



Iowa Department of Human Services

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November 8, 2013

GENERAL LETTER NO. 12-E-AP-30

ISSUED BY: Bureau of Child Care
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 12, Chapter E, **CHILD CARE CENTER APPENDIX**, Title page, revised; Contents (page 1), revised; pages 6 through 16, revised; page 17, new; and the following forms:

470-5152 *Child Care Provider Physical Examination Report*, new
470-5152(S) *Child Care Provider Physical Examination Report*
(Spanish), new

Summary

Chapter 12-E-Appendix is revised to add form 470-5152, *Child Care Provider Physical Examination Report*, and its Spanish translation, form 470-5152(S). This form is to be used by all employees and household members of child care facilities to meet the rule requirements regarding physical examinations. The new rules implementing use of this form go into effect on November 1, 2013.

Effective Date

November 1, 2013

Material Superseded

This material replaces the following pages from Employees' Manual, Title 12, Chapter E, Appendix:

<u>Page</u>	<u>Date</u>
Title page	March 13, 2009
Contents (page 1)	March 13, 2009
6-16	March 13, 2009

Additional Information

Refer questions about this general letter to Mykala Robinson, Child Care Regulatory Program Manager.

Revised November 8, 2013

Employees' Manual
Title 12
Chapter E Appendix

CHILD CARE CENTER

APPENDIX



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Child Care Provider Physical Examination Report, Form 470-5152 or 470-5152(S)

Purpose	<i>Child Care Provider Physical Examination Report</i> , form 470-5152 or 470-5152(S), its Spanish translation, is used to satisfy the regulatory mandate that all child care personnel have good health as evidenced by a pre-employment physical examination. All physical examinations must be documented on form 470-5152 or 470-5152(S).
Source	Print or photocopy supplies of the form from the sample in the manual.
Completion	The employee, provider, or household member should take the form to an authorized health care provider for completion. A separate form must be completed for each employee, provider, and household member.
Distribution	Licensed child care centers shall have a completed and signed form 470-5152 or 470-5152(S) on file within their mandated center licensing and personnel files. Registered child development home providers shall have a completed and signed form 470-5152 or 470-5152(S) on file within their mandated home regulatory files.



Child Care Provider Physical Examination Report

Child Care Center Personnel • Child Development Home Providers

Name	Date of Examination
------	---------------------

Patient may:

- ✓ have very frequent contact with children (infant through school-age) in care.
- ✓ be responsible for children’s physical care and social development during day and nighttime hours.
- ✓ need to lift children, bend, and stand for long periods of time.

Child Care Provider Health Concerns (Please check all that apply.)

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

Immunization Status

All child care employees and providers shall consult with their physician regarding the receipt of age appropriate immunizations in accordance with the current Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule. Individuals involved in the provision of child care often come in contact with very young children, whom may or may not be fully immunized against vaccine-preventable diseases. It is essential every child care employee and provider discuss with their physician the benefits and risks associated with receiving or not receiving all ACIP age appropriate immunizations before becoming involved in a child care setting.

(PHYSICIAN MUST CHECK ONE AND DATE)

- Patient’s immunization history was reviewed and patient is current with all ACIP recommended immunizations.
- Patient received consultation regarding the receipt of age appropriate immunizations in accordance with the current ACIP recommended immunization schedule and declined the following recommended vaccinations:

Date: _____

Tuberculosis Screening

All child care employees and providers shall receive a baseline screening for Tuberculosis. Baseline screening shall consist of two components:

1. Assessing for current symptoms of active TB disease.
2. Screening for risk factors associated with TB.

Those individuals identified as belonging to a defined high-risk group or who have signs or symptoms consistent with TB disease shall be evaluated for TB infection and TB disease.

(PHYSICIAN MUST COMPLETE AND CHECK AND DATE BOTH BOXES)

TB signs and symptoms screen completed Date: _____

TB risk factor screen completed Date: _____

**** Tuberculosis medical consultation and TB medications can be accessed by calling the Iowa Department of Public Health, Tuberculosis Control Program at 515-281-8636 or 515-281-7504.**

Other Communicable Diseases and Overall Health Status

Does the individual have a known communicable disease or other health conditions that poses a threat to the health, safety, or well-being of children? Yes No **(If yes, describe in detail below.)**

Does the child care provider have a condition that limits the provider's ability to safely supervise or evacuate multiple dependent children in case of emergency? Yes No **(If yes, describe in detail below.)**

Conclusion

- Individual may be involved with child care
- Individual may be involved with child care, with the following accommodations and restrictions (please describe below)
- Individual may not be involved with child care

Necessary Accommodations or Restrictions to Meet the Demands of Providing Child Care (Please detail.)

Health Care Provider Signature	Date
Mailing Address	Telephone
Provider Type: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP	Iowa License Number



Child Care Provider Physical Examination Report (Informe sobre examen físico de proveedor de cuidado infantil)

Personal de centro de cuidado infantil ♦ Proveedores de hogar de desarrollo infantil

Nombre	Fecha del examen
--------	------------------

El paciente puede:

- ✓ tener contacto muy frecuente con niños (desde bebés a niños en edad escolar) bajo su cuidado.
- ✓ ser responsable del cuidado físico y el desarrollo social del niño durante el día y la noche.
- ✓ tener que alzar niños, agacharse o permanecer de pie durante largos períodos de tiempo.

Problemas de salud del proveedor de cuidado infantil (Por favor, marque todas las que correspondan)

- | | |
|---|---|
| <input type="checkbox"/> Alergias | <input type="checkbox"/> Abuso de drogas ilegales o medicamentos recetados |
| <input type="checkbox"/> Problemas de respiración (asma, enfisema) | <input type="checkbox"/> Problemas neurológicos (epilepsia, Parkinson, otros) |
| <input type="checkbox"/> Diabetes o problemas como tiroides, otros | <input type="checkbox"/> Fumador o consumo de alcohol |
| <input type="checkbox"/> Problemas de corazón o presión arterial | <input type="checkbox"/> Susceptibilidad a las infecciones, enfermedad |
| <input type="checkbox"/> Visión | <input type="checkbox"/> Problemas estomacales o intestinales |
| <input type="checkbox"/> Problemas en la piel (eczema, sarpullido, condiciones incompatibles con el lavado de manos frecuente, otros) | |
| <input type="checkbox"/> Problemas emocionales o nerviosos (depresión, dificultad para manejar el estrés) | |
| <input type="checkbox"/> Problemas osteomusculares (dolor lumbar, susceptibilidad a las lesiones en la espalda, problemas en el cuello, artritis) | |
| <input type="checkbox"/> Problemas de audición o dificultad para oír en un ambiente ruidoso | |
| <input type="checkbox"/> Otro (explique): _____ | |

Situación de vacunación

Todos los empleados y proveedores de cuidado infantil deberán consultar a su médico acerca de la recepción de las vacunas adecuadas para su edad, de acuerdo con el cronograma actual de vacunas recomendadas por el Comité asesor sobre prácticas de vacunación (ACIP). Las personas que brindan cuidado infantil suelen entrar en contacto con niños muy pequeños, quienes pueden o no estar totalmente inmunizados contra enfermedades evitables a través de la administración de vacunas. Es esencial que todos los empleados y proveedores de cuidado infantil hablen con su médico acerca de los beneficios y riesgos asociados a la recepción no de todas las vacunas del ACIP adecuadas para la edad antes de participar en un ámbito donde se brinda cuidado infantil.

(EL MÉDICO DEBE MARCAR UNA OPCIÓN Y COLOCAR LA FECHA)

- El historial de vacunación del paciente ha sido revisado y el paciente está al día con todas las vacunas recomendadas por el ACIP.
- El paciente realizó una consulta acerca de la recepción de las vacunas apropiadas para su edad de acuerdo con el cronograma actual de vacunas recomendadas por el ACIP, y se negó a que se le aplicaran las siguientes vacunas recomendadas:

Fecha: _____

Examen de detección de tuberculosis

Todos los empleados y proveedores de cuidado infantil recibirán un examen inicial de detección de tuberculosis. El examen inicial consistirá de dos componentes:

- 1. Evaluación de los síntomas actuales de enfermedad de TB activa.
- 2. Evaluación de los factores de riesgo asociados a la TB.

Aquellas personas identificadas como pertenecientes a un grupo de alto riesgo definido o que presenta signos o síntomas coherentes con la enfermedad de TB serán evaluados para ver si tienen una infección de TB o están enfermas de TB.

(EL MÉDICO DEBE COMPLETAR Y MARCAR AMBAS CASILLAS Y COLOCAR LAS FECHAS)

Examen de signos y síntomas de TB completado Fecha: _____

Examen de factores de riesgo de TB completado Fecha: _____

**** Se puede acceder a la consulta médica sobre tuberculosis y a la medicación para la TB llamando al Programa de Control de la Tuberculosis del Departamento de Salud Pública de Iowa al 515-281-8636 o al 515-281-7504.**

Otras enfermedades comunicables y estado de salud general

¿La persona tiene una enfermedad conocida comunicable u otras condiciones de salud que representan una amenaza para la salud, seguridad o bienestar de los niños?

Sí No **(Si respondió sí, describa en detalle debajo)**

¿El proveedor de cuidado infantil tiene una condición que limita la capacidad del proveedor para supervisar o evacuar de manera segura a muchos niños a su cargo en caso de una emergencia?

Sí No **(Si respondió sí, describa en detalle debajo)**

Conclusión

- La persona puede realizar actividades de cuidado infantil
- La persona puede realizar actividades de cuidado infantil, con las siguientes adaptaciones y restricciones (por favor, describa debajo)
- La persona no puede realizar actividades de cuidado infantil

Adaptaciones o restricciones necesarias para cumplir con las demandas de brindar cuidado infantil (Detalle por favor.)

Firma del proveedor de cuidado infantil	Fecha
Dirección postal	Teléfono
Tipo de proveedor: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP	Número de licencia de Iowa

DHS Criminal History Record Check, Form 595-1396 or 595-1396(S)

Purpose	<p><i>DHS Criminal History Record Check</i>, form 595-1396 or 595-1396(S), its Spanish translation, is used to request a check for criminal records on persons who work in a child care center. The Division of Criminal Investigations also uses this form to report the results of the check.</p>
Source	<p>The English version of this form is printed in pads of 50 two-part carbonized sets and can be ordered from Iowa Prison Industries. It is also available electronically from the licensing support staff.</p> <p>Print or photocopy the Spanish version from the sample in the manual.</p>
Completion	<p>Center staff complete this form for each person working or applying for employment in the center:</p> <ul style="list-style-type: none">◆ Upon application for employment.◆ Every two years after hire.◆ When there is reason to believe there is a transgression.
Distribution	<p>The center sends the completed form to the licensing support staff or e-mails it to recordcheck@dhs.state.ia.us.</p> <p>The licensing support staff tracks when the form was sent, when a response was received and the response.</p> <p>When the Iowa Division of Criminal Investigation returns the form to the Department:</p> <ul style="list-style-type: none">◆ Return the form to the center when a criminal record is not found. The center needs this form in its personnel records to verify the record check occurred.◆ Keep the form when a criminal record is found and notify the child care consultant supervisor responsible for making the Department's decision regarding involvement with child care.
Data	<p>The form contains a waiver from the current or prospective employee, identifies the employee, and identifies "child day care" as the purpose for the check. DCI indicates the results of the check and attaches the record if one is found.</p>

Licensing Regulation Checklist, Form 470-3940

Purpose	<p>Form 470-3940, <i>Licensing Regulation Checklist</i>, identifies compliance with licensing regulations during inspections for an initial license and renewal licenses.</p> <p>The information on this form is used to complete the <i>Child Care Center Evaluation and Recommendation for License</i>, form 470-0724 or 470-0724(S), for an initial and renewal licensing inspection.</p>
Source	<p>Use the CLICS system to access and complete this form.</p>
Completion	<p>The child care consultant completes this form when conducting initial and renewal licensing inspections.</p>
Distribution	<p>The completed form is not distributed because it is a tool used to complete the final licensing report. The completed form may be shared with the child care center along with the final licensing report.</p>
Data	<p>The form lists each standard in 441 IAC 109, covering:</p> <ul style="list-style-type: none">◆ Administration◆ Parental participation◆ Personnel◆ Professional growth and development◆ Staff ratio requirements◆ Records◆ Health and safety policies◆ Physical facilities◆ Activity program requirements◆ Food services◆ Extended evening care◆ Get-well center

Notice of Action for Child Care Centers, Form 470-4243 or 470-4243(S)

Purpose	<i>Notice of Action for Child Care Centers</i> , form 470-4243 or 470-4243(S), is used to notify the applicant of provisional or full licensing decisions.
Source	Use the CLICS system to complete the English version of the form. Print or photocopy the Spanish version from the sample in the manual.
Completion	The licensing support staff send the form when a center licensing decision is made to issue a full or provisional license.
Distribution	Print and send the completed form to the center.
Data	The form is automatically completed from information from the <i>Child Care Center Evaluation and Recommendation for a License</i> , form 470-0724, or may be manually completed from form 470-0724(S).

Notice of Decision: Services, Form 470-0602 or 470-0602(S)

Purpose	<p>Form 470-0602, <i>Notice of Decision: Services</i>, provides notice:</p> <ul style="list-style-type: none">◆ To providers regarding a negative licensing action (the denial, suspension, or revocation of a license).◆ To persons with a transgression regarding a decision about their involvement with child care.
Source	<p>Complete the English and Spanish version of the form on line using the template available through the public state-approved forms folder on Outlook. Use the pull-down menu specific to the type of decision being made.</p>
Completion	<p>The child care consultant supervisor completes this form. The effective date on this form is eleven days from the date the form is mailed. If the eleventh day is a weekend or holiday, the effective date is the next business day.</p> <p>The supervisor makes all final decisions on licensing denial, suspension, revocation, and involvement with child care after consultation with the child care licensing consultant, policy staff and legal counsel, as needed.</p>
Distribution	<p>The licensing support staff sends this form by certified mail.</p> <ul style="list-style-type: none">◆ For a negative licensing decision, send the original to the center and place a copy of the signed form in the licensing file.◆ For a decision about a person's involvement with child care:<ul style="list-style-type: none">• Send form 470-2386 or 470-2386(S), <i>Record Check Decision</i>, to the person along with the <i>Notice of Decision: Services</i>.• Place a copy of the signed <i>Notice of Decision: Service</i> in the child care consultant supervisor's file. The <i>Notice of Decision</i> regarding involvement with child care is not a public record and cannot be shared with the center, because child abuse reports and criminal record information from the Division of Criminal Investigation are not public records.

- Send a letter to the center informing the center as to whether the person with a transgression can be involved with child care and any conditions or corrective action plan related to the approval of the person's involvement with child care.

Data

The form explains the action and gives the rule and manual references supporting the action.

Permission to Open Without a License, Form 470-4690 or 470-4690(S)

Purpose	Form 470-4690, <i>Permission to Open Without a License</i> , is used to allow a new provider to operate for 120 days, until the first licensing visit.
Source	Use the CLICS system to complete the English version of the form. Type the Spanish version using the wording of the sample in the manual.
Completion	The child care consultant completes this form when the center has submitted: <ul style="list-style-type: none">◆ A complete application for a license.◆ An approved fire marshal's report.◆ A floor plan indicating room descriptions and dimensions, including location of windows and doors.◆ Approval of occupancy by the local building inspector.◆ Evidence that the center director meets the minimum personnel qualifications or has an approved plan to meet those qualifications.
Distribution	The licensing support staff sends this form to the provider. The provider must display this form in place of a license.

Record Check Decision, Form 470-2386 or 470-2386(S)

Purpose	The child care consultant supervisor uses form 470-2386, <i>Record Check Decision</i> , to summarize any reports of criminal conviction or founded child abuse and to recommend whether the reports merit prohibition of licensure.
Source	Complete the English version on line using the template available through the public state-approved forms folder on Outlook. Print or photocopy the Spanish version from the sample in the manual.
Completion	The child care consultant supervisor completes the form any time there is a founded report of child abuse, a record of a criminal conviction, or other transgression that does not have a mandatory prohibition from involvement with child care. A single form may be completed for more than one criminal conviction or founded child abuse report.
Distribution	<p>The licensing unit sends the original to the person that is the subject of the review, along with the <i>Notice of Decision: Services</i>. The child care consultant supervisor keeps a copy in the unit records.</p> <p>The licensing unit sends a letter to inform the center as to whether the person that is subject to the evaluation can be involved with child care and any conditions or corrective plan related to the approval of the person's involvement with child care.</p> <p>NOTE: Child abuse reports and criminal record information from the Division of Criminal Investigation are not public records and cannot be shared with the center.</p>
Data	<p>To complete the form, the child care consultant supervisor:</p> <ul style="list-style-type: none">◆ Checks the kind of reports being evaluated and the evaluation decision.◆ Enters the name and address of the person being evaluated and the rationale for the decision.◆ Signs and date the form.

Record Check Evaluation, Form 470-2310 or 470-2310(S)

Purpose	<p><i>Record Check Evaluation</i>, forms 470-2310 or 470-2310(S), collect information about a criminal conviction, child abuse report, or other transgression. The child care consultant supervisor uses this information to evaluate whether the person can safely be involved with child care.</p>
Source	<p>Generate the English version on line using the template available through the public state-approved forms folder on Outlook. Print or photocopy the Spanish version from the sample in the manual.</p>
Completion	<p>The licensing support staff issues the form anytime there is a founded child abuse report, a criminal conviction, or other transgression that does not have a mandatory prohibition from involvement with child care. Before mailing the form:</p> <ul style="list-style-type: none">◆ Check the kind of report being evaluated in Section A.◆ Enter the address for returning the information in Section B. <p>The person with the criminal conviction, founded child abuse or other transgression shall complete one of these forms for <u>each</u> transgression. The person being evaluated completes Sections C and D.</p>
Distribution	<p>The licensing support staff sends the form by certified mail to the person on whom the evaluation is to be completed and maintains a copy on file until the original is returned.</p> <p>The person that is the subject of the evaluation completes the form and sends the completed form to the child care consultant supervisor within ten calendar days of the date on the form.</p>
Data	<p>Parts A and B of form identify the type of transgression and the address for returning the completed. Part C indicates whether the person requests an evaluation and the purpose of the evaluation. Part D to give more information about the circumstances the transgression and the person's response to it.</p>

[Request for Child Abuse Information, Form 470-0643](#)

Purpose	Form 470-0643, <i>Request for Child Abuse Information</i> , is used to check for founded child abuse reports for persons working or applying for employment in a center.
Source	Complete the form on line using the template available through the public state-approved forms folder on Outlook.
Completion	<p>The licensing support staff complete the form when a <i>DHS Criminal History Record Check</i>, form 595-1396 or 595-1396(S), is received from a center.</p> <p>If the name is not found on the Registry, the licensing support staff attaches a label saying this and sends the form to the center for their personnel records.</p> <p>If the name is found on the Registry as the person responsible for a registered incident, the licensing support staff notifies the child care consultant supervisor, who generates the Department decision regarding involvement with child care.</p>
Distribution	The form is maintained in the Department licensing file.
Data	The form identifies the person requesting the information and the person whose record is being checked.

Request for Child Care Training Approval, Form 470-4528

Purpose	Form 470-4528, <i>Request for Child Care Training Approval</i> , is used to document that the source of training is approved by the Department.
Source	The form is available on the Department's web site at: http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html
Completion	A training organization that is not on the list of approved providers completes the form when: <ul style="list-style-type: none">◆ A child care center plans to hold training conducted by the organization; or◆ The organization wants to market training to child care center staff.
Distribution	The training organization submits the application to the Department at the address listed on the form along with <ul style="list-style-type: none">◆ The instructor's resume or curriculum vitae;◆ The instructional plan or content outline; and◆ The training agreement on page 3 of the form. <p>The Department's decision will be entered on page 2 of the form, and the form will be returned to the training organization.</p> <p>When a center obtains training from that organization, a copy of the approved form shall be maintained in the center files.</p>
Data	The form identifies the training organization, describes the proposed training, records the decision, and provides the agreement that the training organization must enter into.

**Child Care Centers and Preschools Licensing Standards and Procedures,
Comm. 204**

Purpose	This handbook contains information and instructions to a person wishing to operate a child care center.
Source	Licensing support staff maintain a supply of these handbooks.
Completion	Licensing support staff give a handbook to applicant-providers who request an <i>Application for a License to Operate a Child Care Center</i> .
Distribution	Give one copy to each applicant-provider along with an <i>Application for a License to Operate a Child Care Center</i> , 470-0722 or 470-0722(S).
Data	The handbook contains: <ul style="list-style-type: none">◆ Licensing procedures.◆ Provider resources.◆ The minimum requirements for licensing, with an explanation of the rationale for the rule and recommendations for implementing it.◆ Samples of forms that are used by licensing staff or that may be used by providers.