

Comments and Responses on ARC 2554C  
Child Care Centers  
Received June 1, 2016

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

1. Ralph Shenefelt: Senior Vice President, Health and Safety Institute.
2. DHS Council on Human Services
3. Stacy Frelund, Government Relations Director, American Heart Association
4. Senator Jones, Administrative Rules Review Committee

**Comment 1.** A respondent who already has an approved training program by Iowa DHS requested that rule language for first aid and cardiopulmonary resuscitation (CPR) be modified to include the American Safety and Health Institute as an approved training organization. The request was specific to Chapter 441 IAC 109 rule changes.

**DHS Response 1.** The Department has long approved the American Safety and Health Institute as an approved training organization for first aid and CPR. Emergency Medical Planning, which is currently identified in the rules, has merged into the Health and Safety Institute and is a major training organization for these content areas. The Department agreed with this comment and will modify these amendments to include this organization as follows:

**109.7(1)“c”**

c. Certification in American Red Cross ~~or~~ American Heart Association, American Safety and Health Institute, or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.

**109.7(1)“d”**

d. Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, the American Safety and Health Institute, or MEDIC First Aid and Emergency Medical Planning (Medic First Aid) or an equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.

**109.7(3)“c”**

~~c. At least one staff person on duty in the center and outdoor play area when children are present and on field trips shall have certification~~ Certification in American Red Cross, ~~or~~ American Heart Association, American Safety and Health Institute, or

MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.

**109.7(3)“d”**

~~d. At least one staff person on duty in the center and outdoor play area when children are present and on field trips shall receive certification~~ Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, the American Safety and Health Institute or MEDIC First Aid and Emergency Medical Planning (Medic First Aid) or an equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.

**Comment 2.** 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 the Department to require the training more often or to be renewed if significant changes to the content occur.

**Department Response 2.** The Department agreed with the respondent's request and will add language to allow for health and safety training to be taken more frequently if content areas change significantly, as follows:

Adopt a new paragraph **109.7(1)“f”** as follows:

f. 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 3.** 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.

**Department Response 3.** Child Care Centers are currently required (rule 441--109.15) to meet CACFP guidelines for nutritionally balanced meals and snacks. Activity program requirements including written curriculum and program structure that use developmentally appropriate practices are also outlined in subrule 441--109.12(1). Activities must include a balance of active and quiet activities, individual and group activities, gross and fine motor development, as well as others. Lastly, while encouraging quality programming, screen time standards are not a requirement to meet the intent of the federal legislation to meet health and safety requirements. For these reasons, the Department will not modify these amendments based on the respondent's comments.

**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 be 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 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 agreed with the respondent and will modify language found in subparagraph **109.12(5)“e”(3)** as follows:

**(3)** 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.