



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

November 21, 2014

GENERAL LETTER NO. 12-E-AP-31

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

SUBJECT: Employees' Manual, Title 12, Chapter E, **CHILD CARE CENTER APPENDIX**, pages 14 and 16, revised; and the following forms:

470-2310 *Record Check Evaluation*, revised
470-2310(S) *Record Check Evaluation (Spanish)*, revised
470-4528 *Request for Child Care Training Approval*, revised

Summary

Chapter 12-E-Appendix is revised to:

- ◆ Modify form 470-2310, *Record Check Evaluation*, and its Spanish translation, form 470-2310(S). The modifications allow for:
 - Consistent use among all programs, including health care facilities, foster and adoptive care, and child care.
 - A streamlined and consistent process for record check evaluations and centralization of the record check process.

Modifications include changes to:

- Part A to include information on the entity requesting the evaluation.
 - Part B to identify the person being evaluated. Part B previously identified the requesting entity.
 - Part C to include the evaluation determinations and notice of decision.
 - Part D that the applicant completes. Part D was previously completed by the person requesting the evaluation.
- ◆ Revise form 470-4528, *Request for Child Care Training Approval*, to update the address and email for submitting the form and additional requested materials.

Effective Date

Immediately.

Material Superseded

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

| <u>Page</u> | <u>Date</u> |
|-------------|------------------|
| 14 | November 8, 2013 |
| 470-2310 | 6/11 |
| 470-2310(S) | 6/11 |
| 16 | November 8, 2013 |
| 470-4528 | 12/08 |

Additional Information

Refer questions about this general letter to Ryan Page, Child Care Regulatory Program Manager.

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

| | |
|--------------|---|
| Purpose | Form 470-2310 is used to collect additional information about a criminal conviction or a child abuse report. The worker and the evaluation team then use this information to evaluate the report's effect on the licensing or registration recommendation. |
| Source | Complete the English version of this form on line using the template available in the public state-approved forms folder on Outlook. Print supplies of the Spanish version from the sample in the manual. |
| Completion | The person subject to the evaluation and/or the requesting entity completes sections A, B, and D for each founded report of child abuse or criminal conviction. Section C is the evaluation determination and is completed by the Department. |
| Distribution | <p>The person subject to the evaluation completes the form and sends the form to the Department within ten calendar days of the date on the form. This information is reviewed by the Department.</p> <p>On approved evaluations, a copy of the completed <i>Record Check Evaluation</i> will be sent to the requesting entity.</p> <p>On denied evaluations, a copy of the completed <i>Record Check Evaluation</i> will be sent to the requesting entity and the person subject to the evaluation.</p> |
| Data | <p>Part A: The agency, provider, or person requesting the evaluation completes this section. Include the requesting entity, requestor's name, and contact information.</p> <p>Part B: The person completing the form verifies who is being evaluated, previous or maiden names, and the position they are applying for.</p> <p>Part C: The Department will evaluate and approve or deny a person's involvement in the role they have requested.</p> <p>Part D: The applicant must complete information regarding each crime or incident of abuse, changes made to assure safety in working with others, and whether the Department has evaluated the applicant in the past.</p> |



Record Check Evaluation

A. Agency/Provider/Person Requesting Evaluation

| | | | |
|------------------------------|------------------|-------|----------|
| Entity Requesting Evaluation | Requestor's Name | Phone | Fax |
| Street | City | State | Zip Code |

The agency/provider/person listed above is requesting a Record Check Evaluation (RCE) on the following person after a background check revealed a criminal conviction (or deferred judgment), founded abuse (child or dependent adult), or a combination thereof. *In order to complete the evaluation, we need to have all information, including form 470-2310, SING, and Rap Sheet. Please ensure that all forms are dated within the 30 day period. All evaluation materials must be sent in together.*

B. Person Being Evaluated

| | | |
|---------------------------------------|-----------------------|----------------------------|
| Last Name, First Name, Middle Initial | Maiden/Previous Names | Role/Position Applying For |
|---------------------------------------|-----------------------|----------------------------|

The individual listed above requests an evaluation to determine whether they can be permitted to perform duties under the section "Role/Position Applying For."

I realize that the information I provide in Section D. may be verified with local law enforcement agencies, the district court, Iowa Department of Human Services, or other persons having knowledge of the incident.

| | | | |
|-------------------------------------|-----------|-------|----------|
| Signature of Person Being Evaluated | Telephone | Email | Date |
| Street Address | City | State | Zip Code |

C. Evaluation Determination/Notice of Decision

FOR DHS USE ONLY



Record Check Evaluation (Investigación de antecedentes penales)

| A. Agencia/Prestador/Persona Solicitante | | | |
|---|------------------------|----------|---------------|
| Entidad solicitante | Nombre del solicitante | Teléfono | Fax |
| Calle | Ciudad | Estado | Código postal |

La agencia, el prestador o la persona mencionada anteriormente solicita una Investigación de Antecedentes Penales (*Record Check Evaluation*, RCE) de la siguiente persona debido a que una averiguación de antecedentes reveló una condena penal (o suspensión condicional de la sentencia), abuso fundado (de un menor o un adulto dependiente), o una combinación de los mismos. Para realizar la investigación, debemos tener todos los datos, inclusive el formulario 470-2310, SING, y el expediente policial. Por favor, cerciórese de que todos los formularios tengan fecha dentro de los últimos 30 días. Debe enviar todo el material junto.

| B. Persona investigada | | |
|----------------------------------|-------------------------------------|----------------------------|
| Apellido, primer nombre, inicial | Apellido de soltera u otros nombres | Empleo o puesto solicitado |

La persona mencionada solicita una investigación para determinar si el/la postulante tiene permitido realizar las funciones que se indican en la sección "Empleo o puesto solicitado".

Estoy consciente de que los datos provistos en la Sección D serán verificados con la policía, el juzgado del distrito, Iowa Department of Human Services, u otras personas con conocimiento del incidente.

| | | | |
|---------------------------------|----------|--------------------|----------------|
| Firma de la persona investigada | Teléfono | Correo electrónico | Fecha de de |
| Domicilio | Ciudad | Estado | Código postal |

| C. Resultado de la investigación/Notificación de la resolución | Para uso exclusivo de DHS |
|---|----------------------------------|
|---|----------------------------------|

[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 website. |
| Completion | <p>A training organization that is not on the list of approved providers completes the form when:</p> <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 | <p>The training organization submits the application to the Department at the address listed on the form along with</p> <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. |

Request for Child Care Training Approval

| | |
|---|---------------------------------------|
| Training Organization Name: | Training Organization Contact Person: |
| Address: | E-mail Address: |
| Trainer Name: | Phone Number: |
| Trainer Qualifications – Please submit curriculum vitae or resume. | |

Training Approval Form Checklist

- Training approval form
- Curriculum vitae or resume for trainer (and author if applicable)
- Instructional plan or content outline including handouts, copies of transparencies, and video dialogue or copy of video (if using videos), and evaluation methods and forms
- Training organization agreement

Training Information

The following required information must be submitted. Incomplete applications will not be reviewed. Please do not submit originals, as your training materials will not be returned.

| |
|--|
| Title: |
| Description: |
| Format or Structure (please check one): <input type="checkbox"/> Face-to-face <input type="checkbox"/> On line <input type="checkbox"/> ICN <input type="checkbox"/> Self-study video/DVD/workbook <input type="checkbox"/> Other (please describe): |
| Number of Clock Hours and CEU's: |
| Target Audience (please check all that apply): Child care providers serving: <input type="checkbox"/> Infants and toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age children <input type="checkbox"/> Other (please describe): |
| Training Level (please check one): <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced |

| CDA Content Areas (please check applicable areas): | Number of Hours |
|---|-----------------|
| <input type="checkbox"/> Planning a safe, healthy learning environment | _____ |
| <input type="checkbox"/> Steps to advance children's physical and intellectual development | _____ |
| <input type="checkbox"/> Positive ways to support children's social and emotional development | _____ |
| <input type="checkbox"/> Strategies to establish productive relationships with families | _____ |
| <input type="checkbox"/> Strategies to manage an effective program operation | _____ |
| <input type="checkbox"/> Maintaining a commitment to professionalism | _____ |
| <input type="checkbox"/> Observing and recording children's behavior | _____ |
| <input type="checkbox"/> Principles of child growth and development | _____ |
| <i>(Note: There should be only one content area for every two hours of training.)</i> | |
| Author Information (if different than trainer and only with permission): | |
| Author Name: | |
| Author Qualifications <i>(Please submit additional information (e.g., vitae or resume) when possible.):</i> | |

Instructional Plan and Content Outline

An instructional plan or content outline must be submitted in addition to the training approval form and should include the following:

- Competency-based learning objectives
- Content outline
- Time and sequence
- Training methods
- Method of evaluation or assessment of learning outcomes
- Materials list
- Evaluation of training
- Reference list

| For Office Use Only | |
|--|------------------|
| Date Received: | Date Decided: |
| Decision (check one): <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Expiration Date: |
| Signature: | |
| Reason for Denial: | |

Please submit the training approval form and additional requested materials to:

Child Care Professional Development Program Manager
Iowa Department of Human Services
Division of Adult, Child and Family Services
Hoover Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
ccpdreview@dhs.state.ia.us

Training Organization Agreement

- I attest that the application submitted accurately reflects the training content and procedures of the training.
- I understand that any training should offer content equal to at least one hour of training credit and a training certificate for each participant which includes:
 - The title of the training
 - Dates of the training
 - The content area addressed
 - Name of the training organization
 - The name of the instructor
 - The number of content hours
 - Indication of “self study” or “group setting”
 - The name of the participant
- I understand that training offered in a group setting shall provide an opportunity for ongoing interaction and timely feedback including questions and answers within the contact hours.
- I shall ensure that the training is presented as submitted in this application.
- I understand that if substantial changes in the content, training methods, or procedures of the training are made, I must submit a new application for training approval.
- I understand that no more than eight state approved hours of training may be awarded in any one day.
- I understand that the certificate must reflect the actual number of clock hours that content was delivered.
- I understand that a training certificate will not be distributed to anyone who does not attend the entire training.
- I shall ensure that the trainers agree to adhere to the National Association for the Education of Young Children Code of Ethics.
- I understand that violation of any of the above statements may place approval of this or future training approval applications in jeopardy.
- I understand that the Iowa Department of Human Services may randomly monitor any state approved training for quality control purposes.
- I understand that approval of this training is contingent upon my agreement with the above statements.
- All approved training shall be offered to the child care providers through the Child Care Training Registry effective July 1, 2009.

I hereby agree to abide by the conditions set forth in this Training Organization Agreement.

| | |
|----------------|------|
| Signature | Date |
| Name and Title | |