



## 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](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](mailto:contactdhs@dhs.state.ia.us)