

Comments and Responses on ARC 2552C
Child Care Homes
Received June 8, 2016

The following person/organization provided written comments, which are included in the summary below:

1. DHS Council on Human Services
2. Stacy Frelund, Government Relations Director, American Heart Association
3. Elizabeth Norris, Senior Staff Attorney, Iowa Legal Aid
4. Senator Jones, Administrative Rules Review Committee
5. Technical Change

Comment 1. A respondent requested that language be included that allows changes to the 5 year requirement for health and safety training if information changes. Modifications will allow DHS to require the training more often or to be renewed if significant changes to the content occur.

Department Response 1. The Department agreed with the comment and will add language to allow for health and safety training to be taken more frequently if content areas change significantly.

Adopt **new** subrule **120.10(4)**

120.10(4) Minimum health and safety training may be required prior to the 5 year period if content has significant changes that warrant the training be renewed.

Comment 2. A respondent suggested additional modifications to these amendments to add standards regarding nutrition, physical activity, and screen time within child care homes and centers. The respondent recommended requiring nutrition standards based on Child and Adult Care Food Program (CACFP), physical activity standards consistent with YMCA's Healthy Eating and Physical Activity (HEPA) as well as "Screen time standards" for Early Childhood Programs.

DHS Response 2. Chapter 120 is intended to regulate minimum health and safety standards for child care providers that are not required by State law, to register as a child development home, but do wish to receive CCDF funds. There is a current requirement at 120.8(7) to require regular meals and snacks that are well balanced and nourishing to be provided. Physical activity requirements and screen time standards, while encouraging of a high quality environment, is not required to meet the intent of federal legislation for minimum health and safety standards. For these reasons, the Department will not modify these amendments based on the respondent's comments.

Comment 3. One respondent identified that the new Chapter 120 includes requirements that do not currently exist. The respondent also stated that it is unclear if these amendments only apply to child care homes who wish to receive child care

assistance payments or to all child care homes in Iowa. Finally the respondent indicated that there is not an identified grace period for compliance. The respondent re asked the Department to establish a grace period. The respondent also requested that the Department reach out to current child care home providers to inform them of proposed changes.

DHS Response 3. The preamble of Chapter 120 will be modified to clearly delineate the population in which it is intended. The federal legislation goes into effect October 1, 2016 and all requirements must be met by that time. The Department is permitted to allow child care providers to obtain health and safety training up until September 30, 2017, at which point all persons must have the training completed. The federal legislation goes into effect October 1, 2016 and all requirements must be met by that time. The Department has participated in significant outreach with child care providers across the state to advise the providers of new regulations and to gather input. A mass mailing via standard USPS mail was also sent to all regulated and non-regulated providers who receive child care assistance payments in March 2016. This mass mailing letter outlined the varied changes taking place as a result of the federal legislation. The Department agreed to change the preamble of the new chapter 441—120 to improve clarity.

PREAMBLE: This chapter establishes procedures for child care homes that have a Child Care Assistance Provider Agreement to receive Child Care Assistance funds. Included are application and renewal procedures, standards for providers, and procedures for compliance checks and complaint investigations.

Comment 4. A respondent requested that training in the use of an automated external defibrillator (AED) be included in the first aid and cardiopulmonary resuscitation (CPR) training requirements.

Department Response 4. At this time, it is not known if AED is always provided during CPR courses. Additionally, if the Department required AED training, it would reasonable to assume that the Department would need to require an AED on the child care premises, which would have a fiscal impact to child care providers. The National Resource Center on Health and Safety of in Child Care and Early Education's document, "Caring for Our Children" was also reviewed. The suggestion in that document is that child care facilities should consider having an AED on the premises for potential use with adults. It further indicates that the use of AED's with children would be rare. For these reasons, the Department will not modify these amendments based on the comments at this time.

Comment 5. A respondent requested that clarifications be made regarding items that are not designed for sleeping in the section regarding safe sleep practices.

Department Response 5. The Department will modify language found in 120.8(5) "c" regarding items not designed for sleeping.

120.8(5)“c”

c. Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child shall be allowed to sleep in any items not designed for sleeping, but not limited to, an infant seat, car seat, swing, bouncy seat, ~~or any item not designed for sleeping~~

Comment 6. A respondent requested that these amendments should clarify that cribs are not allowed to have moving railings.

Department Response 6. Administrative rules require cribs to meet current federal Consumer Product Safety Commission (CPSC) or ASTM standards. Drop-side cribs are not allowed within current approved standards. However, there are some cribs that have partial “safe reach” options that do meet CPSC standards. There would be a fiscal impact to providers if the cribs with approved “safe reach” options are currently being used and then become prohibited as the result of these amendments. For these reasons, the Department will not modify these amendments based on the respondent’s comment.

Department Technical Change. The Department reviewed the proposed rulemaking and determined that a technical change regarding first aid and cardiopulmonary resuscitation (CPR) was necessary and modified the rulemaking to include the American Safety and Health Institute as an approved training organization.

120.10(3) “a”

a. Training shall be provided by a nationally recognized training organization, such as the American Red Cross, American Heart Association, National Safety Council, or American Safety and Health Institute or MEDIC First Aid ~~Emergency Medical Planning (Medic First Aid)~~ or by an equivalent trainer using curriculum approved by the department.