



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

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GENERAL LETTER NO. 12-F-AP-34

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; page 3, revised; and the following forms:

470-3384	<i>Application for Child Development Home Registration</i> , revised
470-3384(S)	<i>Application for Child Development Home Registration</i> (Spanish), revised
470-4755	<i>Lead Assessment and Control</i> , revised
470-4755(S)	<i>Lead Assessment and Control</i> (Spanish), revised
Comm. 469	<i>Parent Guide to Child Development Home Registration</i> , new
Comm. 469(S)	<i>Parent Guide to Child Development Home Registration</i> (Spanish), new
Comm. 143	<i>Child Development Home Registration Guidelines</i> , revised

Summary

Chapter 12-F-Appendix is revised to:

- ◆ Change form 470-3384, *Application for Child Development Home Registration*, and its Spanish translation, form 470-3384(S), to:
 - Update the Department of Public Health's web address for "Lead Poisoning, How to Protect Families."
 - Update the appeal rights and nondiscrimination policy.
- ◆ Change form 470-4755, *Lead Assessment and Control*, and its Spanish translation, form 470-4755(S) to:
 - Update the Department of Public Health's web address for "Lead Poisoning, How to Protect Families."
 - Reflect the Department's branding.

- ◆ Update the *Parent Guide to Child Development Home Registration* to:
 - Renumber the English guide from SS-0702-3 to Comm. 469 and the Spanish guide from SS-0702-3(S) to Comm. 469(S).
 - Update the web address information on where to locate compliance or complaint reports.
 - Update information regarding 100 percent compliance visits.
 - Replace the “Number of Children in Care” table with the “Number of Children in Care Allowed in Registered Child Development Homes and Child Care Homes” table. The new format is intended to improve visual guidance regarding the number of children allowed in care in the various child development home and child care home settings.
 - Include allowances for cell phone use by child development home providers.
 - Include required written policies for child care providers.
- ◆ Revise Comm. 143, *Child Development Home Registration Guidelines*, to:
 - Update information regarding accessibility of the parent guide to families.
 - Update compliance check requirements.
 - Update registration renewal requirements and certification.
 - Update accessibility of complaint documentation.
 - Update cell phone information and first aid kits.
 - Include current immunization information.
 - Update parental permission regarding field absence from the child development home.
 - Include information regarding the Training Registry.
 - Include information required in provider files including record check documentation.
 - Update the FAQ table for Category B providers.
 - Remove transition exception that is no longer valid.
 - Update CACFP guide to credible foods, infant meal pattern requirements, and meals for children aged 1-12.
 - Update first aid kit supplies.
 - Update immunization requirements for child care providers.
 - Include information regarding CPSC crib safety requirements.
 - Include current trampoline safety.
 - Include current seat belt and car seat use information.
 - Add form 470-5152, *Child Care Provider Physical Examination Report*, and form 470-5153, *Pet Health Examination Veterinary Health Certificate*, and the approved Iowa Department of Public Health medication consent and record form.

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 21, 2014
470-3384	6/13
470-3384(S)	6/13
470-4755	10/09
470-4755(S)	10/09
3	June 15, 2004
SS-0702-3	10/09
SS-0702-3(S)	10/09
Comm. 143	7/14

Additional Information

Use up existing supplies of form 470-4755, *Lead Assessment and Control*, dated 10/09, before reordering supplies from Anamosa in the usual manner.

Destroy existing supplies of SS-0702-3, *Parent Guide to Child Development Home Registration*, dated 10/09. Order supplies of Comm. 469, *Parent Guide to Child Development Home Registration*, from Anamosa in the usual manner.

Use up existing supplies of Comm. 143, *Child Development Home Registration Guidelines*, dated 7/14, before reordering supplies from Anamosa in the usual manner.

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

	<u>Page</u>
Application for Child Development Home Registration, 470-3384 and 470-3384(S)	1
Lead Assessment and Control, Form 470-4755 and 470-4755(S)	2
Parent Guide to Child Development Home Registration, Comm. 469 or Comm. 469(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
Record Check Decision, Form 470-2386 and 470-2386(S)	13
Classification of Criminal Offenses, RC-0042	14
Request for Child Care Training Approval, Form 470-4528	15
Child Care Provider Physical Examination Report, Form 470-5152 or 470-5152(S)	16
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Instructions for Application for Child Development Home Registration

Iowa's child development homes are divided into three categories. The category that you qualify for is determined by your age, experience in child care, and child care education. Please determine which category you wish to apply for, then go through that column and check the boxes that apply to you. **All boxes in the column must be checked for you to qualify for that category.** All child development homes must be located in a single-family residence that is owned, rented, or leased by at least one of the persons who is named on the child development home's certificate of registration. Single-family residence includes: an apartment, condo, townhouse, or other individual unit within a multiple unit residential dwelling, but does not include a commercial or industrial building that is primarily used for purposes other than a residence.

Child Development Home Category A	Child Development Home Category B	Child Development Home Category C
<input type="checkbox"/> at least 18 years old	<input type="checkbox"/> at least 20 years old	<input type="checkbox"/> at least 21 years old
<input type="checkbox"/> * 3 letters of reference (no relatives) *	<input type="checkbox"/> * High school diploma or GED *	<input type="checkbox"/> * High school diploma or GED *
	<input type="checkbox"/> * 2 years of experience as child care home provider OR CDA or 2 or 4 year degree in child care related field and 1 year of experience as a child care home provider *	<input type="checkbox"/> * 5 years experience as a child care home provider OR CDA or 2 or 4 year degree in a child care related field and 4 years of experience as a child care home provider *
	<input type="checkbox"/> 35 square feet per child indoors	<input type="checkbox"/> 35 square feet per child indoors
	<input type="checkbox"/> 50 square feet per child outdoors	<input type="checkbox"/> 50 square feet per child outdoors
	<input type="checkbox"/> quiet area for sick children	<input type="checkbox"/> quiet area for sick children
<input type="checkbox"/> fire extinguisher	<input type="checkbox"/> fire extinguisher	<input type="checkbox"/> fire extinguisher
<input type="checkbox"/> smoke detectors in each child occupied room	<input type="checkbox"/> smoke detectors in each child occupied room	<input type="checkbox"/> smoke detectors in each child occupied room
	<input type="checkbox"/> two direct exits on floor where child care is given	<input type="checkbox"/> two direct exits on floor where child care is given
		<input type="checkbox"/> one provider <input type="checkbox"/> two providers Note: If two providers <u>with differing qualifications</u> , the provider with Category C qualifications must be present at all times if the second provider only meets the qualifications of Category B.

* Documentation must be attached for the following items:

High school diploma/GED:

- ◆ Either a copy of your high school diploma or GED or a letter from the school verifying that you received the diploma/GED.

Experience as a child care home provider (attach at least one of the following):

- ◆ Iowa Child Care Home registration provider number _____.
- ◆ Tax returns listing your employment as child care provider.
- ◆ Insurance policy listing your employment as child care provider.

CDA or 2 or 4 year degree:

- ◆ Copy of CDA or college diploma or letter from the school verifying you received the CDA/diploma.

Three letters of reference:

- ◆ No relatives. Letters must attest to your character and ability to provide good quality child care.

For providers operating in a child development home built before 1960:

You must conduct a visual assessment of the child development home for lead hazards that exist in the form of peeling or chipping paint. If hazards are identified, apply interim controls on any chipping or peeling paint found, using lead-safe work methods in accordance with and as defined by department of public health rules at 641—Chapters 69 and 70, unless a certified inspector as defined in 641—Chapter 70 determines that the paint is not lead based paint.

- ◆ Attach a completed and signed form 470-4755 or 470-4755(S), Lead Assessment and Control, to your application, as verification of the visual assessment and completion of interim controls. Be sure to include completed “Interim Control Table” as part of form 470-4755 or 470-4755(S).
- ◆ This must be done for all initial applications submitted on or after December 1, 2009.
- ◆ Providers that have a valid registration on November 1, 2009, shall assess and control lead hazards and document this on form 470-4755 or 470-4755(S) by June 30, 2010, for submission with the next renewal application.
- ◆ Attach new form 470-4755 or 470-4755(S) (to include new “Interim Control Table”) with every application (initial and each renewal).
- ◆ If a certified lead inspector has determined that the paint is not lead-based, attach verification documentation to completed and signed form 470-4755 or 470-4755(S) (including “Interim Control Table”).
- ◆ A link to the Iowa Department of Public Health publication. “Lead Poisoning, How to Protect Families” is found at: http://www.idph.state.ia.us/LPP/common/pdf/protect_iowa_families.pdf

Specific Instructions for Completing the Application Form

1. At the top of the application form there are three different squares.
 - ◆ If this is a new application, put an X in the “new” square.
 - ◆ If you are renewing your application, put an X in the “renewal” square.
 - ◆ If you have a change of address, a change of name, a change in your household members or change in category after you have received a *Certificate of Registration*, put an X in the “change” square.
2. Check **one** category for which you are requesting registration.
3. Print your name (and names that you have used, if any) and address on the lines indicated. Your name and address will appear on the *Certificate of Registration* as you have entered it on the application form.
4. Enter your birth date, last four digits of your social security number, telephone number with area code, and the name of your county on the lines indicated on the application form.
5. Add the names of every adult and child living in the home, with birth dates and last four digits of their social security numbers. If more space is needed, use a separate sheet of paper and attach it to the application.
6. Read the six statements on page 1 carefully. Your signature on this application form is your agreement to comply with all requirements.
7. To complete the application, you must sign on the line indicated for your signature, and enter the date of your application. The *Certificate of Registration* will be effective the first day of the month in which the application was received at the local DHS office. The *Certificate of Registration* will show an expiration date 24 months after the effective date.
8. Keep a copy of the application for your records.
 - ◆ Mail the original to your county DHS office.
 - ◆ Applications submitted electronically via KinderTrack do not have to be mailed into the local office.
 - ◆ Applications are to be returned to DHS not CCRR as they do not process the applications.

The Department of Human Services will review your completed application and complete the criminal records check and Child Abuse Registry check. If all information is acceptable, a *Certificate of Registration* will be mailed to you. The DHS local office will see that your name is entered on the statewide listing of registered child development homes, unless you have requested in writing that your home not be listed. The local office maintains a file of registered child development homes as a service to the community.

Registrations are valid for two years. You must reapply for a renewal of your registration. The DHS registration worker will send you a renewal packet before your date of expiration.



Application for Child Development Home Registration

Check one: New Renewal Change

I request registration for (check one):

- Child Development Home Category A
- Child Development Home Category B
- Child Development Home Category C (1 provider—capacity 8)
- Child Development Home Category C (2 providers—capacity 16)

Last	First	Middle	Birth date
Maiden name or any other name used			Last four digits of SS #
Home address (city, state, zip code)			Telephone number ()
Mailing address, if different from home (city, state, zip code)			County
Name of child care business		Address & phone # where you will be doing business, if different from home	
Email address		Other states you have resided	
Days and hours of your child care business		Languages you speak	Will you transport children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Assistant/substitute name (indicate whether substitute or assistant or both)			Birth date
Address		Telephone number	Other states they may have resided

Add below the names of other adults and children in the home where you will be doing care. If more space is needed, please use a separate sheet of paper and attach it to the application.

Print full name	Any other state they may have resided in	Birth date	Attending school? Y/N	Last four digits of social security number	Relationship to you

1. I will comply with the minimum requirements for a child development home found in 441 Iowa Administrative Code, Chapter 110 in accordance with Iowa Code section 237A.4.
2. I understand the Department of Human Services will make necessary inspections of the facility in order to determine our conformity to these minimum requirements.
3. I certify that any information I give is and will be true and correct to the best of my knowledge. Further, I am aware that if I make a false report to the Department of Human Services regarding the operation of my child development home, the *Certificate of Registration* may be revoked and state payments may be recouped.
4. I understand that, subject to the provisions of Iowa Code section 237A, the Central Abuse Registry and the Department of Public Safety will check on all members of my household for all new applications and may recheck for re-applications.
5. I will inform the Department of Human Services of any changes that may affect my child care registration eligibility within 10 days.
6. I agree to disclose all criminal convictions and founded child abuse that I, or anyone else residing or working in this household, have received in this state or in any other state.

Signature of applicant	Date
Signature of co-applicant (for Child Development Home Category C, if applicable)	Date

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice or
- Before the date a decision goes into effect.

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us



**Instructions for
Application for Child Development Home Registration
(Instrucciones para Solicitud de Inscripción de Hogar de Desarrollo Infantil)**

Los hogares de desarrollo infantil de Iowa están divididos en tres categorías. La categoría para la que califica estará determinada por su edad, experiencia en cuidado infantil y educación en cuidado infantil. Por favor determine para qué categoría desea hacer la solicitud, luego revise esa columna y marque las casillas que correspondan. **Para calificar para dicha categoría, todas las casillas de la columna deben estar marcadas.** Todos los hogares de desarrollo infantil deben estar localizados en una residencia unifamiliar que sea propiedad de o sea alquilada por al menos una de las personas cuyos nombres figuran en el certificado de inscripción del hogar de desarrollo infantil. Una residencia unifamiliar puede ser: un departamento, un condominio, una casa, u otra unidad individual incluida en una vivienda residencial con unidades múltiples, pero no puede ser un edificio comercial o industrial que sea utilizado principalmente con otros propósitos aparte de servir como vivienda.

Hogar de Desarrollo Infantil Categoría A	Hogar de Desarrollo Infantil Categoría B	Hogar de Desarrollo Infantil Categoría C
<input type="checkbox"/> 18 años de edad como mínimo	<input type="checkbox"/> 20 años de edad como mínimo	<input type="checkbox"/> 21 años de edad como mínimo
<input type="checkbox"/> * 3 cartas de referencia (no de parientes) *	<input type="checkbox"/> * Diploma de escuela secundaria o GED *	<input type="checkbox"/> * Diploma de escuela secundaria o GED *
	<input type="checkbox"/> * 2 años de experiencia como proveedor de hogar de cuidado infantil O CDA o diploma de 2 o 4 años en una disciplina relacionada con cuidado infantil y 1 año de experiencia como proveedor de hogar de cuidado infantil *	<input type="checkbox"/> * 5 años de experiencia como proveedor de hogar de cuidado infantil O CDA o diploma de 2 o 4 años en una disciplina relacionada con cuidado infantil y 4 años de experiencia como proveedor de hogar de cuidado infantil *
	<input type="checkbox"/> 35 pies cuadrados por niño en el interior del hogar	<input type="checkbox"/> 35 pies cuadrados por niño en el interior del hogar
	<input type="checkbox"/> 50 pies cuadrados por niño en el exterior	<input type="checkbox"/> 50 pies cuadrados por niño en el exterior
	<input type="checkbox"/> Un área tranquila para niños enfermos	<input type="checkbox"/> Un área tranquila para niños enfermos
<input type="checkbox"/> Extinguidor de fuego	<input type="checkbox"/> Extinguidor de fuego	<input type="checkbox"/> Extinguidor de fuego
<input type="checkbox"/> Detectores de humo en cada habitación ocupada por niños	<input type="checkbox"/> Detectores de humo en cada habitación ocupada por niños	<input type="checkbox"/> Detectores de humo en cada habitación ocupada por niños
	<input type="checkbox"/> Dos salidas directas en el piso donde se brinda el cuidado infantil	<input type="checkbox"/> Dos salidas directas en el piso donde se brinda el cuidado infantil
		<input type="checkbox"/> un proveedor <input type="checkbox"/> dos proveedores Nota: Si hay dos proveedores <u>con diferentes calificaciones</u> , el proveedor de Categoría C debe estar presente en todo momento si el segundo proveedor únicamente cumple con los requisitos de la Categoría B.

* Debe adjuntar la siguiente documentación:

Diploma de escuela secundaria/GED:

- ◆ Una copia de su diploma de secundaria o GED o una carta de la escuela que verifique que usted recibió el diploma/GED.

Experiencia como proveedor de hogar de cuidado infantil (adjunte por lo menos una de las siguientes):

- ◆ Número de inscripción de proveedor de Hogar de Cuidado Infantil de Iowa _____.
- ◆ Declaraciones de impuestos en las que figure su empleo como proveedor de cuidado infantil.
- ◆ Póliza de seguros en la que figure su empleo como proveedor de cuidado infantil.

CDA ó título de 2 o 4 años:

- ◆ Copia del CDA o diploma universitario, o carta de la institución educativa que verifique que usted recibió el CDA/diploma.

Tres cartas de referencia:

- ◆ Que no sean de parientes. Las cartas deben dar fe de su carácter y habilidad para prestar atención infantil de buena calidad.

Para proveedores que operan un hogar de desarrollo infantil construido antes del año 1960:

Debe realizar una evaluación visual del hogar de desarrollo infantil y buscar peligros de intoxicación por plomo, la cual existe en forma de pintura descascarada y resquebrajada. Si identifica dichos peligros, realice controles provisorios de la pintura descascarada y resquebrajada, y utilice los métodos seguros para trabajar con plomo de acuerdo a y como lo describen las normas del artículo 641, Capítulos 69 y 70 del departamento de salud pública, a menos que un inspector acreditado, como se describe en el artículo 641, Capítulo 70, determine que la pintura no contiene plomo.

- ◆ Adjunte a su solicitud el formulario 470-4755 o 470-4755(S), *Lead Assessment and Control*, (*Plomo: Evaluación y Control*), completo y firmado, como comprobante de que se realizaron la evaluación visual y los controles provisorios. Complete la "Tabla de Control Provisional" ("Interim Control Table") e inclúyala como parte de los formularios 470-4755 o 470-4755(S).
- ◆ Debe hacer esto con todas las solicitudes iniciales presentadas el o después del 1 de diciembre de 2009.
- ◆ Los proveedores cuya inscripción sea válida al 1 de noviembre de 2009 deberán realizar evaluaciones y controles de los peligros de intoxicación por plomo y documentarlos en el formulario 470-4755 o 470-4755(S) antes del 30 de junio de 2010 y presentarlo junto con la siguiente solicitud de renovación.
- ◆ Adjunte un nuevo formulario 470-4755 o 470-4755(S) (e incluya una nueva "Tabla de Control Provisional") con cada una de las solicitudes (ya sea la solicitud inicial o cada una de las renovaciones.)
- ◆ Si un inspector acreditado ha determinado que la pintura no contiene plomo, adjunte el documento de verificación al formulario 470-4755 o 470-4755(S) completo y firmado (incluyendo la "Tabla de Control Provisional".)
- ◆ Encontrará un enlace a la publicación "Lead Poisoning, How to Protect Families" ("Envenenamiento por Plomo: Cómo Proteger a las Familias de Iowa") del Departamento de Salud Pública en: http://www.idph.state.ia.us/LPP/common/pdf/protect_iowa_families.pdf

Instrucciones detalladas para llenar el formulario de solicitud

1. En la parte superior del formulario de solicitud hay tres casillas diferentes.
 - ◆ Si esta es una nueva solicitud, ponga una X en la casilla “Nuevo” (new).
 - ◆ Si está renovando su solicitud, ponga una X en la casilla “Renovación” (renewal).
 - ◆ Si ha cambiado de dirección, o de nombre, o los miembros del grupo familiar han cambiado, o existió un cambio de categoría después de recibir el *Certificado de Inscripción* (Certificate of Registration), ponga una X en la casilla “cambio” (change).
2. Marque una categoría, la categoría para la cual esté solicitando la inscripción.
3. Escriba en letra de imprenta su nombre (y nombres que haya usado, si corresponde) y su dirección en las líneas indicadas. Su nombre y dirección aparecerán en el *Certificado de Inscripción* tal como los escribió en el formulario de solicitud.
4. Ingrese su fecha de nacimiento, los últimos cuatro dígitos de su número de seguridad social, número de teléfono con código de área, y el nombre de su condado en las líneas indicadas en el formulario de solicitud.
5. Agregue los nombres de todos los adultos y niños que vivan en el hogar, sus fechas de nacimiento y los últimos cuatro dígitos de sus números de seguridad social. Si necesita más espacio, use una hoja de papel adicional y adjúntela a la solicitud.
6. Lea cuidadosamente las seis declaraciones de la página 1. Al firmar este formulario de solicitud usted acepta cumplir con todos los requisitos.
7. Para completar su solicitud, debe firmar en la línea indicada para su firma, y escribir la fecha de su solicitud. El *Certificado de Inscripción* será válido a partir del primer día del mes en que la oficina local de DHS reciba la solicitud. En el *Certificado de Inscripción* figura una fecha de vencimiento, 24 meses después de la fecha de entrada en vigor.
8. Conserve una copia de la solicitud como comprobante.
 - ◆ Envíe el original por correo a la oficina DHS de su condado.
 - ◆ No necesita enviar por correo las solicitudes presentadas electrónicamente a través de KinderTrack.
 - ◆ Las solicitudes deben ser devueltas a DHS y no a CCRR ya que ellos no procesan las solicitudes.

Department of Human Services examinará la solicitud que completó y revisará los registros penales y de abuso de menores. Si toda la información es aceptable, se le enviará por correo un *Certificate of Registration* (*Certificado de Inscripción*). La oficina local de DHS se ocupará de agregar su nombre al listado estatal de hogares de desarrollo infantil registrados, a menos que usted solicite por escrito que su hogar no figure en el listado. La oficina local mantiene un registro de hogares de desarrollo infantil registrados como un servicio a la comunidad.

Las inscripciones tienen una validez de dos años. Deberá solicitar la renovación de su inscripción. Un asistente de DHS le enviará un paquete de renovación antes de la fecha de vencimiento.



Application for Child Development Home Registration (Solicitud de Inscripción de Hogar de Desarrollo Infantil)

- Marque una: Nueva Renovación Cambio
 Solicito inscripción para (marque una): Hogar de Desarrollo Infantil Categoría A
 Hogar de Desarrollo Infantil Categoría B
 Hogar de Desarrollo Infantil Categoría C (1 proveedor-capacidad 8)
 Hogar de Desarrollo Infantil Categoría C (2 proveedores-capacidad 16)

Apellido	Nombre	Segundo nombre	Fecha de nacimiento
Apellido de soltera u otro nombre usado			Últimos cuatro dígitos del # de SS
Dirección Residencial (ciudad, estado, código postal)			Número telefónico ()
Dirección Postal, si es diferente a la residencial (ciudad, estado, código postal)			Condado
Nombre del establecimiento de cuidado infantil		Dirección y teléfono comercial, si es diferente al residencial	
Correo electrónico		Otros estados donde haya vivido	
Días y horarios del establecimiento de cuidado infantil		Idiomas que habla	¿Transportará niños? <input type="checkbox"/> Sí <input type="checkbox"/> No
Nombre del asistente/sustituto (indique si es sustituto o asistente, o ambos)			Fecha de nacimiento
Dirección		Teléfono	Otros estados donde haya vivido

A continuación agregue los nombres de otros adultos y niños que estén en el hogar donde realizará el cuidado infantil. Si necesita más espacio, por favor use una hoja de papel adicional y adjúntela a la solicitud.

Nombre completo en letra de imprenta	Otros estados donde hayan vivido	Fecha de nacimiento	¿Asisten a la escuela? S/N	Últimos cuatro dígitos del número de seguridad social	Relación con usted

1. Cumpliré con los requisitos mínimos para un hogar de desarrollo infantil que figuran en 441, Capítulo 110, del Código Administrativo de Iowa, de acuerdo a la sección 237A.4 del Código de Iowa.
2. Entiendo que Department of Human Services hará las inspecciones necesarias al establecimiento para determinar si cumplimos con dichos requisitos mínimos.
3. Certifico que toda la información dada es y será verdadera y correcta según mi leal saber y entender. Además, es de mi conocimiento que si proporciono información falsa a Department of Human Services con respecto a la operación de mi hogar de desarrollo infantil, el *Certificado de Inscripción* podrá ser revocado y deberé reembolsar los pagos recibidos del estado.
4. Entiendo que, sujeto a las disposiciones de la sección 237A del Código de Iowa, el Registro Central de Abuso y el Departamento de Seguridad Pública verificarán a todos los miembros de mi grupo familiar cada vez que presente una nueva solicitud y es posible que vuelvan a verificar cuando solicite la renovación.
5. Informaré a Department of Human Services en un plazo de 10 días acerca de cualquier cambio que pueda afectar mi elegibilidad para el registro de cuidado infantil.
6. Me comprometo a revelar todas las condenas penales y casos de abuso infantil fundado que yo o cualquiera de las personas que viven o trabajan en este hogar hayan recibido en este o en cualquier otro estado.

Firma del solicitante	Fecha
Firma de co-solicitante (para Hogar de Desarrollo Infantil Categoría C, si corresponde)	Fecha

Tiene Derecho a Apelar

¿Qué es una apelación?

Una **apelación** es solicitar una audiencia porque no le gusta la decisión de Department of Human Services (DHS). Tiene derecho a presentar una apelación si no está de acuerdo con una decisión. No es necesario pagar para presentar una apelación. [Código Administrativo de Iowa 441, Capítulo 7].

¿Cómo debo apelar?

Presentar una apelación es sencillo. Debe apelar por escrito de una de las siguientes formas:

- Complete el formulario de apelación electrónicamente en <https://dhssecure.dhs.state.ia.us/forms/>, o
- Escriba una carta explicándonos por qué cree que la decisión es incorrecta, o
- Llene un formulario de Apelación y Solicitud de Audiencia (“Appeal and Request for Hearing”). Puede obtener este formulario en la oficina DHS de su condado.

Envíe o lleve su apelación a Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. Si necesita ayuda para presentar la apelación, solicítela en la oficina DHS de su condado.

¿Cuánto tiempo tengo para apelar?

Debe presentar la apelación:

- En un plazo de 30 días corridos a partir de la fecha de la resolución, o
- Antes de la fecha en que la resolución entre en vigor.

Si presenta una apelación con posterioridad a 30 días y antes de transcurridos 90 días contados a partir de la fecha de la resolución, deberá explicar por qué presenta la apelación tardíamente. Si existe una buena razón para presentar su apelación con retraso, nosotros decidiremos si tiene derecho a una audiencia.

Si presenta la apelación 90 días después de la fecha de la resolución, no le podremos conceder una audiencia.

¿Puedo continuar recibiendo los beneficios mientras mi apelación esté pendiente?

Puede conservar sus beneficios hasta que la apelación finalice o hasta el final de su período de certificación si presenta la apelación:

- En un plazo de 10 días corridos a partir de la fecha en que reciba la notificación. Se considera que recibirá la notificación 5 días después de ser expedida, o
- Antes de la fecha en que la resolución entre en vigor.

Es posible que deba reembolsar todos los beneficios que obtenga durante el procedimiento de apelación si se determinara que la acción del Departamento fue correcta.

¿Cómo sabré si se me concedió la audiencia?

Recibirá una notificación de audiencia informándole acerca de la fecha y la hora programadas para la audiencia telefónica. Si no se le concedió la audiencia, recibirá una carta informándoselo. Dicha carta le explicará por qué no obtuvo la audiencia. También le explicará lo que puede hacer si no está de acuerdo con la decisión de no concederle la audiencia.

¿Puedo tener ayuda durante la audiencia?

Usted o alguien más, como un amigo o un pariente, podrán explicar por qué no está de acuerdo con la decisión del Departamento. También podrá tener ayuda de un abogado, pero el Departamento no pagará los servicios de dicho abogado. La oficina DHS de su condado puede darle información sobre servicios legales. El costo de los servicios legales se basará en sus ingresos. También puede llamar a Iowa Legal Aid al teléfono 1-800-532-1275. Si vive en el Condado de Polk, llame al 243-1193.

Política con respecto a Discriminación, Acoso, Acción Afirmativa e Igualdad de Oportunidad Laboral

Es política del Iowa Department of Human Services ofrecer trato igualitario en cuanto a empleo y ofrecimiento de servicios a los solicitantes, empleados y clientes, sin importar su raza, color, nacionalidad, sexo, orientación de sexual, identidad de género, religión, edad, incapacidad, creencia política o estatus de veterano.

Si considera que ha sufrido discriminación o acoso por parte de DHS, le agradeceremos que envíe una carta explicando su queja a: Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114, o por correo electrónico a contactdhs@dhs.state.ia.us



Iowa Department of Human Services

Lead Assessment and Control

Instructions: Complete this form if you will be providing child care in home that was built before 1960.

1. As of December 1, 2009, this form must be submitted with all initial applications. If you have a valid registration on November 1, 2009, you must assess and control lead hazards and complete this form by June 30, 2010, for submission with your next renewal application after that date.
2. Complete the interim control table (page 2) for each visual assessment and application of interim controls to lead hazards.
3. Sign and date the form before submitting it to the Department with your application. Category C homes must include signatures of both providers. Retain a copy for your records.
4. Start a interim control table for each registration period, and submit both pages of the form with each renewal application.

A link to the Iowa Department of Public Health pamphlet, "Lead Poisoning, How to Protect Families" is found at: http://www.idph.state.ia.us/LPP/common/pdf/protect_iowa_families.pdf

Visual Assessment	Applicant Initials
I certify that I have conducted visual assessments of internal and external surfaces of my child care facility.	
I certify that I DID NOT find any lead hazards.	
I certify that I DID find lead hazards, and I have applied interim controls to these hazards.	
A certified lead inspector as defined in Iowa Department of Public Health IAC 641 – Chapter 70 has determined that the paint is lead-free. <i>(Attach approved documentation to this form.)</i>	

Child Development Home Applicant Signature	Date
Child Development Home Applicant Signature	Date



Iowa Department of Human Services

Lead Assessment and Control (Plomo: Evaluación y Control)

Instrucciones: Complete este formulario si usted proveerá cuidados infantiles en hogares construidos antes de 1960.

1. Con fecha: 1 de Diciembre, 2009, este formulario debe entregarse con todas las aplicaciones iniciales. Si usted tiene una constancia válida el 1 de Noviembre, 2009, debe evaluar y controlar los riesgos del plomo y completar este formulario para el 30 de Junio, 2010, para enviar con su próxima aplicación de renovación después de esa fecha.
2. Complete la tabla de control provisional (página 2) para cada evaluación visual y la aplicación de controles provisionales de riesgos del plomo.
3. Firme y feche el formulario antes de enviarlo al Departamento con su aplicación. Los hogares de Categoría C deben incluir las firmas de ambos proveedores. Mantenga una copia para sus registros.
4. Comience una tabla de control provisional para cada período de constancia, y envíe ambas páginas del formulario con cada aplicación de renovación.

Puede encontrar un link al Departamento de Salud Pública de Iowa, "Envenenamiento por Plomo, Cómo proteger a las Familias" en: http://www.idph.state.ia.us/LPP/common/pdf/protect_iowa_families.pdf

Evaluación Visual	Iniciales del Apicante
Certifico que he llevado a cabo evaluaciones visuales de superficies externas e internas de mi instalación de cuidado infantil.	
Certifico que NO he encontrado ningún riesgo de plomo.	
Certifico que SÍ he encontrado riesgos de plomo, y he aplicado controles provisionales para estos riesgos.	
Como indica el Departamento de Salud Pública de Iowa IAC 641- Capítulo 70, un inspector certificado ha determinado que la pintura es libre de plomo. <i>(Adjunte a este formulario documentación aprobada)</i>	

Firma del Apicante de Hogar de Desarrollo Infantil	Fecha
Firma del Apicante de Hogar de Desarrollo Infantil	Fecha



Iowa Department of Human Services

Comm. 469 (2/15)

Parent Guide
to
Child Development Home Registration

Introduction

Iowa uses a system for regulation of child development homes known as registration. Providers self-certify that they meet the minimum requirements for registration. The requirements listed in this document apply to registered child development homes. Iowa law limits the number of children a home may care for, whether the home is registered or not. A nonregistered child care home may care for up to five children.

In issuing a registration certificate, the Department of Human Services (DHS) is stating that the provider has certified in writing that the provider will comply with the state regulations in all areas of child development home operation. Responsibility for making sure the requirements are met rests primarily with the provider, the parents of children attending that child development home, and the community.

All child development home providers have certified to DHS that their child development home meets all of the requirements described here. (These requirements come from 441 Iowa Administrative Code, Chapter 110.) Providers must display their *Certificate of Registration* in a conspicuous place. You may review the registration file on a child development home by making arrangements with the local DHS office. This information is also available online at <http://dhs.iowa.gov/child-care/child-care-report>.

If you have good reason to believe a child development home does not meet these requirements, please report the problem to the local DHS office. Your verbal or written report should include the name and address of the home and each specific requirement you believe is not being met. A staff person from DHS will contact the child development home to investigate.

DHS must seek to check 100% of all child development homes in the state during the state fiscal year for compliance with registration requirements contained in this handbook.

Number of children. No greater number of children shall be received for care at any one time than the number authorized on the registration certificate. The number of children allowed under each category is shown in the following chart.

For all categories, a provider’s own infant and preschool-age children **are** counted in the total, but the provider’s own children who are attending school **are not** counted.

**Number of Children Allowed in
Registered Child Development Homes and Child Care Homes**

Category	Maximum Capacity	Number Restrictions	Age Restrictions	FAQ
Category A	6 children at any one time plus 2 school age children present for less than two hours at a time TOTAL 8	The 2 school aged children may not be present for more than 2 hours at a time	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	<ul style="list-style-type: none"> • An assistant does not increase the number for maximum capacity. • Can have multiple sets of school aged children if present at separate times for the 2 that exceed the capacity of 6. • All 6 children at one time can be school aged.
Category B	6 children at any one time plus 4 school aged children plus 2 part time children TOTAL 12	Only 2 part time children at one time for up to 180 hours per month	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	<ul style="list-style-type: none"> • Can use 180 part time hours per month to exceed their maximum preschool or school age capacity. Must document the use of part time hours. • Must have an assistant if caring for more than 8 children for more than 2 hours at a time. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.
Category C1	8 children at any one time TOTAL 8	May never exceed 8 children	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	<ul style="list-style-type: none"> • Can use an assistant but does not increase the number for maximum capacity. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.

Category	Maximum Capacity	Number Restrictions	Age Restrictions	FAQ
Category C2	12 children at any one time plus 2 school age children for less than 2 hours plus 2 part time TOTAL 16	The 2 school aged children may not be present for more than 2 hours at a time Only 2 part time children at one time for up to 180 hours per month	No more than 4 children may be under the age of 24 months at any one time If those 4 children are age 18 months or under, both providers must be present	<ul style="list-style-type: none"> • Can use 180 part time hours per month to exceed their maximum preschool or school age capacity. Must document the use of part time hours. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity. • If more than 8 children are present, both providers shall be present.
In-Home	N/A	N/A	N/A	<ul style="list-style-type: none"> • This is not care provided in the child care provider's home but provided within the child's own home. • If receiving CCA assistance, there must be a minimum of 3 eligible children. • Shall only be children within the same family.
Child Care Home	TOTAL 5	N/A	N/A	<ul style="list-style-type: none"> • No more than 5 children may be present. • Child Care Homes are not registered but may receive CCA funding.

Facility and provider requirements vary, based on the category of home. The following chart outlines the facility, provider, and training requirements for child development homes.

Child Development Home Facility, Provider, and Training Requirements			
Category	Facility Requirements	Provider Qualifications	Training Requirements
A	<ul style="list-style-type: none"> ◆ Fire extinguisher ◆ Smoke detectors 	<ul style="list-style-type: none"> ◆ 18 years old ◆ 3 reference letters 	<p>Within first three months:</p> <ul style="list-style-type: none"> ◆ Mandatory reporter training ◆ First aid with rescue breathing <p>First year of registration: 12 hours training, 2 hours must be health and safety</p> <p>Second year and following: 12 hours of training</p>
B	<ul style="list-style-type: none"> ◆ 35 square feet per child indoors ◆ 50 square feet of child space outdoors ◆ Quiet area for sick children ◆ Fire safety: <ul style="list-style-type: none"> • Fire extinguisher • Smoke detectors • Two direct exits 	<ul style="list-style-type: none"> ◆ 20 years old ◆ High school diploma or GED ◆ Has either: <ul style="list-style-type: none"> • Two years experience working directly with children in child care, or • CDA or 2- or 4-year degree in child care related field AND 1 year of experience working directly with children in child care 	<p>Within first three months:</p> <ul style="list-style-type: none"> ◆ Mandatory reporter training ◆ First aid with rescue breathing <p>First year of registration: 12 hours training, 2 hours must be health and safety</p> <p>Second year and following: 12 hours of training</p>
C	<ul style="list-style-type: none"> ◆ 35 square feet per child indoors ◆ 50 square feet of child space outdoors ◆ Quiet area for sick children ◆ Fire safety: <ul style="list-style-type: none"> • Fire extinguisher • Smoke detectors • Two direct exits 	<p>One provider who meets these qualifications must always be present:</p> <ul style="list-style-type: none"> ◆ 21 years old ◆ High school diploma or GED ◆ Has either: <ul style="list-style-type: none"> • Five years experience working directly with children in child care • CDA or 2- or 4-year child care related degree AND 4 years experience directly with children in child care <p>The co-provider shall meet the qualifications of a Category B provider.</p>	<p>Within first three months:</p> <ul style="list-style-type: none"> ◆ Mandatory reporter training ◆ First aid with rescue breathing <p>First year of registration: 12 hours training, 2 hours must be health and safety</p> <p>Second year and following: 12 hours of training</p>

Child Development Home Staff

The child development home provider must:

- ◆ Give careful supervision at all times.
- ◆ Give consistent, dependable care and be capable of handling emergencies.
- ◆ Frequently exchange information with the parent of each child to enhance the quality of care.
- ◆ Be present at all times. If an emergency occurs or an absence is planned, DHS-approved substitute care shall be provided. When an absence is planned, the parents shall be given at least 24 hours' prior notice.

Record checks. DHS submits record checks for:

- ◆ Every operator of a child development home.
- ◆ All staff members with direct responsibility for child care, including substitutes.
- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

The purpose of the record checks is to determine whether the person has any founded child abuse reports, has any criminal convictions, or is on the sex offender registry.

If the record check shows that a person has any of the following criminal conviction or abuse records, that person cannot be registered as a child development home provider, work or live in a child development home, receive public funding for providing child care, or live in a home that receives public funding for providing child care.

- ◆ 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.
- ◆ A felony domestic abuse.
- ◆ A forcible felony.
- ◆ Felony crime against a child, including but not limited to, sexual exploitation of a minor.

If the record check shows that the person has any of the following criminal conviction or abuse records, that person cannot be registered as a child development home provider, work or live in a child development home, receive public funding for providing child care, or live in a home that receives public funding for providing child care for a period of five years from the date of the conviction or abuse report.

- ◆ Conviction of controlled substance offense under Iowa Code Chapter 124.
- ◆ Founded child abuse that was determined to be physical abuse.

If the record check shows a criminal conviction or founded child abuse report for convictions other than those listed above, the Department sends that person a *Record Check Evaluation* form. On this form, the person explains the nature of the incident, changes the person has made since the incident, and why the person should be approved in spite of the incident. After reviewing the *Record Check Evaluation* form, DHS determines if the person can be registered or live in a registered home.

In the evaluation, the Department considers:

- ◆ The nature and seriousness of the crime or abuse in relation to the position sought.
- ◆ The time elapsed since the commission of the crime or founded abuse.
- ◆ The circumstances under which the crime or founded abuse was committed.
- ◆ The degree of rehabilitation.
- ◆ The number of crimes or founded abuses committed by the person involved.

Assistants. Depending on the number of children in care, the provider may be required to have an assistant. The minimum age requirement for the assistant varies, depending on the category of child development home (please refer to chart on “Number of Children Allowed in Care”). The purpose of the assistant is to help the provider, not to substitute for the provider. The assistant may never be left alone with the children. Ultimate responsibility for supervision of the children is with the child care provider.

Substitutes. The child care provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Ultimate responsibility for supervision is with the child care provider. Substitute providers must be 18 years of age or older. All child development home regulations regarding supervision and care of children apply to substitutes. Any substitute provider shall have the same responsibility for providing adequate and appropriate supervision.

Except in emergency situations, the child care provider shall inform parents in advance of the planned use of a substitute provider.

Substitute care may be used in the home up to 25 child care hours per month and for an additional period of up to two weeks in a 12-month period. This limit applies to the child development home, regardless of the number of persons who may be providing the substitute care. The provider shall maintain a written record of the number of hours substitute care was provided, including the date and the name of the substitute provider.

Child Development Home Program Standards

A child development home must be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, by at least one of the persons named on the child development home’s certificate of registration. This may include an apartment, condo, or townhouse.

Activity program. There is an activity program which promotes self-esteem and exploration and includes:

- ◆ Active play.
- ◆ Quiet play.
- ◆ Activities for large muscle development.
- ◆ Activities for small muscle development.
- ◆ Play equipment and materials in a safe condition, for both indoor and outdoor activities which are developmentally appropriate for the ages and number of children present.

Children's files. All of the following information must be in your child's individual file on the first day your child attends child care:

- ◆ The child's name, birth date, parent's name, address, telephone number, special needs, and your work address and telephone number.
- ◆ A list signed by you which gives the name, telephone number, and relationship of all persons authorized to pick up your child.
- ◆ Emergency information including where you can be reached; the name, street address, city, and telephone number of the child's regular source of health care; and the name, telephone number, and relationship to the child of another adult available in case of emergency.
- ◆ A signed medical consent from your authorizing emergency treatment.
- ◆ For each infant and preschool-age child, an admission physical examination report signed by a licensed physician that includes past health history, status of present health, allergies and restrictive conditions, and recommendations for continuing care when necessary. (A statement of health condition signed by a physician or designee must be given annually after the date of the admission physical.)
- ◆ For each school-age child, a statement of health status signed by the parent or legal guardian.
- ◆ A signed and dated immunization certificate provided by the Iowa Department of Public Health. (For a school-age child, a copy of the most recent immunization record is acceptable.)

The file must also include written permission from you for your child to attend activities away from the child development home. The permission must include times for departure and arrival, destination, and the names of persons who will be responsible for the child.

Health and safety. Conditions in the home are safe, sanitary, and free of hazards. This includes:

- ◆ A non-pay, working telephone with emergency numbers posted, and numbers for each child's parents, a responsible person who can be reached when the parent is unavailable, and the child's physician. A cell phone may be used as the primary phone.
- ◆ All medicines and poisonous, toxic, or otherwise unsafe materials secured from access by a child.
- ◆ First aid supplies available.
- ◆ Medicines given only with parent's or doctor's written authorization.
- ◆ All accessible electrical outlets safely capped and electrical cords properly used (not running cords under rugs, over hoods, through door openings, or other use that has been known to be hazardous).
- ◆ A safety barrier surrounding any heating stove or heating element, and combustible materials kept away from furnaces, stoves, or water heaters.
- ◆ Safety gates at stairways and doors provided and used as needed.
- ◆ A safe outdoor play area maintained in good condition, fenced when necessary, with both sunshine and shade areas.
- ◆ Fire or tornado emergency plans posted by all exits, with documented monthly fire and tornado drills.
- ◆ Annual laboratory analysis of a private water supply.

- ◆ Private sewer or waste water treatment facilities and equipment tested for efficient functioning and improper leakage.
- ◆ Current immunizations for animals and animal waste disposed of properly. Animals not allowed in food preparation areas while food is being prepared or served.
- ◆ Pools fenced or covered. Wading pools drained daily and inaccessible to children when not in use.
- ◆ If children are allowed to use swimming pools, written permission from parents on file, rescue equipment available, and provider accompanies and supervises the children during water activities.
- ◆ Children under the age of one year placed on their backs when sleeping unless otherwise authorized in writing by a physician.
- ◆ Smoking and the use of tobacco products prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children.
- ◆ Smoking and the use of tobacco products prohibited in the outdoor play area during the hours of operation.
- ◆ Home built before 1960 inspected for lead-based paint hazards and hazards repaired in accordance with Iowa Department of Public Health and Iowa Department of Human Services rules.
- ◆ Parents informed about any pets in the home.
- ◆ Written policies regarding the care of mildly ill children and exclusion of children due to illness.
- ◆ Written policy and procedures for responding to health-related emergencies.
- ◆ All injuries will be documented that require first aid or medical care using an injury report form. The form must be completed on the date of occurrence, shared with the parent, and maintained in the child's file.

Meals. Regular meals and midmorning and midafternoon snacks shall be provided which are well balanced, nourishing, and in appropriate amounts. Children may bring food to the child development home for their own use, but may not be required to provide their own food.

Discipline. Discipline shall conform to the following standards:

- ◆ Corporal punishment, including spanking, shaking, and slapping, shall not be used.
- ◆ Punishment that is humiliating or frightening or that causes pain or discomfort to the child shall not be used.
- ◆ Punishment shall not be administered because of child's illness or because of progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- ◆ No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.
- ◆ Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.



Iowa Department of Human Services

Comm. 469(S) (2/15)

Guía para Padres

sobre

Inscripción de Centro de Cuidado Infantil

(Parent Guide to Child Development Home Registration)

Introducción

Iowa utiliza un sistema, llamado inscripción, para la reglamentación de los centros de cuidado infantil. Los prestadores autocertifican que cumplen con los requisitos mínimos para la inscripción. Los requisitos enumerados en esta guía corresponden a centros de cuidado infantil inscritos. La ley de Iowa limita la cantidad de niños que un centro puede cuidar, ya sea que el centro esté inscrito o no. Una guardería no inscrita puede cuidar hasta cinco niños como máximo.

Al expedir el certificado de inscripción, *Department of Human Services* (DHS) está indicando que el prestador ha certificado por escrito que cumplirá con las reglamentaciones estatales en todos los aspectos concernientes a la operación de un centro de cuidado infantil. La responsabilidad de cerciorarse que el centro cumple con los requisitos recae principalmente en el prestador, en los padres de los niños que asisten a dicha guardería y en la comunidad.

Todos los prestadores han certificado ante DHS que su centro de cuidado infantil cumple con todos los requisitos descritos en este manual. (Dichos requisitos están establecidos en el Código Administrativo de Iowa, 441-Capítulo 110.) Los prestadores deben exhibir su *Certificado de Inscripción* en un lugar visible. Si desea examinar el expediente de inscripción de un centro de cuidado infantil, puede hacerlo a través de la oficina local de DHS. Dicha información también está disponible por Internet en <http://dhs.iowa.gov/child-care/child-care-report>.

En el caso de tener una buena razón para creer que un centro de cuidado infantil no cumple con dichos requisitos, le agradeceremos que informe sobre el problema a la oficina local de DHS. Su denuncia verbal o escrita debe contener el nombre y el domicilio del centro, y cada uno de los requisitos específicos que cree que no se están cumpliendo. El personal de DHS se comunicará con el centro de cuidado infantil para investigar.

DHS tiene la obligación de controlar al 100% de los centros de cuidado infantil en el estado, durante el año fiscal estatal, para corroborar que cumplen con los requisitos de inscripción contenidos en este manual.

Cantidad de niños. No se recibirán más niños que la cantidad autorizada en el certificado de inscripción para cuidarlos al mismo tiempo. En la siguiente tabla se indica la cantidad de niños autorizados en cada categoría.

En todas las categorías, el total de niños **incluye** a los hijos del prestador hasta edad pre-escolar, pero **no se cuenta** a los hijos del prestador que asisten a la escuela.

**Cantidad de niños permitidos en
Guarderías y Centros de Cuidado Infantil inscriptos**

Categoría	Capacidad Máxima	Límites en la cantidad	Límites de edad	Preguntas frecuentes
Categoría A	6 niños al mismo tiempo, más 2 niños en edad escolar presentes por menos de dos horas por vez TOTAL 8	Los 2 niños en edad escolar no pueden estar presentes por más de 2 horas por vez	No más de 4 niños menores de 24 meses al mismo tiempo Sólo 3 de esos 4 niños pueden tener menos de 18 meses de edad	<ul style="list-style-type: none"> • Tener un asistente no aumenta la capacidad máxima. • Puede tener varios grupos de niños en edad escolar si están presentes en horarios diferentes por los 2 que exceden la capacidad de 6. • 6 niños de edad escolar pueden asistir al mismo tiempo.
Categoría B	6 niños al mismo tiempo, más 4 en edad escolar, más 2 de tiempo parcial TOTAL 12	Sólo 2 niños de tiempo parcial hasta 180 horas por mes como máximo	No más de 4 niños menores de 24 meses al mismo tiempo Sólo 3 de esos 4 niños pueden tener menos de 18 meses de edad	<ul style="list-style-type: none"> • Puede usar las 180 horas de tiempo parcial por mes para exceder la capacidad máxima de niños en edad escolar o pre-escolar. Debe documentar el uso de las horas de tiempo parcial. • Debe tener un asistente si cuida a más de 8 niños por más de 2 horas al mismo tiempo. • La cantidad total de niños autorizada para el centro de cuidado infantil será limitada de acuerdo al espacio disponible para cada niño, que es de 35 pies cuadrados de la superficie del piso por niño. Dicha cantidad podría ser inferior a la capacidad máxima.
Categoría C1	8 niños al mismo tiempo TOTAL 8	Nunca debe exceder de 8 niños	No más de 4 niños menores de 24 meses al mismo tiempo Sólo 3 de esos 4 niños pueden tener menos de 18 meses de edad	<ul style="list-style-type: none"> • Puede tener un asistente pero eso no aumentará la capacidad máxima. • La cantidad total de niños autorizada para el centro de cuidado infantil será limitada de acuerdo al espacio disponible para cada niño, que es de 35 pies cuadrados de la superficie del piso por niño. Dicha cantidad podría ser inferior a la capacidad máxima.

Categoría	Capacidad Máxima	Límites en la cantidad	Límites de edad	Preguntas frecuentes
Categoría C2	12 niños al mismo tiempo, más 2 en edad escolar por menos de 2 horas, más 2 de tiempo parcial TOTAL 16	Los 2 niños en edad escolar no pueden estar presentes por más de 2 horas por vez Sólo 2 niños de tiempo parcial hasta 180 horas por mes como máximo	No más de 4 niños menores de 24 meses al mismo tiempo Si esos 4 niños tienen 18 meses de edad o menos, los dos prestadores deben estar presentes	<ul style="list-style-type: none"> • Puede usar las 180 horas de tiempo parcial por mes para exceder la capacidad máxima de niños en edad escolar o preescolar. Debe documentar el uso de las horas de tiempo parcial. • La cantidad total de niños autorizada para el centro de cuidado infantil será limitada de acuerdo al espacio disponible para cada niño, que es de 35 pies cuadrados de la superficie del piso por niño. Dicha cantidad podría ser inferior a la capacidad máxima. • Si más de 8 niños están presentes, los dos prestadores deben estar presentes.
A domicilio	No corresponde	No corresponde	No corresponde	<ul style="list-style-type: none"> • Este tipo de cuidado se brinda en la casa del niño, no en la guardería del prestador. • Si recibe asistencia CCA, debe haber 3 niños elegibles como mínimo. • Debe haber niños de la misma familia solamente.
Guardería	TOTAL 5	No corresponde	No corresponde	<ul style="list-style-type: none"> • No puede haber más de 5 niños presentes. • Las guarderías no están inscriptas pero pueden recibir fondos de CCA.

Los requisitos para el establecimiento y los prestadores varían de acuerdo a la categoría del centro. La siguiente tabla resume los requisitos del establecimiento, los prestadores y la capacitación.

Requisitos del establecimiento, los prestadores y la capacitación para centros de cuidado infantil.			
Categoría	Requisitos del establecimiento	Certificaciones de los prestadores	Requisitos de capacitación
A	<ul style="list-style-type: none"> ◆ Extintor de fuego ◆ Detectores de humo 	<ul style="list-style-type: none"> ◆ 18 años de edad ◆ 3 cartas de referencia 	<p>Durante los 3 primeros meses:</p> <ul style="list-style-type: none"> ◆ Capacitación para informantes obligatorios ◆ Primeros auxilios con reanimación respiratoria <p>Primer año de inscripción: 12 hs de capacitación (2 hs en salud y seguridad)</p> <p>Segundo año y subsiguientes: 12 horas de capacitación</p>
B	<ul style="list-style-type: none"> ◆ 35 pies cuadrados por niño en el interior ◆ 50 pies cuadrados por niño en el exterior ◆ Área silenciosa para niños enfermos ◆ Seguridad en caso de incendio: <ul style="list-style-type: none"> • Extintor de fuego • Detectores de humo • Dos salidas directas 	<ul style="list-style-type: none"> ◆ 20 años de edad ◆ Diploma de esc. media o GED ◆ Tiene uno de los siguientes: <ul style="list-style-type: none"> • 2 años de experiencia directa trabajando con niños en cuidado infantil, o • CDA o diploma de carrera relacionada con el cuidado de niños (2 a 4 años de duración) Y 1 año de experiencia directa con niños en cuidado infantil 	<p>Durante los 3 primeros meses:</p> <ul style="list-style-type: none"> ◆ Capacitación para informantes obligatorios ◆ Primeros auxilios con reanimación respiratoria <p>Primer año de inscripción: 12 horas de capacitación (2 hs en salud y seguridad)</p> <p>Segundo año y subsiguientes: 12 horas de capacitación</p>
C	<ul style="list-style-type: none"> ◆ 35 pies cuadrados por niño en el interior ◆ 50 pies cuadrados por niño en el exterior ◆ Área silenciosa para niños enfermos ◆ Seguridad en caso de incendio: <ul style="list-style-type: none"> • Extintor de fuego • Detectores de humo • Dos salidas directas 	<p>Siempre debe estar presente un prestador que cumpla con las siguientes acreditaciones:</p> <ul style="list-style-type: none"> ◆ 21 años de edad ◆ Diploma de esc. media o GED ◆ Tiene uno de los siguientes: <ul style="list-style-type: none"> • 5 años de experiencia directa trabajando con niños en cuidado infantil • CDA o diploma de carrera relacionada con el cuidado de niños (2 a 4 años de duración) Y 4 años de experiencia directa con niños en cuidado infantil <p>El otro prestador debe cumplir con las acreditaciones de los prestadores de Categoría B.</p>	<p>Durante los 3 primeros meses:</p> <ul style="list-style-type: none"> ◆ Capacitación para informantes obligatorios ◆ Primeros auxilios con reanimación respiratoria <p>Primer año de inscripción: 12 hs de capacitación (2 hs en salud y seguridad)</p> <p>Segundo año y subsiguientes: 12 hs de capacitación</p>

Personal del Centro de Cuidado Infantil

El prestador del centro de cuidado infantil debe:

- ◆ Brindar supervisión y tomar recaudos en todo momento.
- ◆ Brindar cuidado sistemático y digno de confianza, y ser capaz de manejar emergencias.
- ◆ Intercambiar información con los padres frecuentemente con el fin de mejorar la calidad del cuidado.
- ◆ Estar presente en todo momento. En el caso de que ocurra una emergencia o por ausencia planificada del prestador, se proveerá un sustituto aprobado por DHS. En el caso de ausencia planificada, se les informará a los padres con 24 horas de anticipación como mínimo.

Averiguación de antecedentes. DHS presenta las averiguaciones de antecedentes de:

- ◆ Cada uno de los operadores de un centro de cuidado infantil.
- ◆ Todo el personal con la responsabilidad directa de cuidar a los niños, incluso los sustitutos.
- ◆ Toda persona de 14 años de edad o más que viva en el centro de cuidado infantil.
- ◆ Toda persona que pudiera tener acceso a los niños cuando están solos.

El propósito de las averiguaciones de antecedentes es determinar si dichas personas tienen denuncias fundadas de abuso de menores o condenas penales, o si figuran en el registro de agresores sexuales.

Si los antecedentes indican que una persona posee alguna de las siguientes condenas penales o denuncias de abuso, la misma no podrá inscribirse como prestador de un centro de cuidado infantil, ni trabajar o vivir en un centro de cuidado infantil, ni recibir fondos públicos para prestar servicios de cuidado infantil, ni vivir en un centro que reciba fondos públicos por prestar servicios de cuidado infantil.

- ◆ Abuso fundado de un menor o un dependiente, que se determinó como abuso sexual.
- ◆ Asiento en el Registro de Agresores Sexuales.
- ◆ Delito grave por poner en peligro a un menor o negligencia o abandono de una persona dependiente.
- ◆ Delito grave por abuso doméstico.
- ◆ Delito grave con violencia e intimidación.
- ◆ Delito grave contra un menor, que incluye explotación sexual.

Si la averiguación de antecedentes demuestra que una persona posee alguna de las siguientes condenas penales o denuncias de abuso, dicha persona no podrá inscribirse como prestador de un centro de cuidado infantil, ni trabajar o vivir en un centro de cuidado infantil, ni recibir fondos públicos para prestar servicios de cuidado infantil, ni vivir en un centro que reciba fondos públicos por prestar servicios de cuidado infantil, por un período de cinco años a partir de la fecha de la condena o de la denuncia de abuso.

- ◆ Condena por delito relacionado con estupefacientes, bajo el Capítulo 124 del Código de Iowa.
- ◆ Abuso fundado de un menor que se determinó como maltrato corporal.

En el caso de que la averiguación de antecedentes arroje una condena penal o una denuncia fundada de abuso de menores por delitos que no figuran en la lista anterior, el Departamento le envía a dicha persona el formulario *Record Check Evaluation* (Evaluación de averiguación de antecedentes). En dicho formulario, la persona debe explicar la naturaleza del incidente, los cambios que ha hecho desde el incidente y por qué debería ser aprobada pese al incidente. Después de examinar el formulario *Record Check Evaluation*, DHS determina si dicha persona puede inscribirse o vivir en un centro inscripto.

En la evaluación, el Departamento considera:

- ◆ La naturaleza y la gravedad del delito o del abuso en relación a las funciones a desempeñar.
- ◆ El tiempo transcurrido desde que se cometió el delito o el abuso fundado.
- ◆ Las circunstancias bajo las cuales se cometió el delito o el abuso fundado.
- ◆ El grado de rehabilitación.
- ◆ La cantidad de delitos o abusos fundados cometidos por dicha persona.

Asistentes. Se le puede exigir al prestador que tenga un asistente según la cantidad de niños a su cuidado. La edad mínima exigida a los asistentes varía, dependiendo de la categoría del centro de cuidado infantil (consulte la tabla “Cantidad de niños permitidos para cuidado”). El propósito de tener un asistente es que ayude al prestador, no que lo sustituya. Nunca debe dejar al asistente solo con los niños. El prestador de cuidado infantil es responsable en última instancia de la supervisión de los niños.

Sustitutos o suplentes. El prestador de cuidado infantil debe asumir la responsabilidad de prestar supervisión adecuada y correcta en todo momento cuando los niños se encuentran presentes en el centro. El prestador de cuidado infantil es responsable en última instancia de la supervisión. Los prestadores sustitutos deben tener 18 años de edad o más. Los sustitutos están sujetos a todas las reglamentaciones sobre supervisión y cuidado de niños que se aplican a los centros de cuidado infantil. Los prestadores sustitutos tendrán las mismas responsabilidades de brindar supervisión adecuada y correcta.

El prestador de cuidado infantil debe informar a los padres por adelantado si va a utilizar los servicios de un prestador sustituto, excepto en el caso de situaciones de emergencia.

Los servicios de sustitutos pueden ser utilizados en el centro por 25 horas de cuidado infantil por mes como máximo y por períodos adicionales de hasta dos semanas como máximo en un período de 12 meses. Este límite se aplica al centro de cuidado infantil sin importar la cantidad de personas que podrían estar brindando servicios sustitutos. El prestador debe llevar un registro escrito de la cantidad de horas de cuidado sustituto provisto, e incluir la fecha y el nombre del prestador sustituto.

Normativas del Programa para Centros de Cuidado Infantil

Los centros de cuidado infantil deben estar ubicados en residencias unifamiliares que sean propiedad del titular, o alquiladas o rentadas por el titular del centro, o en el caso de inscripciones dobles, por al menos una de las personas nombradas en el certificado de inscripción del centro de cuidado infantil. Puede ser un departamento, un condominio o una casa urbana.

Programa de actividades. Existe un programa de actividades que promueve la autoestima y la exploración e incluye:

- ◆ Juegos activos.
- ◆ Juegos pasivos.
- ◆ Actividades para el desarrollo de la motricidad gruesa (músculos mayores).
- ◆ Actividades para el desarrollo de la motricidad fina (músculos menores).
- ◆ Equipo y materiales lúdicos en buenas condiciones de seguridad, tanto para actividades en el interior como en el exterior, que sean apropiados para el desarrollo psicomotriz según la edad y la cantidad de los niños presentes.

Expedientes de los niños. Los siguientes datos deben constar en el expediente individual de su hijo el primer día que asista a la guardería:

- ◆ Nombre y fecha de nacimiento del niño, nombre de los padres, domicilio, teléfono, necesidades especiales de su hijo, y el domicilio y el teléfono del lugar donde usted trabaja.
- ◆ Un listado, firmado por usted, con nombre, teléfono y parentesco de todas las personas autorizadas a recoger a su hijo.
- ◆ Información en caso de emergencia, que incluya cómo comunicarse con usted; nombre, domicilio, ciudad y teléfono del médico o prestador de servicios médicos de su hijo; y nombre, teléfono y parentesco de otro adulto disponible en caso de emergencia.
- ◆ Consentimiento médico firmado por usted, donde autorice tratamiento de emergencia.
- ◆ En el caso de bebés y niños en edad pre-escolar, un certificado de salud física para admisión, firmado por un médico matriculado, que contenga la historia clínica, el estado de salud actual, alergias y condiciones limitantes, e indicaciones para tratamiento continuo cuando sea necesario. (Se debe presentar el certificado de salud, firmado por un médico o su representante, una vez por año y tomando como referencia la fecha del examen físico de admisión.)
- ◆ En el caso de niños en edad escolar, un certificado de salud firmado por los padres o tutor legal.
- ◆ Certificado de vacunas, firmado y con fecha, provisto por el Departamento de Salud Pública de Iowa. (En el caso de niños en edad escolar, puede presentar una copia del último registro de vacunación.)

El expediente también debe contener un permiso escrito por usted para que su hijo pueda asistir a las actividades que se realicen fuera del centro de cuidado infantil. El permiso debe contener los horarios de salida y llegada, el destino y los nombres de las personas responsables de cuidar a su hijo.

Salud y seguridad. El centro se encuentra en buenas condiciones sanitarias y de seguridad, y no existen peligros. Esto incluye:

- ◆ Un teléfono gratuito y en funcionamiento con los números de emergencia visibles, y los teléfonos de los padres, de la persona a contactar en el caso de no poder comunicarse con los padres y del médico de cada niño. Se puede utilizar un teléfono celular como teléfono principal.
- ◆ Los medicamentos y materiales tóxicos, venenosos o nocivos, deben estar bajo llave y fuera del alcance de los niños.
- ◆ Debe haber insumos de primeros auxilios.
- ◆ Los medicamentos se deben administrar con autorización escrita de los padres o del médico.
- ◆ Todos los toma corrientes deben tener tapas de seguridad y los cables eléctricos deben estar instalados correctamente (sin cables debajo de las alfombras, sobre los ductos de ventilación, a través de las aberturas, u otros usos que podrían ser peligrosos).
- ◆ Debe haber vallas de seguridad alrededor de los calefactores u otros elementos para calefaccionar, y los materiales combustibles deben guardarse lejos de calderas, estufas y calefones.
- ◆ Se debe colocar vallas de seguridad en las escaleras y las puertas, y las mismas se deben utilizar según sea necesario.
- ◆ El área de juegos al aire libre debe mantenerse en buenas condiciones y sin peligros, con cerca perimetral cuando sea necesario, y con zonas de sol y de sombra.
- ◆ Los planes de emergencia en caso de incendio o tornado deben estar exhibidos en todas las salidas y se deben documentar los simulacros realizados mensualmente.
- ◆ Análisis anual del suministro de agua del establecimiento.

- ◆ Control de las cloacas y del equipo e instalaciones para el tratamiento de aguas residuales con el fin de que funcionen eficientemente y no existan fugas.
- ◆ Vacunación de animales al día y eliminación correcta de los excrementos de los animales. No se permiten animales en las áreas donde se preparan los alimentos mientras se prepara o se sirve la comida.
- ◆ Las piscinas deben estar cercadas o cubiertas. Los estanques (piscinas para niños) deben vaciarse diariamente y los niños no deben tener acceso a los mismos cuando no estén en uso.
- ◆ Si se permite que los niños utilicen las piscinas, debe constar el permiso escrito de los padres en el expediente, debe haber equipo de rescate disponible y el prestador debe acompañar y supervisar a los niños durante las actividades acuáticas.
- ◆ Para dormir, se debe acostar de espaldas a los niños menores de un año, a menos que un médico autorice lo contrario por escrito.
- ◆ Está terminantemente prohibido fumar o consumir tabaco en el centro y en los vehículos utilizados para transportar a los niños que reciben cuidado en el centro. Se debe colocar carteles de prohibido fumar en todas las entradas del centro y en todos los vehículos utilizados para transportar a los niños.
- ◆ Está terminantemente prohibido fumar o consumir tabaco en el área de juegos al aire libre durante el horario de atención.
- ◆ Se debe inspeccionar los edificios construidos antes de 1960 debido a peligros derivados de pinturas con plomo y las reparaciones deben realizarse de conformidad con las normas de *Iowa Department of Human Services* y del Departamento de Salud Pública de Iowa.
- ◆ Se debe informar a los padres si hay mascotas en el centro.
- ◆ El centro debe redactar normas con respecto al cuidado de niños con enfermedades leves y la exclusión de niños debido a enfermedad.
- ◆ El centro debe redactar normas y procedimientos para responder a emergencias médicas.
- ◆ Todas las heridas o lesiones que requieran primeros auxilios o tratamiento médico deben ser documentadas en un formulario, el cual debe ser completado en la misma fecha del incidente; se debe guardar el formulario en el expediente del niño y entregar una copia a los padres.

Comidas. El centro proveerá las comidas regulares y refrigerios a media mañana y a media tarde; los alimentos estarán bien equilibrados, serán nutritivos y en cantidades apropiadas. Los niños pueden llevar alimentos al centro de cuidado infantil para su propio consumo, pero no se les exigirá que lleven sus propios alimentos.

Disciplina. Las medidas disciplinarias se ajustarán a las siguientes normativas:

- ◆ No se utilizarán castigos corporales, los cuales incluyen pegarles en las nalgas, sacudirlos y darles bofetadas.
- ◆ No se utilizarán castigos que sean humillantes o atemorizantes o que les cause dolor o malestar.
- ◆ No se administrarán castigos debido a enfermedades del niño o debido a progresos o falta de progresos para aprender a ir al baño, ni se impondrán castigos o amenazas de castigo asociados a alimentos o descanso.
- ◆ Ninguno de los niños será objeto de abuso verbal, amenazas o comentarios peyorativos sobre el niño o su familia.
- ◆ Las medidas disciplinarias deben ser diseñadas con el propósito de ayudar a los niños a desarrollar autocontrol, autoestima y respeto por los derechos de los demás.

Parent Guide to Child Development Home Registration, Comm. 469 or Comm. 469(S)

Purpose	The <i>Parent Guide to Child Development Home Registration</i> gives some explanation about the registration process and parental responsibilities. It also includes information on the requirements for child development home registration.
Source	The English version is printed in five-page sets. Order supplies from Iowa Prison Industries in Anamosa. The Spanish version may be printed from the on-line manual.
Completion	The provider gives each parent a copy of the <i>Parent Guide to Child Development Home Registration</i> when a child is enrolled in a registered child development home.
Distribution	When mailing the <i>Certificate of Registration</i> to the child development home provider enclose 12 copies of the <i>Parent Guide to Child Development Home Registration</i> forms. Furnish additional copies when the provider requests them.



Iowa Department of Human Services

Comm. 143 (Rev. 2/15)

Child Development Home Registration Guidelines

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Registration Overview

We are pleased to have you participate in the registration program. If you have any questions concerning the minimum requirements or need help in setting up or improving your program, please feel free to ask for consultation from a child care worker in your local Department of Human Services office or from your local child care resource and referral agency.

There are three categories of child development homes recognized under Iowa law, based on the number of children in care, the space available for child care, and the provider's education and experience:

- ◆ Child Development Home A
- ◆ Child Development Home B
- ◆ Child Development Home C

This handbook explains the minimum requirements for each category of child development home and explains how to apply for registration. Please read these minimum requirements for registration very carefully. When you sign the application form, you are certifying that you meet all these requirements.

In Iowa, "licensing" and "registration" are different. In both processes, the Department of Human Services establishes minimum requirements. Licensing requirements are more stringent. Licensing also requires a visit to the facility and an evaluation by a professional staff person before the license is issued. In issuing a license, the Department is stating that the provider meets the necessary requirements.

The registration process is less complicated. You as a provider self-certify in writing that you do and will meet the minimum requirements in all areas of child development home operation. In issuing a registration certificate, the Department is stating that you have certified that you comply with these requirements. Responsibility for making sure the requirements are met rests primarily with you, the parents of children in your care, and the community. There is no charge for becoming registered for any of the categories.

Iowa law limits the number of children a home may care for, whether the home is registered or not. A nonregistered child care home may care for up to five children.

Benefits of Registration

Benefits of registration as a child development home provider include:

- ◆ When you are registered, you have the satisfaction of knowing you meet the minimum requirements for child care in accordance with the Iowa Administrative Code.
- ◆ When you are registered, you have the prestige of a *Certificate of Registration* that shows the parents and the public that you meet the minimum requirements for child care in the state of Iowa.
- ◆ When you are registered, you are eligible for consultation from the Department of Human Services in all aspects of child care.
- ◆ Registration identifies your child development home for the referral system maintained by the local office of Human Services and the child care resource and referral agency.

- ◆ Registration identifies your home to child care organizations and other community resources, such as Extension Services, community action programs, Head Start, and child care resource and referral agencies. These agencies can provide services such as training, consultation, collaboration, and resource development.
- ◆ Registration can open communications with a variety of child care resources, which tends to lessen the isolation of the child development home provider.
- ◆ Registered homes may be able to qualify for participation in the Child and Adult Care Food Program for reimbursement for meals and snacks.

Definitions

“**Adult**” means a person aged 18 or older.

“**Assistant**” means a responsible person aged 14 or older. The assistant may never be left alone with children. Ultimate responsibility for supervision is with the child care provider.

“**Child**” means either:

- ◆ A person 12 years of age or younger.
- ◆ 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 Disability Assistance and Bill of Rights Act.

“**Child care**” means the care, supervision, or guidance of a child by a person other than the child’s parent, guardian, or custodian for periods of less than 24 hours per day per child on a regular basis. “Child care” does not mean special activity programs that meet on a regular basis, such as music or dance classes, organized athletics or sports programs, scouting programs, or hobby or craft classes or clubs.

“**Department**” means the Department of Human Services.

“**Parent**” means parent or legal guardian.

“**Part time hours**” means the hours that child development homes in categories B and C are allowed to exceed their maximum preschool or school age capacity. A provider may use a total of up to 180 hours per month as part-time hours. No more than two children using part-time hours may be in the child development home at any one time.

“**Provider**” means the person or program that applies for registration to provide child care and is approved as a child development home.

“**Registration**” means the process by which child-care providers certify that they comply with rules adopted by the Department.

“**Registration certificate**” means the written document issued by the Department to publicly state that the provider has certified in writing compliance with the minimum requirements for registration of a child development home.

Registration Procedures

Application for Registration

Apply for registration on form 470-3384, *Application for Child Development Home Registration*. This form is provided by the Department's local office or the local child care resource and referral agency. The form is also available through the web-based KinderTrack System and may be completed and submitted electronically.

Also use this form to inform the Department of any changes in circumstances that would affect the home's registration. If your household composition changes, you must notify DHS.

COMMENT: There may be only one registration per address. If you are registered at an address other than your home address, you are still responsible for maintaining all health and safety requirements at the home where you are registered and providing child care. As the registered provider, you must be present at all times, except for times when a DHS-approved substitute is authorized to provide care.

Record Checks

For the protection of children, Iowa Code Chapter 237A requires that to be registered, child care providers and others in the home must submit to checks for criminal or child abuse history. The Department submits record checks for:

- ◆ Every operator of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

The purpose of the record checks is to determine whether the person has any founded child abuse reports, criminal convictions, or is on the sex offender registry. Record checks are repeated every 24 months.

Criminal Records Check

Criminal records checks must be completed before a home can become registered as a child development home. Under Iowa law, form 595-1396, *State of Iowa DHS Criminal History Record Check Form B*, must be completed by:

- ◆ Every operator of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

You are responsible for the completion of all required criminal record check forms.

National Criminal Records Check

Effective July 1, 2013, national criminal records checks, based on fingerprints, must be completed before a home can become or renew registration as a child development home. Under Iowa law, *DCI Waiver Agreement*, form DCI-45, and *Federal Fingerprint Card*, form FD-258, must be completed by:

- ◆ Every operator or registrant of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
- ◆ Anyone 18 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

Providers will be responsible for having their fingerprints “rolled” before submitting their registration materials. The provider is responsible for the completion of all required criminal record check forms.

The national criminal history record check shall be repeated for each person subject to the check every four years and when the Department or registrant becomes aware of any new transgressions committed by that person in another state. The Department is responsible for the cost of conducting the national criminal history record check.

Child Abuse Registry Check

Child abuse registry checks must be completed before a home becomes registered as a child development home. A child abuse registry check is to be completed on:

- ◆ Every operator of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

The child abuse registry check is initiated by the completion of form 470-0643, *Request for Child Abuse Information*, by the Department’s local child care registration worker. The information needed to complete the 470-0643 is taken from the completed application for child development home registration.

Absolute Prohibitions

Individuals with the following convictions or founded child abuse reports are prohibited from registration as a child development home provider, employment in a child development home, living in a child development home, receiving public funding for providing child care, or living in a non-registered child care home that receives public funding:

- ◆ 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.
- ◆ A forcible felony.

Five-Year Prohibitions

Individuals with the following convictions and founded abuse reports are prohibited from registration as a child development home provider, employment in a child development home, living in a child development home, receiving public funding for providing child care, or living in a non-registered child care home that receives public funding for five years from the date of the conviction or founded abuse report:

- ◆ Conviction of controlled substance offense under Iowa Code Chapter 124.
- ◆ Founded child abuse that was determined to be physical abuse.

Individuals with these convictions or founded child abuse reports may reapply after the five-year period has passed.

Individuals with other founded child abuse reports or criminal convictions may be approved for registration, employment, or residence, depending on the Department's evaluation of the incident.

Record Check Evaluations

The person having a record of criminal conviction or founded abuse will be sent form 470-2310, *Record Check Evaluation*, to complete and return to the child care worker. This form must be returned to the Department within ten days. If the form is not returned within ten days, you will be sent a *Notice of Decision* denying or revoking your child development home registration.

If the Department receives the completed *Record Check Evaluation* within ten days, the Department will evaluate the criminal conviction or founded child abuse record as required under Iowa Code Section 237A.5. The purpose of the evaluation is to determine whether or not the criminal conviction or founded child abuse merits prohibition of employment, registration, or residence in a child development home. Based on the evaluation results, a registration may be approved, denied, or revoked.

Issuance of Registration Certificate

The Department issues a registration certificate when the applicant meets all requirements for registration. The local offices of the Department maintain a current list of child development homes as a referral service to the community.

COMMENT: These requirements include submitting the signed and completely filled in application form, the submission of the *DHS Criminal History Record Check Form B* for all persons required, submission of all required documentation, and the return to the local office of the completed record checks. If everything is completed correctly and all record checks come back as completely clear, the *Certificate of Registration* will be issued.

If you operate in a home built before 1960, you must also submit a completed and signed form 470-4755 or 470-4755(S), *Lead Assessment and Control*, (including interim control table) with any initial application submitted on or after December 1, 2009.

A sample of the *Parent Guide* is included in this handbook. This handout gives some explanation of the registration process and parental responsibility. It also includes a list of the minimum requirements. The parent may ask you for help in understanding the minimum requirements.

Compliance Checks

The Department must seek to check 100% of all child development homes in the state during the state fiscal year for compliance with registration requirements contained in this handbook. As a registered provider, you are required to allow DHS staff to complete this spot check of your registered child development home.

Renewal of Registration Certificate

You must renew your registration every 24 months. When renewing your registration, submit copies of your certificates of training to the Department to be retained in the registration file before the expiration date of your current registration. If you operate in a home **built before 1960** and have a valid registration on **November 1, 2009**, you must submit form 470-4755 or form 470-4755(S), *Lead Assessment and Control*, (including interim control table) must be submitted with each renewal application submitted **after** June 30, 2010.

COMMENT: You must reapply every 24 months, or your *Certificate of Registration* will be invalid. Upon renewal you will get a new *Certificate of Registration* with a new expiration date. The certificate will list the start and end dates of the registration period. The Department will complete record checks at the time of your renewal.

Complaints

The Department keeps a record of all complaints and regulatory violations and their resolution in your regulatory file. This record is available to the public upon request, except that the identity of the complainant will not be disclosed unless expressly permitted by the complainant. This information is also available to the public online.

Denial or Revocation of Registration

The Department will deny or revoke registration if it finds a hazard to the safety and well-being of a child, and you cannot correct or refuse to correct the hazard. This policy applies even though the hazard may not have been specifically listed under the health and safety rules.

The Department keeps a record of all denials or revocations of registration and the reasons for denying or revoking the registration. This file is open to public inspection.

COMMENT: You have a right to appeal if the Department denies your application for registration or revokes your certificate of registration. You may request a hearing within 30 days after the date the official notice of denial or revocation was mailed. You should submit your request for an appeal to the local Department office or to the DHS Appeals Section, 5th Floor, 1305 E Walnut St, Des Moines, Iowa 50319-0114.

If your registration is denied due to a recent founded child abuse record, you may also consult with the local Department office about filing a request for review of the child abuse report findings.

Letter of Revocation

If you receive a letter from the Department initiating action to deny or revoke your child development home's registration, you must post the letter conspicuously where parents or any member of the public can read it. The letter shall remain posted until the action to deny or revoke your certificate of registration is resolved.

COMMENT: A *Notice of Decision* may serve as a letter for this purpose. Post it next to the *Certificate of Registration* where it may be read by anyone entering the child development home.

Letter to Parents

The Department will send a letter to every parent, guardian, or legal custodian of each child enrolled in a child development home if:

- ◆ The certificate of registration is revoked, or
- ◆ There has been a founded child abuse case against the provider, a staff member, or anyone living in the home.

Sanction Period

If the Department has denied or revoked your registration because you have continually or repeatedly failed to operate a child development home in compliance with Iowa law or Department rules, you are not permitted to own or operate a child development home for a period of 12 months from the date of denial or revocation. The Department will not act on an application for registration submitted during the 12-month period.

Standards

The next sections state the standards that apply to all child development homes, regardless of category, and the specific requirements for each individual category of child development home.

The following sections describe the size limits and characteristics of each type of child development home. Child development homes are divided into three categories: A, B, and C, based on the provider's education and experience.

Program Standards for All Child Development Homes

Facility

A child development home must be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home's certificate of registration.

A "single-family residence" includes an apartment, condominium, townhouse, or other individual unit within a multiple unit residential dwelling, but does not include a commercial or industrial building that is primarily used for purposes other than a residence.

Health and Safety

Conditions in the home shall be safe, sanitary, and free of hazards. As a minimum, this includes:

- ◆ The home shall have a non-pay, working telephone. A cell phone may be used as the primary phone. Readily accessible by the telephone shall be the numbers for:
 - Police,
 - Fire department,
 - Ambulance,
 - Poison information center,
 - Each child's parent,
 - A responsible person who can be reached when the parent cannot, and
 - Each child's physician.
- ◆ All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child.
- ◆ First-aid supplies shall include, but are not limited to, adhesive bandages, antiseptic cleansing materials, tweezers, and disposable plastic gloves. A first aid kit must be available in any vehicle you use to transport children. The first aid kit shall be stored in an area inaccessible to children.

- ◆ Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name.
- ◆ All medications shall be stored properly so they are secured from access to children. When refrigeration is required, medications shall be stored in a separate, covered container to prevent contamination of food or other medications.

COMMENT: Medications include prescription medicines, over-the-counter medicines, salves and lotions, including those for itches, rashes, and diaper rash. Over-the-counter medications should be given only following package directions regarding dosage, length of time given, frequency given, etc. Any instructions beyond those on the labeling should have a doctor's authorization.

- ◆ Electrical wiring shall be maintained. All accessible electrical outlets shall be safely capped. Electrical cords shall be used properly. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous.
- ◆ Combustible materials shall be kept away from furnaces, stoves, gas dryers, and water heaters.
- ◆ Safety gates shall be provided at stairways and doors and shall be used as needed.
- ◆ A safe outdoor play area shall:
 - Be maintained in good condition throughout the year;
 - Be fenced off when located on a busy thoroughfare or near a hazard that may be injurious to a child;
 - Have both sunny and shaded areas;
 - Be kept free from litter, rubbish, and flammable materials;
 - Be free from contamination by drainage or ponding of sewage, household waste, or storm water.

COMMENT: Equipment should be free of sharp, loose, or pointed parts that could cause injury to a child. Permanent outdoor equipment like swing sets or climbers should be firmly anchored. The play area should be well drained, and free from contamination caused by sewage, household drainage waste, or storm water.

- ◆ A private water supply shall have an annual laboratory analysis to show satisfactory bacteriological quality. When children under the age of two are to be cared for, the analysis shall include a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially bottled water or water treated through a process approved by the health department or designee shall be provided.

COMMENT: If your water is not supplied by a public system, you must have an annual laboratory analysis on file with the Department. You can get forms and a container for a laboratory analysis from the State Hygienic Laboratory in Iowa City, Iowa 52242, or from your local health department. There may be a charge for this analysis.

If your water analysis report does not show satisfactory quality, you must provide a statement indicating your alternative plan for a safe water supply.

- ◆ Private sewer or waste water treatment facilities and equipment must be tested for efficient functioning and improper leakage within 12 months of registration or renewal of registration.

COMMENT: Contact your local public health agency to arrange for this testing.

- ◆ Emergency and disaster plans shall be written and posted by the primary and secondary exits. The plans shall include a diagram with the exits and an outside meeting place noted.
- ◆ Fire and tornado drills shall be practiced monthly. Documentation of monthly practice shall be kept on file.

COMMENT: This can be as simple as a chart showing the date the drills were practiced, the time of the day, and how long it took to evacuate all the children safely.

- ◆ A safety barrier shall surround any heating stove or heating element to prevent burns.

COMMENT: Anything that produces enough heat to burn a small child should have some type of barrier around it to prevent injury to a child. Heat sources could include, but are not limited to, wood-burning stoves, space heaters, fireplaces, radiators, electric baseboard heaters, or steam-producing vaporizers, whenever in operation.

- ◆ If there are animals on the premises:
 - All dogs and cats shall have annual health examinations. Records of the examinations shall be available and documented on form 470-5153, *Pet Health Examination Veterinary Health Certificate*.
 - Pet birds must be purchased from an approved dealer. Pet birds shall not be handled by the children.
 - Aquariums must be well maintained and installed so that they prevent children from getting in the water or pulling over the tank.
 - All animal waste shall be immediately removed from the children's areas and properly disposed of.
 - No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times.
 - Providers must inform parents of the presence of any pet in the child development home.

- ◆ When there is a swimming pool on the premises:
 - An in-ground swimming pool shall be enclosed with a fence that is at least four feet high and flush with the ground.
 - An above-ground pool shall be enclosed with an approved fence that is four feet above the side walls.
 - If the pool is not fenced, it must be covered whenever it is not in use.
 - When any pool is covered, the cover shall meet or exceed the standards of the American Society for Testing and Materials.
- ◆ If children are allowed to use above-ground or in-ground swimming pools:
 - Written permission from parents shall be kept on file.
 - Equipment needed to rescue a child or adult shall be readily accessible.
 - You must accompany and directly supervise the children during swimming and wading activities.
 - You must complete training in CPR for infants, toddlers, and children.
- ◆ Wading pools shall be drained daily and shall be inaccessible to children when not in use.
- ◆ Children under the age of one year shall be placed on their backs when sleeping unless otherwise authorized in writing by a physician.
- ◆ Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the hours of operation.
- ◆ Nonsmoking signs shall be posted at every entrance of the home and in every vehicle used to transport children. The signs shall include the telephone number for reporting complaints (1-888-944-2247) and the web address for the Iowa Department of Public Health's Smokefree Air Act site: www.iowasmokefreeair.com.
- ◆ You must have written policies about caring for mildly ill children.
- ◆ Any injury requiring first aid or medical care must be documented on an injury report form. This form must be shared with parents and a copy kept in the child's file.
- ◆ A home built before 1960 shall have documentation of assessment and control of lead paint hazards. To comply with this requirement, you must do the following before being issued an initial child development home registration or a renewal of the registration
 1. Conduct a visual assessment of your home for peeling or chipping paint;
 2. Apply interim controls on any chipping or peeling paint found, using lead-safe work methods as defined by Department of Public Health rules, unless a certified lead inspector determines that the paint is not lead-based paint; and
 3. Submit form 470-4755, *Lead Assessment and Control*, as verification of the visual assessment and completion of interim controls, if necessary.

This requirement applies to all initial applications submitted on or after December 1, 2009. If you have a valid registration on November 1, 2009, you have until June 30, 2010, to assess and control lead hazards (or obtain verification that the paint is not lead-based), and you must submit form 470-4755 or 470-4755(S) with the next renewal application after that date. You must submit a new form 470-4755 or 470-4755(S) with each renewal application after that date.

You should complete visual assessments on an ongoing basis and apply interim controls whenever a lead hazard is identified. Record each visual assessment and each application of interim controls on the "Interim Control" portion of form 470-4755 or 470-4755(S). When doing a compliance or complaint inspection, the Department may ask to view this form.

Sign and date the first page of the form to verify that the visual assessment has been performed and interim controls have been applied before submitting the form to DHS, and make a copy for your records. If a certified lead inspector has determined that the paint is lead-free, attach supporting documentation to the form.

COMMENT: See the "Lead Poisoning" section of this handbook for more information about lead hazards, visual assessments, interim controls, and contact information for the Iowa Department of Public Health.

Meals

Regular meals and mid-morning and mid-afternoon snacks shall be provided which are well balanced, nourishing, and in appropriate amounts as defined by the USDA Child and Adult Care Food Program. Children may bring food to the child development home for their own consumption, but shall not be required to provide their own food.

COMMENT: The meal patterns approved by the Child and Adult Care Food Program are found in the Nutrition and Sanitation section of this handbook.

Activity Program

There shall be an activity program that promotes self-esteem and exploration and includes:

- ◆ Active play
- ◆ Quiet play
- ◆ Activities for large-muscle development
- ◆ Activities for small-muscle development
- ◆ Play equipment and materials in a safe condition for both indoor and outdoor activities that are developmentally appropriate for the ages and number of children present

COMMENT: You should develop a flexible schedule to aid in planning activities for the children. Variety and appropriateness to the children's ages is important.

Examples of active play for large-muscle development include running, climbing, group games, jumping, and riding toys. Examples of quiet play and small-muscle development activities include coloring, stringing objects, putting puzzles together, using play dough to form and squeeze, doing music and finger play activities, making things with paper, using paste and scissors, reading books.

There are many variations of equipment for either outside or inside. An outside play area might have a climber, a slide, a telephone spool, a tricycle, or push and pull toys. A room inside might have a playhouse or dramatic play area in one corner, blocks and toys in one corner, and a quiet area for books and puzzles in another corner of the room.

Discipline

Discipline shall conform to the following standards:

- ◆ Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.
- ◆ Corporal punishment, including spanking, shaking, and slapping, shall not be used.
- ◆ Punishment that is humiliating or frightening or causes pain or discomfort to the child shall not be used.
- ◆ Punishment shall not be administered because of a child's illness or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- ◆ No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.

Parental Access

Parents shall be afforded unlimited access to their children and to the people caring for their children during the normal hours of operation or whenever their children are in your care, unless parental contact is prohibited by court order.

Certificate of Registration

The *Certificate of Registration* shall be displayed in a conspicuous place.

Children's Files

You must maintain an individual file for each child and update it annually or when you become aware of changes.

COMMENT: Individual files may be in letter-size manila envelopes and contained in one expandable file folder, or be actual individual file folders. To protect family confidentiality, make sure that the information is kept so that parents are able to see information about their own child only.

The child's file shall contain:

- ◆ Identifying information including at a minimum,
 - The child's name and birth date,
 - The parent's name, address, telephone number,
 - Special needs of the child, and
 - The parent's work address and telephone number.
- ◆ Emergency information including, at a minimum,
 - Where the parent can be reached,
 - The name and telephone number of the child's regular source of health care, and
 - The name, telephone number, and relationship to the child of another adult available in case of emergency.
- ◆ A signed medical consent from the parent authorizing emergency treatment.

COMMENT: A signed medical consent form is very important in case of emergencies. This form greatly reduces the time lost in obtaining emergency treatment for a child. You may wish to check with your local hospital emergency rooms to determine if they will accept any form signed by the parents, or if they require their own completed form. Also, check whether they require the form to be notarized.

- ◆ For each infant and preschool-age child, on the first day of attendance, an admission physical examination report signed by a licensed physician or by a designee in a clinic supervised by a licensed physician.

The date of the physical examination shall not be more than 12 months before the first day of attendance at the child care home. The written report shall include past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary.

COMMENT: Health information is important in knowing a child is in good health and can participate in all child care activities. It is even more important to know if a physician's report contains information on health problems that require treatment, medication, or limitations on a child's diet or activities.

- ◆ For each school age child, on the first day of attendance, a statement of health status signed by the parent or legal guardian. This statement must be submitted every year.
- ◆ Another statement of health condition shall be submitted annually from the date of the admission physical.

COMMENT: If the doctor is willing to sign this statement after the first complete physical examination report, it will be accepted. If the doctor refuses, or does not feel comfortable with signing just a statement, a full physical examination report will be accepted.

- ◆ Injury report forms to document injuries requiring first aid or medical care.

- ◆ A list signed by a parent that names persons authorized to pick up the child. The authorization shall include the name, telephone number, and relationship of the authorized person to the child.

COMMENT: It is very important that any child in care be released to only persons who are on this list. Request a photo identification of people whom you do not recognize on sight. If you release a child to anyone not on the list, and if something should happen to that child, you could be held liable.

- ◆ A signed and dated immunization certificate provided by the state Department of Public Health shall be on file for each child enrolled. For the school-aged child, a copy of the most recent immunization record shall be acceptable.

COMMENT: To see current immunization required by the Department of Public Health, visit <http://www.idph.state.ia.us/ImmTb/Immunization.aspx?prog=Imm&pg=Laws>.

Immunization certificates must be signed by a physician (MD or DO), or county health official and must list the dates of the doses and the health providers. Medical exemptions must be signed by a MD or DO (not a chiropractor). Religious exemptions must list the religion, have a parent's signature, and be notarized.

- ◆ Written permission from the parents for their child to attend activities away from the child development home. The permission shall include:

- Times of departure and arrival
- Destination
- People who will be responsible for the child

COMMENT: This could include such events as trips to the library or grocery store, or a "field trip" such as to the fire station or a farm. It also includes instances when a child is transported to dance class, Scouts, etc. by another child's parent or a person designated by the parent.

Parental permission is needed whenever children in child care will not be at the registered child development home location so that parents know where their child is at and have unlimited access to their child.

COMMENT: The signed parental consent form for additional children to be present during emergency school closings should be included in this file, also.

Provider Standards for All Child Development Homes

You must meet the following requirements:

- ◆ Give careful supervision at all times.
- ◆ Frequently exchange information with the parent of each child to enhance the quality of care.
- ◆ Give consistent, dependable care and be capable of handling emergencies.
- ◆ Be present at all times except if emergencies occur or when an absence is planned, when care may be provided by a DHS-approved substitute. When an absence is planned, give the parents at least 24 hours' prior notice.

- ◆ Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you:

- Zoning code
- Building code
- Fire code
- Business license
- State and federal income tax
- Unemployment insurance
- Worker's Compensation
- Minimum wage and hour requirements
- OSHA
- Americans with Disabilities Act (ADA)

Training

Iowa's Child Care Provider Training Registry is an online tool where child care professionals can locate and enroll for DHS-approved professional development. Center directors and other designated staff can enroll employees and track their professional development in a centralized location. To access and enroll for DHS-approved professional development opportunities, please click <https://ccmis.dhs.state.ia.us/trainingregistry/>.

During the first three months of registration, you must receive:

- ◆ Two hours of approved child abuse and neglect mandatory reporter training.
- ◆ Certification in infant and child first aid that includes management of a blocked airway and mouth-to-mouth resuscitation.

During the first year of registration, in addition to the two trainings listed above, you must receive a minimum of 12 hours of training. At least two hours of the training must be in planning a safe, healthy learning environment.

During the second year of registration and each year after that, you must receive a minimum of 12 hours of training.

At least 6 of the 12 hours shall be in an approved group setting. The remaining hours may be completed by self-study, using a training packet approved by the Department.

COMMENT: The purpose of continuing education is to increase skills and knowledge over time. Training and education in child development has been linked to higher quality of childcare. Experience without that training and education actually has been shown to decrease the quality of care.

If you are unable to locate first aid training that includes mouth-to-mouth resuscitation, you must complete both a first aid course and CPR. If children are allowed to use a swimming pool, you must have current CPR training.

On-line CPR and First Aid courses are not approved for continuing education or training to meet regulatory requirements. These courses must include a demonstration of competencies and must be presented in a group training format and by a nationally recognized training organization, such as the American Red Cross, the American Heart Association, the National Safety Council or Emergency Medical Planning (Medic First Aid) or by an equivalent trainer using curriculum approved by the Department.

Content Areas for Training

Training topics may include:

- ◆ Planning a safe, healthy learning environment, including nutrition (two hours required in the first year).
- ◆ Steps to advance children's physical and intellectual development.
- ◆ Positive ways to support children's social and emotional development (includes guidance and discipline).
- ◆ Strategies to establish productive relationships with families (includes communication skills and cross-cultural competence).
- ◆ Strategies to manage an effective program operation (includes business practices).
- ◆ Maintaining a commitment to professionalism.
- ◆ Observing and recording children's behavior.
- ◆ Principles of child growth and development.

Group Training Settings

You must receive at least 6 of the required 12 hours of training in a group setting with other adults. This training may include distance learning opportunities. The training must be approved by the Department or be conducted by an approved trainer. An approved trainer is someone who:

- ◆ Is employed by or under contract with an approved training entity, or
- ◆ Uses curriculum or training materials developed by or obtained with written permission of an approved training entity.

Approved training entities include:

- ◆ An accredited university or college.
- ◆ A community college.
- ◆ Iowa State University Extension.
- ◆ A child care resource and referral agency.
- ◆ An area education agency.

- ◆ The Regents' Center for Early Developmental Education at the University of Northern Iowa.
- ◆ A hospital (for health and safety, first-aid and CPR training).
- ◆ The American Red Cross, the American Heart Association, the National Safety Council, or Medic First Aid (for first-aid and CPR training).
- ◆ An Iowa professional association, including the Iowa Association for the Education of Young Children (Iowa AEYC), the Iowa Family Care Association (IFCCA), the Iowa After School Alliance, and the Head Start Association.
- ◆ A national Professional Association, including the National Association for the Education of Young Children (NAEYC), the National Child Care Association (NCAA), the National Association for Family Child Care (NAFCC), the National After School Association, and the American Academy of Pediatrics.
- ◆ The Child and Adult Care Food Program (CACFP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
- ◆ The Iowa Department of Public Health, Department of Education, or Department of Human Services.
- ◆ Head Start Agencies or the Head Start technical assistance program.

Self-Study Training

Up to six hours of training may be received in self-study using a training package approved by the Department. Self-study training packages approved by the Department include curriculum developed and materials distributed by the child care licensing consultants, Iowa State University Extension, or child care resource and referral agency.

Other groups and self-study training packages approved by the Department can be found at the following website:

http://dhs.iowa.gov/Consumers/Child_Care/Professional_Development

Additional Training Information

To determine if the training you are considering is approved, look for the logo of the approved training organization on the training certificate or a letter from an approved training organization indicating that the organization approves the training. Some examples include the following:

- ◆ Iowa Public Television (IPTV) programming about young children is part of the Iowa Department of Education and is offered by an approved training organization.
- ◆ *Eager to Learn* is a Minnesota child care resource and referral program and is an approved training organization. Their courses are approved as group training.
- ◆ Resources for Child Care Learning Center is a Minnesota child care resource and referral program and is an approved training organization. Their courses (Tom Copeland business courses) are approved as group training.

- ◆ A certified Red Cross trainer is not necessarily a Red Cross employee but is approved.
- ◆ Local public health offices and local school districts are **not** approved training organizations.

You can only take the same training one time every five years. For example, you could take ChildNet one time within a five-year period to meet regulatory requirements for continuing education. **NOTE:** One college credit hour in early childhood or elementary education for school age is the equivalent of 15 hours of training.

- ◆ If you submit documentation from your child care resource and referral agency that you have completed the Program for Infant and Toddler Care, ChildNet, or Beyond Better Business Basics training series, you may use those hours to fulfill a maximum of two years training requirements, not including first-aid and mandatory reporter training.
- ◆ All providers must maintain current certification for approved training for the mandatory reporting of child abuse and for infant and child first-aid, including management of a blocked airway and mouth-to-mouth resuscitation.

Provider Files

You must maintain a provider file that contains:

- ◆ A physical examination report that you and the members of your household are free of diseases or disabilities that would prevent good child care. Form 470-5152, *Child Care Provider Physical Examination Report*, must be completed. The examination shall include any necessary testing for communicable diseases and include discussion regarding current Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations.

You must have this form completed for all members of your household that may be present when children are in the home. Obtain the statement at the time of your first registration and at least every three years thereafter.

- ◆ Certificates or training verification documentation for all required training.
- ◆ Documentation of record check completion on all household members aged 14 and older.

Assistant Files

You must maintain an individual file for each staff assistant that contains:

- ◆ A completed *DHS Criminal History Record Check Form B*, form 595-1396.
- ◆ A completed *Request for Child Abuse Information*, form 470-0643.
- ◆ A physical examination report at the time of employment and at least every three years thereafter that the person is free of diseases or disabilities that would prevent good child care. Form 470-5152, *Child Care Provider Physical Examination Report*, must be completed. The examination shall include any necessary testing for communicable diseases and include discussion regarding current Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations.

- ◆ Certification of a minimum of two hours of approved training relating to the identification and reporting of child abuse within six months of employment and every five years thereafter.

COMMENT: This training may be obtained through the local child care resource and referral agency, the local Extension office, the local community college, etc.

Substitute Files

You must maintain an individual file for each substitute that contains:

- ◆ A completed *DHS Criminal History Record Check Form B*, form 595-1396.
- ◆ A completed *Request for Child Abuse Information*, form 470-0643.
- ◆ A physical examination report at the time of employment and at least every three years thereafter that the person is free of diseases or disabilities that would prevent good child care. Form 470-5152, *Child Care Provider Physical Examination Report*, must be completed. The examination shall include any necessary testing for communicable diseases and include discussion regarding current Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations.
- ◆ Certification of a minimum of two hours of approved training relating to the identification and reporting of child abuse within six months of employment and every five years thereafter.
- ◆ Certification in infant and child first aid that includes management of a blocked airway and mouth-to-mouth resuscitation.

Substitute Providers

As the provider, you are responsible for providing adequate and appropriate supervision at all times children are in attendance. Ultimate responsibility for supervision is with you. Any substitute provider shall have the same responsibility for providing adequate and appropriate supervision. Substitute providers must be 18 years of age or older. All child development home regulations regarding supervision and care of children apply to substitutes.

Except in emergency situations, inform parents in advance of the planned use of a substitute provider.

Maintain a written record of the number of hours substitute care was provided, including the date and the name of the substitute provider. Substitute care may be used in the home up to 25 child care hours per month and for an additional period of up to two weeks in a 12 month period. This limit applies to the child development home, regardless of the number of individuals who may be providing the substitute care.

Mandatory Reporting of Child Abuse

Under Iowa Code Section 232.69, it is mandatory for you to report to the Department immediately when you discover signs of abuse in the course of caring for a child. The operator of a child development home or the assistant or substitute must make both an oral and a written report when there is reason to suspect that the child has suffered child abuse.

The first step in reporting suspected child abuse is to call your local Department office or call toll-free any time, day or night: 1-800-362-2178. You must make this oral report within 24 hours. If the child's life is in immediate danger, call the police.

The written report must follow within 48 hours of the oral report. By law, the oral and written reports must contain:

- ◆ The name and home address of the child and of the child's parents or other persons responsible for the child's care.
- ◆ The child's age.
- ◆ The child's present whereabouts, if not the same as the parent's or other person's home address.
- ◆ The nature and extent of the child's injuries, including any evidence of previous injuries.
- ◆ The names of other children in the same home.
- ◆ Any other information that the person reporting believes might be helpful in establishing the cause of the injury to the child, the identity of the persons responsible for the injury, or the identity of the persons providing assistance to the child.
- ◆ People who make a child abuse report or cooperate in the investigation of a report have immunity from any civil or criminal liability, if they report or cooperate in good faith. Any mandatory reporter who knowingly fails to report suspected child abuse is civilly liable for damages caused by not reporting. Failure to report is also a misdemeanor offense.
- ◆ You must advise all new staff of their mandatory reporter status within 30 days of hire. All staff must obtain the mandated two hours of approved child abuse training within three months of employment and every five years thereafter.

Child Development Home A

Legal reference: Iowa Code section 237A.1(8)“a”; 441 IAC 110.5(237A)

Number of Children in Care

A Child Development Home A provider may care for up to six preschool children at any one time. Of these 6 children, not more than 4 children who are 24 months of age or younger may be in care. Of the 4 children under 24 months of age, no more than 3 may be 18 months of age or younger. In addition, not more than 2 children who attend school may be present for less than 2 hours at a time.

On days when schools are closed due to emergencies such as inclement weather or physical plant failure, a Child Development Home A provider may care for a maximum of 8 children. This exception does not apply on nonemergency no-school days, such as in-service, conference, or vacation days.

The provider's own preschool age children are included in the total count. The provider's own children attending kindergarten or a higher level are not included in the total count.

Provider Requirements

A Child Development Home A provider must:

- ◆ Be at least 18 years old.
- ◆ Have three written references that attest to character and ability to provide child care.

Facility Requirements

Fire extinguisher: The home shall have not less than one 2A 10BC-rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

Smoke detectors: The home shall have a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. You must test each smoke detector monthly and keep a record of testing for inspection purposes.

Child Development Home B

Legal reference: Iowa Code section 237A.1(8)"a"; 441 IAC 110.5(237A)

Number of Children in Care

A Child Development Home B provider may care for up to six preschool children at any one time. Of these 6 children, not more than 4 children who are 24 months of age or younger may be in care. Of the 4 children under 24 months of age, no more than 3 may be 18 months of age or younger.

In addition to these six children, up to four children who attend school may be present. Up to two children may also be present who are using part-time hours. (See part-time hours for explanation.)

On days when schools are closed due to emergencies such as inclement weather or physical plant failure, a Child Development Home B provider may care for a maximum of 12 children. This exception does not apply on nonemergency no-school days, such as in-service, conference, or vacation days.

The provider's own preschool age children are included in the total count. The provider's own children attending kindergarten or a higher level are not included in the total count. Whenever more than 8 children are present at any one time for more than 2 hours, the provider must be assisted by a DHS-approved assistant aged 14 or older.

Provider Requirements

A Child Development Home B provider must:

- ◆ Be at least 20 years old.
- ◆ Have a high school diploma or GED.
- ◆ Meet one of the following requirements:
 - Have two years experience as a non-registered or registered child care provider.
 - Have a child development associate credential or a two-year or four-year college degree in a child care related field AND one year of experience as a non-registered or registered child care provider.

Facility Requirements

Fire extinguisher: The home shall have not less than one 2A 10BC-rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

Smoke detectors: The home shall have a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.

Two exits: The home shall have a minimum of two direct exits to the outside from the main floor. If the second level or the basement of the home is used for the provision of child care, other than the use of a restroom, each additional child-occupied floor shall have at least one direct exit to the outside in addition to one inside stairway.

All exits shall terminate at grade level with permanent steps. A basement window may be used as an exit if the window can be opened from the inside without the use of tools and it provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area. The bottom of the opening shall be not more than 44 inches above the floor, with permanent steps inside leading up to the window.

Occupancy above the second floor shall not be permitted for child care.

Space: The home shall have a minimum of 35 square feet of child-use floor space for each child in care indoors, and a minimum of 50 square feet per child in care outdoors.

Sick children: The home shall have a separate quiet area for sick children.

Child Development Home C

Legal reference: Iowa Code section 237A.1(8)“a”; 441 IAC 110.5(237A)

Number of Children in Care

A Child Development Home C provider may care for up to 12 preschool children at any one time. Whenever more than eight children are present, both providers, each meeting the individual qualifications for child development home registration as a Child Development Home C provider, must be present.

Of these 12 children, not more than 4 children who are 24 months of age or younger may be in care. Whenever 4 children under the age of 18 months are in care, both providers, each meeting the individual qualifications for child development home registration as a Child Development Home C provider, must be present.

In addition to these 12 children, up to 2 children who attend school may be present for a period of less than 2 hours at any one time. Up to 2 children may also be present who are using part-time hours. (See part-time hours for explanation.)

On days when schools are closed due to emergencies such as inclement weather or physical plant failure, a Child Development Home C provider may care for a maximum of 16 children. Whenever more than 8 children are present at any one time during an emergency school closing day, the provider must be assisted by a DHS-approved assistant aged 18 or older. This exception does not apply on nonemergency no-school days, such as in-service, conference, or vacation days.

The providers' own preschool age children are included in the total count. The providers' own children attending kindergarten or a higher level are not included in the total count.

Provider Requirements

One provider who meets the following qualifications must always be present:

- ◆ Be at least 21 years old.
- ◆ Have a high school diploma or GED.
- ◆ Meet one of the following requirements:
 - Have five years experience as a non-registered or registered child care provider.
 - Have a child development associate credential or a two-year or four-year college degree in a child care related field AND four years of experience as a non-registered or registered child care home provider.

The co-provider shall meet the Category B provider qualifications.

Facility Requirements

Fire extinguisher: The home shall have not less than one 2A 10BC-rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

Smoke detectors: The home shall have a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. You must test each smoke detector monthly and keep a record of testing for inspection purposes.

Two exits: The home shall have a minimum of two direct exits to the outside from the main floor. If the second level or the basement of the home is used for the provision of child care, other than the use of a restroom, each additional child-occupied floor shall have at least one direct exit to the outside in addition to one inside stairway.

All exits shall terminate at grade level with permanent steps. A basement window may be used as an exit if the window can be opened from the inside without the use of tools and it provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area. The bottom of the opening shall be not more than 44 inches above the floor, with permanent steps inside leading up to the window.

Occupancy above the second floor shall not be permitted for child care.

Space: The home shall have a minimum of 35 square feet of child-use floor space for each child in care indoors, and a minimum of 50 square feet per child in care outdoors.

Sick children: The home shall have a separate quiet area for sick children.

Comparison of Requirements by Category

The following chart summarizes the facility, provider, and training requirements for each category of home.

Child Development Homes: Facility, Provider, and Training Requirements

	Category A	Category B	Category C
Facility	Fire extinguisher Smoke detectors	35 square feet per child indoors 50 square feet per child outdoors Quiet area for sick children Fire safety: ◆ Fire extinguisher ◆ Smoke detectors ◆ Two direct exits	35 square feet per child indoors 50 square feet per child outdoors Quiet area for sick children Fire safety: ◆ Fire extinguisher ◆ Smoke detectors ◆ Two direct exits
Provider	18 years old Reference letters	20 years old High school diploma or GED Either: ◆ Two years experience working directly with children in child care ◆ CDA or two- or four-year degree in child care related field AND one year of experience working directly with children in child care	One provider who meets these qualifications must always be present: ◆ 21 years old ◆ High school diploma or GED Either: ◆ Five years experience working directly with children in child care ◆ CDA or two- or four-year child care related degree AND four years experience working directly with children in child care The co-provider shall meet the qualifications of a Category B provider
Training	First 3 months: ◆ Mandatory reporter training ◆ First aid First year of registration 12 hours training, 2 hours must be health and safety Second year and following 12 hours of training		

Determining Allowable Number of Children in Care

The following chart summarizes the limits on the number of children that can be in care for each category of home.

**Number of Children Allowed in
Registered Child Development Homes and Child Care Homes**

Category	Maximum Capacity	Number Restrictions	Age Restrictions	FAQ
Category A	6 children at any one time plus 2 school age children present for less than two hours at a time TOTAL 8	The 2 school aged children may not be present for more than 2 hours at a time	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	<ul style="list-style-type: none"> ◆ An assistant does not increase the number for maximum capacity ◆ Can have multiple sets of school aged children if present at separate times for the 2 that exceed the capacity of 6 <p>All 6 children at one time can be school aged</p>
Category B	6 children at any one time plus 4 school aged children plus 2 part time children TOTAL 12	Only 2 part time children at one time for up to 180 hours per month	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	<ul style="list-style-type: none"> ◆ Can use 180 part time hours per month to exceed their maximum preschool or school age capacity. Must document the use of part time hours. ◆ Must have an assistant if caring for more than 8 children for more than 2 hours at a time. ◆ The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.
Category C1	8 children at any one time TOTAL 8	May never exceed 8 children	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	<ul style="list-style-type: none"> ◆ Can use an assistant but does not increase the number for maximum capacity ◆ The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.

Category	Maximum Capacity	Number Restrictions	Age Restrictions	FAQ
Category C2	12 children at any one time plus 2 school age children for less than 2 hours plus 2 part time TOTAL 16	The 2 school aged children may not be present for more than 2 hours at a time Only 2 part time children at one time for up to 180 hours per month	No more than 4 children may be under the age of 24 months at any one time If those 4 children are age 18 months or under, both providers must be present	<ul style="list-style-type: none"> ◆ Can use 180 part time hours per month to exceed their maximum preschool or school age capacity. Must document the use of part time hours. ◆ The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity. ◆ If more than 8 children are present, both providers shall be present.
In-Home	N/A	N/A	N/A	<ul style="list-style-type: none"> ◆ This is not care provided in the child care provider's home but provided within the child's own home ◆ If receiving CCA assistance, there must be a minimum of 3 eligible children ◆ Shall only be children within the same family
Child Care Home	TOTAL 5	N/A	N/A	<ul style="list-style-type: none"> ◆ No more than 5 children may be present ◆ Child Care Homes are not registered but may receive CCA funding

These numbers include the provider's infant and preschool children.

Category B and C providers may use up to 180 part-time hours per month.

For all categories, your own children who have not entered kindergarten are counted in the totals.

EXCEPTION: If any of your children are being home-schooled, they must be counted in the basic number of children, up to the age of 13. Although they are not preschoolers, they are present and require your attention during the day.

Note that children must be attending kindergarten or a higher grade level to be counted as school-aged children. The summer before a child enters kindergarten, the child is still counted a preschooler. However, the child is counted as school-aged from the first day of kindergarten on, including days school is not in session and summer vacation.

If you are licensed to provide **foster family care**, any children receiving foster care from you must be counted as if they are your own children. Also, if you are a licensed foster care home, it is mandatory that you be registered if you want to provide child care in your home, regardless of the number of children you wish to care for.

Part Time Hours

Child Development Home B and C providers are allowed to use part time hours.

It is necessary to use part-time hours only if the number of children in care exceeds the allowable capacity. You may have up to two additional preschool or school-age children in care who are using part-time hours. You can NEVER exceed the maximum number of children under 24 months of age in care. You may use a maximum of 180 hours of part time care per month, and must show proof of the number of part-time hours used.

1. You are a Category B provider caring for: one 6-month-old, one 12-month-old, two 19-month-olds, and two 3-year-olds on a full-time basis. A parent asks you to care for a 20-month-old child ten hours per week. You cannot do this, because you are already caring for the maximum number of children under 24 months.
2. You are a Category B provider caring for: one 6-month-old 20 hours per week, one 6-month-old 10 hours per week, one 9-month-old full-time, and one 22-month-old full time. A parent asks you to care for a 20-month-old child ten hours per week. You can do this, as long as you never have more than four of these children in your care at the same time.
3. You are a Category C provider caring for: 12 children aged 2 to 4 years. A parent asks you to care for a 3-year-old 25 hours per week. You can do this, but must count these hours in your part time allotment, because the presence of the 13th child puts you over the allowable number of children in care.
4. You are a Category B provider caring for: two 3-month-olds full time, one 4-year-old full time, and one 3-year-old full time. A parent asks you to care for a 3-year-old child 15 hours per week. You can do this and do not need to count these as part time hours, because you are within the allowable number of children in care.

Emergency School Closing Exceptions

Additional school-age children may be cared for, over registration capacities, **only** when school is canceled due to an emergency, for example, inclement weather or physical plant failure. For specific number of children allowed in care, refer to “number of children allowed in care” chart. This exception does **not** apply for in-service days, vacations, conferences, etc. Both of the following conditions must be met:

- ◆ Each parent or guardian of children normally in attendance gives written prior approval to have the extra school-agers in care if there is an emergency school closing.
- ◆ Each extra school-aged child either:
 - Is normally enrolled in your home for periods less than two hours, **or**
 - Would be unattended if not in your home, **or**
 - Is a brother or sister of a child your home regularly cares for.

Exception to Total Numbers

A child development home may be registered if the provider is qualified, even though the amount of space required to be available for maximum number of children authorized for that category exceeds the actual amount of space available in that home.

The total number of children authorized for the child development home at that level of registration is limited by the amount of space available per child. The basic number of children permitted for each age group may not be exceeded.

Mrs. M requests registration as a Category C provider. She meets all of the provider and training requirements. However, the area in her home that she will use for child care totals 300 square feet. She may register as a Category C provider, but will be authorized to care for only eight children (300 square feet divided by 35 square feet required per child).

Additional Recommendations to Consider

The minimum requirements are basic in providing quality child care in child development homes. The following recommendations are not requirements, but they are suggestions for improving the quality of child care programs and for improving the child care home administration.

- ◆ Give orientation to new staff assistants and substitutes. Include not only their child caring responsibilities, but also information on your own methods of child care, the special needs of particular children, and plans for emergencies such as fire, injuries, a sick child, etc.
- ◆ Educate all staff about recognizing and reporting child abuse, and about their own vulnerability, as caretakers, to becoming the alleged perpetrator in a child abuse case.
- ◆ Use training or educational opportunities to increase your child care skills, especially in the areas of first-aid principles, child development, and program activities.
- ◆ Discuss liability and medical insurance with your insurance agent. Insurance is a safeguard for all concerned with child care.
- ◆ Use a parent/provider agreement form or contract with parents. It promotes mutual understanding and provides protection.
- ◆ Provide parents with a copy of your policies.
- ◆ Discuss possible consultation and referral with parents who have children with special needs.
- ◆ Install working carbon monoxide detectors in the child development home.
- ◆ Provide for napping in areas separate from other ongoing activities for all children not yet attending school.
- ◆ Limit TV viewing and use only in balance with other suitable enriching and active experiences.

Nutrition and Sanitation



Child and Adult Care Food Program Handy Guide to Creditable Foods Home Program

Revised 5/2014

1. Creditable foods are used to meet Child and Adult Care Food Program (CACFP) meal pattern requirements. This list is established by USDA and the Iowa Department of Education, Bureau of Nutrition and Health Services to help assure good nutrition for all participants. The USDA reference is the Crediting Handbook for the CACFP <http://www.fns.usda.gov/tn/crediting-handbook-child-and-adult-care-food-program>. Home providers may contact their Home Sponsor with questions regarding specific foods or quantities.
2. This is a partial listing of creditable foods for children one year of age and older, and adult participants.
3. Foods are creditable only if the minimum required quantity of each food component is served. The amount required depends on the age of the participant, the type of meal, the type of food product used, and the number served.
4. Water must be made available in day care homes during meals and throughout the day. Water is not a creditable food and cannot replace any required meal component.
5. An allergy/exception statement from a medical authority is required when a participant cannot follow the meal pattern. The allergy/exception statement is recommended if the participant has a food allergy but can follow the meal pattern.

Milk



1. Milk must be pasteurized fluid milk, fortified with vitamins A and D.
2. Participants must be served milk at breakfast, lunch, and supper. For children, milk may not be credited for snacks when juice is served as the other component. Milk may be one of the two required components for snacks. Serving milk at supper to an adult participant is optional.
3. Non-dairy beverages that are nutritionally equivalent to milk can be served if a parent note is on file.
4. It is recommended that whole milk be served to children between one and two years of age.
5. Milk must be served as a beverage or over cereal.
6. Milk is not credited when used in cooking (e.g., soup, custard, and pudding).
7. A separate meal pattern and reimbursable foods list is available and must be followed for infants. CACFP requires that breast milk or iron-fortified infant formula be fed until the infant's first birthday. CACFP allows children one month to transition to whole cow's milk after the first birthday. An allergy/exception statement is needed to serve iron-fortified formula after 13 months of age. Breast milk may be served to children until two years of age.

Creditable

- Acidified milk (acidophilus), non-fat or fat free (skim), low fat (1%)
- Buttermilk, cultured milk or kefir
- Cow's milk, flavored or unflavored including chocolate, non-fat or fat free (skim), low fat (1%)
- Cocoa – made only from fluid skim or 1% milk
- Goat's milk, flavored or unflavored including chocolate, non-fat or fat free (skim), low fat (1%)
- Lactose-reduced milk, non-fat or fat free (skim), low fat (1%)
- Milkshakes – only the milk portion
- Milk substitutes when nutritionally equal to cow's milk * (with a written request from a-parent/guardian)
- Organic milk, flavored or unflavored including chocolate, non-fat or fat free (skim), low fat (1%)
- Smoothies – only the milk portion credits for milk
- Soymilk – only if a parent note is on file and the nutrients are nutritionally equivalent to cow's milk *
- UHT milk – ultra high temperature (shelf stable) cow's milk
- Whole milk – for children 1-2 years of age only
- Yogurt – for adult participants only

* Products known to meet this requirement in Iowa are 8th Continent Soy Milk (regular and vanilla), Silk Original Soymilk, Pacific Natural Ultra Soymilk (plain and vanilla), Great Value Original Soymilk, Westsoy (organic, plain and vanilla) and Kikkoman shelf stable product in individual containers (vanilla and chocolate). Allergy/exception statements are required for other brands. Contact your Home Sponsor if you have questions about a specific product.

Non creditable

- Almond milk
- Cocoa mix made with water
- Coconut milk
- Coffee creamers
- Cream
- Cream sauce
- Cream soup
- Custard
- Dry milk
- Eggnog
- Evaporated milk
- Half and half
- Ice cream and frozen yogurt
- Ice milk
- Imitation milk
- Pudding
- Pudding pops
- Raw milk (certified or uncertified) ¹
- Reconstituted dry milk (only with state approval)
- Rice milk
- Sherbet or sorbet
- Sour cream
- Soymilk, beverage or drink (when not nutritionally equal to cow's milk)
- Sweetened condensed milk
- Whole and 2% milk for children over age 2
- Yogurt – for children ages 1-12 years (creditable only as a meat alternate)

¹ Serving this food is prohibited. It may not be served as an "extra" food.

Meat/Meat Alternates



1. Meat/meat alternates may include lean meat, poultry, fish, cheese, eggs, nuts, seeds, nut or seed butters, cooked dry beans or split peas, and yogurt. Meats must be inspected by the appropriate health authority. A combination of two meat/meat alternates may be served at the same meal to total the required serving size.
2. A meat/meat alternate must be served at lunch and supper, and may be served as one of the two required components for snacks. A meat/meat alternate may be served as an extra food at breakfast, but is not required by CACFP regulations.
3. At least ¼ ounce or ½ tablespoon of cooked, lean meat or its equivalent must be served to count as part of the required serving.
4. Cooked dry beans or split peas may be used either as a vegetable or as a meat alternate, but not both in the same meal.
5. Nuts or seeds may fulfill no more than ½ of the required meat/meat alternate serving size at lunch and supper. ¹
6. In breaded products and meat sauces, only the meat portion is counted.
7. For commercial combination products, read labels carefully. Child Nutrition (CN) labels or a manufacturer's statement are required. Examples of commercial combination foods include meat products that contain cereal, binders and extenders*; canned or frozen stew; commercial lasagna; canned pasta; pizza; pot pie; ravioli; and breaded meats like chicken nuggets or fish sticks. See page 6 for information about CN labels.
8. If combination foods are prepared from scratch (homemade = HM), providers should maintain recipes in their file or computer.
9. Shell fish or nuts may cause food intolerances, especially among preschool participants.

Creditable

- Canadian bacon and ham ○
- Cheese, natural or processed ○
- Cheese food, spread or substitute ○
(2 oz. = 1 oz. meat alternate)
- Corndogs – only the hot dog counts as meat ○
- Cottage cheese, ricotta cheese ○
¼ cup or 2 oz. = 1 oz. meat alternate
- Dried peas, beans, lentils, refried beans, soy beans
(canned or cooked from dry – ¼ cup = 1 oz. meat alternate)
- Eggs, whole only – fresh, frozen, dried or liquid
- Falafel (only the bean portion counts)
- Fish and shellfish – cooked, count only meat portion
- Fish sticks or portions ○
- Hot dogs (must be all meat; no cereals, binders or extenders*) ○
- Hummus, HM
- Liver, kidney, tripe
- Lunch meat (must be all meat; no cereals, binders or extenders*) ○
- Peanuts, nuts, seeds, soy nuts ¹
- Peanut, nut, soy or seed butter, regular ¹
- Pizza, HM with at least ¼ oz. or equivalent of meat/meat alternate per serving to credit
- Pot pies, HM
- Quiche, HM ○
- Sausage (must be all meat; no cereals, binders or extenders*) ○
- Soups –HM with at least ¼ oz. or equivalent of meat/meat alternate per serving to credit
- Spare ribs – only lean meat portion ○
- Tahini – (credited as a seed butter)
- Yogurt, commercial (including tube) – plain, flavored, low fat, unsweetened or sweetened

○ Limit use since may be high in salt and/or high in saturated fat.

* Examples include: starch, soy flour, soy protein isolate, isolated soy protein, dried milk, cereal, and by-products.

¹ Choking risk to those under 4 years and the elderly.

² Alternate protein products may be up to 100% non-meat protein, and must have a CN label or manufacturer statement.

³ Serving these foods is prohibited. They may not be served as "extra" foods.

Non creditable

- Alternate protein products, such as vegetarian patties ² (only CN label or manufacturer's statement)
- Bacon, bacon-bits, imitation bacon
- Canned cheese sauce
- Canned or frozen combination foods (only CN label or manufacturer's statement)
- Cheese product or imitation cheese (Velveeta)
- Chestnuts
- Coconut
- Commercial breaded meat products (only CN label or manufacturer's statement)
- Cream cheese
- Egg substitutes, whites and yolks
- Fish – home caught or home pickled ³ ○
- Frozen yogurt
- Game – venison, squirrel, fish, etc. (must be USDA or state inspected)
- Ham hocks, pigs' feet, neck bones, tail bones
- Home canned meats, home slaughtered meats ³
- Imitation meats/meat alternates (e.g., imitation crab meat)
- Jerky (beef, turkey, salmon)
- Meat products made with binders or extenders ² (only CN label or manufacturer's statement)
- Nutella
- Pepperoni ² (only CN label or manufacturer's statement) ○
- Pizza, commercial (only CN label or manufacturer's statement) ○
- Pot pies, commercial (CN label or manufacturer's statement) ○
- Potted, pressed or deviled canned meat (e.g., Spam) ○
- Powdered cheese – boxed macaroni and cheese
- Processed meats with binders or extenders ² * (only CN label)
- Salami (CN label or manufacturer's statement) ○
- Snack meat sticks (smoked, beef, poultry, pepperoni)
- Soup – commercial canned
- Soy cheese ³ (CN label or manufacturer's statement)
- Spam
- Sausage – Polish, Summer, Vienna, (only CN label or manufacturer's statement)* ○
- Turkey bacon (only CN label or manufacturer's statement) ○
- Tofu, tempeh, seitan
- Vegetable protein/meat protein mixtures ² * (only if CN label or manufacturer statement)
- Yogurt – HM ³
- Yogurt – covered fruits, nuts

Vegetables and Fruits



1. Most fruits and vegetables are creditable. Serve a variety for improved nutrition.
2. A minimum of two different fruits and/or vegetables must be served at lunch and supper. One fruit or vegetable or juice must be served for breakfast.
3. At least 1/8 cup (2 tablespoons) of fruit or vegetable must be served to count it as part of the minimum serving size requirement.
4. All fruit juices must be full strength (100%) juice and be pasteurized. Juices labeled "juice," "full strength juice," "100% juice," "single strength juice," "juice from concentrate" or "reconstituted juice" are full strength. Juices that are naturally high in or fortified with vitamin C are recommended.
5. Juice may count up to 1/2 of the total fruit/vegetable requirement for lunch or supper.
6. Juice may not be served for snack if milk is the only other required food served.
7. Two different fruits or vegetables cannot be served as the two required snack components. A creditable food from a different food group must be served in addition to the fruit or vegetable.
8. Two forms of the same food (e.g., apples and apple juice) are not creditable in the same meal.
9. Combinations such as fruit cocktail, fruit salad, succotash, mixed vegetables, peas and carrots, stew vegetables and casserole vegetables, count as one fruit/vegetable.
10. Cooked, dry beans or split peas may be counted as a vegetable or as meat/meat alternate but not as both at the same meal.

Creditable

Apple cider – must be pasteurized
 Baby carrots³
 Dried peas, beans, lentils, baked beans, refried beans, soy beans
 (canned or cooked from dry)
 Chopped vegetables HM in casseroles, stews¹
 Coleslaw¹
 Cranberry juice blend – if a blend of full strength juices
 Cranberry sauce – made with whole cranberries (not jellied)
 Dehydrated vegetables – measure when re-hydrated
 Desserts made with fruit¹
 Dried fruit – apricots, dates, figs, prunes, raisins, cranberries¹
 Edamame (green soy beans)
 Frozen juice bars – must be made with 100% fruit and/or juice
 Fruit cobbler, crisp¹
 Fruit cocktail – counts as one fruit
 Fruit or vegetable in gelatin or pudding¹
 Fruit pie, HM¹
 Fruit puree, 100%
 Fruit sauce HM¹
 Juice, 100% full strength
 Juice blends – if a blend of full strength juices
 Juice concentrates, reconstituted to equal 100% juice
 Kale
 Kiwi fruit
 Mixed vegetables – counts as one vegetable
 Mushrooms
 Mustard greens
 Olives^{1, 3} 
 Onion rings^{1, 2} 
 Pickles^{1, 3} 
 Pimentos¹
 Pizza sauce¹
 Potatoes
 Potato skins
 Salsa (all vegetable including spices)¹
 Smoothies (pureed fruit counts as juice)
 Soup (tomato or vegetable) – if commercial,
 1 cup soup = 1/4 cup vegetable
 Spaghetti sauce¹
 Tomato paste – 1 Tbsp. = 1/4 cup vegetable
 Tomato puree – 2 Tbsp. = 1/4 cup vegetable
 Tomato sauce – 4 Tbsp. or 1/2 cup = 1/4 cup vegetable
 Tomato juice
 Vegetable juice blend (e.g., V-8 juice)

 Limit use, since high in salt and/or high in fat.

Non creditable

Apple butter
 Banana chips, commercial
 Barbecue sauce
 Caffeinated drinks
 Chili sauce
 Coconut
 Corn chips (count as grain/bread if whole grain or enriched)
 Dry spice mixes
 Frozen fruit flavored bars, popsicles
 Fruit "drink"
 Fruit flavored syrup or powder
 Fruit in cookies, breads, muffins and grain bars – (e.g., Fig Newtons)
 Fruit in commercial fruited yogurt
 Fruit leather, fruit rollups, fruit shapes
 Fruit flavored canned punch (e.g., Hawaiian Punch)
 Fruit flavored ice cream
 Fruit flavored water
 Fruit syrup – from canned fruit
 Gummy fruit candy³
 Home canned fruits and vegetables
 Hominy
 Honey, syrups, jam, jelly, preserves
 Jell-O, gelatin
 Juice cocktails (e.g., cranberry, grape, etc.)
 Juice drink
 Ketchup, condiments and seasonings
 Kool-Aid
 Lemon pie filling
 Lemonade
 Orangeade
 Pickle relish
 Pizza, commercial² (only CN label or manufacturer's statement)
 Popsicles, commercial
 Posole
 Potato chips, potato sticks³
 Pudding with fruit, commercial
 Raw sprouts
 Sherbet, sorbet²
 Sports drinks
 Tang
 Toaster pastry filling

¹ Only the fruit or vegetable portion counts. Must have a minimum of 1/8 cup (2 tablespoons) fruit or vegetable per serving.

² If a commercial product, need a CN label or manufacturer's statement.

³ Choking risk

Grains/Breads



- Creditable grains/breads must list whole grain, enriched flour/meal, bran, or germ as the first ingredient. Cereals must be whole grain, enriched, or fortified. Carefully read ingredient labels to ensure that the grain/bread product meets requirements.
- A grain/bread product must be served for breakfast, lunch, and supper, and may be one of the two required components for snacks.
- At least ¼ serving of grains/bread must be served to count as part of the required serving size.
- Children need nutrient dense foods. Sweet foods may not be credited as grains/breads at lunch or supper, and must be limited to no more than twice a week at snack. Limiting sweet grains/breads is recommended at breakfast. Sweet food items are indicated with a footnote of 3 or 4.
- Check with your Home Sponsor for instructions how to calculate and credit commercial grain/bread products, grain/bread foods made from purchased “mixes” and made from “scratch” (homemade = HM) to fulfill grain/bread serving sizes.

Creditable

Bagel
 Banana, carrot, pumpkin, zucchini bread
 Biscuits
 Boston brown bread
 Bread pudding, HM^{1,3}
 Breeding or batter on meats, HM
 Bread sticks, hard² or soft
 Bread stuffing¹
 Cake, cupcakes^{3,5}
 Cereal – dry or cooked, 6 gm. of sugar or less is recommended
 Cereal bars, HM^{1,2,4}
 Chips² – grain based, enriched or whole grain
 Chow mien noodles
 Cinnamon roll⁴
 Coffee cake⁴
 Cookies, brownies or bars^{3,5}
 Cornbread and corn muffins
 Corn pone, hoe cake
 Corn tortillas
 Couscous
 Crackers²
 Cream puff shells^{3,5}
 Crepes
 Croissants
 Croutons²
 Doughnuts^{4,5}
 Dumplings
 Egg roll skins, won ton wrappers
 English muffins
 Fig bars³ (only the cookie credits)
 Fruit crisp or cobbler crust, HM^{1,3,5}
 Fry bread
 Gingerbread
 Graham crackers
 Grain fruit bars, granola bars^{1,2,4}
 Grains – barley, cornmeal, farina, millet, oats, quinoa, rice, wheat
 Granola cereal^{1,2}
 Grits, whole grain or enriched
 Hushpuppies
 Ice cream cones, whole grain or enriched⁵
 Kasha (buckwheat)
 Macaroni, noodles, spaghetti and other pasta shapes
 Macaroni in boxed or HM macaroni and cheese
 Muffins

Limit use since may be high in salt and/or high in fat.

Pie crust or shell⁵ - dessert pies³, or in main dish pie, HM
 Pita bread
 Pizza crust
 Popovers
 Pretzels, soft and hard²
 Pop tarts, toaster pastries (only the crust)^{4,5}
 Puff pastry with main dish
 Quick breads including biscuits, banana, carrot, pumpkin, zucchini breads or muffins, HM
 Rice cakes⁵
 Rice pudding, HM^{1,3}
 Scones
 Snack crackers²
 Sopapillas³
 Spoon bread
 Sweet rolls, buns, pastries⁴
 Taco or tortilla shells²
 Tortillas
 Turnover crust⁴
 Vanilla wafers (plain cookies)³
 Waffles
 Wheat germ, bran

Non creditable

Caramel corn
 Commercial breeding or batter on meat products (CN label or manufacturer's statement)
 Commercial cereal bars (CN label or manufacturer's statement)
 Grits, only if whole grain or enriched
 Hominy
 Ice cream cones, only if whole grain or enriched⁵
 Jiffy brand mixes
 Nut or seed flour
 Popcorn
 Potatoes, potato pancakes (credit as a vegetable)
 Potato chips, potato sticks²
 Tapioca

¹ Only the amount of bread, flour, meal or grain counts.

² Hard, dry foods may cause choking.

³ Sweet food product-creditable for snacks only.

⁴ Sweet food product-creditable for snacks and breakfast only.

⁵ Serving size probably not reasonable.

Grains/Breads ^{1, 2} Serving Size Chart

Grain/bread products are divided into nine groups according to the serving size needed to provide 14.75 grams of flour. When water, fat, sugar, fruit, or nuts are added, a larger serving is needed to provide this amount of flour.

Group A 1 serving = 20 gm or 0.7 oz ½ serving = 10 gm or 0.4 oz	Group D 1 serving = 50 gm or 1.8 oz ½ serving = 25 gm or 0.9 oz
<ul style="list-style-type: none"> Bread type coating Bread sticks (hard) ⁷ Chow mien noodles ⁷ Crackers (saltines or soda crackers and snack crackers) Croutons ⁷ Pretzels (hard) ⁷ Rice cakes, plain ⁷ Stuffing, bread portion (dry) ⁷ 	<ul style="list-style-type: none"> Doughnuts ⁴ (cake and yeast raised, unfrosted) Granola bars ⁴ (plain) Muffins (all, except corn) Sweet rolls ⁴ (unfrosted) Sweet quick breads (e.g., banana, pumpkin, zucchini) Toaster pastries ⁴ (unfrosted)
Group B 1 serving = 25 gm or 0.9 oz ½ serving = 13 gm or 0.5 oz	Group E 1 serving = 63 gm or 2.2 oz ½ serving = 31 gm or 1.1 oz
<ul style="list-style-type: none"> Bagels, bagel chips ⁷ Batter type coating, breading Biscuits Breads (white, wheat, whole wheat, French, Italian, pumpernickel, raisin) Buns (hamburger and hot dog) Crackers (graham crackers - all shapes, animal crackers) Egg roll skins English muffins Pita bread (white, wheat, whole wheat) Pizza crust Pretzels (soft) Rolls (white, wheat, whole wheat, potato) Tortillas (wheat or corn) Tortilla chips (wheat or corn) ⁷ Taco or tortilla shells ⁷ Wonton wrappers 	<ul style="list-style-type: none"> Cookies ^{3, 7} (with nuts, raisins, chocolate pieces, and/or fruit purees) Doughnuts ⁴ (cake and yeast raised, frosted or glazed) French toast Grain fruit bars ⁴ Granola bars ^{4, 7} (with nuts, raisins, chocolate pieces, and/or fruit) Rice cakes, with chocolate chips or peanut butter Sweet rolls ⁴ (frosted) Toaster pastries ⁴ (frosted)
	Group F 1 serving = 75 gm or 2.7 oz ½ serving = 38 gm or 1.3 oz
	<ul style="list-style-type: none"> Cake ³ (plain, unfrosted) Coffee cake ⁴
	Group G 1 serving = 115 gm or 4 oz ½ serving = 58 gm or 2 oz
	<ul style="list-style-type: none"> Brownies ³ (plain) Cake ³ (all varieties, frosted)
	Group H 1 serving = ½ cup cooked (or 25 gm dry) ½ serving = ¼ cup
Group C 1 serving = 31 gm or 1.1 oz ½ serving = 16 gm or 0.6 oz	<ul style="list-style-type: none"> Barley Breakfast cereals (cooked) ^{5, 6} Bulgur, couscous or cracked wheat Macaroni (all shapes) Noodles (all varieties) Pasta (all shapes) Ravioli (noodle only) Rice (enriched white or brown)
<ul style="list-style-type: none"> Cookies ³ (plain) Cornbread, Johnny cake or hushpuppies Corn muffins Croissants Pancakes or crepes Pie crust (dessert pies ³, fruit turnovers ⁴, and meat/meat alternate pies) Waffles 	Group I 1 serving = ¾ cup or 1 oz, whichever is less ½ serving = ⅓ cup or .5 oz, whichever is less
	<ul style="list-style-type: none"> Ready to eat breakfast cereal (cold dry) ^{5, 6} Cereal bars, HM ^{4, 8}

¹ The following foods are whole-grain or enriched or made with enriched or whole-grain meal and/or flour, bran, and/or germ.

² Some of the following foods, or their accompaniments may contain more sugar, salt, and/or fat than others. This should be a consideration when deciding how often to serve them.

³ Sweet food product-creditable for snacks only.

⁴ Sweet food product-creditable for snacks and breakfasts only.

⁵ Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

⁶ Cereals must be whole-grain, enriched, or fortified; list whole grain, bran or germ as the first ingredient on the label; or meet the nutrient criteria.

⁷ Hard, dry foods may cause choking.

⁸ To count as one full serving of grains/breads, a HM cereal bar must contain ¾ cup or 1 ounce of the cereal, whichever is less. Crediting will depend on the volume or weight of the ready-to-eat cereal in each cereal bar. Purchased cereal bars may not be automatically credited; manufacturer's statement is required.

How much to serve?



Common Grain/Bread Servings

Read labels and look for lower fat, salt, and sugar choices. Some foods listed are not appropriate for younger children or elderly due to risk of choking.

Food	Serving Size		Cost* full serving
	1-5 yr	6 yr-adult	
Animal crackers – store brand	8	16	.15
Bagel – 3.3 oz. national brand	1/6	1/3	.18
Bread – national brand	1/2 slice	1 slice	.16
Cereal, cooked – store brand	1/4 cup	1/2 cup	.06
Cereal, Cheerios	1/3 cup	3/4 cup	.24
Cheez-it snack crackers	9	18	.24
Chips Ahoy cookies	2	4	.71
Corn Chips – store brand small yellow round	9	18	.13
Ritz snack crackers	3	7	.09
English muffin – split	1/4	1/2	.25
Fish crackers	19	37	.26
Graham crackers – national brand	1 sheet (2 squares)	2 sheets (4 squares)	.19
Graham crackers – store brand	1 sheet (2 squares)	2 sheets (4 squares)	.16
Grain/fruit bars – store brand	1	2	.72
Granola bar, with chocolate chips – store brand	1.5	3	.86
Granola bar, plain – Nature Valley	1.5	2.5	.52
Toaster Pastry, plain (52 g)	1/2	1	.31
Toaster Pastry, frosted (52g)	3/4	1 1/4	.39
Pretzels – store brand			
Ring – small	7	13	.09
Ring – large	4	8	.09
Stick	19	38	.09
Saltines – national brand	4	7	.13
Saltines – store brand	4	7	.09
Oyster cracker – store brand	26	51	.10
Teddy grahams – plain	10	20	.23
Tortilla, small (50 g)	1/4	1/2	.19
Triscuits	3	5	.16
Vanilla Wafers – store brand	5	9	.17
Wheat Thins	5	10	.17

* Approximate prices at Hy-Vee in central Iowa, 6/13. Instead of counting out crackers, place the correct amount in a measuring cup to determine the required volume and scoop out the serving.



Vegetable and Fruit Yields

Serving sizes and yields are approximate.

Vegetable	Yield
Carrot sticks 1/2" x 4"	6 sticks = 1/2 cup 3 sticks = 1/4 cup
Baby carrots	1 lb = 10, 1/4 cup servings
Cauliflower - 1 med head	6 cups flowerets
Celery sticks 1/2" x 4"	6 sticks = 1/2 cup 3 sticks = 1/4 cup
Cucumber sticks 3/4" x 3"	6 sticks = 1/2 cup 3 sticks + 1/4 cup
Lettuce (bag)	1/4 cup servings per lb.
Iceberg only	29
Salad mix (mostly iceberg)	26
Salad mix (mixed lettuce)	25
Tomatoes	
Cherry	5 halves = 1/4 cup
1/4" slices	2 slices = 1/4 cup
Fruit	Yield
Apples (125-138 ct)	1/2 apple = 1/2 cup
Bananas (regular)	1/2 banana = 1/4 cup
Juice (12 oz. can concentrate)	12 – 1/2 cup servings 8 – 3/4 cup servings
Juice (46 oz. can)	11 – 1/2 cup servings 7 – 3/4 cup servings
Oranges (138 ct)	1 orange = 1/2 cup

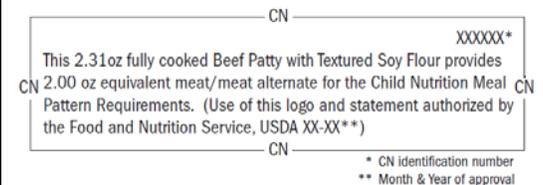
CN (Child Nutrition) Labels

The Child Nutrition Labeling program is a voluntary Federal labeling program for Child Nutrition Programs, including CACFP. CN labels clearly identify the contribution of a commercial combination food product toward meal pattern requirements. Only entrees and juice products may be CN labeled.

Examples of foods that may be CN labeled:

Meat products that are not 100% meat; canned or frozen stew; commercial lasagna; canned meat and pasta products; frozen pizza; pot pie; and breaded meats like chicken nuggets or fish sticks.

Below is a sample CN label:



CN labeled products are more common through large food distributors that sell to schools, but may be found on products sold by bulk retailers such as Sam's Club and Costco. Few if any items purchased in regular grocery stores are CN labeled.

IMPORTANT: If CN labeled products are purchased, read the label carefully to determine how much must be served to meet meal pattern requirements. Keep a file of CN labels to document how requirements were met for products used.

Determining if Breakfast Cereals are Creditable

Crediting Breakfast Cereal

A breakfast cereal is creditable if any of the following are true:

1. The cereal is labeled as whole grain (100% of the grain component is whole grain);
2. The cereal is labeled as “enriched”;
3. The cereal is labeled as “fortified”;
4. The ingredient statement shows that the primary grain ingredient (first item listed on the label) is either whole grain, enriched flour or meal, bran, or germ; or
5. Manufacturer’s statement provides the gram amount of creditable grains per serving.

Some cereal manufacturers no longer attach the words “fortified” or “enriched” to the name of the cereal on the front of the package, and some manufacturers add the words “whole grain” or “made with whole grain” to the product label even if the grain component is not 100% whole grain. This makes it difficult to determine if the cereal is creditable.

Additional Recommendations for Breakfast Cereal

1. Serve breakfast cereal often, at least one time per week.
2. Serve whole grain cereals often, at least half the time. Look for whole grain as the first ingredient on the label.
3. Select cereals with 6 grams or less of sugar per one ounce (28 grams) serving.



Weights of Common Grain Products

Grain Product	Weight of 1 cup (grams)
All Bran ®	30 g
Bran Buds ®	30 g
Cheerios ®	28 g
Corn Chex ®	31 g
Corn Flakes ® (whole)	28 g
Rice Chex ®	27 g
Rice Krispies ®	28 g
Wheaties ®	27 g
Wheat Germ (spooned)	115 g
Corn meal (regular)	122 g
Cake flour ¹	111 g
All purpose (AP) flour ¹	125 g
Bread flour ¹	137 g
Whole wheat flour ¹	120 g
Oats (uncooked)	80 g



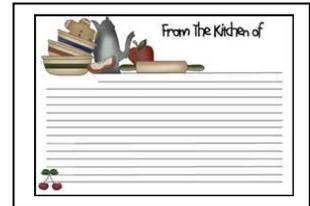
¹ Unsifted flour, spooned into measuring cup.

Home Recipes

Home providers are encouraged to use recipes for items with two or more ingredients and to keep them in a file or computer. Recipes should be tried several times to be sure they produce the same results each time.

Each recipe should include the following information:

- a. Recipe title—name to adequately describe the recipe.
- b. Amount of each ingredient used.
- c. Preparation instructions.
- d. Cooking temperature and time (if applicable).
- e. How many servings the recipe makes.
- f. How a serving contributes toward CACFP meal pattern components requirements.



USDA Home Recipes

Providers are encouraged to use USDA recipes “Recipes for Healthy Kids: Cookbook for Homes” whenever possible:

<http://www.fns.usda.gov/tn/recipes-healthy-kids-cookbook-homes>



Porcupine Sliders

Ingredients

½ cup brown rice, long-grain, regular, dry
 1 tsp. canola oil
 1½ Tbsp. fresh onion, peeled, diced
 ¼ cup fresh celery, diced
 1½ tsp. fresh garlic, minced
 1 lb. raw ground turkey, lean
 1 egg, beaten
 5 Tbsp. dried cranberries, chopped
 ¾ cup fresh baby spinach, chopped
 1 tsp. Worcestershire sauce
 ½ tsp. salt
 ½ tsp. ground black pepper
 1 dash ground white pepper
 6 (1 oz each) mini whole wheat rolls (small dinner roll size)

Preparation Time: 30 minutes

Cooking Time: 1 hour 20 minutes

Makes six sliders

1 slider provides 1¼ oz. equivalent meat/meat alternate, ¼ cup other vegetable, and 1 oz. equivalent grains.

Directions

1. Preheat oven to 350° F.
2. Combine brown rice and ½ cup water in a small pot and bring to a boil. Turn heat down to low. Cover and cook until water is absorbed, about 30-40 minutes. Fluff with a fork. Cover and refrigerate until completely cooled. A rice cooker may be used with the same quantity of brown rice and water.
3. Heat canola oil in a small skillet. Add onions, celery, and garlic. Cook over medium heat for 5 minutes or until tender. Remove from heat. Cover and refrigerate until completely cooled.
4. In a medium mixing bowl, combine turkey, egg, cranberries, spinach, Worcestershire sauce, salt, peppers, brown rice, and sautéed vegetables. Mix well. Shape into 6 patties.
5. Line a large baking sheet with parchment paper and lightly coat with nonstick cooking spray. Place patties evenly spaced on baking sheet.
6. Bake uncovered for 20-25 minutes at 350° F to an internal temperature of 165° F or higher for at least 15 seconds (use a food thermometer to check the internal temperature). Do not overcook. Remove from oven and serve on a mini whole-wheat roll. Serve immediately.
7. May be served with onion, lettuce, tomatoes, ketchup.

Page 9, Recipes for Healthy Kids: Cookbook for Homes.

Medical or Special Dietary Needs

USDA guidance provides for some variation in claiming meals served to children ages 1-12 when certain conditions have been met.

1. Special dietary needs must be documented on an Allergy/Food Exception Statement form signed by a medical professional. Substitutions must always meet meal pattern requirements or follow what is listed on the statement.
 - a. **Disability** – If a participant has a disability that restricts their diet, the disability must be certified on the form by a physician. The provider is required to provide the substitute food item(s) unless the cost of providing the substitution places an undue financial burden for the provider. The undue financial hardship and reason for the determination must be documented by the provider and a copy maintained by the Home Sponsor. Based on the documented financial hardship, the family may provide the food and the meal may be claimed if the provider provides at least one required meal component.
 - b. **No Disability** – If a child has a special dietary need for a documented medical reason that is not due to a disability, the form may be completed by a physician, physician's assistant or advanced registered nurse practitioner. Providers are encouraged, but not required, to provide the substitutions. If the family supplies substitute foods from home, because of a medical reason, the meals may be claimed if the provider provides at least one required meal component.
2. Providers may not require parents to provide part of a meal or snack that will be claimed. If a meal includes foods brought from home due to personal preferences, the meals cannot be claimed.

Providers are encouraged to teach children about foods, allow children to be involved with food activities and food preparation so children can become familiar with a variety of foods. Providers should create a pleasant, nurturing mealtime for all children enrolled for care. Food should not be used as a reward or punishment. All food items should be treated as equally important.

Parental Dietary Preference for Their Child

Parents or guardians may request in writing non-dairy beverages without providing an allergy/exception statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request to the child's home provider asking that soymilk (non-dairy beverage) be served in lieu of cow's milk. The written request must identify the special dietary need that restricts the diet of the child.

- a. If the milk substitute is not nutritionally equivalent to cow's milk, an allergy/food exception statement is needed.
- b. A meal is reimbursable if a non-dairy beverage provided by the parent meets the nutritional standards.

Water Availability in CACFP

Home providers are required to make drinking water available to children throughout the day, including at meal times and upon children's request, but water does not have to be available for children to self-serve. Water is **not** part of the reimbursable meal and may **not** be served in lieu of fluid milk or 100% juice.

Home providers should not serve young children too much water before and during meal times, as this may reduce the amount of food and milk they can consume. Children should be served water with snacks in lieu of other non-creditable high calorie, sweetened beverages (juice drinks, soda, sports drinks, etc.).

Water should be offered and served at children's request in between meal and snack times. Water can be made available to children in a variety of ways such as: having cups available next to the kitchen sink, having water pitchers and cups set out, providing a water bottle for each child, or by providing water to children when it is requested. Water pitchers, water bottles, and cups (if disposable) need to be washed and sanitized each day.

Circumstances may arise in which safe water is not readily available in a day care home. In these instances, purchasing water (from a reliable source) for children may be considered a reasonable and allowable expense for home providers.



Pattern Requirements

Iowa Child and Adult Care Food Program

The first year of life is divided into three; four-month age groupings with appropriate meal guidelines for each group. Although the meal pattern specifies breakfast, lunch, supper, and snack, this may not match each baby's feeding pattern. Babies seldom accept rigid feeding schedules and may need to eat every 2 to 4 hours. Babies should be fed when hungry, "on demand" or "on cue."

A range of food amounts is listed to allow flexibility, based on each baby's appetite. Babies vary from day-to-day in the amounts they actually eat. The amounts listed are the **minimum** you must serve to meet requirements except for breast milk. Some babies may want less and should never be forced to finish what is in the bottle or what is spoon-fed. Let babies determine how much they will eat and learn the individual cues each baby uses to show hunger or fullness. You may serve larger portions to babies who want more than these amounts.

Infants must be held when they are fed and should never be left with a propped-up bottle. Juice should not be offered to infants until they are ready to drink from a cup. Bottle feeding of juice or bedtime bottles may cause baby bottle tooth decay.

Solid foods are optional for infants four through seven months of age, and should be introduced only if the infant is developmentally ready and the parent states the baby is ready. Solid foods should be introduced one at a time to help detect allergies.

Breast milk and/or iron-fortified infant formula must be served for the entire first year. All infants must be enrolled and the center or home must offer to provide at least one allowable iron-fortified infant formula.

The chart "Is This Infant Meal Reimbursable?" describes which meals can be claimed for CACFP reimbursement.

Age of Baby	Breakfast	Lunch and Supper	Snack
Birth through 3 months 	4-6 fluid ounces (fl oz) breast milk ^{1,2} or formula ³	4-6 fl oz breast milk ^{1,2} or formula ³	4-6 fl oz breast milk ^{1,2} or formula ³
4 months through 7 months 	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. infant cereal ^{3, 4} (optional)	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. infant cereal ^{3, 4} (optional) 0-3 Tbsp. fruit and/or vegetable (optional) ⁴	4-6 fl oz breast milk ^{1,2} or formula ³
8 months through 11 months (until 1st birthday) 	6-8 fl oz breast milk ^{1,2} or formula ³ 2-4 Tbsp. infant cereal ³ 1-4 Tbsp. fruit and/or vegetable	6-8 fl oz breast milk ^{1,2} or formula ³ and 2-4 Tbsp Infant cereal ³ and/or 1-4 Tbsp. meat, fish, poultry, egg yolk, cooked dry beans or split peas; or ½-2 oz. cheese; or 2-8 Tbsp. cottage cheese; or 1-4 oz cheese food, or cheese spread; and 1-4 Tbsp. fruit and/or vegetable	2-4 fl oz breast milk ^{1,2} or formula ³ or fruit juice ⁵ 0-½ slice of bread ^{4,6} or 0-2 crackers ^{4,6} (optional)

¹ Breast milk or formula, or portions of both may be served (ask parent's wishes); however, it is recommended that breast milk be served in place of formula from birth through 11 months.

² For some breast-fed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

³ Infant formula and dry infant cereal must be iron fortified.

⁴ A serving of this component is required only when the infant is developmentally ready to accept it.

⁵ Fruit juice must be full-strength.

⁶ Bread and crackers must be made from whole-grain or enriched meal or flour, without nuts, seeds or honey.



CACFP Meals for Children 1 - 12 years
 Iowa Child and Adult Care Food Program
 (Post where meals are prepared and served.)

Revised 6/2011

	Ages 1-2	Ages 3-5	Ages 6-12⁴
BREAKFAST⁶			
Milk ⁵	½ cup	¾ cup	1 cup
Juice or Fruit or Vegetable ¹	¼ cup	½ cup	½ cup
Grains/Breads ²	½ serving/slice	½ serving/slice	1 serving/slice
or cereal, cold dry	¼ cup*	⅓ cup**	¾ cup***
or cooked cereal	¼ cup	¼ cup	½ cup
SNACK⁶ (Select 2 of the 4 components listed)			
Milk ⁵	½ cup	½ cup	1 cup
Juice or Fruit or Vegetable ¹	½ cup	½ cup	¾ cup
Meat or Meat Alternate	½ ounce	½ ounce	1 ounce
or egg (large)	½	½	½
or cheese	½ ounce	½ ounce	1 ounce
or cheese food, cheese spread	1 ounce	1 ounce	2 ounces
or yogurt	¼ cup	¼ cup	½ cup
or cottage cheese	⅛ cup	⅛ cup	¼ cup
or cooked dry beans/split peas	⅛ cup	⅛ cup	¼ cup
or peanut butter (nut or seed butter)	1 Tbsp.	1 Tbsp.	2 Tbsp.
or nuts and/or seeds ³	Not recommended	Not recommended	1 ounce
Grains/Breads ²	½ serving/slice	½ serving/slice	1 serving/slice
or cereal, cold dry	¼ cup*	⅓ cup**	¾ cup***
or cooked cereal, rice, pasta	¼ cup	¼ cup	½ cup
LUNCH OR SUPPER⁶			
Milk ⁵	½ cup	¾ cup	1 cup
Meat or Meat Alternate	1 ounce	1½ ounces	2 ounces
or egg (large)	1	1	1
or cheese	1 ounce	1½ ounces	2 ounces
or cheese food, cheese spread	2 ounces	3 ounces	4 ounces
or yogurt	½ cup	¾ cup	1 cup
or cottage cheese	¼ cup	⅜ cup	½ cup
or cooked dry beans/split peas	¼ cup	⅜ cup	½ cup
or peanut butter (nut or seed butter)	2 Tbsp.	3 Tbsp.	4 Tbsp.
or nuts and/or seeds ³	Not recommended	Not recommended	1 ounce
2 Vegetables and/or fruits to total ¹	¼ cup (total)	½ cup (total)	¾ cup (total)
Grains/Breads ²	½ serving/slice	½ serving/slice	1 serving/slice
or cooked rice, noodles or pasta	¼ cup	¼ cup	½ cup

¹ Juices must be full strength 100% juice. For snack, juice cannot be served when milk is the only other component. Juice may contribute up to half the fruit/vegetable at lunch and supper. Only one serving of juice per day is recommended.

² Use whole grain, enriched or fortified breads, cereals, or pasta. See the Handy Guide to Creditable Foods List for amounts.

³ Caution, children under five should not be served nuts. Older children may have up to one ounce of nuts or seeds at any one meal.

⁴ The minimum quantities listed must be served. Children may be served larger portions based on their individual food needs. Programs serving migrant children may claim meals through age 15 and At-Risk Program and homeless shelter participants may be served through age 18.

⁵ Milk must be skim or 1%, flavored or unflavored, when served to participants over age two. Whole milk is recommended for children between one and two years of age.

⁶ Water must be available upon request to children throughout the day and at mealtime. Water does not fulfill any meal component and should not replace any required food.

* ¼ c or ½ oz, whichever is less
 Tbsp. = Tablespoon

** ⅓ c or ½ oz, whichever is less
 Cup = measuring cup

*** ¾ c or 1 oz, whichever is less



**Iowa
Child and Adult Care Food Program**

Mealtime Sanitation in Child Development Homes

Meals must be prepared and served to children in care in a safe and sanitary manner.

Provider and Child Cleanliness

- Teach children how to wash their hands with soap and running water.
- Supervise children's hand washing.
- Wash children's hands before and after mealtime and before they help with a food activity.
- Liquid soap and paper towels are recommended.
- Wash your hands well with soap and water before preparing foods or serving meals, using the toilet, after helping children with toileting, changing diapers, etc.
- Wear clean clothes each day.

Food Storage

- Store foods in covered containers in the refrigerator.
- Put frozen meats into a pan before placing them in the refrigerator to thaw.
- Store foods and cleaning supplies in separate cupboards.
- Store cleaning supplies in a cupboard that is locked.
- Place thermometers in a visible location in the refrigerators and freezers. Check the temperature frequently.
 - a) Keep refrigerator temperature between 32° - 40° F.
 - b) Keep freezer temperature at 0° F or less.
- Clean dry food storage areas, refrigerator, and freezer frequently.

Meal Preparation and Service

- Give children clean utensils and napkins if these items are dropped during meal service.
- Discard cracked or chipped plates, cups, bowls, etc.
- Serve foods on a plate or napkin or in a bowl rather than directly on the table.
- Wash and sanitize counters and tables used for preparing and serving meals to children before and after use.
- Keep pets in another room or outside when meals are being prepared and served to children.
- Rinse fruits and vegetables thoroughly before use.
- Prepare, store, and serve foods in a place separate from diaper changing area.
- Thaw frozen foods in the refrigerator, not on the kitchen counter.
- Do not use home-canned foods when preparing meals for children in care.
- Promptly put away frozen and cold foods after purchasing.
- Cook foods to the appropriate temperature. Use of a food thermometer is recommended.
- Serve hot and cold foods at appropriate temperatures.

Infants

- Make bottles of formula on the day of use.
- Label each bottle with the infant's name and date.
- Do not warm infant food or bottles in a microwave.
- Do not feed infants from the jar of infant food. Put the food in a separate dish to feed the infant.

Food Purchasing

- Use inspected meats.
- Use pasteurized milk.
- Use pasteurized 100% juices.
- Do not buy or use leaking or bulging cans of food.

Dishwashing

- If a dishwasher is used, the rinse temperature should be 180° F to sanitize dishes.
- To wash and sanitize dishes without a dishwasher:
 1. Rinse or scrape.
 2. Wash in hot sudsy water.
 3. Rinse in clear water.
 4. Sanitize dishes by:
 - a) Complete immersion for 2 minutes in a lukewarm solution of 1½ tsp. bleach per gallon of water, **or**
 - b) Complete immersion in 170° water for at least 30 seconds.
 5. Air dry. Do not towel dry dishes.
- Wash utensils before using them to work with a different food. Use a different utensil for cooking raw meat.
- Wash and sanitize cutting boards before using and after each use for different foods.
- Wash and sanitize can openers after each use.

Garbage

- Throw out leftovers from children's plates.
- Cover garbage and use liners.

11/02



**Iowa
Child and Adult Care Food Program**

Wash Hands for Good Health

Most experts agree that the single most effective practice that prevents the spread of germs in the child care setting is good handwashing by child care providers, children, and others. Some activities expose children and providers to germs or provide the opportunity to spread them. You can stop the spread of germs by washing your hands and teaching the children in your care good handwashing practices.

WHEN HANDS SHOULD BE WASHED

Children and infants:

- Upon arrival at child care setting.
- Immediately before and after eating.
- After using the toilet or having their diapers changed.
- Before using water tables.
- After playing on the playground.
- After handling pets, pet cages, or other pet objects.
- Whenever hands are visibly dirty.
- Before going home.

Providers:

- Upon arrival at work.
- Immediately before handling food, preparing bottles, or feeding children.
- After using the toilet, assisting a child in using the toilet, or changing diapers.
- After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
- After handling pets, pet cages, or other pet objects.
- Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys.
- After removing gloves for any purpose. *
- Before and after giving or applying medication or ointment to a child or self.
- After working outside.
- After handling raw eggs, fresh meat or poultry.
- After smoking.
- At the end of the child care work day.

* If gloves are being used, hands should be washed immediately after gloves are removed even if hands are not visibly contaminated. Use of gloves alone will not prevent contamination of hands or spread of germs and should not be considered a substitute for handwashing.

November 2002

HOW TO WASH HANDS

- Always use warm, running water, with a mild, preferably liquid soap. Anti-bacterial soaps may be used, but are not required. Pre-moistened cleaning towelettes and hand sanitizers do not effectively clean hands and do not take the place of handwashing.
- Put the hands under running water to get them wet. Apply a small amount (dime to quarter size) of liquid soap to the hands.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 second. Be sure to scrub between fingers, under fingernails, around rings, and over the backs and palms of the hands.
- Rinse hands under warm running water. Leave the water running while drying hands.
- Dry hands with a clean, disposable (or single use) towel, being careful to avoid touching the faucet handles or towel holder with clean hands.
- Turn the faucet off using the towel as a barrier between your hands and the faucet handles.
- Discard the used towel in a trash can lined with a fluid-resistant (plastic) bag. Trash cans with foot-pedal operated lids are preferable.
- When assisting a child with handwashing, either hold the child (if an infant) or have the child stand on a safety step at a height at which the child's hands can hang freely under the running water. Assist the child in performing all of the above steps and then wash your own hands.

TEACH CHILDREN

Make sure children learn the proper way to wash their hands. Since germs can't be seen without a microscope, children may think they only need to wash their hands when they look dirty. Emphasize the importance of washing hands before eating, after toileting, playing outside or touching animals, etc.

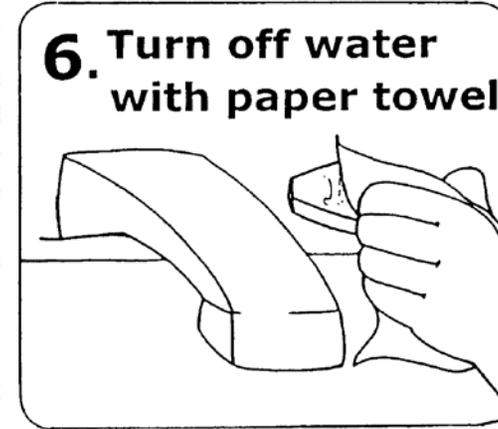
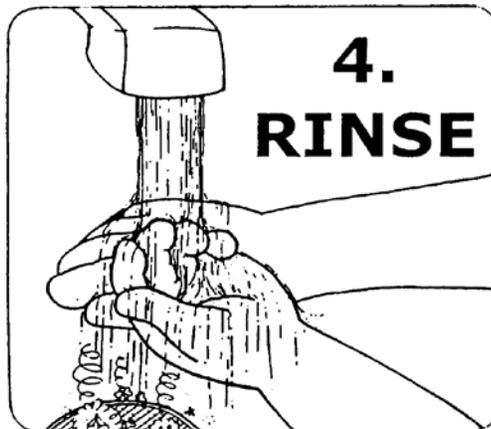
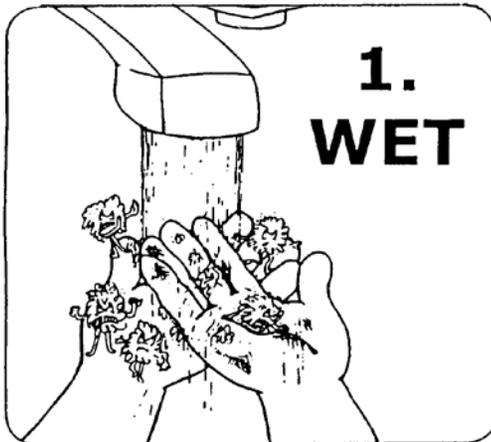
Children learn best by example, so everyone in the child care should practice proper handwashing. Encourage children to do a good job of washing their hands, and praise them when they do. Use songs, stickers and hand washing signs made by the children to make handwashing fun.

Handwashing Song

(Sing to *Row, Row, Row Your Boat*)
Wash, wash, wash your hands,
Play our handy game,
Rub and scrub and scrub and rub,
Germs go down the drain!

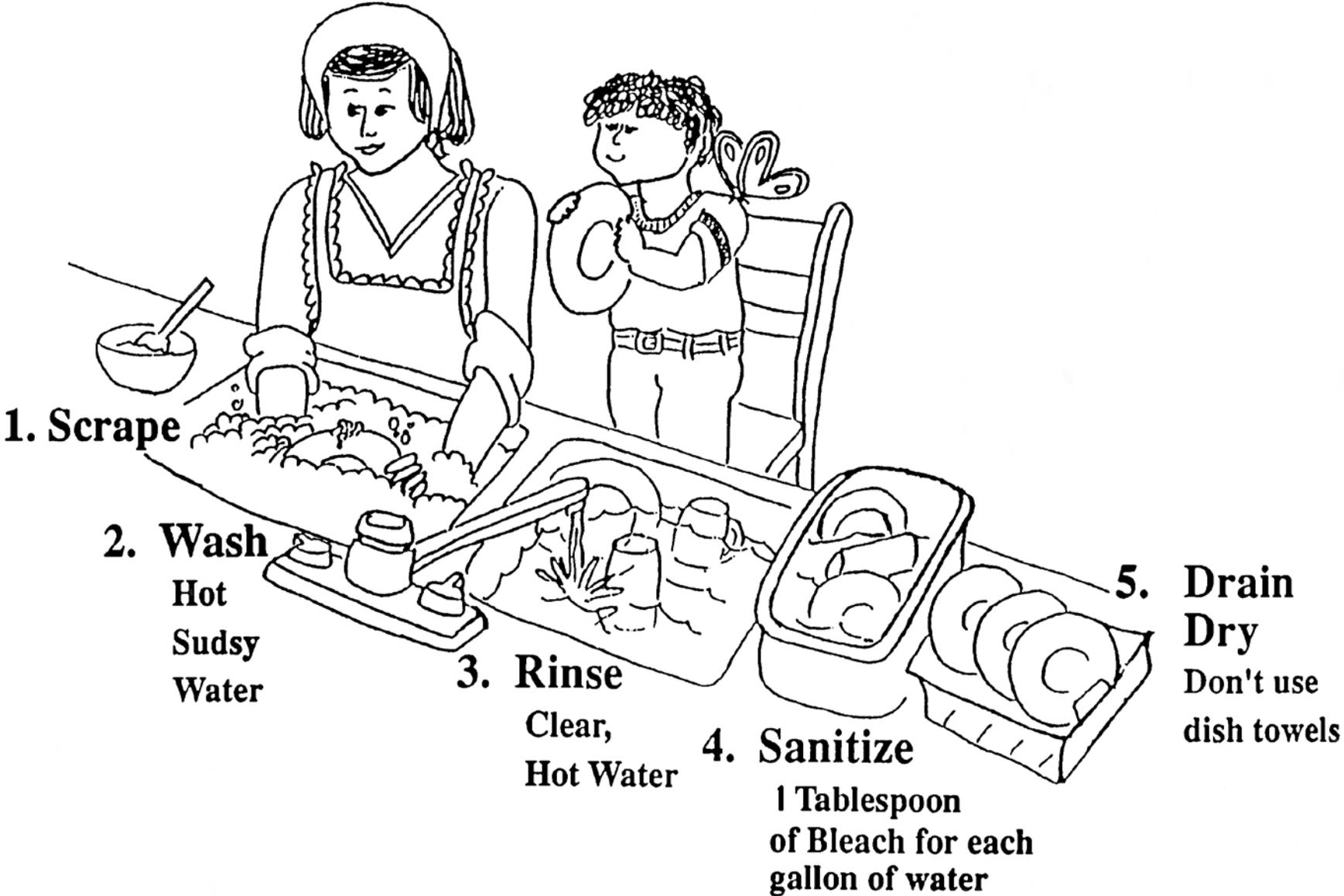


Be a Germ Buster... Wash Your Hands!



*Wash for 20 seconds (sing two times – Happy Birthday..., or Row, row, row your boat, or Wash, wash, wash your hands, play this happy game, rub & scrub, rub & scrub, germs go down the drain)

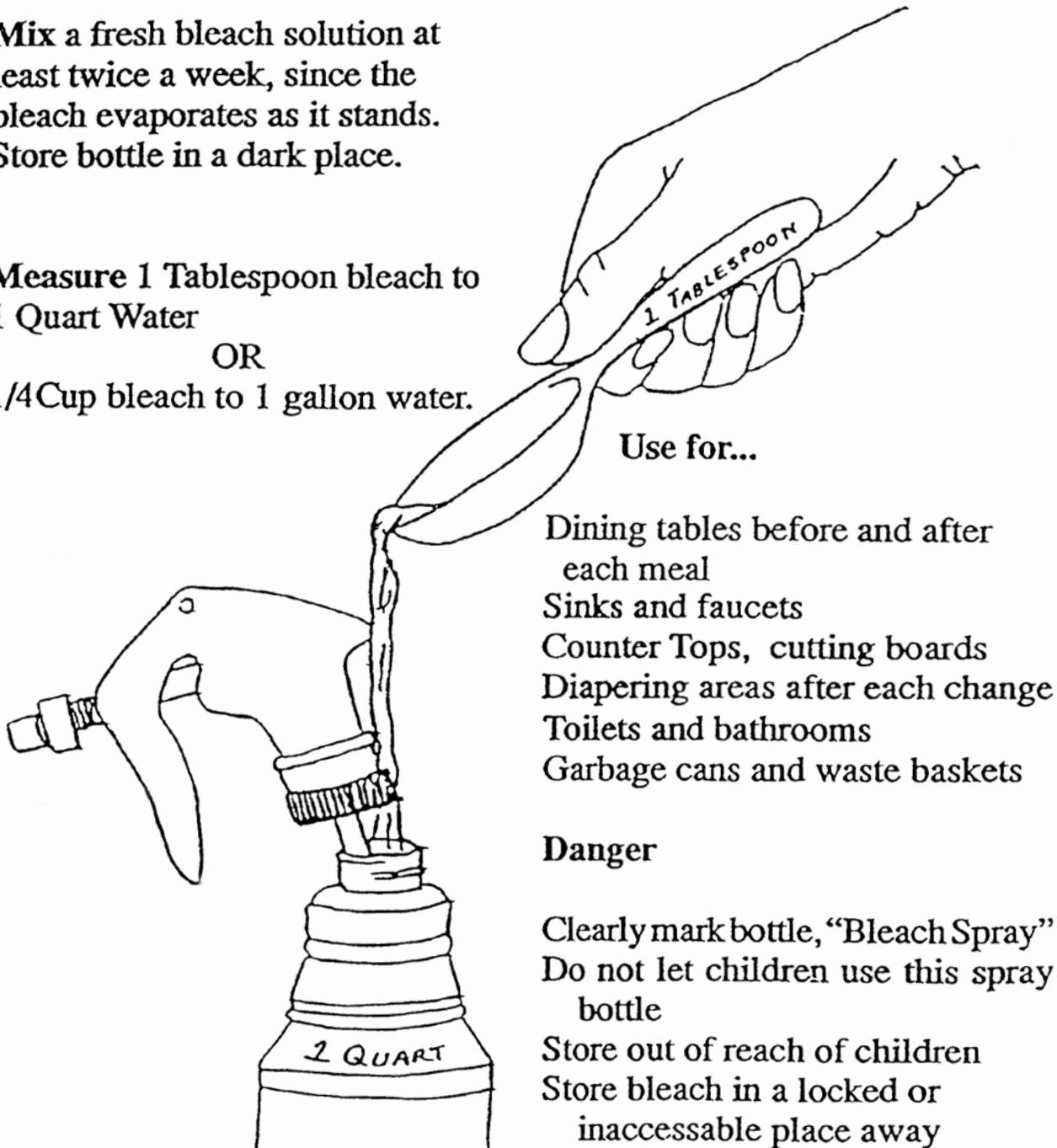
Clean Dishes



Spray Sanitizer

Mix a fresh bleach solution at least twice a week, since the bleach evaporates as it stands. Store bottle in a dark place.

Measure 1 Tablespoon bleach to 1 Quart Water
OR
1/4 Cup bleach to 1 gallon water.



Use for...

- Dining tables before and after each meal
- Sinks and faucets
- Counter Tops, cutting boards
- Diapering areas after each change
- Toilets and bathrooms
- Garbage cans and waste baskets

Danger

- Clearly mark bottle, "Bleach Spray"
- Do not let children use this spray bottle
- Store out of reach of children
- Store bleach in a locked or inaccessible place away from food

Health and Safety Recommendations

Best Practice for Child Development Homes

NOTE: Most of the information in this section comes from *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition, 2002. Available at <http://cfoc.nrckids.org/>. This information is best practice for the health and safety of children in your care.

Cardiopulmonary Resuscitation (CPR)

Child care providers who use swimming pools must be trained in infant and child CPR. This training is also recommended for providers who use wading pools. Providers who care for children with heart problems should also be trained in infant and child CPR.

REASON: The need for cardiac resuscitation is rare. Children who have specific heart problems, such as cardiac arrhythmia, or children who are drowning in cold water (swimming pools, wading pools), require cardiac resuscitation. Except for these two situations, the heart does not stop beating until respiratory failure occurs and causes permanent brain damage. Child development home providers often work alone and are solely responsible for the health and safety of children in care. You should have the necessary skills to manage any emergency while caring for all children in the group.

COMMENTS: Contact your child care resource and referral agency about the training schedule for CPR.

First Aid Training

The National Standards define first aid as the first steps you take when responding to an injury or sudden illness. First aid also includes the emergency care and treatment of a child before medical help arrives. In Iowa, first aid training is required for child development home providers. The training includes rescue breathing (mouth-to-mouth) and first aid for choking (management of a blocked airway). Rescue breathing is the process of breathing air into the lungs of a person who has stopped breathing. This process is also called artificial respiration.

COMMENTS: Contact your child care resource and referral agency about the training schedule for first aid.

Suggested First Aid Supplies

First aid kits need to be readily available wherever children are in care. This includes one kit for vehicles used to transport children and one to remain at home. Here are some characteristics for first aid kits:

- ◆ A kit should be a closed container for storing first aid supplies.
- ◆ A kit should be available to your staff members at all times.
- ◆ Each kit must be out of reach of children.

The first aid kit should contain *at least* the following items:

- ◆ Adhesive strip bandages, plastic bags for cloths, gauze, and other materials used in handling blood
- ◆ American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide
- ◆ Bandage tape
- ◆ 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
- ◆ Parents' home and work phone numbers
- ◆ Poison Control Center phone number 1-800-222-1222
- ◆ Eye dressing
- ◆ Flexible roller gauze
- ◆ Liquid soap
- ◆ Non-glass thermometer to measure a child's temperature
- ◆ Pen or pencil and note pad
- ◆ Safety pins
- ◆ Scissors
- ◆ Small plastic or metal splints
- ◆ Sterile gauze pads
- ◆ Triangular bandages
- ◆ Tweezers
- ◆ Water

First aid kits must be refilled after each use.

REASON: As the provider, you are responsible for protecting each child and making sure that your staff members can handle emergencies. First aid was adequate treatment for 84.4% of the injuries in a study that reviewed 423 injuries. The supplies needed for child first aid should be on hand for use where the injury occurs.

COMMENTS: You can leave a first aid kit in all vehicles used to transport children.

Gun (Firearm) Safety

The National Standards recommend that the following not be permitted:

- ◆ Firearms
- ◆ Pellet or BB guns (loaded or unloaded)
- ◆ Darts
- ◆ Bows and arrows
- ◆ Toy guns and weapons

If these items are present, they must:

- ◆ Be unloaded
- ◆ Be equipped with child protective devices
- ◆ Be kept under lock and key in areas the children cannot access

For best practice, let parents know about this policy.

REASON: From 1990-1998 in Iowa, 47 children under the age of 14 died because of firearms. Children have a natural curiosity, especially about firearms. They see weapons glamorized on television. The risk for injury and death of young children due to firearms is becoming more obvious. Children cannot make the distinction between a toy and a real weapon. The potential for a tragic accident is great. These items should not be available to children.

Health-Related Emergencies Policy

You should have a written policy outlining the procedures and actions you will take in the event of a health-related emergency. The policy should address the following:

- ◆ First aid measures
- ◆ Contacting emergency medical services
- ◆ Transporting of an ill or injured child
- ◆ Contacting parents
- ◆ Care for the other children in your care during the emergency

COMMENTS: Assistance with developing policies is available from your child care health consultant at your child care resource and referral agency.

Hot Tubs and Natural Bodies of Water

The National Standards say that children should not be permitted in hot tubs, spas, or saunas. Toddlers and infants are especially at risk of overheating. These areas should be secured so that children do not have unsupervised access. Bathtubs, buckets, diaper pails, and other pails of water should be emptied immediately after use. Portable wading pools are not recommended. A national study concluded the following:

- ◆ Infants are most likely to drown in bathtubs
- ◆ Toddlers are most likely to drown in swimming pools
- ◆ Older children and adolescents are most likely to drown in freshwater (rivers, lakes, ponds)

Children who need assistance with toileting should not be allowed in toilet or bathroom areas without direct visual supervision. Children under age five should not be left unattended in a bathtub or shower.

REASON: These safety measures prevent injury and drowning. Small children can drown within 30 seconds in as little as two inches of liquid. Any body of water, including hot tubs, pails, bathtubs, and toilets present a drowning risk to young children.

An estimated 50 infants and toddlers drown each year in buckets containing liquid used for mopping floors and other household chores. Of all buckets, the five-gallon size is the most dangerous for young children because of its tall straight sides and its weight with even just a small amount of liquid. Top-heavy infants and toddlers cannot free themselves when they fall into a five-gallon bucket headfirst.

Small portable wading pools do not permit enough control of sanitation and safety. They promote spread of infectious diseases. While swimming pools pose the greatest risk for toddlers, about one-fourth of toddler drownings are in other freshwater sites, such as ponds or lakes. The American Academy of Pediatrics recommends:

- ◆ Swimming lessons for all children over age five
- ◆ Constant supervision of infants and young children when they are in the bathtub or around other bodies of water
- ◆ Installation of fencing that separates homes from residential pools
- ◆ Use of personal flotation devices when riding on a boat or playing near a river, lake or ocean
- ◆ Teaching children the dangers of drug and alcohol consumption during aquatic activities
- ◆ Stressing the need for parents and teens to learn cardiopulmonary resuscitation

COMMENTS: Sprinklers, hoses, or small individual water buckets are safe alternatives as a cooling or play activity. Flotation devices should never be used as a substitute for supervision. The need for constant supervision is especially important for very young children and children with physical disability or mental retardation. Knowing how to swim does not make a child drown-proof.

Handling and Storing Human Milk

Child care providers often worry about handling human milk and the possible spread of infection. Human milk may carry various bacteria or virus. The Centers for Disease Control and Prevention now know that people handling human milk in child care settings are at low risk of getting an infection from human milk. Universal (standard) precautions are no longer recommended when feeding or handling human milk. Gloves are not required for feeding human milk or for cleaning up spills of human milk.

Ill Children Policy

You should have a written policy outlining the procedures and actions you will take in the event of a child becoming ill while in your care. The policy may also address the event of a parent bringing an ill child to you for care. Your policy should be based on your knowledge, skills, and level of comfort in caring for ill children. You, parents, and your child care health consultant should work together to develop your policy. Consider including the following items as you develop your policy:

- ◆ Signs and symptoms of illness to help determine if the child should stay in your care or be excluded
- ◆ Methods for keeping parents informed about the health status of their child

- ◆ Record keeping to document the ill child's health status during the day
- ◆ Special comfort measures you are willing to take for an ill child (like offering soft or bland foods, a quiet supervised rest area, and giving medications)

COMMENTS: You have the authority to determine when children are too ill to be in your child development home. When considering caring for an ill child, you must consider the well being of all children in your care.

Immunizations for Child Care Providers

You should talk with your health-care provider about immunizations. Immunizations offered are often for measles, mumps, rubella, diphtheria, tetanus, and polio. Other immunizations include varicella (chickenpox), influenza, pneumonia, hepatitis A, and hepatitis B. You should talk with your health-care provider and determine if you live in a high-risk area for hepatitis A.

The National Standards suggest that child care providers also receive the following immunizations:

- ◆ Varicella (also known as chickenpox)
- ◆ Hepatitis A
- ◆ Hepatitis B
- ◆ Influenza (suggested for adults age 50 and older)
- ◆ Pneumococcal for pneumonia (suggested for adults age 65 and older)

REASON: Healthy adults caring for children have a greater risk of getting sick. These infections can be prevented by vaccines but are still a cause of death and disease for adults. Child care providers are at great risk for contracting these diseases when working with children. Vaccines are safe and effective in preventing these diseases. Adults need vaccines to decrease disease and to remove possible sources that spread disease to children.

COMMENTS: Contact your health-care provider if you have questions about your immunizations or your immune status.

Infant Sleeping Positions

As a registered home provider, the Department's rules require you to place children under the age of one year on their backs to sleep. A **physician** may prescribe a different sleep position for children with special needs. *The National Standards* state that all infants must be placed on their backs to sleep unless a physician has prescribed a different sleep position. For naps and nighttime sleeping, infants should:

- ◆ Be placed on their backs
- ◆ Be placed on a firm mattress
- ◆ Be placed in individual infant cribs
- ◆ Have no soft bedding, pillows, blankets, bumper pads, and stuffed animals in the crib
- ◆ Sleep at a room temperature of 65-75° F

Infants who sleep on their backs on a firm surface have a reduced risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexpected death of a seemingly healthy infant. SIDS usually occurs between the ages of three weeks and five months. Physicians are still not certain what causes SIDS. Sleep position and exposure to secondhand smoke are related to SIDS deaths. When infants can easily turn over from their backs to their “tummies,” they should be put down to sleep on their backs but allowed to choose which sleeping position they prefer.

As of June 28, 2011, all cribs sold in the United States must meet federal requirements for overall crib safety. These requirements include:

- ◆ Traditional drop-side cribs cannot be made or sold; immobilizers and repair kits are not allowed.
- ◆ Wood slats must be made of stronger woods to prevent breakage.
- ◆ Crib hardware must have anti-loosening devices to keep it from coming loose or falling off.
- ◆ Mattress supports must be more durable.
- ◆ Safety testing must be more rigorous.

The date of manufacture of a crib is a permanent marking generally found on the mattress support or below the headboard or footboard. If the manufacture date of any crib in your program is before June 28, 2011, you should confirm that a Certificate of Compliance (COC) exists. Information about what must be on the COC (i.e., manufacture and model, name/address/contact info of tester, location of test, etc.) can be found on the CPSC website. Any documentation from a business selling cribs must specify that it complies with Code of Federal Regulations (CFR) 1219 for full-size cribs and Code of Federal Regulations (CFR) 1220 for non-full size. The documentation has to say more than “the crib meets new federal requirements.” A non-full size crib must come with its own mattress to be in compliance. A warning label on the mattress will refer consumers back to manufacturer if the mattress becomes non-useable.

For more information, go to <http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/>.

REASON: Placing infants to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from SIDS. When infants develop the motor skills to move from their backs to their sides or stomachs, it is safe to put them to sleep on their backs and allow them to change to whatever position makes them comfortable. Once the child has learned to turn over easily from back to stomach, it is not recommended that you move sleeping infants onto their backs.

If a child has an illness or a disability that leads to airway obstruction in the back sleeping position, parents should give you a physician’s note telling you the need for stomach sleeping and any other special arrangements required for that child.

COMMENTS: Infants who are back-sleepers at home but are put to sleep on their tummies in child care have a higher risk of SIDS. “Tummy time” when the child is awake and observed helps muscle development. It also reduces the tendency for back positioning to flatten the back of the head. Alternatives to blankets include sleepers or other sleep clothes.

Lead Poisoning

Iowa law requires child development home providers who operate a home built prior to 1960 to perform a visual assessment of the child development home for lead-based paint hazards. Identified hazards must be repaired in accordance with Iowa Department of Public Health rules, unless a certified lead inspector has determined that the paint is lead-free. Documentation must be provided to the Department with initial and renewal applications.

For further information about conducting visual assessments and applying interim controls, as well as complying with the Iowa Department of Public Health lead rules, you may contact the Iowa Department of Public Health's Lead Poisoning Prevention Program at 1-800-972-2026. An Iowa Department of Public Health brochure that addresses visual assessments and interim controls is available at: http://www.idph.state.ia.us/LPP/common/pdf/protect_iowa_families.pdf.

A DVD recording of the 2009 Iowa Department of Public Health and Iowa Department of Human Services ICN Lead Hazards training is available through your area's Child Care Resource and Referral Agency.

What is Childhood Lead Poisoning?

Childhood lead poisoning is a disease that occurs when children have too much lead in their bodies. Most children with lead poisoning do not look sick. Lead-poisoned children may:

- ◆ Be easily excited
- ◆ Have problems paying attention
- ◆ Complain of stomachaches and headaches
- ◆ Be more tired than usual

Lead-poisoned children may have learning problems when they start school. Children with very high lead levels may have severe brain damage or even die.

How Do Children Become Lead-Poisoned?

Lead poisoning is usually caused by lead-based paint found in homes built before 1960. Over 50% of the homes in Iowa, both in urban and rural areas, were built before 1960. Children who live in or visit these homes become lead-poisoned if they:

- ◆ Put lead-based paint chips in their mouths
- ◆ Put dust or dirty hands, toys, bottles, or pacifiers in their mouths
- ◆ Chew on surfaces painted with lead-based paint
- ◆ Play in dirt or a sandbox near an old building or where an old building was torn down
- ◆ Breathe in dust from lead-based paint that is being sanded, scraped, or removed with a heat gun

Is Lead Poisoning a Problem in Iowa?

In Iowa, one child in every seven is lead poisoned. Among the group of children born from January 1, 1991, through December 31, 1995, 37% had at least one blood lead test before age six. Of children tested, 13% had elevated blood lead levels. This is nearly three times the national average of 4.4%.

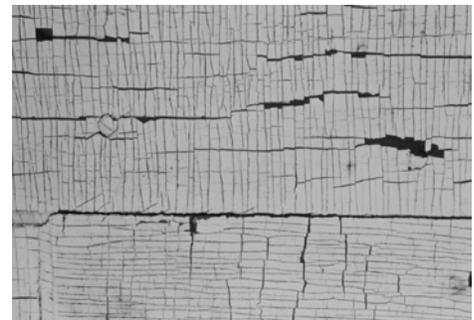
What Is a Visual Assessment? Who Can Do the Visual Assessment?

In a visual assessment, you will assume that all of the paint in the building is lead-based paint. You do not need to hire someone to do the visual assessment for you. If you want to test surfaces to see if they actually have lead-based paint on them, you need to hire a lead inspector or risk assessor who is certified by the Iowa Department of Public Health. Since this can be costly, we recommend that **you** conduct the visual assessment.

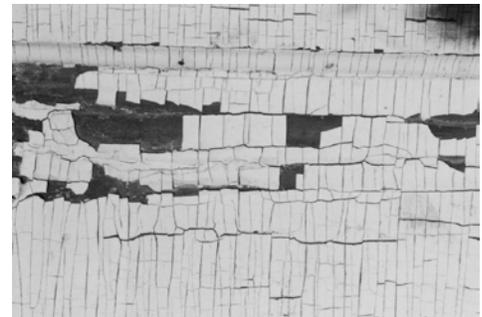
The Iowa Department of Public Health has a publication that explains how to do the assessment. For a copy of this, call the Lead Poisoning Prevention Program at 1-800-972-2026.

Examples of Lead Hazards

Lead-based paint is a hazard to small children if it is peeling, chipping, chalking, cracking, or otherwise deteriorating. When paint chips off these surfaces, all layers of paint usually come off together. This is a hazard that can cause lead poisoning because the bottom layers of paint may contain lead, even if the surface has been repainted with lead-free paint.



Paint that has an “alligator” cracking pattern or rubs off on your hands (chalks) is usually lead-based paint. Cracked or chalking paint is a hazard that can cause lead poisoning.



Old varnish that looks cloudy may contain lead.

Lead-based paint was often mixed with varnish to give it a deeper, richer color. If the finish is cracked or peeling, old varnish is a hazard that can cause lead poisoning.

Lead-based paint that is in good condition may be a hazard on:

- ◆ Surfaces children can chew on (window sills, stair railings, porch railings).
- ◆ Surfaces where paint is often damaged by hard impacts (doors, door frames, corners).
- ◆ Surfaces where paint is worn by being walked on such as floors and stairs.
- ◆ Lead dust may be on floors and other surfaces if you have recently done any remodeling or repainting in your home.



Lead in soil is a hazard when children play in areas of bare soil next to old buildings. Areas of bare soil where buildings have been torn down are also a hazard to children. Paint chips and lead in the soil of these areas can poison children.



Liability Insurance

The National Standards recommend that you carry the following insurance:

- ◆ Accident insurance on children
- ◆ Liability insurance
- ◆ Vehicle insurance on any vehicle you own or lease that is used to transport children

REASON: With current increases in lawsuits, protection against liability (i.e., responsibility) is needed. This defense helps with financial security, peace of mind, and public relations. Protection through liability insurance provides stability for families you serve and for your business.

COMMENTS: Liability insurance should include coverage for injuries, illnesses, and giving medications.

Medication in Child Care

Medication use in child care is common. You often have an important role in fulfilling a child's health-care needs. The *National Standards* state that all medication should be stored in a locked container out of the reach of children. Some medications may need to be stored in a refrigerator. All medications should be labeled with the child's name, including over-the-counter medicine.

When you handle medications:

- ◆ Wash your hands before and after giving the child the medicine.
- ◆ Use accurate measuring tools, like dosage spoons, dosage droppers or syringes.
- ◆ Always disinfect the surface where you are preparing medication before and after giving it to the child.

When you give medications:

- ◆ Match the name of the child to the name listed on the medication label. They must be the same.
- ◆ Read and understand the directions on the label and prescription. Be very aware of special conditions (take with meals, take at bedtime, etc.).
- ◆ Give the medication according to the prescribed methods and the prescribed dose.
- ◆ Observe and report any side effects from medications.
- ◆ Record each medicine and dose given to the child.
- ◆ Remember you can always call the pharmacy listed on the label for clarification.

A sample form for medication administration is contained in this handbook. The form gives you the parent's permission to give the parent's child medication and allows you to record the action on the same form.

REASON: You need to be aware of what medications the child is receiving and when, who prescribed the medicine, and what the known reactions or side effects may be in case a child has a negative reaction to the medicine. This medication record is especially important if medications are frequently prescribed or if long-term medications are being used.

Nonprescription medications should be given according to the manufacturer's instructions unless a health-care provider provides written instructions otherwise.

COMMENTS: You can make copies of the sample form in this guidebook for each child's file.

Pets in Child Development Homes

The National Standards suggest that any pet or animal children might have contact with, whether indoors or outdoors, should have the following traits:

- ◆ Be in good health
- ◆ Show no evidence of carrying any disease
- ◆ Be fully immunized
- ◆ Be maintained on a flea, tick, and worm control program

A current, time-specified certificate from a veterinarian should be on file showing these conditions. All contact between animals and children should be closely supervised so that you can remove any child immediately if the animal shows signs of distress or the child shows signs of treating the animal inappropriately. *The National Standards* suggest that potentially aggressive animals should not be in the same physical space with the children.

REASON: The risk of injury, infection, and aggravation of allergy from contact between children and animals is great. You must plan carefully when having an animal in your home and when visiting a zoo or local pet store. Children should be brought into direct contact only with animals known to be friendly and comfortable in the company of children.

Dog bites to children under age four usually occur in home-like settings. The most common injury sites are the head, face, and neck. Dog bites cause an estimated 600,000 injuries and 10-20 deaths every year. Many human illnesses can be acquired from pets. Many children with allergies have symptoms when they are around animals. About 6% of the U.S. population is allergic to animals. About 25% of people being treated for allergies are sensitive to dogs and cats.

COMMENTS: Bringing animals and children together has both risks and benefits. Pets teach children how to be gentle and responsible, about life and death, and about unconditional love. However, animals can pose serious health risks. You must be sure an animal is healthy and is a suitable pet to bring into contact with children as determined by a recent check-up to the veterinarian.

Animals Not Appropriate for Child Care

The *National Standards* recommend that the following animals not be allowed in child care settings:

- ◆ Ferrets
- ◆ Turtles
- ◆ Iguanas
- ◆ Lizards or other reptiles
- ◆ Birds of the parrot family
- ◆ Wild or dangerous animals

Reptiles and exotic animals may be considered if:

- ◆ The animals are kept behind a glass wall in a tank or container where a child cannot touch the animals or reach inside of the tank; or if
- ◆ The local board of health grants authority for possession of such animals

REASON: Animals, even pets, are a source of illness for people. People may be a source of illness for animals. Reptiles may carry salmonella, a type of bacteria that causes diarrhea and fever. Even turtles, baby chickens, ducks, dogs, and cats can carry salmonella. This creates a risk to children who are likely to put unwashed hands in their mouths.

Care for Pets

When pets are kept in or near the home, procedures should be written and followed for their care and maintenance. Proof of current pet immunizations should be signed by a veterinarian and kept on file. These conditions should be met when animals are kept at the home:

- ◆ The animal's living quarters should be enclosed and kept clean of waste to reduce the risk of human contact with this waste.
- ◆ Animal cages should be of an approved type with removable bottoms and should be kept clean and sanitary.
- ◆ Litter boxes should not be located in areas where there are children.
- ◆ All animal waste should be removed immediately from children's areas and discarded as required by local health authorities.
- ◆ Animal food supplies should be kept out of reach of children.
- ◆ Live animals and fowl (chicken, hen, rooster) should be excluded from food preparation, food storage, and eating areas.
- ◆ Home providers and children should wash their hands after handling animals, animal food, or animal wastes.

REASON: Animals, even pets, are a source of illness for people. People may be a source of illness for animals. Handwashing is the most important way to reduce the spread of disease. Unwashed or improperly washed hands are primary carriers of infections. A pet's food can become contaminated by standing at room temperature or by being exposed to animals, insects, or people.

Radon

Radon is a naturally occurring, radioactive gas that is the second leading cause of lung cancer. Radon can seep into your home through very small openings in basement walls or floors. Iowa has the highest portion of homes with elevated radon in the United States.

Testing for radon is easy and inexpensive. You may want to contact the Iowa Air Quality Coalition at 800-206-7818 to obtain information and a low-cost or no-cost radon detector. If you find a radon problem, it can be fixed. The Iowa Radon Hotline can answer questions regarding radon in your home at 800-383-5992.

Second-Hand Smoke and Use of Tobacco Products in Child Care

Iowa law does not allow smoking in child development homes or in vehicles used to transport children. Secondhand smoke in the air and on clothing increases the chances of all the following:

- ◆ Sudden Infant Death Syndrome
- ◆ Lower respiratory tract infections (such as pneumonia and bronchitis)
- ◆ Chronic middle ear infections
- ◆ New cases of asthma in children who did not have symptoms before exposure to smoke
- ◆ Increased number and severity of asthma attacks

Other uses of tobacco lead to illness in adults, like cancer of the mouth, throat, stomach, and bladder.

REASON: *The National Standards* say that scientific research has linked breathing problems to secondhand smoke. No children, especially those with breathing problems, should be exposed to additional risk from the air they breathe.

When infants and young children are exposed to secondhand smoke, they become at risk of developing more serious illnesses when they get common breathing infections. Separation of smokers and nonsmokers within the same air space does not get rid of or decrease exposure to secondhand smoke. Cigarettes used by adults are the main cause of house fires.

COMMENTS: Even if cigarettes are smoked outside the home, the odor and materials from the cigarettes remain on skin and clothing and affect children's health. By not using tobacco products in your home, you can help keep the children in your care safe and healthy.

For information to help stop smoking, call Quitline Iowa at 1-866-U-CAN-TRY (866-822-6879). Knowledgeable and supportive counselors from the Iowa Tobacco Research Center answer this toll-free number. You can receive free materials by mail. These materials cover helpful topics such as cravings, stress management, and more.

You can receive three to eight optional follow-up phone calls for continuing support. Your counselor can provide you with stop-smoking resources in your area. These resources include local support groups, clinics, and consultants. For more information, visit their website at www.quitlineiowa.org.

Contact for Private (Septic) Sewer Inspection

Your private sewer systems must be checked for safe operation within one year of becoming registered. Local Boards of Health oversee the onsite wastewater program. An estimated 80% of the private septic systems in Iowa do not meet the standards of Iowa law. This means untreated wastewater is entering the environment.

To find out if your system meets state law, contact your local county health department (or county sanitarian) for an inspection. You can generally find these listings in the government pages in your phone book. If you cannot find contact information for your area, the Iowa Department of Public Health can help you. There may be a fee for the inspection. The cost to fix or replace septic systems is variable.

Division of Health Protection and Environmental Health
Iowa Department of Public Health
321 East 12th Street, Lucas Building
Des Moines, IA 50319
515-281-7726

REASON: Pollutants contained in wastes from households include human wastes, ground-up food from sink disposals, and laundry and bath waters. These pollutants have disease-causing organisms in them that can harm children in your care. *The National Health and Safety Performance Standards, Guidelines for Out-of-Home Childcare Programs* state that sewage facilities must be provided and inspected according to state and local rules. To keep the children in your care safe and healthy, have your sewer system inspected.

Trampolines

Trampolines are not developmentally appropriate for use with children under age five (National Program for Playground Safety: 800-554-PLAY). CPSC estimates in that in 2012, there were 94,900 hospital emergency room-treated injuries associated with trampolines.

From 2000 through 2009, the U.S. Consumer Product Safety Commission has received reports of 22 deaths involving trampolines. The following caused these deaths:

- ◆ Colliding with another person on the trampoline
- ◆ Landing improperly while jumping or doing stunts on the trampoline
- ◆ Falling or jumping off the trampoline
- ◆ Falling on the trampoline springs or frame

REASON: Almost all of the trampolines associated with injuries were located in backyards. Here are some rules to follow to prevent serious trampoline injuries.

- ◆ Allow only one person on the trampoline at a time.
- ◆ Do not attempt or allow somersaults.
- ◆ Use shock-absorbing pads that completely cover the springs, hooks, and the frame.
- ◆ Place the trampoline away from structures and other play areas.
- ◆ Ladders should not be used. They provide unsupervised access by small children.
- ◆ Children under age six **should NOT** use a full-sized trampoline.
- ◆ ALWAYS SUPERVISE children who use a trampoline.

COMMENTS: For further information regarding trampoline safety, contact the National Program for Playground Safety at 800-554-PLAY located at the University of Northern Iowa. The Consumer Product Safety Commission also has information about trampoline use at 1-800-638-2772 or online at <http://www.cpsc.gov>.

Transportation

The National Standards recommend that you have a written policy for the safe transport of children to and from your home for any reason, including field trips or special outings. Address these items in your policies and practice:

- ◆ Child to staff ratio during transport.
- ◆ Child supervision during transport, including never leaving a child alone in a vehicle. Do not leave children alone in a vehicle with a window open.

- ◆ Backup arrangements for emergencies.
- ◆ Seat belt and car seat use.
 - Each child must have an individual seat belt.
 - All children 12 years old or younger should be properly secured in the back seat whenever possible. This reduces their risk of fatal injury.
 - The American Academy of Pediatrics recommends that infants ride in rear-facing safety seats until they are at least 2 years of age or until they reach the highest weight or height allowed by their car seat's manufacturer.
 - Children who have outgrown their rear-facing, should ride in forward-facing safety seats as long as they fit. Ears should be below the top of the back of the seat, with shoulder below the seat strap slots.
 - In spite of age, children who have outgrown their child safety seat (e.g., weigh more than 40 pounds or stand taller than 40 inches) should use a belt-positioning booster seat. Lap/shoulder belts usually do not fit properly until a child is 4' 0" tall and weighs 80 pounds. Most children under age eight should use a booster seat to ride safely.
- ◆ Licensing of vehicles and drivers.
- ◆ Maintenance of vehicles.
- ◆ Safe use of air bags.
 - The Centers for Disease Control and Prevention say that until vehicles are equipped with air bags that are safe and effective for children, children who are 12 years old and younger should NOT ride in a front passenger seat that is equipped with an air bag.
 - Even if the vehicle has an air bag, the rear seat is the safest seating position for children.

REASON: Motor vehicle crashes are the leading cause of death in the United States. Therefore, you must help to protect the children in your care by abiding by minimum requirements related to transporting children in the absence of their parents.

Safety restraints are effective in reducing death and injury when used properly. As the caregiver, you are responsible for making sure that children are fastened correctly in a restraint system.

Children have died from heat stress from being left alone in closed vehicles. Temperatures in hot cars can reach dangerous levels within minutes. From 1996 through 2000, more than 120 children died from heat stroke after being trapped in a vehicle. These children were either left in the car by caregivers or they got into the cars on their own and could not get out. Heat is much more dangerous to children than it is to adults. When left in a hot vehicle, a young child's core body temperature may increase three to five times **faster** than an adult's. This can cause permanent injury and even death.

COMMENTS: Problems between the design of the child passenger safety seat, vehicle seat, and seat belt system can be life threatening to children. To avoid harming children in your care:

- ◆ Read the vehicle owner’s manual and child restraint device instructions carefully.
- ◆ Test the car safety seat for a safe, snug fit in the vehicle.
- ◆ Have the car seat installation checked by a certified car seat technician at an approved car seat check station in the community.
- ◆ Remember that the rear vehicle seat is the safest place for a child of any age to ride.

References

American Academy of Pediatrics and American Public Health Association. Caring for our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. Second edition. 2002.

Campaign for Tobacco-Free Kids <http://www.tobaccofreekids.org>

Centers for Disease Control and Prevention <http://www.cdc.gov>

Chang A, Lugg MM, Nebedum A. Injuries in pre-school children enrolled in day care centers. *Pediatrics*. 1989;83:272-277.

Iowa Department of Public Health <http://www.idph.state.ia.us>

National Highway Traffic Safety Administration <http://www.nhtsa.dot.gov/>

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

National SAFE KIDS Campaign <http://www.safekids.org>

U.S. Consumer Products Safety Commission <http://www.cpsc.gov>

Sample DHS Forms

Checklist for Child Development Home Registration

Name	Telephone Number	Date of Inspection	
Street Address	City	State	Zip Code

Date of initial registration _____ Date of registration at current category _____

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code, Chapter 110 that must be met by a registered child development home. For each requirement, check the "yes" box if the home meets the requirements, or the "no" box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found, how many 'items' were missing (such as children's files, immunization cards, etc.) or what the problem was. If a requirement does not apply to this particular home, enter NA for 'not applicable' in the "yes" box.

SECTION 1.

YES	NO	REF.#	RULE	COMMENT
			FOR ALL CATEGORIES, A PROVIDER'S OWN INFANTS AND PRESCHOOLERS ARE COUNTED. A PROVIDER'S OWN SCHOOL-AGE CHILDREN ARE NOT COUNTED. RELATIVE'S CHILDREN ARE COUNTED, REGARDLESS OF AGE.	
For child development homes Category A complete Sections 1 and 2. For child development homes Category B complete Sections 1 and 3. For child development homes Category C complete Sections 1 and 4.				
		237A.3A(3d)	Location is a single-family residence that is owned, rented, or leased by the person/program who is registered. May be an apartment, condo, townhouse, or other individual unit within a multiple unit residential dwelling. May NOT be a commercial or industrial building that is primarily used for purposes other than a residence.	
		110.4	No more children are in care than the rules for the specific category will allow.	
		110.5(1)	Conditions in the home are safe, sanitary, and free of hazards.	
		a	Has a non-pay working telephone. A cell phone cannot be the primary phone.	
			Numbers for police, fire, ambulance, poison information posted by phone.	

			Numbers for each child's parent, physician, and a responsible person are accessible by the phone.	
		b	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
		c	First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.	
			The first-aid kit is sufficient to address first aid related to minor injury or trauma and stored in an area not accessible to children.	
		d	Medicines are given only with written authorization from the doctor or parent.	
			Prescribed medicines are accompanied by doctor's or pharmacist's direction.	
			All medicines are in original containers with directions intact and labeled with child's name.	
			Medicines are stored properly including refrigeration in a separate covered container.	
			Medicines are inaccessible to children.	
		e	Electrical wiring shall be maintained	
			All accessible electrical outlets are safely capped.	
			All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
		f	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters.	
		g	Safety barriers are at stairways and doors as needed.	
		h	A safe outdoor play area is maintained in good condition throughout the year.	
			Is fenced off when located on a busy thoroughfare or near a hazard.	
			Has both sunshine and shade areas.	
			Is kept free from litter, rubbish and flammable materials.	
			Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	

		i	An annual laboratory analysis shows satisfactory bacteriological quality <u>if</u> a private water supply is used. Nitrate analysis when children under 2.	
			<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	
		j	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
			The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.	
		k	Fire and tornado drills are practiced monthly and documentation kept.	
		l	A safety barrier surrounds any heating stove or heating element.	
		m	1. Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor.	
		n	2. Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
			Each smoke detector has been installed according to manufacturer's recommendations.	
			Each smoke detector is tested monthly, and a record is kept for inspection purposes.	
		o	Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.	
			Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone # for reporting complaints, and www.iowasmokefreeair.gov .	
		p	Children under the age of one year are placed on their backs for sleeping unless otherwise authorized in writing by a physician.	
		q	Providers inform parents of the presence of any pet in the child development home.	

			All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites.	
			Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.	
			Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
			All animal waste is immediately removed from the children's areas and properly disposed of.	
			No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.	
			Children shall not perform any feeding or care of pets or cleanup of pet waste.	
		r	If <u>not fenced</u> , both in and aboveground pools must have a cover that meets or exceeds ASTM standards when not in use.	
			Fence for in-ground pool is flush with ground and at least four feet high.	
			Fence for aboveground pool is four feet above sidewalls of pool. Height of pool walls <u>not</u> included in measurement.	
			Wading pools are drained daily and are inaccessible to children when not in use.	
		s	If children use above-ground or in-ground swimming pools:	
			Written permission from the parents is on file.	
			Equipment needed to rescue a child or adult is accessible.	
			The provider accompanies and provides constant supervision while the children use the pool.	
			The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	
		t	Within 12 months of registration or renewal of registration, private sewer or waste water has been tested for efficient functioning and improper leakage.	

		u	The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.	
		v	The provider has written policies about responding to health-related emergencies.	
		w	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child's file.	
		x.	For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls prior to registration and each renewal. (Please note: At the time of initial publication, this rule was not yet adopted. This provision becomes effective when the rule is adopted.)	
		110.5(2)	A provider file is maintained and contains:	
		a	A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years.	
		b	Certificates or training verification documentation for:	
			Within the first three months of registration:	
			Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter).	
			Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	
			During the first year of registration – 12 hours of approved training. At least six hours shall be in a group setting. Two of the twelve hours must be health and safety training. A specific training shall not be used to meet requirements more than one time every five years	

			During the second year of registration and each succeeding year, twelve hours of approved training. At least six hours shall be in a group setting. If the provider has documentation of completing the ChildNet, PITC, or Beyond Business Basics series, these hours may be used to fulfill two year's training requirements, not including first aid and mandatory reporter training. A specific training shall not be used to meet requirements more than one time every five years.	
		c	An individual file is maintained for each staff assistant and contains:	
			A completed <i>DHS Criminal History Record Check</i> , form B, 595-1396.	
			A completed <i>Request for Child Abuse Information</i> , form 470-0643.	
			A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter.	
			Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.	
		d	An individual file is maintained for each substitute and contains:	
			A completed <i>DHS Criminal History Record Check</i> , form B, 595-1396.	
			A completed <i>Request for Child Abuse Information</i> , form 470-0643.	
			A physician's signed statement of health at the time of employment and at least every two years thereafter.	
			Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.	
			Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	
		110. 5(3)	Activity program.	
			There is an activity program and it promotes self-esteem and exploration.	
		a	Includes active play.	

		b	Includes quiet play.	
		c	Includes activities for large muscle development, such as running, climbing, riding toys, etc.	
		d	Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc.	
		e	All play equipment and materials are in a safe condition, for both indoor and outdoor activities.	
			All activities are developmentally appropriate for the ages of the children present.	
			All equipment and materials are adequate for the number of children present.	
		110.5(4)	The certificate of registration is displayed in a conspicuous place.	
		110.5(5)	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	
		110.5(6)	Discipline.	
		a	Corporal punishment including spanking, shaking and slapping is not used.	
		b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	
		c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	
			No punishment or threat of punishment is associated with food or rest.	
		d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	
		e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	
		110.5(7)	Meals: Regular meals, midmorning snacks and mid-afternoon snacks are well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program.	
			Children may bring food to the child care home, but are not required to provide their own food.	

		110.5(8)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
		a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	
		b	Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.	
		c	A signed medical consent from the parent authorizing emergency treatment.	
		d	For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.	
			For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.	
		e	For infants and preschoolers: A statement of health signed by a physician submitted annually.	
			For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.	
		f	A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	
		g	A signed and dated immunization certificate provided by the state department of public health.	
		h	For each school-age child, record of a physical exam completed at the time of school enrollment or since.	

		i	Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.	
		j	Injury report forms to document injuries requiring first aid or medical care.	
		110.5(9)	The provider meets the following requirements:	
		a	Gives careful supervision at all times.	
		b	Frequently exchanges information with the parent of each child to enhance the quality of care.	
		c	Gives consistent, dependable care.	
			Is capable of handling emergencies.	
		d	Is present at all times, except if emergencies occur or an absence is planned.	
			If absence is planned, care is provided by a DHS-approved substitute.	
			If absence is planned, the parents are given at least 24 hours prior notice.	
		110.5(10)	Substitutes	
		a	All standards regarding supervision and care of children apply to substitutes.	
		b	Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.	
		c	The substitute must be 18 years of age or older.	
		d	Use of a substitute is limited to: No more than 25 hours per month. An additional period of up to two weeks in a 12-month period.	
		e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	

SECTION 2.

		110.8(1)	SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY “A”	
		a	Not more than six preschool children present at any one time including infants.	
			Of these six children, not more than four children who are 24 months of age or younger are present at any one time.	
			Of the four children under 24 months of age, no more than three may be 18 months of age or younger.	
			Not more than two additional school-age children for less than two hours at any one time.	
			Not more than eight children present when the emergency school closing exception is in effect.	
		110.8(2)	Provider is at least 18 years old.	
			Has three written references which attest to character and ability to provide child care.	

SECTION 3.

		110.9(1)	SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY “B”	
		a	Not more than six preschool children present at any one time including infants.	
		b	Of these six children, not more than four children who are 24 months of age or younger are present at any one time.	
			Of the four children under 24 months of age, no more than three may be 18 months of age or younger.	
		c	Not more than four additional school-age children.	
		d	Not more than two children who are receiving care on a part-time basis at any one time.	
		e	Not more than 12 children present when the emergency school closing exception is in effect.	

		f	When more than 8 children are present for more than two hours, a DHS-approved assistant at least 14 years old is present.	
		110.9(2)	Provider qualifications:	
		a	The provider is at least 20 years old.	
		b	Has a high school diploma or GED.	
		c	Meets one of the following:	
			a – Has two years of experience as a registered or nonregistered child care provider	
			c – Has a child development associate credential or any two-or four-year degree in a child related field and one year of experience as a registered or nonregistered child care provider.	
		110.9(3)	Facility requirements	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors per child in care.	
		b	There is a separate quiet area for sick children.	
		c	Minimum of two direct exits to the outside from the main floor	
			All exits terminate at grade level with permanent steps.	
			If the second story or basement are used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside	
			If a basement window is used as an exit, the window is openable from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

SECTION 4.

		110.10(1)	SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"	
		a	Not more than 12 preschool children present at any one time, including infants.	
		b	Of these 12 children, not more than four children under the age of 24 months are present at any one time.	
		c	Not more than two additional school-age children present for less than two hours at any one time.	
		d	Not more than two additional children who are receiving care on a part-time basis.	
		e	Not more than sixteen children present when the emergency school closing exception is in effect.	
			If more than 8 children are present at any one time due to an emergency school closing exception, the provider shall be assisted by a DHS-approved assistant who is at least 18 years of age.	
		f	Both providers are present whenever 4 children under the age of 18 months are in care, and whenever more than 8 children are present.	
		110.10(2)(a)	One provider who meets the following qualifications must always be present (unless this provider has a substitute):	
		a	At least 21 years old.	
		b	Has a high school diploma or GED.	
		c	Meets one of the following:	
			Has five years of experience as a registered or nonregistered child care provider.	
			Has a child development associate degree or any two- or four-year degree in a child related field and four years of experience as a registered or nonregistered child care provider.	
		110.10(2)(b)	The coprovider shall meet the following requirements:	
		a	The provider is at least 20 years old.	
		b	Has a high school diploma or GED.	

		c	Meets one of the following:	
			a – Has two years of experience as a registered or nonregistered childcare provider.	
			c – Has a child development associate credential or any two-or four-year degree in a child related field and one year of experience as a registered or nonregistered child care provider.	
		110.10(3)	Facility requirements:	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors for each child in care.	
		b	There is a separate quiet area for sick children.	
		c	Has a minimum of two direct exits to the outside from the main floor.	
			All exits terminate at grade level with permanent steps.	
			If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
			If a basement window is used as an exit, the window is openable from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

Signature of person completing form	Agency	Date
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Signature of provider	Co-Provider (Child Development Home C only)	Date
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Parent Guide

to

Child Development Home Registration

Introduction

Iowa uses a system for regulation of child development homes known as registration. Providers self-certify that they meet the minimum requirements for registration. The requirements listed in this document apply to registered child development homes. Iowa law limits the number of children a home may care for, whether the home is registered or not. A nonregistered child care home may care for up to five children.

In issuing a registration certificate, the Department of Human Services (DHS) is stating that the provider has certified in writing that the provider will comply with the state regulations in all areas of child development home operation. Responsibility for making sure the requirements are met rests primarily with the provider, the parents of children attending that child development home, and the community.

All child development home providers have certified to DHS that their child development home meets all of the requirements described here. (These requirements come from 441 Iowa Administrative Code, Chapter 110.) Providers must display their *Certificate of Registration* in a conspicuous place. You may review the registration file on a child development home by making arrangements with the local DHS office. This information is also available online at <http://dhs.iowa.gov/child-care/child-care-report>.

If you have good reason to believe a child development home does not meet these requirements, please report the problem to the local DHS office. Your verbal or written report should include the name and address of the home and each specific requirement you believe is not being met. A staff person from DHS will contact the child development home to investigate.

DHS must seek to check 100% of all child development homes in the state during the state fiscal year for compliance with registration requirements contained in this handbook.

Number of children. No greater number of children shall be received for care at any one time than the number authorized on the registration certificate. The number of children allowed under each category is shown in the following chart.

For all categories, a provider's own infant and preschool-age children **are** counted in the total, but the provider's own children who are attending school **are not** counted.

**Number of Children Allowed in
Registered Child Development Homes and Child Care Homes**

Category	Maximum Capacity	Number Restrictions	Age Restrictions	FAQ
Category A	6 children at any one time plus 2 school age children present for less than two hours at a time TOTAL 8	The 2 school aged children may not be present for more than 2 hours at a time	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	<ul style="list-style-type: none"> • An assistant does not increase the number for maximum capacity. • Can have multiple sets of school aged children if present at separate times for the 2 that exceed the capacity of 6. • All 6 children at one time can be school aged.
Category B	6 children at any one time plus 4 school aged children plus 2 part time children TOTAL 12	Only 2 part time children at one time for up to 180 hours per month	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	<ul style="list-style-type: none"> • Can use 180 part time hours per month to exceed their maximum preschool or school age capacity. Must document the use of part time hours. • Must have an assistant if caring for more than 8 children for more than 2 hours at a time. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.
Category C1	8 children at any one time TOTAL 8	May never exceed 8 children	No more than 4 children may be under the age of 24 months at any one time Of those 4, only 3 children may be under 18 months	<ul style="list-style-type: none"> • Can use an assistant but does not increase the number for maximum capacity. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.

Category	Maximum Capacity	Number Restrictions	Age Restrictions	FAQ
Category C2	12 children at any one time plus 2 school age children for less than 2 hours plus 2 part time TOTAL 16	The 2 school aged children may not be present for more than 2 hours at a time Only 2 part time children at one time for up to 180 hours per month	No more than 4 children may be under the age of 24 months at any one time If those 4 children are age 18 months or under, both providers must be present	<ul style="list-style-type: none"> • Can use 180 part time hours per month to exceed their maximum preschool or school age capacity. Must document the use of part time hours. • The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity. • If more than 8 children are present, both providers shall be present.
In-Home	N/A	N/A	N/A	<ul style="list-style-type: none"> • This is not care provided in the child care provider's home but provided within the child's own home. • If receiving CCA assistance, there must be a minimum of 3 eligible children. • Shall only be children within the same family.
Child Care Home	TOTAL 5	N/A	N/A	<ul style="list-style-type: none"> • No more than 5 children may be present. • Child Care Homes are not registered but may receive CCA funding.

Facility and provider requirements vary, based on the category of home. The following chart outlines the facility, provider, and training requirements for child development homes.

Child Development Home Facility, Provider, and Training Requirements			
Category	Facility Requirements	Provider Qualifications	Training Requirements
A	<ul style="list-style-type: none"> ◆ Fire extinguisher ◆ Smoke detectors 	<ul style="list-style-type: none"> ◆ 18 years old ◆ 3 reference letters 	<p>Within first three months:</p> <ul style="list-style-type: none"> ◆ Mandatory reporter training ◆ First aid with rescue breathing <p>First year of registration: 12 hours training, 2 hours must be health and safety</p> <p>Second year and following: 12 hours of training</p>
B	<ul style="list-style-type: none"> ◆ 35 square feet per child indoors ◆ 50 square feet of child space outdoors ◆ Quiet area for sick children ◆ Fire safety: <ul style="list-style-type: none"> • Fire extinguisher • Smoke detectors • Two direct exits 	<ul style="list-style-type: none"> ◆ 20 years old ◆ High school diploma or GED ◆ Has either: <ul style="list-style-type: none"> • Two years experience working directly with children in child care, or • CDA or 2- or 4-year degree in child care related field AND 1 year of experience working directly with children in child care 	<p>Within first three months:</p> <ul style="list-style-type: none"> ◆ Mandatory reporter training ◆ First aid with rescue breathing <p>First year of registration: 12 hours training, 2 hours must be health and safety</p> <p>Second year and following: 12 hours of training</p>
C	<ul style="list-style-type: none"> ◆ 35 square feet per child indoors ◆ 50 square feet of child space outdoors ◆ Quiet area for sick children ◆ Fire safety: <ul style="list-style-type: none"> • Fire extinguisher • Smoke detectors • Two direct exits 	<p>One provider who meets these qualifications must always be present:</p> <ul style="list-style-type: none"> ◆ 21 years old ◆ High school diploma or GED ◆ Has either: <ul style="list-style-type: none"> • Five years experience working directly with children in child care • CDA or 2- or 4-year child care related degree AND 4 years experience directly with children in child care <p>The co-provider shall meet the qualifications of a Category B provider.</p>	<p>Within first three months:</p> <ul style="list-style-type: none"> ◆ Mandatory reporter training ◆ First aid with rescue breathing <p>First year of registration: 12 hours training, 2 hours must be health and safety</p> <p>Second year and following: 12 hours of training</p>

Child Development Home Staff

The child development home provider must:

- ◆ Give careful supervision at all times.
- ◆ Give consistent, dependable care and be capable of handling emergencies.
- ◆ Frequently exchange information with the parent of each child to enhance the quality of care.
- ◆ Be present at all times. If an emergency occurs or an absence is planned, DHS-approved substitute care shall be provided. When an absence is planned, the parents shall be given at least 24 hours' prior notice.

Record checks. DHS submits record checks for:

- ◆ Every operator of a child development home.
- ◆ All staff members with direct responsibility for child care, including substitutes.
- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

The purpose of the record checks is to determine whether the person has any founded child abuse reports, has any criminal convictions, or is on the sex offender registry.

If the record check shows that a person has any of the following criminal conviction or abuse records, that person cannot be registered as a child development home provider, work or live in a child development home, receive public funding for providing child care, or live in a home that receives public funding for providing child care.

- ◆ 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.
- ◆ A felony domestic abuse.
- ◆ A forcible felony.
- ◆ Felony crime against a child, including but not limited to, sexual exploitation of a minor.

If the record check shows that the person has any of the following criminal conviction or abuse records, that person cannot be registered as a child development home provider, work or live in a child development home, receive public funding for providing child care, or live in a home that receives public funding for providing child care for a period of five years from the date of the conviction or abuse report.

- ◆ Conviction of controlled substance offense under Iowa Code Chapter 124.
- ◆ Founded child abuse that was determined to be physical abuse.

If the record check shows a criminal conviction or founded child abuse report for convictions other than those listed above, the Department sends that person a *Record Check Evaluation* form. On this form, the person explains the nature of the incident, changes the person has made since the incident, and why the person should be approved in spite of the incident. After reviewing the *Record Check Evaluation* form, DHS determines if the person can be registered or live in a registered home.

In the evaluation, the Department considers:

- ◆ The nature and seriousness of the crime or abuse in relation to the position sought.
- ◆ The time elapsed since the commission of the crime or founded abuse.
- ◆ The circumstances under which the crime or founded abuse was committed.
- ◆ The degree of rehabilitation.
- ◆ The number of crimes or founded abuses committed by the person involved.

Assistants. Depending on the number of children in care, the provider may be required to have an assistant. The minimum age requirement for the assistant varies, depending on the category of child development home (please refer to chart on “Number of Children Allowed in Care”). The purpose of the assistant is to help the provider, not to substitute for the provider. The assistant may never be left alone with the children. Ultimate responsibility for supervision of the children is with the child care provider.

Substitutes. The child care provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Ultimate responsibility for supervision is with the child care provider. Substitute providers must be 18 years of age or older. All child development home regulations regarding supervision and care of children apply to substitutes. Any substitute provider shall have the same responsibility for providing adequate and appropriate supervision.

Except in emergency situations, the child care provider shall inform parents in advance of the planned use of a substitute provider.

Substitute care may be used in the home up to 25 child care hours per month and for an additional period of up to two weeks in a 12-month period. This limit applies to the child development home, regardless of the number of persons who may be providing the substitute care. The provider shall maintain a written record of the number of hours substitute care was provided, including the date and the name of the substitute provider.

Child Development Home Program Standards

A child development home must be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, by at least one of the persons named on the child development home’s certificate of registration. This may include an apartment, condo, or townhouse.

Activity program. There is an activity program which promotes self-esteem and exploration and includes:

- ◆ Active play.
- ◆ Quiet play.
- ◆ Activities for large muscle development.
- ◆ Activities for small muscle development.
- ◆ Play equipment and materials in a safe condition, for both indoor and outdoor activities which are developmentally appropriate for the ages and number of children present.

Children's files. All of the following information must be in your child's individual file on the first day your child attends child care:

- ◆ The child's name, birth date, parent's name, address, telephone number, special needs, and your work address and telephone number.
- ◆ A list signed by you which gives the name, telephone number, and relationship of all persons authorized to pick up your child.
- ◆ Emergency information including where you can be reached; the name, street address, city, and telephone number of the child's regular source of health care; and the name, telephone number, and relationship to the child of another adult available in case of emergency.
- ◆ A signed medical consent from your authorizing emergency treatment.
- ◆ For each infant and preschool-age child, an admission physical examination report signed by a licensed physician that includes past health history, status of present health, allergies and restrictive conditions, and recommendations for continuing care when necessary. (A statement of health condition signed by a physician or designee must be given annually after the date of the admission physical.)
- ◆ For each school-age child, a statement of health status signed by the parent or legal guardian.
- ◆ A signed and dated immunization certificate provided by the Iowa Department of Public Health. (For a school-age child, a copy of the most recent immunization record is acceptable.)

The file must also include written permission from you for your child to attend activities away from the child development home. The permission must include times for departure and arrival, destination, and the names of persons who will be responsible for the child.

Health and safety. Conditions in the home are safe, sanitary, and free of hazards. This includes:

- ◆ A non-pay, working telephone with emergency numbers posted, and numbers for each child's parents, a responsible person who can be reached when the parent is unavailable, and the child's physician. A cell phone may be used as the primary phone.
- ◆ All medicines and poisonous, toxic, or otherwise unsafe materials secured from access by a child.
- ◆ First aid supplies available.
- ◆ Medicines given only with parent's or doctor's written authorization.
- ◆ All accessible electrical outlets safely capped and electrical cords properly used (not running cords under rugs, over hoods, through door openings, or other use that has been known to be hazardous).
- ◆ A safety barrier surrounding any heating stove or heating element, and combustible materials kept away from furnaces, stoves, or water heaters.
- ◆ Safety gates at stairways and doors provided and used as needed.
- ◆ A safe outdoor play area maintained in good condition, fenced when necessary, with both sunshine and shade areas.
- ◆ Fire or tornado emergency plans posted by all exits, with documented monthly fire and tornado drills.
- ◆ Annual laboratory analysis of a private water supply.

- ◆ Private sewer or waste water treatment facilities and equipment tested for efficient functioning and improper leakage.
- ◆ Current immunizations for animals and animal waste disposed of properly. Animals not allowed in food preparation areas while food is being prepared or served.
- ◆ Pools fenced or covered. Wading pools drained daily and inaccessible to children when not in use.
- ◆ If children are allowed to use swimming pools, written permission from parents on file, rescue equipment available, and provider accompanies and supervises the children during water activities.
- ◆ Children under the age of one year placed on their backs when sleeping unless otherwise authorized in writing by a physician.
- ◆ Smoking and the use of tobacco products prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children.
- ◆ Smoking and the use of tobacco products prohibited in the outdoor play area during the hours of operation.
- ◆ Home built before 1960 inspected for lead-based paint hazards and hazards repaired in accordance with Iowa Department of Public Health and Iowa Department of Human Services rules.
- ◆ Parents informed about any pets in the home.
- ◆ Written policies regarding the care of mildly ill children and exclusion of children due to illness.
- ◆ Written policy and procedures for responding to health-related emergencies.
- ◆ All injuries will be documented that require first aid or medical care using an injury report form. The form must be completed on the date of occurrence, shared with the parent, and maintained in the child's file.

Meals. Regular meals and midmorning and midafternoon snacks shall be provided which are well balanced, nourishing, and in appropriate amounts. Children may bring food to the child development home for their own use, but may not be required to provide their own food.

Discipline. Discipline shall conform to the following standards:

- ◆ Corporal punishment, including spanking, shaking, and slapping, shall not be used.
- ◆ Punishment that is humiliating or frightening or that causes pain or discomfort to the child shall not be used.
- ◆ Punishment shall not be administered because of child's illness or because of progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- ◆ No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.
- ◆ Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.



Instructions for Application for Child Development Home Registration

Iowa's child development homes are divided into three categories. The category that you qualify for is determined by your age, experience in child care, and child care education. Please determine which category you wish to apply for, then go through that column and check the boxes that apply to you. **All boxes in the column must be checked for you to qualify for that category.** All child development homes must be located in a single-family residence that is owned, rented, or leased by at least one of the persons who is named on the child development home's certificate of registration. Single-family residence includes: an apartment, condo, townhouse, or other individual unit within a multiple unit residential dwelling, but does not include a commercial or industrial building that is primarily used for purposes other than a residence.

Child Development Home Category A	Child Development Home Category B	Child Development Home Category C
<input type="checkbox"/> at least 18 years old	<input type="checkbox"/> at least 20 years old	<input type="checkbox"/> at least 21 years old
<input type="checkbox"/> * 3 letters of reference (no relatives) *	<input type="checkbox"/> * High school diploma or GED *	<input type="checkbox"/> * High school diploma or GED *
	<input type="checkbox"/> * 2 years of experience as child care home provider OR CDA or 2 or 4 year degree in child care related field and 1 year of experience as a child care home provider *	<input type="checkbox"/> * 5 years experience as a child care home provider OR CDA or 2 or 4 year degree in a child care related field and 4 years of experience as a child care home provider *
	<input type="checkbox"/> 35 square feet per child indoors	<input type="checkbox"/> 35 square feet per child indoors
	<input type="checkbox"/> 50 square feet per child outdoors	<input type="checkbox"/> 50 square feet per child outdoors
	<input type="checkbox"/> quiet area for sick children	<input type="checkbox"/> quiet area for sick children
<input type="checkbox"/> fire extinguisher	<input type="checkbox"/> fire extinguisher	<input type="checkbox"/> fire extinguisher
<input type="checkbox"/> smoke detectors in each child occupied room	<input type="checkbox"/> smoke detectors in each child occupied room	<input type="checkbox"/> smoke detectors in each child occupied room
	<input type="checkbox"/> two direct exits on floor where child care is given	<input type="checkbox"/> two direct exits on floor where child care is given
		<input type="checkbox"/> one provider <input type="checkbox"/> two providers Note: If two providers <u>with differing qualifications</u> , the provider with Category C qualifications must be present at all times if the second provider only meets the qualifications of Category B.

* Documentation must be attached for the following items:

High school diploma/GED:

- ◆ Either a copy of your high school diploma or GED or a letter from the school verifying that you received the diploma/GED.

Experience as a child care home provider (attach at least one of the following):

- ◆ Iowa Child Care Home registration provider number _____.
- ◆ Tax returns listing your employment as child care provider.
- ◆ Insurance policy listing your employment as child care provider.

CDA or 2 or 4 year degree:

- ◆ Copy of CDA or college diploma or letter from the school verifying you received the CDA/diploma.

Three letters of reference:

- ◆ No relatives. Letters must attest to your character and ability to provide good quality child care.

For providers operating in a child development home built before 1960:

You must conduct a visual assessment of the child development home for lead hazards that exist in the form of peeling or chipping paint. If hazards are identified, apply interim controls on any chipping or peeling paint found, using lead-safe work methods in accordance with and as defined by department of public health rules at 641—Chapters 69 and 70, unless a certified inspector as defined in 641—Chapter 70 determines that the paint is not lead based paint.

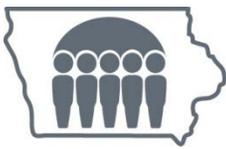
- ◆ Attach a completed and signed form 470-4755 or 470-4755(S), Lead Assessment and Control, to your application, as verification of the visual assessment and completion of interim controls. Be sure to include completed “Interim Control Table” as part of form 470-4755 or 470-4755(S).
- ◆ This must be done for all initial applications submitted on or after December 1, 2009.
- ◆ Providers that have a valid registration on November 1, 2009, shall assess and control lead hazards and document this on form 470-4755 or 470-4755(S) by June 30, 2010, for submission with the next renewal application.
- ◆ Attach new form 470-4755 or 470-4755(S) (to include new “Interim Control Table”) with every application (initial and each renewal).
- ◆ If a certified lead inspector has determined that the paint is not lead-based, attach verification documentation to completed and signed form 470-4755 or 470-4755(S) (including “Interim Control Table”).
- ◆ A link to the Iowa Department of Public Health publication. “Lead Poisoning, How to Protect Families” is found at: http://www.idph.state.ia.us/LPP/common/pdf/protect_iowa_families.pdf

Specific Instructions for Completing the Application Form

1. At the top of the application form there are three different squares.
 - ◆ If this is a new application, put an X in the “new” square.
 - ◆ If you are renewing your application, put an X in the “renewal” square.
 - ◆ If you have a change of address, a change of name, a change in your household members or change in category after you have received a *Certificate of Registration*, put an X in the “change” square.
2. Check **one** category for which you are requesting registration.
3. Print your name (and names that you have used, if any) and address on the lines indicated. Your name and address will appear on the *Certificate of Registration* as you have entered it on the application form.
4. Enter your birth date, last four digits of your social security number, telephone number with area code, and the name of your county on the lines indicated on the application form.
5. Add the names of every adult and child living in the home, with birth dates and last four digits of their social security numbers. If more space is needed, use a separate sheet of paper and attach it to the application.
6. Read the six statements on page 1 carefully. Your signature on this application form is your agreement to comply with all requirements.
7. To complete the application, you must sign on the line indicated for your signature, and enter the date of your application. The *Certificate of Registration* will be effective the first day of the month in which the application was received at the local DHS office. The *Certificate of Registration* will show an expiration date 24 months after the effective date.
8. Keep a copy of the application for your records.
 - ◆ Mail the original to your county DHS office.
 - ◆ Applications submitted electronically via KinderTrack do not have to be mailed into the local office.
 - ◆ Applications are to be returned to DHS not CCRR as they do not process the applications.

The Department of Human Services will review your completed application and complete the criminal records check and Child Abuse Registry check. If all information is acceptable, a *Certificate of Registration* will be mailed to you. The DHS local office will see that your name is entered on the statewide listing of registered child development homes, unless you have requested in writing that your home not be listed. The local office maintains a file of registered child development homes as a service to the community.

Registrations are valid for two years. You must reapply for a renewal of your registration. The DHS registration worker will send you a renewal packet before your date of expiration.



Application for Child Development Home Registration

- Check one: New Renewal Change
- I request registration for (check one):
- Child Development Home Category A
 - Child Development Home Category B
 - Child Development Home Category C (1 provider—capacity 8)
 - Child Development Home Category C (2 providers—capacity 16)

Last	First	Middle	Birth date
Maiden name or any other name used			Last four digits of SS #
Home address (city, state, zip code)			Telephone number ()
Mailing address, if different from home (city, state, zip code)			County
Name of child care business		Address & phone # where you will be doing business, if different from home	
Email address		Other states you have resided	
Days and hours of your child care business		Languages you speak	Will you transport children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Assistant/substitute name (indicate whether substitute or assistant or both)			Birth date
Address		Telephone number	Other states they may have resided

Add below the names of other adults and children in the home where you will be doing care. If more space is needed, please use a separate sheet of paper and attach it to the application.

Print full name	Any other state they may have resided in	Birth date	Attending school? Y/N	Last four digits of social security number	Relationship to you

1. I will comply with the minimum requirements for a child development home found in 441 Iowa Administrative Code, Chapter 110 in accordance with Iowa Code section 237A.4.
2. I understand the Department of Human Services will make necessary inspections of the facility in order to determine our conformity to these minimum requirements.
3. I certify that any information I give is and will be true and correct to the best of my knowledge. Further, I am aware that if I make a false report to the Department of Human Services regarding the operation of my child development home, the *Certificate of Registration* may be revoked and state payments may be recouped.
4. I understand that, subject to the provisions of Iowa Code section 237A, the Central Abuse Registry and the Department of Public Safety will check on all members of my household for all new applications and may recheck for re-applications.
5. I will inform the Department of Human Services of any changes that may affect my child care registration eligibility within 10 days.
6. I agree to disclose all criminal convictions and founded child abuse that I, or anyone else residing or working in this household, have received in this state or in any other state.

Signature of applicant	Date
Signature of co-applicant (for Child Development Home Category C, if applicable)	Date

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice or
- Before the date a decision goes into effect.

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us



Iowa Department of Human Services

Lead Assessment and Control

Instructions: Complete this form if you will be providing child care in home that was built before 1960.

1. As of December 1, 2009, this form must be submitted with all initial applications. If you have a valid registration on November 1, 2009, you must assess and control lead hazards and complete this form by June 30, 2010, for submission with your next renewal application after that date.
2. Complete the interim control table (page 2) for each visual assessment and application of interim controls to lead hazards.
3. Sign and date the form before submitting it to the Department with your application. Category C homes must include signatures of both providers. Retain a copy for your records.
4. Start a interim control table for each registration period, and submit both pages of the form with each renewal application.

A link to the Iowa Department of Public Health pamphlet, "Lead Poisoning, How to Protect Families" is found at: http://www.idph.state.ia.us/LPP/common/pdf/protect_iowa_families.pdf

Visual Assessment	Applicant Initials
I certify that I have conducted visual assessments of internal and external surfaces of my child care facility.	
I certify that I DID NOT find any lead hazards.	
I certify that I DID find lead hazards, and I have applied interim controls to these hazards.	
A certified lead inspector as defined in Iowa Department of Public Health IAC 641 – Chapter 70 has determined that the paint is lead-free. <i>(Attach approved documentation to this form.)</i>	

Child Development Home Applicant Signature	Date
Child Development Home Applicant Signature	Date

Sample Provider Forms

Child Intake Information

Child's Name	Birth Date
Child's Address	Phone
Name Child is Called	
Parent or Guardian	Parent or Guardian
Name	Name
Home Address	Home Address
Work Address	Work Address
Work Phone	Work Phone

Does your child have any special needs that I need to be aware of? _____

Physician to call if child becomes ill: _____

Address: _____ Phone: _____

Other person to notify if parent or guardian cannot be reached in an emergency:

Name	Phone #	Relationship

(Also list the emergency contacts below if you wish to allow them to pick up your child.)

The following persons are allowed to pick up my child from day care in the event that I am unable to:

Name	Phone #	Relationship

Anyone NOT permitted to pick up my child (with copy of court order, if applicable)

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Emergency Medical Treatment Authorization

Permission for medical care in parental absence.

Child's Full Name _____ Birth Date _____

Name child answers to: _____

I, _____ parent or guardian of the child named above give my permission to _____, child care home provider, to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the Provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Doctor: _____

Doctor's Address: _____

Doctor's Phone: _____

Preferred Hospital to Contact: _____

Address: _____ Phone: _____

Persons to be contacted in emergency if the parents are unavailable:

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

Present medication(s): _____

Known allergies: _____

Date of last tetanus: _____ Religious Preference: _____

Insurance: _____

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Child Injury / Incident Report Form

Fill in all blanks and boxes that apply.

Phone Number: _____

Address: _____

Child's name: _____ Sex: M F Birthdate: _____ Incident date: _____

Time of incident: _____: _____ am/pm Witnesses: _____

Name of parent or legal guardian notified: _____ Time notified: _____: _____ am/pm

Notified by (name of staff person): _____

Was EMS (911) or other medical professional notified? No Yes Time notified: _____: _____ am/pm

What EMS services responded or other medical professional provided advice? _____

Location where incident occurred: Playground Classroom Bathroom Hall Kitchen
 Doorway Gym Office Dining room Stairway Motor vehicle Unknown
 Other (specify) _____

Equipment or product involved: Climber Slide Swing Playground surface
 Sandbox Trike/bike Hand toy (specify): _____
 Motor vehicle Other equipment (specify): _____

Cause of injury or incident:
 Fall to surface; Estimated height of fall _____ feet Type of surface: _____
 Fall from running or tripping Bitten by child Motor vehicle Hit or pushed by child
 Injured by object Eating/choking Bee sting/spider or tick bite Animal Exposed to cold or heat
 Child behavior related (specify): _____
 Other (specify): _____

Describe injury or incident: *Include the parts of the body injured and the type of injury markings.*

First aid or treatment given on-site: *(Examples: cold pack, comfort, wound cleaning, bandage applied, behavior intervention):*

First aid or treatment given by (name of person): _____

Medical or dental care needed day of injury or incident:
 No doctor's or dentist's treatment required Doctor or dentist office visit same day required
 Treated as an outpatient in emergency room Hospitalized

Signature of staff member: _____ Date: _____

Parent signature or authorized pick-up person: _____ Date: _____

Complete this section with details obtained in days following event. Date of late entry: _____
Follow-up treatment needed: _____
Reduced or limited activity required for _____ days.
Corrective action needed to prevent reoccurrence: _____
Signature of person making late entry: _____

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

CHILD INFORMATION

Parent complete this page.

Child's name	Child's birthdate
Name of center, provider, or preschool	Telephone number

Parent # 1 name		Parent # 2 name	
Child home address # 1		Child home address # 2	
Home phone # 1	Home email	Home phone # 2	Home email
Where parent # 1 works		Where parent # 2 works	
Work address		Work address	
Work number	Pager number	Work number	Pager number
Cellular number	Work email	Cellular number	Work email

In an emergency, please obtain EMERGENCY MEDICAL or DENTAL CARE if the child care center is unable to contact the parents or guardian. Please contact the following person when a parent or guardian can not be reached.

Name:	Relationship to child:	Phone number:
Child's doctor's name	Doctor telephone # 1	Hospital choice
Doctor's address	After hours telephone number	Does your child have health insurance? Yes, company _____ ID # _____
Child's dentist's name	Dentist telephone # 1	Does your child have dental insurance? Yes, company _____ ID # _____
Dentist's Address	After hours telephone number	<input type="checkbox"/> NO, we do not have health insurance. <input type="checkbox"/> NO, we do not have dental insurance. <input type="checkbox"/> Please help us find health or dental insurance.
Other health care specialist name	Telephone number	
Type of specialty _____		

Parent Signature	Date
-------------------------	-------------

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

PARENT CONCERNS

Parents complete this page.

Tell us about your child's health. Place a checkmark ✓ in the box if the sentence applies to your child. Check all that apply to your child.

Growth

I am concerned about my child's growth.

Appetite

I am concerned about my child's eating or feeding needs or habits.

Rest

I am concerned about the amount of sleep my child needs.

Illness/Surgery/Injury

My child has had a serious illness, surgery, or injury. Please describe.

Physical Activity

My child must restrict physical activity. Please describe.

Development and Learning

I am concerned about my child's behavior, development, or learning. Please describe:

Body Health

My child has problems with:

- Skin, hair, fingernails or toenails
- Eyes\vision, glasses
- Ears\hearing, hearing aids or device, ear aches, tubes in ears
- Nose problems, nosebleeds, runny nose
- Mouth, teething, gums, tongue, sores in mouth or on lips, mouth-breathing, snoring
- Frequent sore throats or tonsillitis
- Breathing problems, asthma, cough, croup
- Heart, heart murmur
- Stomach aches, upset stomach, colic, spitting up
- Using toilet, toilet training, urinating
- Bones, muscles, movement, pain with moving
- Mobility, uses assistive equipment
- Nervous system, headaches, seizures, or nervous habits (like twitches)
- Needs special equipment. *Please describe:*

Medication

My child takes medication. List meds taken at home, preschool, or in child care. List the name, time medication taken, and the reason medication prescribed.

Allergy

My child has allergies (food, medicine, fabric, inhalants, insects, animals, etc.). Please describe.

Parent or child care provider questions or concerns to ask health care provider:

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

Health provider completes this page¹

Date of exam: _____

Birthdate: _____ **Age:** _____

Height or length _____
 Weight _____
 Head circumference _____
 (for children **under** 2 years)
 Body mass index _____
 (for children **over** 2 years)

Vaccines Given Today
 DtaP/DTP/Td _____
 HEB B _____
 HIB _____
 Influenza _____
 MMR _____
 Pneumococcal _____
 Polio _____
 Varicella _____
 Other _____
 TB testing (for high risk child only) _____

Blood pressure _____
 (start at age 3 years)
 Hgb. or Hct. _____
 (start at 1 year)
 Blood lead level _____
 (start at 1 year)

Exam Results (n = normal limits)
 Otherwise describe:
 HEENT _____
 Teeth _____
 Heart _____
 Lungs _____
 Stomach/abdomen _____
 Genitalia _____
 Extremities, joints, muscles, spine _____
 Skin, lymph nodes _____
 Neurological _____

Referrals Made Today
 Referred to **hawk-i** today (1-800-257-8563)

Health-Related Child Care Comments

Developmental Screening
 Vision: Right eye _____ Left eye _____
 Hearing: Right ear _____ Left ear _____
 Tympanometry (attach results)
DDST Results
 Personal-social _____
 Fine motor-adaptive _____
 Language _____
 Gross motor _____
 Developmental referral made today: Yes No

Medications Needed at Child Care

Date of last **dental** exam: _____
 Dental referral made today: Yes No

Health Care Provider Name, Address, Telephone
 (May use stamp.)

Health Provider Assessment Statement
 This child may participate in developmentally appropriate child care and preschool with **NO** health related restrictions.
 This child may participate in developmentally appropriate child care and preschool **with restrictions:**

Health provider signature _____
 Provider's Iowa license number _____

¹ Iowa Child Care Regulations require an admission physical exam report within the previous year. Annually thereafter, a statement of health condition signed by an approved health care provider. The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (RE9939, March 2000) www.aap.org

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form
Iowa Recommendations for Preventive Pediatric Health Care²

Health Provider's Guide		AGE ³											
		1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr
History:	Initial and Interval	●	●	●	●	●	●	●	●	●	●	●	●
Measurement:	Height/Weight	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference	●	●	●	●	●	●	●	●				
	Blood Pressure										●	●	●
Sensory Screen:	Vision	S	S	S	S	S	S	S	S	S	O	O	O
	Hearing	O ⁴	S	S	S	S	S	S	S	S	S	O	O
Developmental:	Screen	●	●	●	●	●	●	●	●	●	●	●	●
Complete Unclothed Physical Exam		●	●	●	●	●	●	●	●	●	●	●	●
Lab:	Hereditary/Metabolic Screen	● ⁵											
	Hematocrit or Hemoglobin					●	→	◆	→	→	→	→	→
	Urinalysis												●
	Lead Test						●			● ⁶	◆	◆	◆
	Cholesterol Screen									◆	→	→	→
	TB test ⁷						◆	→	→	→	→	→	→
	Immunizations:	<i>per Iowa schedule</i> ⁸	●	●	●	●	●	●	●	●	●	●	●
Family Guidance:	Injury Prevention	●	●	●	●	●	●	●	●	●	●	●	●
	Child Car Seat Counseling												
	Tricycle Helmet Counseling												
	Sleep Position Counseling	●	●	●	●	●	●						
	Nutrition and Physical Activity Counseling	●	●	●	●	●	●	●	●	●	●	●	●
	Violence Prevention	●	●	●	●	●	●	●	●	●	●	●	●

- Key:
- = to be performed
 - ◆ = to be performed for at-risk children
 - S = subjective, by history
 - O = objective, by standard testing
 - = range in which the task may be completed

² For questions about childhood preventive health care go to www.brightfutures.org or www.aap.org or contact the Iowa Healthy Families telephone line 1-800-369-2229.

Each child and family is unique; therefore the Recommendations for Preventive Care are designed for the care of children who are receiving quality care, have no signs of health problems, and are growing and developing satisfactorily.

³ If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

⁴ All newborns should be screened for congenital hearing impairment, Iowa Newborn Hearing Screening program 1-800-383-3826.

⁵ All newborns should receive metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) during neonatal period.

⁶ Lead testing should be done at 12 and 24 months, Iowa Lead Testing program 1-800-242-2026.

⁷ TB testing for only at-risk children, Iowa TB program 1-800-383-3826.

⁸ Iowa Immunization program 1-800-831-6293.

Iowa School-Age Care – Health Status – Parent Statement

CHILD AND FAMILY INFORMATION

Parents complete this page.

Child's name		Child's birthdate	
Name of school		Grade	Telephone number
Parent # 1 name		Parent # 2 name	
Child home address # 1		Child home address # 2	
Home phone # 1	Home email	Home phone # 2	Home email
Where parent # 1 works		Where parent # 2 works	
Work address		Work address	
Work number	Pager number	Work number	Pager number
Cellular number	Work email	Cellular number	Work email

In an emergency, please obtain EMERGENCY MEDICAL or DENTAL CARE if the child care center is unable to contact the parents or guardian. Please contact the following person when a parent or guardian can not be reached.

Name:	Relationship to child:	Phone number:
Child's doctor's name	Doctor telephone # 1	Hospital choice
Doctor's address	After hours telephone number	Does your child have health insurance? Yes, company _____ ID # _____
Child's dentist's name	Dentist telephone # 1	Does your child have dental insurance? Yes, company _____ ID # _____
Dentist's Address	After hours telephone number	<input type="checkbox"/> NO, we do not have health insurance. <input type="checkbox"/> NO, we do not have dental insurance. <input type="checkbox"/> Please help us find health or dental insurance.
Other medical or dental specialist name	Telephone number	
Type of specialty _____		

Parent or Guardian Signature	Date
-------------------------------------	-------------

Iowa School-Age Care – Health Status – Parent Statement

Parents complete this page.

Place a checkmark ✓ in the box if the sentence applies to your child.

Growth

- I am concerned about my child's growth.

Appetite

- I am concerned about my child's eating habits.

Rest

- My child may need to rest or sleep after school.

Illness/Surgery/Injury

- My child had a serious illness, surgery, or injury. Please describe.

Physical Activity

- My child must restrict physical activity or needs special equipment. Please describe.

Play with Friends

My child:

- Plays well in groups with other children.
 Will play only with one or two other children.
 Prefers to play alone.
 Fights with other children.
 I am concerned about my child's play activity with other children.

School and Learning

My child:

- Is doing well at school.
 Is having difficulty in some classes.
 Does not want to go to school.
 Frequently misses or is late for school.
 I am concerned about how my child is doing in school. Please describe:

Body Health

My child has problems with:

- Skin, hair, fingernails or toenails
 Eyes\vision, glasses or contact lenses
 Ears\hearing, hearing assistive aids or devices, ear aches, tubes in ears
 Nose problems, nosebleeds
 Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth
 Frequent sore throats or tonsillitis
 Breathing, asthma, cough
 Heart, heart murmur
 Stomach aches or upset stomach
 Using toilet, night time wetting
 Hard stools, constipation, diarrhea, runny stools
 Bones, muscles, movement, pain moving
 Mobility, uses assistive equipment
 Nervous system, headaches, seizures, or nervous habits (like twitches)
 Female monthly periods
 Needs special equipment. *Please describe:*

Medication

My child takes medication. List meds taken at home, school, or in child care. List the name, time medication taken, and the reason medication prescribed.

Allergy

My child has the following allergies (food, medicine, fabric, inhalants, insects, animals, etc.). Please describe.

My child has the following special needs:

Iowa School-Age Care – Health Status – Parent Statement

Health care provider completes this page

Date of exam: _____

Height _____

Weight _____

Body mass index _____

Blood pressure _____

Hgb. or Hct. _____

Head circumference _____

Blood lead level _____

Urinalysis _____

Exam Results (n = normal limits)

Otherwise describe:

HEENT _____

Teeth _____

Heart _____

Lungs _____

Stomach/abdomen _____

Genitalia _____

Tanner stage _____

Extremities, joints, muscles, spine _____

Skin, lymph nodes _____

Neurological _____

Sensory Screening

Vision: Right eye _____ Left eye _____

Hearing: Right ear _____ Left ear _____

Tympanometry (attach results)

Referral made today: Yes No

Date of last **dental** exam: _____

Dental referral made today: Yes No

Birthdate: _____ Age: _____

Vaccines Given Today

DtaP/DTP/Td _____

HEB B _____

HIB _____

Influenza _____

MMR _____

Pneumococcal _____

Polio _____

Varicella _____

Other _____

TB testing (for high risk child only) _____

Referrals Made Today

Referred to **hawk-i** today (1-800-257-8563)

Health-Related Child Care Comments

Medications Needed at Child Care

Health Care Provider Name, Address, Telephone Number, After Hours Telephone Number

(May use a stamp.)

Health provider signature _____

Date _____

Provider's Iowa license number _____

Iowa Recommendations for Preventive Health Care – School-Age Youth

Health Provider's Guide	AGE ⁹											
	5 yr.	6 yr.	7 yr.	8 yr.	9 yr.	10 yr.	11 yr.	12 yr.	13 yr.	14 yr.	15 yr.	16 yr.
History: Initial and Interval	●	●	●	●	●	●	●	●	●	●	●	●
Measurement: Height/Weight	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure	●	●	●	●	●	●	●	●	●	●	●	●
Sensory Screen: Vision	●	●	●	●	●	●	S	●	S	S	●	●
Hearing	●	●	●	●	●	●	S	●	S	S	●	●
Developmental/Behavior/School: Screen	●	●	●	●	●	●	●	●	●	●	●	●
Complete Unclothed Physical Exam	●	●	●	●	●	●	●	●	●	●	●	●
Lab: Hematocrit or Hemoglobin	●						●	→				
Urinalysis	●						●	●	●	●	●	●
Lead Test ¹⁰	◆	◆										
Cholesterol Screen	◆	→										
STD Screen ¹¹	◆	→										
Genital or Pelvic Exam ¹²	◆	→										
TB test ¹³	◆	→										
Immunizations: <i>per Iowa schedule</i> ¹⁴	●	●	●	●	●	●	●	●	●	●	●	●
Family Guidance: Injury Prevention	●	●	●	●	●	●	●	●	●	●	●	●
Seat Belt Use	●	●	●	●	●	●	●	●	●	●	●	●
Bike Helmet Use	●	●	●	●	●	●	●	●	●	●	●	●
Violence Prevention ¹⁵	●	●	●	●	●	●	●	●	●	●	●	●
Nutrition & Physical Activity Counseling	●	●	●	●	●	●	●	●	●	●	●	●
Pregnancy Prevention ¹⁶	◆	→										

- Key:
- = to be performed
 - ◆ = to be performed for at-risk children
 - S = subjective, by history
 - O = objective, by standard testing
 - = range in which the task may be completed

For questions about school-age preventive health care go to www.brightfutures.org or www.aap.org.

School-age youth with health, social, or behavior questions, refer to **TEENLINE 1-800-443-8336**.

⁹ If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

¹⁰ Lead testing Iowa Lead Testing program 1-800-242-2026.

¹¹ Sexually active youth should be screened.

¹² Sexually active youth should be screened.

¹³ TB testing for at-risk children Iowa TB program 1-800-383-3826.

¹⁴ Immunization per schedule Iowa Immunization program 1-800-831-6293.

¹⁵ All families to receive violence prevention.

¹⁶ All sexually active youth should have access to pregnancy prevention services. Call TEENLINE 1-800-443-8336.

Phone Numbers

Police _____

Poison Control _____

Fire _____

Paramedics _____

Child's Name	Birthdate	Parents			Doctor	School	Emergency Contact	
		Name	Home	Work			Name	Phone
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						

Home Address _____

Telephone Numbers _____

Monthly Medicine Record

Child Name: _____

Month _____ Year _____

Child Known Allergies: _____

Parent Permission to give medicine: I give my permission for the child care business to give the following medicine(s) to my child.

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care: ¹	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine: ²		
					Beginning date for medicine: _____		
					Ending date for medicine: _____		

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care: ¹	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine: ²		
					Beginning date for medicine: _____		
					Ending date for medicine: _____		

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care: ¹	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine: ²		
					Beginning date for medicine: _____		
					Ending date for medicine: _____		

Parent permission to contact pharmacy and physician: I give my permission for the child care business to contact my child's pharmacy and physician should questions arise or a situation occur that involves my child and the medication.
 Parent Name (print): _____ Parent Signature: _____ Date: _____

¹The time of day for the medicine needs to be consistent between home, child care and other programs where the child is located like school. Ask the parent when the medicine is given at home so medicine doses may be evenly spaced for maximum benefit.

²The medicine may need to be given before meals, after meals, with food, with a specific liquid (water or milk). All instructions should be written on the medicine label or instructions. When in doubt, call the pharmacy where the prescription medicine was dispensed.

Monthly Medicine Record

**Attach
Child
Photo
Here**

Child Name: _____

Month _____	Day of Month																																	
Year _____																																		
Medicine, Dose and Route ↓	Time of Day ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Example: Amoxicillin 250 mg., 1 teaspoon, orally	10 am	*																																

*Place your initials in the box showing the medicine was given. Use an "A" when a child is absent. Use an "O" when medication is not given for any reason. Document the reason the medication was not given and document that the parent was informed.

Instructions for using Medicine Record:

- First Column: Record the medicine name, dosage, and route.
- Second Column: Record the time(s) of day the medicine is to be given at child care. If the medicine is given more than one time a day, use a separate row for each time of day the medicine is to be given.
- Third – Last Column: The person who measures and gives the medicine must place the person's initials in the appropriate **row** (for time) and **column** (for date) that the medicine was given. Use columns numbered from 1-31 for the date. The person who measures the medicine dosage is the only person allowed to give the medicine.

Call the Healthy Child Care Iowa talkline 1-800-369-2229 to order free copies of this form.

Iowa Poison Control Center: 1-800-222-1222

Emergency Drill Record

Year _____

Month	Fire Drills	Smoke Alarms	Tornado Drills
January	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
February	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
March	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
April	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
May	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
June	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
July	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
August	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
September	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
October	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
November	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:
December	Date: Evac. time: # of children:	Date replaced batteries:	Date: Evac. time: # of children:



Iowa Department of Human Services

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

Daily Attendance Record for "Part-Time" Hours

(Only 2 "part-time" children can be present at one time. Additional copies may be needed if there are more children attending as "part-time.")

Provider's Name _____ Month/Year _____ Page # _____

Day	First Child (last, first name)	Time In and Time Out	Second Child (last, first name)	Time In and Time Out	Third Child (last, first name)	Time In and Time Out	Total hours used for all children each day	180 Total hours (Start with 180 hours and subtract each day's total hours used. When zero is reached there are no part-time hours left in the month.)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Total "part-time" hours used for this month:								



Iowa Department of Human Services
Registered Child Development Home

Pet Health Examination Veterinary Health Certificate

Child Care Provider Pet Information

Name of Pet Owner

Address

Name of Pet

Species

Breed

Sex

Date of Birth

Date of Exam

Rabies Vaccination: Date Given

Date Expires

Veterinary Provider Information

Name of Veterinarian

Veterinarian's License Number

Address of Veterinarian

Phone Number of Veterinarian

Dogs and Cats

- On the above date I completed a health examination on the dog or cat listed above. At that time I certify that the animal in question was healthy. The animal is current on all recommended core vaccinations, *including rabies*, and there was no evidence of endoparasites (roundworms, hookworms, whipworms) or ectoparasites (fleas, mites, ticks, lice) found in or on the animal.

Birds

- On the above date I completed a health examination on the bird listed above. At that time I certify that the animal in question was healthy and free of infectious diseases.

Veterinarian's Signature

Date