



Iowa Department of Human Services

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GENERAL LETTER NO. 12-F-AP-33

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

SUBJECT: Employees' Manual, Title 12, Chapter F, **CHILD DEVELOPMENT HOME REGISTRATION APPENDIX**, Contents (page 1), revised; pages 11 through 17, revised; pages 18 through 22, new; and the following forms:

470-2310	<i>Record Check Evaluation</i> , revised
470-2310(S)	<i>Record Check Evaluation</i> (Spanish), revised
470-4528	<i>Request for Child Care Training Approval</i> , revised
470-5281	<i>Child Development Home Complaint</i> , new
470-5280	<i>Child Development Home Safety Plan</i> , new

Summary

Chapter 12-F-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.

- ◆ Add form 470-5281, *Child Development Home Complaint*. This form was created to provide a standardized format for complaint documentation completed regarding child development home providers.
- ◆ Add form 470-5280, *Child Development Home Safety Plan*. This form was created to provide a standardized format for safety plans completed with child development home providers.

Effective Date

Immediately.

Material Superseded

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

<u>Page</u>	<u>Date</u>
Contents (page 1)	November 8, 2013
470-2310	6/03
470-2310(S)	6/03
11	June 15, 2004
12	July 10, 2009
13	October 12, 2007
14	July 10, 2009
470-4528	12/08
15-17	November 8, 2013

Additional Information

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

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Parent Guide to Child Development Home Registration, SS-0702-3 and SS-0702-3(S)	3
Certificate of Registration, 470-3498	4
Notice of Decision: Services, Form 470-0602 and 470-0602(S)	5
Checklist for Child Development Home Registration, 470-0625	6
Record Check Authorization, Form 470-5143 and 470-5143(S)	7
Request for Child Abuse Information, 470-0643	9
Record Check Evaluation, Form 470-2310 and 470-2310(S)	11
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Child Development Home Registration Guidelines, Comm. 143	22



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
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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
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Record Check Evaluation, Form 470-2310 and 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>

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.

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

Purpose	The DHS evaluation team completes form 470-2386 and the Spanish translation, form 470-2386(S), to summarize any reports of criminal conviction or founded child abuse and to recommend whether the reports merit prohibition of registration.
Source	The English version is available as a template through the public state-approved forms folder on Outlook. The Spanish version can be printed from the on-line manual.
Completion	<p>The DHS evaluation team completes the form any time there is a founded report of child abuse or a record of a criminal conviction. A single form may be completed for more than one criminal conviction or founded child abuse report. In the Summarization of the Evaluation Information (pg 2) be certain that each criteria is explained in detail.</p> <p>Two copies are needed if no adverse action is recommended. Three copies are required if denial or revocation is recommended.</p>
Distribution	Keep one copy in a confidential administrative file in the county office.
Data	<p>Check the kind of reports being evaluated and the evaluation decision.</p> <p>Enter the name and address of the person being evaluated and detail the rationale for the decision.</p> <p>Each person on the evaluation team should sign and date the form.</p>

Classification of Criminal Offenses, RC-0042

Purpose	Use reference chart RC-0042 as a guide to interpreting records of criminal convictions. The chart lists the particular offenses that are classified in each category.
Source	Print the chart from the on-line manual or photocopy it if additional copies are needed.

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	

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	A training organization that is not on the list of approved providers completes the form when the organization wants to market training to child development home providers.
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 within 30 days of submission.</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 Provider Physical Examination Report, Form 470-5152 or 470-5152(S)

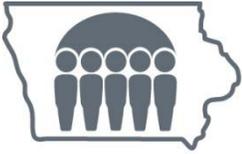
Purpose	<i>Child Care Provider Physical Examination Report</i> , form 470-5152 or 470-5152(S), its Spanish translation, is used to satisfy the regulatory mandate that all child care personnel have good health as evidenced by a pre-employment physical examination. All physical examinations must be documented 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.

Pet Health Examination Veterinary Health Certificate, Form 470-5153 or 470-5153(S)

Purpose	<i>Pet Health Examination Veterinary Health Certificate</i> , form 470-5153 and 470-5153(S), its Spanish translation, is used to satisfy the regulatory mandate that each dog, cat, and pet bird residing in a registered child development home undergo the required health examination by a licensed veterinarian. Acceptable veterinary examinations shall be documented on form 470-5153 or 470-5153(S).
Source	Print or photocopy supplies of the form from the sample in the manual.
Completion	Form 470-5153 or 470-5153(S) should be completed by a licensed veterinarian for each applicable animal residing in the registered child development home.
Distribution	Registered child development home providers shall have a completed and signed form 470-5153 or 470-5153(S) for each applicable animal on file within their mandated home regulatory files.

Child Development Home Complaint, Form 470-5281

Purpose	The <i>Child Development Home Complaint</i> , form 470-5281, is used to identify complaints received by the Department regarding a child development home. The form addresses the findings of the complaint and required resolution or action needed.
Source	This form is available as a template through the public state-approved forms folder on Outlook.
Completion	Complete a <i>Child Development Home Complaint</i> if there is a complaint received by the Department regarding a child development home. The child care compliance worker completes the form.
Distribution	Keep a copy of the <i>Child Development Home Complaint</i> in the case file. A copy will be uploaded to the Department's website.
Data	<p>Name of Provider: Enter the name of the provider. Enter the name of the co-provider, if applicable.</p> <p>County: Enter the county name.</p> <p>Care Address/City/Zip Code: Enter the address, city, and zip code where child care is provided.</p> <p>Mailing Address: Enter the address, city, and zip code for the provider's mailing address, if different than the care address.</p> <p>Date of Complaint: Enter the date the Department received the complaint.</p> <p>Date of Visit: Enter the date that the Department followed up with a visit to the child development home regarding the complaint. Identify if the visit was scheduled or unannounced.</p> <p>Identify if compliance with regulations were found.</p> <p>Recommendations for Registration: Identify if a change in registration is recommended.</p>



Child Development Home Complaint

Name of Provider	County	
Care Address	City	Zip Code
Mailing Address	City	Zip Code
Phone	Email	

Date of Complaint:

Date of Visit:

- Scheduled Unannounced N/A
 Non-Compliance with Regulations Found Compliance with Regulations Found
 N/A

RECOMMENDATION FOR REGISTRATION:

- NO CHANGES to registration status recommended
 REVOCATION of Registration

CATEGORY OF CARE:

- Category A
 Category B
 Category C (with no co-provider)
 Category C (with co-provider)
-

Summary of Complaint:

Rule Basis and Findings of Complaints:

Resolution and Action Required:

Consultant's Signature	Date
Supervisor's Signature	Date

Category of Care: Identify the category in which the child development home provider is registered.

Summary of Complaint: Give a summary of the complaint received by the Department. Do not include confidential information.

Rule Basis and Findings of Complaints: Document the rule basis by number and statement. Describe the specific information obtained regarding the complaint and cite any relevant concerns.

Describe any other compliance concerns identified during the visit.

Resolution and Action Required: Document required action or the resolution of the complaints reported or identified during the complaint visit. Identify specific action steps if necessary. Note if a *Child Development Home Safety Plan*, form 470-5280, was completed.

Child Development Home Safety Plan, Form 470-5280

Purpose	The <i>Child Development Home Safety Plan</i> , form 470-5280, is used to identify safety concerns and involve the child development home provider in addressing safety needs and documenting actions to be taken to ensure the health and safety of the children in care.
Source	The form is printed as a two-part carbonized set. Order supplies from Iowa Prison Industries in Anamosa. Supplies of the form can also be printed from the on-line manual
Completion	Develop the <i>Child Development Home Safety Plan</i> if it is determined that there is a significant concern of non-compliance of health and safety standards. The child care compliance worker completes the form with the provider.
Distribution	Keep a copy of the safety plan in the case file. Provide a copy to the child development home provider.
Data	Provider name: Enter the name of the provider. Worker and county: Enter the worker's name. Enter the county name or number. Date/time <i>Safety Plan</i> completed: Enter the date and time the safety plan was completed. Safety concerns: Enter the cause for concern for present or impending danger using the <i>Safety Assessment</i> . Tasks which assure safety and are done by, for how long, and how often: <ul style="list-style-type: none">◆ Participant: Enter the name of each participant (provider, co-provider, assistant) who will have responsibility in the safety plan.◆ Agreed upon actions: Enter the actions that each participant has agreed to be responsible for to ensure the safety of the children in care.

- ◆ **How long:** Enter the length of time the participant is agreeing to actions to ensure the safety of the children in care.
- ◆ **How often:** Enter the frequency the participant is agreeing to actions to ensure the safety of the children in care.
- ◆ **How the plan is monitored:** Enter how the plan will be monitored.

Back-up plan: Enter the specific back-up plan for each action to ensure compliance and safety of the children in care.

Family and Participant Agreement: The provider of the children in care must sign and date the form at the point of its completion to document their agreement with the safety plan. Enter any additional information.

Child Care Compliance/Supervisor Agreement with Safety Plan: Upon review and approval of the safety plan the supervisor must sign and date the agreement. Enter the date and time of approval.

Child Development Home Registration Guidelines, Comm. 143

Purpose	This handbook contains information and instructions for a person wishing to register a child development home.
Source	Order supplies of this handbook from Iowa Prison Industries in Anamosa.
Completion	Local office staff or child care resource and referral agency staff distribute the handbook and provide basic information to applicant-providers who request an <i>Application for Child Development Home Registration</i> .
Distribution	Give one copy to each applicant-provider along with: <ul style="list-style-type: none">◆ Form 470-3384 or 470-3384(S), <i>Application for Child Development Home Registration</i>.◆ Form 595-1396 or 595-1396(S), <i>DHS Criminal History Record Check</i> (Form B).◆ Form 470-4755 or 470-4755(S), <i>Lead Assessment and Control</i>.
Data	The handbook contains: <ul style="list-style-type: none">◆ The minimum requirements for registration in each category.◆ Practice recommendations.◆ An explanation of the use of the <i>Parent Guide to Child Development Home Registration</i>.