una institución pública bajo DHS.
  - ☐ Yo puedo trabajar en una facilidad de cuidado de salud autorizado.
  - ☐ Yo puedo trabajar en un programa HCB Waiver.

D. La descripción del incidente (*completada por la persona pidie ndo la evaluación*):

1. Describa el tipo de crimen o abuso o transgresión de nino o adulto dependiente en el cual usted estuvo involucrado.
a. Fecha:
b. Ubicación:
c. Circumstancias:
d. Otros involucrados, incluyendo la victima:
e. Edad de la victima:
2. Desriba sus esfuerzos para cambiar su comportamiento o corregir la situacion. Incluya restitucion, tiempo en carcel, clases para padres, aconsejero, terapia, o otras cosas que usted ha hecho. (Usted puede atar documentos justificativo.)
3. Explica por que usted piensa que su aplicacion debe aprobarse a pesar del abuso o el crimen describio mas arriba.
4. Si el departamento ha evaluado previamente su registro, de la fecha, lugar, la posicion solicitada, y resultados.

Yo comprendo que esta información puede verificarse con las agencias de ejecucion de la ley, la corte distrita, o otro personas que tienen conocimiento de la casualidad.

Nombre (*firma*)	Teléfono	Fecha	
Domicilio	Ciudad	Estado	Código Postal

Iowa Department of Human Services

Licensing Regulation Checklist

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

CITE	RULE	YES	NO	NA
	ADMINISTRATION			
	Postings			
109.4(3)a	Notices are posted when a child in the center has been exposed to a communicable disease. The posting includes the communicable disease, symptoms, and period of communicability and is conspicuously posted at main entrance or if co-located, in an area of the center frequented by parents/public.	☐	☐	☐
109.4(3)a	If under negative action: Notice of action to deny, suspend, or revoke is posted at main entrance or if co-located, in an area of the center frequented by parents/public.	☐	☐	☐
109.4(4)	Mandatory reporting requirements and procedures – posted in an area where they can be read by staff and parents.	☐	☐	☐
109.4(5)	Availability of handbook (Comm. 204) – notice conspicuously posted.	☐	☐	☐
109.4(5)	Contact information regarding consultant included in notice or in a separate posting.	☐	☐	☐
109.4(6)	Certificate of license – conspicuously posted at main entrance or if co-located, in an area of the center frequented by parents/public.	☐	☐	☐
109.10(15)b	Emergency postings for fire, tornado, and flood (if susceptible) by all program and outdoor exits include emergency instructions, phone numbers, and diagrams.	☐	☐	☐
109.10(11)	Post nonsmoking signs at every entrance of the child care center and in every vehicle used to transport children. The signs shall include the telephone number for reporting complaints and the internet address of the Department of Public Health (www.iowasmokefreeair.gov).	☐	☐	☐
	HEALTH AND SAFETY			
	Medication			
109.10(3)a	Medications stored in original containers with physician/pharmacist directions and label intact.	☐	☐	☐
109.10(3)a	Medications stored inaccessible to children and public.	☐	☐	☐
109.10(3)a	Nonprescription medications labeled with child's name.	☐	☐	☐
109.10(3)b	Notation of administration of medication for every day authorization is in effect and child is in attendance, including medication, date, time, dosage and initials of person administering.	☐	☐	☐
109.10(3)b	If medication not given, a reason is cited.	☐	☐	☐
109.10(3)c	On-going, long-term medications have an authorization for a period not to exceed the duration of the prescription.	☐	☐	☐
	Daily contact			
109.10(4)	Center's procedures provide for direct contact by a staff with each child upon arrival to detect illness, disease, or unusual behaviors.	☐	☐	☐
	Infectious disease control			
109.10(5)	Soiled diapers are stored in separate containers from other waste.	☐	☐	☐
109.11(4)	Built after 4/1/98 – at least one sink in program rooms for children under three or an adjacent area if before 4/98 other than a kitchen.	☐	☐	☐
	Quiet area			
109.10(6)	Supervised quiet area is provided for ill or injured children.	☐	☐	☐
109.10(6)	Parents notified of status if serious illness or emergency.	☐	☐	☐

CITE	RULE	YES	NO	NA
	Staff handwashing			
109.10(7)	Staff demonstrate personal hygiene sufficient to prevent or minimize transmission of illness/disease. *If insufficient, list concerns:*	☐	☐	☐
109.10(7)a	Staff wash their hands upon arrival at center.	☐	☐	☐
109.10(7)b	Staff wash their hands immediately before eating or food service activity.	☐	☐	☐
109.10(7)c	Staff wash their hands after diapering.	☐	☐	☐
109.10(7)d	Staff wash their hands before leaving the restroom with a child or by themselves.	☐	☐	☐
109.10(7)e	Staff wash their hands before and after administering non-emergency first-aid, unless gloves are worn.	☐	☐	☐
109.10(7)f	Staff wash their hands after handling animals and cleaning cages.	☐	☐	☐
	Children's handwashing			
109.10(8)	Staff assist children in personal hygiene sufficient to prevent or minimize transmission of illness/disease. *If insufficient, list concerns*:	☐	☐	☐
109.10(8)	A separate cloth for washing and rinsing is used for infants and, if needed, for children with disabilities.	☐	☐	☐
109.10(8)a	Children wash their hands immediately before eating or food service activity.	☐	☐	☐
109.10(8)b	Children's hands are washed after using the restroom or being diapered.	☐	☐	☐
109.10(8)c	Children wash their hands after handling animals.	☐	☐	☐
	First-aid kit			
109.10(9)	Clearly labeled first-aid kit is available and accessible to staff when children are in the center, in outdoor play area, and on field trips.	☐	☐	☐
109.10(9)	Kit is stored in an area inaccessible to children.	☐	☐	☐
109.10(9)	Kit is sufficient to address first-aid for minor injury or trauma. *If insufficient, list concerns:*	☐	☐	☐
	Smoking			
109.10(11)	Smoking and the use of tobacco products shall be prohibited at all times in the center and every vehicle used to transport the children. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during hours of operation.	☐	☐	☐
	Transportation			
109.10(12)	Children are individually secured with a safety belt, harness or safety seat.	☐	☐	☐
109.10(12)	Children under age three and as of 01/06 under age six are secured in a federally approved child restraint system.	☐	☐	☐
109.10(12)	Children under age 12 are not seated in the front of the vehicle.	☐	☐	☐
109.10(12)	Drivers are not operating a vehicle under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair driving ability.	☐	☐	☐
109.10(13)	List of emergency numbers for each child taken by staff when transporting children for school, on field trips, and non-center sponsored activities away from the center.	☐	☐	☐
	Pets			
109.10(14)	Animals on site are in good health and are free of disease, of a disposition which does not pose a safety threat, and are kept in a clean and sanitary manner.	☐	☐	☐
109.10(14)	Documentation of current vaccinations for dogs and cats is kept in the center.	☐	☐	☐
109.10(14)	No ferrets, reptiles, turtles, or birds of parrot family are in the center.	☐	☐	☐
109.10(14)	Pets are not in the kitchen or food preparation areas.	☐	☐	☐

CITE	RULE	YES	NO	NA
	Emergency plan implementation			
109.10(15)b	Documentation for the current and previous year indicate that fire and tornado emergency plans are practiced once a month.	☐	☐	☐
109.10(15)d	Daily check is conducted to ensure all exits are unobstructed.	☐	☐	☐
	STAFF RATIO REQUIREMENTS			
	Minimum staff requirements			
109.8(1)a	All staff in ratio – at least sixteen years of age.	☐	☐	☐
109.8(1)a	All staff in ratio – if less than eighteen, under direct supervision of an adult.	☐	☐	☐
109.8(1)b	All staff in ratio – involved with children in programming activities.	☐	☐	☐
109.8(1)c	At least one person on duty in the center, outdoor play area, or on field trips is over eighteen and has current certification in CPR and first-aid.	☐	☐	☐
	Ratio			
109.8(2)	Ratio maintained in center as required by age.	☐	☐	☐
109.8(2)a	Combinations of age grouping for children four years of age and older determine ratio on age of majority in group.	☐	☐	☐
109.8(2)a	In combined age groups that include children age three and under, ratio is maintained for each age group.	☐	☐	☐
109.8(2)a	Preschools – ratio maintained for age of majority of children.	☐	☐	☐
109.8(2)b	If child between ages 18 and 24 months is placed outside infant area, ratio of 1:4 shall be maintained as would otherwise be required for the group until the child reaches the age of 2.	☐	☐	☐
109.8(2)c	Every child-occupied program room has adult supervision in the room.	☐	☐	☐
109.8(2)d	At least one staff is present in every room where children are resting.	☐	☐	☐
109.8(2)d	If ratio reduced to one staff per room during nap time – does not exceed one hour and ratio in center is still maintained.	☐	☐	☐
109.8(2)e	Ratio maintained during mealtimes.	☐	☐	☐
109.8(2)e	Ratio maintained during outdoor activities at the center.	☐	☐	☐
109.8(2)f	Two adults are present when seven or more children over age three are on the premises.	☐	☐	☐
109.8(2)f	Two adults are present when seven or more children are being transported in one vehicle.	☐	☐	☐
109.8(2)f	One staff for school transportation – only in center-owned vehicle with parent authorization.	☐	☐	☐
109.8(2)f	One additional staff when the center contracts for transportation for seven or more children for non-school related purposes.	☐	☐	☐
109.8(2)g	One additional staff when five or more children are involved in a center-sponsored activity away from the center.	☐	☐	☐
109.8(2)h	If ratio reduced to one staff at the beginning or end of center's operation – timeframe does not exceed two hours and occurs only when six or fewer children are present with not more than two of the children under two years of age.	☐	☐	☐
109.8(2)i	Ratio exceeded for school-age children when school classes unexpectedly start late or are dismissed early – for no more than four hours, care is limited to children already in the program and licensed capacity is not exceeded.	☐	☐	☐
	PHYSICAL FACILITIES			
	Facility requirements			
109.11(3) a(1)	Center and premises are sanitary, safe, and hazard free. *If insufficient, list concerns:*	☐	☐	☐
109.11(3) a(2)	Adequate indoor space is provided. *If insufficient, list concerns:*	☐	☐	☐

CITE	RULE	YES	NO	NA
109.11(1)	Program room size minimum of 80 square feet of useable floor space or 35 square feet of useable floor space per child.	☐	☐	☐
109.11(1)	Kitchens, restrooms, halls, lobby and storage areas, and other space not designated as activity space are not included as program space or counted in useable floor space.	☐	☐	☐
109.11(3) a(2)	Adequate outdoor program space is adjacent to the center and has sufficient square footage to accommodate 30% of enrollment capacity at any time at 75 sq. ft. per child. *If insufficient, list concerns:*	☐	☐	☐
109.11(3) a(2)	Outdoor play area includes safe play equipment and shade. *If insufficient, list concerns:*	☐	☐	☐
109.11(3) a(3)	Sufficient dining space is provided to allow ease of movement by staff and children. *If insufficient, list concerns:*	☐	☐	☐
109.11(3) a(4)	Sufficient lighting is provided to allow children to accomplish tasks. *If insufficient, list concerns:*	☐	☐	☐
109.11(3) a(5)	Sufficient ventilation is provided for adequate indoor air quality. *If insufficient, list concerns:*	☐	☐	☐
109.11(3) a(6) and (7)	Sufficient heating or cooling is provided for children to be comfortable. *If insufficient, list concerns:*	☐	☐	☐
109.11(3) a(8)	Sufficient restroom and diapering facilities are provided to accommodate toileting needs and to reduce transmission of disease. *If insufficient, list concerns:*	☐	☐	☐
109.11(3) a(9)	Equipment in program area are maintained to not result in burns, shock or injury to children. *If insufficient, list concerns:*	☐	☐	☐
109.11(3) a(10)	Sanitation and safety procedures are in place to reduce the risk of harm to children and the transmission of disease. *If insufficient, list concerns:*	☐	☐	☐
109.11(3)d	Documentation by center personnel of monthly inspection of outdoor play area and equipment and remedy of hazards noted. Record indicates if inclement weather prevented use of outdoor area and indicates inspection completed before use of area resumed.	☐	☐	☐
109.11(3)b	Department approval granted to provide suitable space and equipment in lieu of outdoor space if program operates for three hours or less.	☐	☐	☐
109.11(3)c	Department approval granted to use alternative outdoor space in lieu of adjacent space for program in densely developed areas.	☐	☐	☐
	Centers in school buildings			
109.11(3)e	Space is sanitary, safe and hazard free. *If insufficient, list concerns:*	☐	☐	☐
109.11(3)e	List limited exemptions from facility requirements (ventilation, bathroom facilities, etc.):			
109.11(3)e	Documentation provided that monthly playground inspection has been conducted.	☐	☐	☐

CITE	RULE	YES	NO	NA
	Restroom facilities			
109.11(4)	One toilet and sink for each 15 children in room with ventilation.	☐	☐	☐
109.11(4)	Built after 11/1/95 – at least one sink in same area as toilet.	☐	☐	☐
109.12(4)	Sufficient toilet articles are provided for handwashing. *If insufficient, list concerns:*			
	Telephone			
109.11(5)	Working non-pay phone with posting adjacent for emergency numbers for police, fire and poison control center. Center street address and phone included in posting.	☐	☐	☐
109.11(5)	List of emergency numbers for children kept near phone.	☐	☐	☐
	Kitchen appliances			
109.11(6)	Gas or electric ovens are not in program area.	☐	☐	☐
109.11(6)	Area housing kitchen appliances in program area is sectioned off and not counted in useable floor space.	☐	☐	☐
	Environmental hazards			
109.11(7)a	Centers built before 1960 – assessment and plan for remedy of lead paint hazard is conducted.	☐	☐	☐
109.11(7)b	Centers at ground level, that use basement area as program space, or have a basement beneath program space – testing and plan for remedy of radon is conducted.	☐	☐	☐
109.11(7)c	All centers – annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning.	☐	☐	☐
109.11(7)c	All centers – install one carbon monoxide detector on each floor that conforms to UL Standard 2034.	☐	☐	☐
109.11(7)d	Center is exempt from environmental assessments – a before and after school program or summer-only program that serves only school age children in a public school building.	☐	☐	☐
	ACTIVITY PROGRAM REQUIREMENTS			
	Program/activities			
109.4(3)b	Program activities – posted in an area of the center frequented by parents/public.	☐	☐	☐
109.12(1)	Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served.	☐	☐	☐
109.12(1)	Program complements but does not duplicate school curriculum.	☐	☐	☐
109.12(1)	Schedule of program is posted in a place visible to parents.	☐	☐	☐
109.12(1)a	Program provides a curriculum or program of activities that promotes self-esteem and positive self-image, social interaction, self-expression and communication, creative expression and problem-solving skills.	☐	☐	☐
109.12(1)b	Program provides for a balance of active and quiet, individual and group, indoor and outdoor, and staff-initiated and child-initiated activities.	☐	☐	☐
109.12(1)c	Program provides activities that promote fine and gross motor activities.	☐	☐	☐
109.12(1)d	Program provides experiences in harmony with ethnic and cultural backgrounds.	☐	☐	☐
109.12(1)e	Program provides a nap or quiet time for all children under the age of six not enrolled in school who are present five or more hours.	☐	☐	☐
	Discipline			
109.12(2) a-d	Discipline does not allow – corporal punishment; punishment that causes humiliation, fear, pain or discomfort; locking children in an area or using mechanical restraints; associating with illness, toilet training, food or rest; or the use of verbal abuse, threats, or derogatory remarks about a child's family.	☐	☐	☐
109.12(2)b	If mechanical restraints used as part of treatment plan for child with disability, staff are trained on use of restraint.	☐	☐	☐

CITE	RULE	YES	NO	NA
	Child requiring accommodations			
109.12(3)	Reasonable accommodations are made for children with disabilities.	☐	☐	☐
	Play equipment and materials			
109.12(4)	Sufficient and safe indoor play equipment, materials and furniture that conforms with CPSC or ASTM. *If insufficient, list concerns:*	☐	☐	☐
109.12(4)	Play equipment, materials, and furniture meet the developmental, activity and special needs of the children. *If insufficient, list concerns:*	☐	☐	☐
109.12(4)	Room's arrangement does not obstruct the direct observation of children.	☐	☐	☐
109.12(4)	Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap. *If insufficient, list concerns:*	☐	☐	☐
109.12(4)	Procedures are developed and implemented to maintain equipment and materials in a sanitary manner. *If insufficient, list concerns:*	☐	☐	☐
109.12(4)	Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs. *If insufficient, list concerns:*	☐	☐	☐
109.12(4)	Sanitary procedures are followed for use and storage of personal hygiene articles. *If insufficient, list concerns:*	☐	☐	☐
	FOOD SERVICES			
	Meals and snacks			
109.15(1) & 109.15(2)	Each child served a full nutritionally balanced meal or snack as defined by CACFP guidelines and serving sizes for meals and snacks are followed.	☐	☐	☐
109.15(1)	Supervision provided at the table during snacks and meals.	☐	☐	☐
109.15(1)	Children present two hours or more offered food at intervals of not less than two or more than three hours apart unless sleeping.	☐	☐	☐
109.15(2)	Menus planned one week in advance, made available to parents and kept on file with substitutions noted.	☐	☐	☐
109.15(2)	Foods with high incident rate of choking not used or modified.	☐	☐	☐
109.15(2)	Special dietary accommodations made upon written instructions of licensed physician or health care provider.	☐	☐	☐
	Food brought from home			
109.15(4)a	Written policies developed for food brought from home for children under five years of age not enrolled in school and is provided to parent at admission.	☐	☐	☐
109.15(4)a	Food brought from home for children under five years of age not enrolled in school is monitored and supplemented if necessary to ensure CACFP guidelines maintained.	☐	☐	☐

CITE	RULE	YES	NO	NA
109.15(4)b	Center does not monitor or restrict parent from providing food from home for school-age children.	☐	☐	☐
109.15(4)c	Perishable foods brought from home are maintained to prevent spoilage or contamination.	☐	☐	☐
109.15(4)d	Snacks that may not meet CACFP guidelines are allowed by parents for special occasions.	☐	☐	☐
	Food preparation/sanitation			
109.15(5)	Food preparation and storage procedures are consistent with NHSPS.	☐	☐	☐
109.15(5)a	Sufficient refrigeration is provided appropriate to perishable food. *If insufficient, list concerns:*	☐	☐	☐
109.15(5)b	Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation and spoilage are followed. *If insufficient, list concerns:*	☐	☐	☐
109.15(5)b	Staff preparing food who have injuries on hands wear protective gloves.	☐	☐	☐
109.15(5)b	Staff serving food use clean serving utensils and have clean hands/wear protective gloves.	☐	☐	☐
109.15(5)c	Sanitary methods are used for dishwashing sufficient to prevent transmission of disease. *If insufficient, list concerns:*	☐	☐	☐
109.15(5)d	Sanitary methods are used for garbage disposal sufficient to prevent transmission of disease and infestation. *If insufficient, list concerns:*	☐	☐	☐
	Water			
109.15(6)	Suitable water and sanitary drinking facilities are available and accessible. *If insufficient, list concerns:*	☐	☐	☐
109.15(6)a	Private water supplies are of satisfactory bacteriological quality as shown by an annual water analysis drawn between May 1 and June 30 of each year.	☐	☐	☐
109.15(6)b	If public or private water supply was determined unsuitable for drinking, commercially bottled water certified as chemically and bacteriologically potable or other approved water was used.	☐	☐	☐
	ADMINISTRATION			
109.4(1)	Written statement of purpose and objectives. Plan and practices consistent with the written statement.	☐	☐	☐
	Policies			
109.6	Develop policies for hiring and maintain staff and managers that demonstrate competence in working with children.	☐	☐	☐
109.4(2)a	Fee policies and financial agreements developed.	☐	☐	☐
109.4(2)b	Written policies – enrollment and discharge.	☐	☐	☐
109.4(2)b	Written policies – field trip and non-center activities.	☐	☐	☐
109.4(2)b	Written policies – transportation.	☐	☐	☐
109.4(2)b	Written policies – discipline.	☐	☐	☐

CITE	RULE	YES	NO	NA
109.12(2)	Written policy on discipline which provides positive guidance, direction for resolving conflict, and setting well-defined limits.	☐	☐	☐
109.4(2)b	Written policies – nutrition.	☐	☐	☐
109.4(2)b	Written policies – health and safety.	☐	☐	☐
109.10	Center has established health policies consistent with NHSPS recommendations.	☐	☐	☐
109.10	Health policies include criteria for excluding sick children.	☐	☐	☐
109.10(2)	Written procedures – for medical emergencies.	☐	☐	☐
109.10(2)	Written procedures – for dental emergencies.	☐	☐	☐
109.10(3)	Written procedures – dispensing, storage, authorization, and recording of all medications.	☐	☐	☐
109.10(5)	Policies and procedures exist regarding infectious disease control and use of universal precautions for handling of bodily fluids and discharges (including breast milk and blood).	☐	☐	☐
109.10(10)	Policies and procedures for incidents involving serious injury or significant change in health status are reported immediately to the parent.	☐	☐	☐
109.10(10)	Policies and procedures for incidents involving minor injuries, minor changes in health status, or behavioral concerns are reported to parent on day of incident.	☐	☐	☐
109.10(15)a	Written emergency plans for fire, tornado, flood (if susceptible), intruders in center, intoxicated parents, lost or abducted children, blizzards, power failures, bomb threats, chemical spills, earthquakes or disasters that could result in structural damage or health hazards.	☐	☐	☐
109.10(15)a	Emergency plans include written procedures for transporting children, notifying parents, emergency phone numbers, diagrams, and considerations for immobile children.	☐	☐	☐
109.10(15)a	Emergency plans for nuclear disaster, if located within ten-mile radius of nuclear facility.	☐	☐	☐
109.4(2)c	Curriculum or program structure developmentally appropriate and activities designed to the developmental level/needs of children served.	☐	☐	☐
109.4(2)d	Written plan developed for staff orientation regarding center's policies and licensing regulations.	☐	☐	☐
109.4(2)e	Written plan for ongoing staff development that complies with 441-109.7.	☐	☐	☐
109.5(1)	Written policy notifying parents of unlimited access provisions.	☐	☐	☐
109.4(2)f & 109.12(2)	Copy of center's policies including discipline policy which provides for positive guidance, program information, fee policies, and financial agreements are provided to parents at admission.	☐	☐	☐
	PARENTAL PARTICIPATION			
109.4(6)	Parents shall have unlimited access to their children and to the provider caring for their children during the center's hours of operation or whenever their children are in the care of the provider, unless parental contact is prohibited by court order.	☐	☐	☐
	PERSONNEL			
109.6	Policies developed for hiring and maintaining competent staff.	☐	☐	☐
109.6	Center employs staff that meet the minimum requirements.	☐	☐	☐
	Center director			
109.6(1)	Centers with multiple sites have a qualified director or on-site supervisor at all sites.	☐	☐	☐
109.6(1)	Information on the director's qualifications is submitted to consultant prior to employment and is sufficient to make a determination.	☐	☐	☐
109.6(1)	Center director meets qualifications or is "qualifiable" with a plan established to meet qualifications.	☐	☐	☐

CITE	RULE	YES	NO	NA
	On-site supervisor			
109.6(2)	Director or on-site supervisor on-site during the hours of operation or a minimum of eight hours of center's hours of operation.	☐	☐	☐
109.6(2)	Information on on-site supervisor's qualifications is submitted to the consultant prior to employment and is sufficient to make a determination.	☐	☐	☐
109.6(2)	On-site supervisor meets qualifications or is "qualifiable" with a plan established to meet qualifications.	☐	☐	☐
109.6(3)	Another responsible adult is clearly designated as the interim on-site supervisor if the on-site supervisor is temporarily absent from the center.	☐	☐	☐
	Volunteers and substitutes			
109.6(5)a(1)	All volunteers and substitutes – have signed statements indicating no conviction of any law in any state or record of founded child or dependent adult abuse.	☐	☐	☐
109.6(5)a(2)	All volunteers and substitutes – signed statements indicating no communicable disease or other health concerns that poses a threat to children.	☐	☐	☐
109.6(5)b(1)	Volunteers and substitutes in staff ratio – form 595-1396, *DHS Criminal History Record Check, Form B*, completed.	☐	☐	☐
109.6(5)b(2)	Volunteers and substitutes in staff ratio – form 470-0643, *Request for Child Abuse Information*, completed.	☐	☐	☐
109.6(5)b(3)	All volunteers and substitutes – signed statement indicating they were informed of responsibilities as a mandatory reporter.	☐	☐	☐
	Record checks			
109.6(6)	No one owns, directs or works in the center who has been prohibited from involvement with child care.	☐	☐	☐
109.6(6)	Conditions developed by the department regarding approved record check evaluations are implemented.	☐	☐	☐
109.6(6)f	Child abuse and criminal record checks are completed at a minimum every two years.	☐	☐	☐
109.6(6)f	Center initiates the record check process when aware of additional child abuse or criminal history that occurs within the two year timeframe.	☐	☐	☐
	PROFESSIONAL GROWTH AND DEVELOPMENT			
	Orientation			
109.4(2)d	Orientation of staff regarding center's policies and licensing requirements in accordance with center's staff orientation plan.	☐	☐	☐
109.4(4)	Identifying and reporting policies for child abuse discussed with all staff within 30 days of employment.	☐	☐	☐
109.7(1)a	All staff – completed two hours of approved training for the mandatory reporting of child abuse within six months of employment.	☐	☐	☐
109.7(1)b	All staff – completed one hour of training regarding universal precautions and infectious disease control within six months of employment.	☐	☐	☐
109.10(2)	Orientation and training provided to all staff to ensure they can implement the medical and dental emergency procedures.	☐	☐	☐
109.10(15)c	Annual staff training held on emergency plans.	☐	☐	☐
109.10(15)c	Information on responding to fire, tornadoes, intruders, intoxicated parents, and lost or abducted children is included in orientation for new employees.	☐	☐	☐
109.9(1)e	All files contain documentation to indicate that initial staff training requirements are met. *Number not in compliance:*	☐	☐	☐
109.4(2)f	Copy of center's policy and program made available to staff.	☐	☐	☐
109.12(2)	Written policy on discipline, which provides positive guidance, is provided to staff at start of employment.	☐	☐	☐

CITE	RULE	YES	NO	NA
	Ongoing			
109.9(1)e	All files contain documentation to indicate that ongoing staff training requirements are met. *Number not in compliance:*	☐	☐	☐
109.10(15)c	Annual staff training held on emergency plans.	☐	☐	☐
109.9(1)e	All required files contain current certificates in infant, child, and adult first-aid and cardiopulmonary resuscitation (CPR) and documentation of current child abuse mandatory reporter training. *Number not in compliance:*	☐	☐	☐
109.7(2)	Staff employed more than 20 hours per week has the required contact hours of training. *Number not in compliance:*	☐	☐	☐
109.7(3)	Staff employed less than 20 hours per week has the required contact hours of training. *Number not in compliance:*	☐	☐	☐
109.7(5)	Training plans are developed for staff that supplement educational and experience requirements and enhance staff's skill in working with the developmental and cultural characteristics of children served.	☐	☐	☐
	Staff employed in centers that operate summer-only programs – have completed:			
109.7(4)a	Two hours of approved training on child abuse reporting every five years.	☐	☐	☐
109.7(4)b	One hour of training regarding universal precautions and infectious disease control.	☐	☐	☐
109.7(4)c	At least one person on duty in the center, outdoor play area, or on field trips has certification in ARC, AHA, or equivalent infant, child, and adult CPR.	☐	☐	☐
109.7(4)d	At least one person on duty in the center, outdoor play area, or on field trips has certification in ARC, AHA, National Safety Council, Medic First Aid or other nationally recognized curriculum in infant, child, and adult first aid.	☐	☐	☐
109.7(5)	Training plans are developed for staff that supplement educational and experience requirements and enhance staff's skill in working with the developmental and cultural characteristics of children served.	☐	☐	☐
	RECORDS			
	Personnel files – number of files reviewed:			
109.9(1)	All files contain application information sufficient to determine that minimum staff (age) requirements are met. *Number not in compliance:*	☐	☐	☐
109.9(1)a	All files contain statement signed by staff indicating whether they have a criminal conviction or founded child/dependent adult abuse. *Number not in compliance:*	☐	☐	☐
109.9(1)b	All files contain a signed copy of form 595-1396, *DHS Criminal History Record Check, Form B*, that was submitted prior to employment. *Number not in compliance:*	☐	☐	☐
109.9(1)c	All files contain a signed copy of form 470-0643, *Request for Child Abuse Information*. *Number not in compliance:*	☐	☐	☐
109.9(1)d	All files – a pre-employment physical exam report completed within six months prior to hire. *Number not in compliance*:	☐	☐	☐
109.9(1)d	All physical exam reports – communicable disease testing/statement and testing for TB. *Number not in compliance*:	☐	☐	☐
109.9(1)d	All physical exam reports are repeated every three years. *Number not in compliance*:	☐	☐	☐

CITE	RULE	YES	NO	NA
109.10(1)c	If a staff's religious affiliation is contrary to medical treatment or immunization requirements, the file contains an unofficial statement from religious organization. *Number not in compliance*:	☐	☐	☐
109.9(1)f	All required files contain a photocopy of a valid driver's license. *Number not in compliance:*	☐	☐	☐
	Children's – number of files reviewed:			
109.9(2)	All files are updated at least annually and when a change occurs.	☐	☐	☐
109.9(2)a	All files contain sufficient information to allow the center to contact the parent or emergency contact at any time child is in center's care. *Number not in compliance:* *Information lacking:*	☐	☐	☐
109.9(2)b	All files contain sufficient information and authorization to allow the center to secure emergency medical and dental services at any time child is in center's care. *Number not in compliance for medical:* *Number not in compliance for dental:* *Information lacking:*	☐	☐	☐
109.9(2)d	All files contain parent authorization of the persons to whom the child may be released. *Number not in compliance:*	☐	☐	☐
109.9(2)e	Files contain documentation of injuries, accidents or other child-related incidents. *Number not in compliance:*	☐	☐	☐
109.9(2)f	All files contain parent authorization for attendance at center-sponsored field trips and non-center activities. *Number not in compliance with center-sponsored trips:* *Number not in compliance with non-center activities:*	☐	☐	☐
109.9(2)f	If an inclusive authorization form for activities is used, a copy is kept on file at the center.	☐	☐	☐
109.8(2)f	Required files contain parent authorization to allow the center to transport the child to and from school in a center-owned vehicle using only one staff. *Number not in compliance:*	☐	☐	☐
109.12(3)	Required files contain documentation of reasonable accommodations made in providing care to a child with a disability. *Number not in compliance:*	☐	☐	☐
237A.7	Information regarding a child in a child care center or their relative is confidential. If this information is released by visual, verbal or written means, written consent from the parent or guardian is in the file or a court order allowing the release of the information.	☐	☐	☐
	Reporting incidents			
109.10(10)	Records indicate that incidents involving minor injuries, minor changes in health status, or behavioral concerns are reported to parent on day of incident.	☐	☐	☐
109.10(10)	Records indicate that incidents involving serious injury or significant change in health status are reported immediately to the parent.	☐	☐	☐
109.10(10)	Written report is prepared by staff who observed incident and is provided to parent or person authorized to remove child.	☐	☐	☐
	Children physical/immunization requirements			
109.10(1)a	*Preschool* – (for children five years and younger not enrolled in school) – physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary. *Number not in compliance:*	☐	☐	☐

CITE	RULE	YES	NO	NA
109.10(1)a	*Preschool* – annual health statement signed by MD, DO, PA, or ARNP indicates change in functioning, allergies, medications, or acute/chronic conditions. *Number not in compliance*:	☐	☐	☐
109.10(1)b	*School-age* – (for children five years and older and enrolled in school) – annual statement of health status signed by parent is submitted prior to admission, certifies that the child is free of communicable disease, and lists allergies, medications and acute/chronic conditions. *Number not in compliance:*	☐	☐	☐
109.10(1)c	If a child's religious affiliation is contrary to medical treatment or immunization requirements, the file shall contain a notarized statement. *Number not in compliance:*	☐	☐	☐
109.9(2)c	For school-age programs in the child's school, all files include a statement signed by the parent that the immunization information is available in the school file. *Number not in compliance:*	☐	☐	☐
109.9(3)	Signed and dated Iowa immunization certificates are on file for each child enrolled. *Number missing*: *Number invalid:*	☐	☐	☐
	INFANT ENVIRONMENT			
109.9(4)	Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities.	☐	☐	☐
109.8(2)	Ratio maintained in center as required by age.	☐	☐	☐
109.8(2)d	Ratio in infant rooms is always maintained.	☐	☐	☐
109.11(1)	Rooms with cribs have 40 square feet of space per child.	☐	☐	☐
109.11(2)	A safe and properly equipped area is provided for infants that does not allow for intrusion by children over two years of age.	☐	☐	☐
109.11(2)	Children over 18 months are only placed outside the infant area if appropriate to the developmental needs of the child.	☐	☐	☐
109.11(2)	Children over age two who remain in the infant area are placed at the recommendation of a physician or AEA due to a significant developmental delay. Children are placed for a limited time with DHS approval if doing so does not pose a threat to the infants.	☐	☐	☐
109.12(5)	Environment for children under age two protects from harm but does not unduly restrict development.	☐	☐	☐
109.12(5)a	Stimulation provided to infants throughout the day.	☐	☐	☐
109.12(5)a	Same caretaker for infants insofar as possible.	☐	☐	☐
109.12(5)b	Infants diapered in a sanitary manner as needed in central diapering area. *If insufficient, list concerns:*	☐	☐	☐
109.12(5)b	Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area.	☐	☐	☐
109.11(4)	Built after 11/1/95 – at least one sink in central diapering area.	☐	☐	☐
109.12(5)b	One changing table for every 15 infants/toddlers needing diaper changes.	☐	☐	☐
109.11(4)	Adequate training seats or chairs for children under two years if used in lieu of plumbed toilet.	☐	☐	☐
109.12(5)c	Highchairs or hook-on seats equipped with safety strap and designed not to topple. Safety strap engaged when child in seat.	☐	☐	☐
109.12(5)d	Toys provided are safe, washable, too large to swallow and with no removable parts.	☐	☐	☐
109.12(5)d	Hard surface toys sanitized daily.	☐	☐	☐
109.12(5)e	Children under age one placed on backs when sleeping (unless otherwise authorized by parent or physician).	☐	☐	☐

CITE	RULE	YES	NO	NA
109.12(5)e	Individual crib or criblike furniture is provided, is developmentally appropriate with waterproof covering, sufficient bedding, and meets recommendations of CPSC/ASTM. *If insufficient, list concerns:*	☐	☐	☐
109.12(5)e	Crib railings fully raised and secured when child in crib.	☐	☐	☐
109.12(5)e	Cribs and criblike furniture and bedding maintained in a sanitary manner. *If insufficient, list concerns:*	☐	☐	☐
109.12(5)e	No restraining devices are used in cribs.	☐	☐	☐
109.12(5)f	No more than one child at a time in playpens.	☐	☐	☐
109.12(5)g	Infant walkers are not used.	☐	☐	☐
109.12(5)h	Centers operating five hours or less on a daily basis – sufficient number of cribs or criblike furniture for children who may nap that provide a waterproof mattress, sufficient bedding, meet CPSC or ASTM standards, maintained in a sanitary manner, and used only by one child at a time. *If insufficient, list concerns:*	☐	☐	☐
	Food services – children under age two			
109.15(3)a	Children under 12 months fed on demand, unless other written instructions from parent.	☐	☐	☐
109.15(3)a	Infant CACFP menu patterns followed and appropriate to the infant's nutritional requirements and eating abilities.	☐	☐	☐
109.15(3)a	Menu patterns modified only upon written instruction of parent, physician, or health care provider.	☐	☐	☐
109.15(3)a	Special formulas given to child with feeding problem if prescribed by physician.	☐	☐	☐
109.15(3)b	Children under six months held or fed in sitting-up position.	☐	☐	☐
109.15(3)b	Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle.	☐	☐	☐
109.15(3)b	Spoon feeding is adapted to developmental capabilities of child.	☐	☐	☐
109.15(3)c	Children 12 months of age or younger fed single-service, ready-to-feed formulas, concentrated or powdered formula following manufacturer's instructions or breast milk unless otherwise ordered by parent or physician.	☐	☐	☐
109.15(3)d	Children under age two not on formula or breast milk are fed whole milk.	☐	☐	☐
109.15(3)e	Clean and sanitized bottles and nipples used for on-site formula preparation and kept refrigerated.	☐	☐	☐
109.11(6)	Formula or food warmed for infants in microwaves is not served immediately and is shaken or stirred prior to serving.	☐	☐	☐
109.11(6)	Breast milk is not warmed in the microwave.	☐	☐	☐
	Water			
109.15(6)	Centers serving infants and toddlers provide, at a minimum, individual cups.	☐	☐	☐
109.15(6)a	If children under age two are served, private water analysis included nitrate analysis.	☐	☐	☐
	EXTENDED EVENING CARE			
	Facility requirements			
109.13(1)a	Sufficient and age-appropriate cribs, beds, cots and bedding are provided. Sufficient furniture, lighting, and activity material provided. Equipment and materials maintained in a safe and sanitary manner. *If insufficient, list concerns:*	☐	☐	☐

CITE	RULE	YES	NO	NA
109.13(1)b	Separate, private space for school-age boys and girls for restroom and bedtime activities.	☐	☐	☐
109.13(1)b	Restroom doors nonlockable.	☐	☐	☐
109.13(1)c	Center supplements those personal effect items not provided by parents for personal hygiene and sleep.	☐	☐	☐
109.13(1)c	Written information obtained regarding child's snacking, toileting, personal hygiene and bedtime routines.	☐	☐	☐
	Activities			
109.13(2)a	Evening activities self-selected by child.	☐	☐	☐
109.13(2)b	Child-occupied rooms have adult supervision present – except those used by school-age children for sleep.	☐	☐	☐
109.13(2)b	All staff in ratio are present and awake.	☐	☐	☐
109.13(2)b	If visual monitoring equipment used for rooms where school-age children are sleeping, monitor allows for all children to be visible.	☐	☐	☐
109.13(2)b	If visual monitoring equipment used for rooms where school-age children are sleeping, staff are present at all times in room with monitor and conduct checks in the sleeping room every 15 minutes.	☐	☐	☐
	GET WELL CENTER			
109.14(1)a	Medical advisor for health policy is an MD or DO in pediatrics or family practice.	☐	☐	☐
109.14(1)b	Licensed LPN or RN on duty at all times children are present.	☐	☐	☐
109.14(1)b	If nurse on duty is LPN, arrangements exist for medical advisor or RN in proximate area to provide consultation.	☐	☐	☐
	Health policy			
109.14(2)a	Written health policy consistent with NHSPS and approved and signed by the owner or board and medical advisor prior to start of business.	☐	☐	☐
109.14(2) a(1) and (2)	Health policy addresses procedures for medical consultation, medical emergencies, triage policies, storage and administration of medications, dietary considerations, sanitation and infection control, categorization of illness, length of enrollment periods, exclusion policy, employee health policy, and reportable disease policy.	☐	☐	☐
109.14(2)a	Any change in health policy was approved by medical advisor and submitted to DHS.	☐	☐	☐
109.14(2)a	Written summary of health policy given to parents when child enrolled.	☐	☐	☐
109.14(2)b	All children receive a brief evaluation by LPN or RN upon arrival.	☐	☐	☐
109.14(2)c	Summary of health status provided to parent at end of day that includes admitting symptoms, medications and time administered, nutritional intake, rest periods, output, and temperature.	☐	☐	☐
	Exceptions to licensing requirements			
109.14(3)a	Minimum ratio – 1:4 for infants and 1:5 for children over age two.	☐	☐	☐
109.14(3)b	All staff that have contact with children – minimum of 17 clock hours of special training in caring for mildly ill children. Current certifications in file.	☐	☐	☐
109.14(3) b(1)	Within one month of employment – training includes four hours in infant and child CPR and four hours in pediatric first aid; one hour in infection control.	☐	☐	☐
109.14(3) b(2)	Within six months of employment – six hours of training in care of ill children and two hours of training in mandatory reporting of child abuse. Repeated every five years.	☐	☐	☐
109.14(3)c	40 square feet of program space per child.	☐	☐	☐
109.14(3)d	Sink in every child-occupied room.	☐	☐	☐
109.14(3)e	Outdoor space waived by DHS if adjacent to pediatrics unit.	☐	☐	☐
109.14(3)f	Grouping of children allowed by categorization of illness without regard to age and in separate rooms with full walls and doors.	☐	☐	☐