



Iowa Department of Human Services

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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 470-5143, *Record Check Authorization*, 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 470-5143, *Record Check Authorization*.

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.

Training

The "Iowa Early Care and Education Knowledge and Competency Framework for Teaching Roles" was recently developed by the Early Childhood Iowa-Professional Development, Early Learning Leadership Team as a tool to help increase skills for early care and education of providers and teachers.

Through the Navigate Your Pathway website, you may:

- ◆ See where you are today in your professional development,
- ◆ See where your next step will take you, and
- ◆ Create your own professional development plan for the future.

We encourage you to use this website to plan your professional development in a progressive way through formal higher education or ongoing professional development. You may access this resource at: <http://edieducationpathway.org>

Child Care Training Registry

Iowa's Child Care Provider Training Registry is an online tool where child care professionals can locate and enroll for DHS-approved professional development. To access and enroll for DHS-approved professional development opportunities, please click <https://ccmis.dhs.state.ia.us/trainingregistry/>

You may also access additional trainings approved by the Department, here: http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf

Prior to registration, you shall complete:

- ◆ Prior to registration and every five years thereafter, minimum health and safety trainings, approved by the Department, in the following areas:
 - Prevention and control of infectious disease, including immunizations
 - Prevention of sudden infant death syndrome and use of safe sleeping practices
 - Administration of medication, consistent with standards for parental consent
 - Prevention of and response to emergencies due to food and allergic reactions
 - Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
 - Prevention of shaken baby syndrome and abusive head trauma
 - Emergency preparedness and response planning for emergencies resulted from natural disaster or a man-caused event
 - Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
 - Precautions in transporting children
- ◆ Two hours of Iowa's training for mandatory reporting of child abuse and every five years thereafter.
- ◆ First-aid and cardiopulmonary resuscitation (CPR) training:
 - Training shall be provided 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.
 - First-aid training shall include certification in infant and child first aid,
 - You shall maintain a valid certificate indicating the date of first-aid training and the expiration date.
 - You shall maintain a valid certificate indicating the date of CPR training and the expiration date.
- ◆ On-line CPR and first aid courses are not approved for continuing education or training to meet regulatory requirements.

During each two year registration period, you shall receive a minimum of 24 hours of training from one or more of the content areas.

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.

COMMENT: Minimum health and safety training may be required prior to the five year period if content has significant changes that warrant the training be renewed.

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.

Training Settings

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.
- ◆ Organizations that are certified by the International Association for Continuing Education and Training (IACET).

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.

All providers must maintain current certification for approved training for the mandatory reporting of child abuse and for infant and child first-aid and CPR.

Issuance of Registration Certificate

Prior to registration, a pre-inspection must be completed by the Department to assure that health, safety, and fire safety expectations have been met. 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 complete an unannounced compliance check 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.

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.

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) 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

Provider Standards for All Child Development Homes

You must meet the following requirements:

- ◆ Give careful supervision at all times.
- ◆ Exchange information with the parent of each child frequently to enhance the quality of care.
- ◆ Give consistent, dependable care and be capable of handling emergencies.
- ◆ Be present at all times except when emergencies occur or an absence is planned, at which time care shall be provided by a Department-approved substitute. When an absence is planned, give parents at least 24 hours' prior notice.
- ◆ Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair your ability to give careful supervision.
- ◆ 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)

Substitutes

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.

NOTE: Limits to the number of substitute care hours allowed does not apply when the provider is engaged in jury duty or official duties connected with the provider's membership on a state board, committee, or other policy related body.

Program Standards for All Child Development Homes

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.

Conditions in the home shall be safe, sanitary, and free of hazards.

Facility Requirements

- ◆ The home shall have a non-pay, working land-line or mobile telephone with emergency numbers posted and readily accessible for the following:
 - Police
 - Fire
 - Ambulance
 - Poison information center
 - The number for each child's parent
 - A responsible person who can be reached when the parent cannot
 - Each child's physician
- ◆ All travel vehicles must have a paper copy of emergency parent contact information.

- ◆ Electrical wiring shall be maintained. All accessible electrical outlets shall be tamper-resistant outlets or 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 a minimum of three feet away from furnaces, stoves, water heaters, and gas dryers.
- ◆ Approved safety gates at stairways and doors shall be provided and used as needed.
- ◆ A private water supply shall have an annual laboratory analysis conducted 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.

- ◆ A safety barrier shall surround any heating stove or heating element, in order 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.
- ◆ The home shall have at least one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.
- ◆ The home shall have at least 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.
- ◆ 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 home's hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children. All signs shall include:
 - The telephone number for reporting complaints, and
 - The Internet address of the Department of Public Health: www.iowasmokefreeair.gov.

- ◆ Homes served by private sewer systems shall be in compliance with discharge restrictions identified at 567—Chapter 69. Discharge of untreated waste water from private sewage disposal systems is prohibited. Compliance shall be verified by the local board of health at the time of renewal or new registration.

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

- ◆ A provider operating in a facility built before 1960 shall assess and control lead hazards before being issued an initial child development home registration or a renewal of the registration. To comply with this requirement, the provider shall:
 1. Conduct a visual assessment of the facility for lead hazards that exist in the form of peeling or chipping paint;
 2. 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, unless a certified 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.

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.

- ◆ The child development home shall 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.

COMMENT: 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.

- ◆ Any driver who transports children for any purpose shall have a valid driver’s license and adequate motor vehicle insurance that authorizes the driver to operate the type of vehicle being driven. Child restraint devices shall be utilized in compliance with Iowa Code 321.446.

- ◆ Providers shall inform parents of the presence of any pets in the home:
 - All dogs and cats in the household shall have annual health examinations by a licensed veterinarian. Acceptable veterinary examinations shall be documented on form 470-5153, *Pet Health Examination Veterinary Health Certificate*.
 - Pet birds shall be purchased from an approved dealer. Children shall not handle pet birds.
 - Aquariums must be well maintained and installed so that they prevent children from accessing the water or pulling over the tank.
 - All animal waste shall be immediately removed from the children's areas and properly disposed of.
 - Children shall not perform any feeding or care of pets or cleanup of pet waste.
 - No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times.
- ◆ The provider shall document all injuries that require first aid or medical care using an injury report form. The form shall be completed on the date of occurrence, shared with the parent, and maintained in the child's file.
- ◆ The provider shall have written policies regarding the care of mildly ill children and exclusion of children due to illness and shall inform parents of these policies.
- ◆ The provider shall have written policy and procedures for responding to health-related emergencies.
- ◆ The *Certificate of Registration* shall be displayed in a conspicuous place.

Outdoor Space

- ◆ 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.

- ◆ When there is a swimming or wading pool on the premises:
 - A wading pool shall be drained daily and shall be inaccessible to children when it is not in use.
 - An above-ground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use.

The cover shall meet or exceed the ASTM International (formerly known as the American Society for Testing and Materials) specification intended to reduce the risk of drowning by inhibiting access to the water by children under five years of age.
 - An uncovered above-ground swimming pool shall be enclosed with an approved fence that is non-climbable and has a minimum height of four feet.
 - An uncovered in-ground swimming pool shall be enclosed with a fence that is non-climbable and is at least four feet high and flush with the ground.
- ◆ If children are allowed to use an above-ground or in-ground swimming pool:
 - Written permission from parents shall be kept on file.
 - Equipment needed to rescue a child or adult shall be readily accessible.
 - You must accompany the children and directly supervise during swimming or wading activities.
 - You must complete CPR training for infants, toddlers, and children.

Medications and Hazardous Materials

- ◆ 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, bottled water, disposable 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. When refrigeration is required, medicine shall be stored in a separate, covered container so as to prevent contamination of food or other medications.
- ◆ All medications shall be stored so they are inaccessible to children.
- ◆ Any medication administered to a child shall be recorded. The record shall indicate the name of the medication, the date and time of administration, and the amount given.
- ◆ All new providers and those renewing registrations after September 30, 2016, shall not provide medication to a child if the provider has not completed pre-service or orientation training that includes medication administration.

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.

Emergency Plans

- ◆ Emergency plans in case of man-made or natural disaster shall be written and posted by the primary and secondary exits. The plans must map evacuation routes and tornado and flood shelter areas.
- ◆ Fire and tornado drills shall be practiced monthly. Documentation of monthly practice shall be kept on file for the current year and the previous year.

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.

- ◆ You must have procedures in place for the following:
 - Evacuation to safely leave the facility
 - Relocation to a common, safe location after evacuation
 - Shelter-in-place to take immediate shelter where you are when it is unsafe to leave that location due to the emergent issue
 - Lock down protocol to protect children and providers from an external situation
 - Communication and reunification with families
 - Continuity of operations
 - Procedures to address the needs of individual children, including those with functional or access needs

Safe Sleep

You must follow safe sleep practices as recommended by the American Academy of Pediatrics for infants under the age of one.

- ◆ Infants shall always be placed on their back for sleep.
- ◆ Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.
- ◆ 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.
- ◆ No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.

- ◆ No co-sleeping shall be allowed.
- ◆ Sleeping infants shall be actively observed by sight and sound.
- ◆ If an alternate sleeping position is needed, a signed physician authorization with statement of medical reason is required.

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.

Meals

- ◆ Regular meals and 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.
- ◆ Clean, sanitary, drinking water shall be readily available in indoor and outdoor areas, throughout the day.

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. It is possible to meet this rule requirement without outdoor swing or climbing sets.

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 for all household members over the age of 12. 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 over the age of 12 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.

- ◆ Children 12 years of age or younger that are residing in the household must have the following:
 - An admission physical examination report signed by a licensed physician or designee in a clinic supervised by a licensed physician.
 - A signed and dated immunization certificate provided by the state Department of Public Health. For the school-age child, a copy of the most recent immunization record shall be acceptable.
 - For each school-age child, on the first day of attendance, documentation of a physical examination that was completed at the time of school enrollment or since.
- ◆ Certificates or training verification documentation for all required training.
- ◆ Documentation from the Department 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:

- ◆ Documentation from the Department of record check completion and authorization or conditions limiting person's involvement in child care.
- ◆ 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:

- ◆ Documentation from the Department of record check completion and authorization or conditions limiting person's involvement in child care.
- ◆ 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 three months of employment and every five years thereafter.
- ◆ Certification in infant and child first aid.
- ◆ Certification in cardiopulmonary resuscitation.
- ◆ Certification or other documentation that minimum health and safety training as identified in 441 IAC 110.10(1)"a" has been completed.

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.

- ◆ For each infant and preschool-age child, a statement of health signed by a licensed physician or by a designee in a clinic supervised by a licensed physician that is 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.

- ◆ For each school age child, on the first day of attendance, a statement of health status signed by the parent or legal guardian and documentation of a physical examination that was completed at the time of school enrollment or since. This statement must be submitted every year.

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.

- ◆ 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 shall be signed by the parent or guardian or legally authorized representative. This exemption is only valid when 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.

If the child meets the definition of homelessness as defined by section 725(2) of the McKinney Vento Homeless Assistance Act, the family shall receive a 60 day grace period to obtain medical documentation.

COMMENT: The term “homeless,” “homeless individual,” and “homeless person” means:

- ◆ An individual or family who lacks a fixed, regular, and adequate nighttime residence.
- ◆ An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.
- ◆ An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing).
- ◆ An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided.
- ◆ An individual or family who will imminently lose their housing, including:
 - Housing they own, rent, or live in without paying rent;
 - Housing sharing with others; and
 - Rooms in hotels or motels not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations.

The individual or family has no subsequent residence identified and lacks the resources or support networks needed to obtain other permanent housing.

- ◆ Unaccompanied youth and homeless families with children and youth defined as homeless under other federal statutes who have:
 - Experienced a long-term period without living independently in permanent housing,
 - Experienced persistent instability as measured by frequent moves over such period, and
 - Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

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 or documentation of current or previous enrollment in credit-based coursework from a post-secondary educational institution that is an accredited college or university.
- ◆ 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 or documentation of current or previous enrollment in credit-based coursework from a post-secondary educational institution that is an accredited college or university.
- ◆ 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.

No more than two named providers are allowed on a registration certificate for a Category C Child Development Home.

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 |

| | Category A | Category B | Category C |
|----------|---|---|---|
| Provider | 18 years old Reference letters | 20 years old High school diploma or GED Either: <ul style="list-style-type: none"> ◆ 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: <ul style="list-style-type: none"> ◆ 21 years old ◆ High school diploma or GED Either: <ul style="list-style-type: none"> ◆ 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: <ul style="list-style-type: none"> ◆ 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

Infants and preschool children of the provider ARE counted in the total number of children.

School-aged children of the provider are NOT counted in the total number of children (unless they are staying home, e.g., for home-schooling).

The summer before a child enters kindergarten, the child is still counted as a preschooler. A child is counted as school-aged from the first day of kindergarten on, including days school is not in session and summer vacation.

Children are counted in the child care capacity up to the age of 13, unless they are considered to have special needs. Special needs children may be counted in the child care capacity up to the age of 19.

When providers are home-schooling their own school-age children, these children ARE included in the total number of children. If a child is school-age, but is staying home, that child counts in the provider's child care capacity.

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 24 months of age or younger at any one time Of those 4, only 3 children may be 18 months or age or younger | <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 24 months of age or younger at any one time Of those 4, only 3 children may be 18 months of age or younger | <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 24 months of age or younger at any one time Of those 4, only 3 children may be 18 months of age or younger | <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 24 months of age or younger 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 | Group D |
|---|--|
| 1 serving = 20 gm or 0.7 oz ½ serving = 10 gm or 0.4 oz | 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 C 1 serving = 31 gm or 1.1 oz ½ serving = 16 gm or 0.6 oz | Group F 1 serving = 75 gm or 2.7 oz ½ serving = 38 gm or 1.3 oz |
| <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 | <ul style="list-style-type: none"> Cake ³ (plain, unfrosted) Coffee cake ⁴ |
| Group C 1 serving = 31 gm or 1.1 oz ½ serving = 16 gm or 0.6 oz | Group G 1 serving = 115 gm or 4 oz ½ serving = 58 gm or 2 oz |
| <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 | <ul style="list-style-type: none"> Brownies ³ (plain) Cake ³ (all varieties, frosted) |
| Group C 1 serving = 31 gm or 1.1 oz ½ serving = 16 gm or 0.6 oz | Group H 1 serving = ½ cup cooked (or 25 gm dry) ½ serving = ¼ cup |
| <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 | <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) |
| Group C 1 serving = 31 gm or 1.1 oz ½ serving = 16 gm or 0.6 oz | Group I 1 serving = ¾ cup or 1 oz, whichever is less ½ serving = ½ cup or .5 oz, whichever is less |
| <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 | <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 |

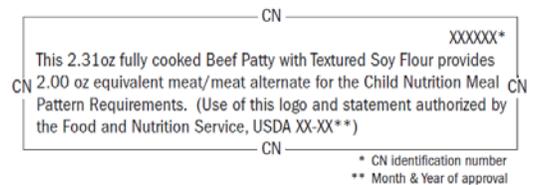
CN (Child Nutrition) Labels

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 |



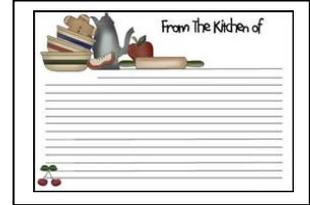
¹ Unsifted flour, spooned into measuring cup.

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

- 1/8 cup brown rice, long-grain, regular, dry
- 1 tsp. canola oil
- 1 1/2 Tbsp. fresh onion, peeled, diced
- 1/4 cup fresh celery, diced
- 1 1/2 tsp. fresh garlic, minced
- 1 lb. raw ground turkey, lean
- 1 egg, beaten
- 5 Tbsp. dried cranberries, chopped
- 3/4 cup fresh baby spinach, chopped
- 1 tsp. Worcestershire sauce
- 1/2 tsp. salt
- 1/2 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 1 3/4 oz. equivalent meat/meat alternate, 1/8 cup other vegetable, and 1 oz. equivalent grains.

Directions

1. Preheat oven to 350° F.
2. Combine brown rice and 1/2 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 ⅓ 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.

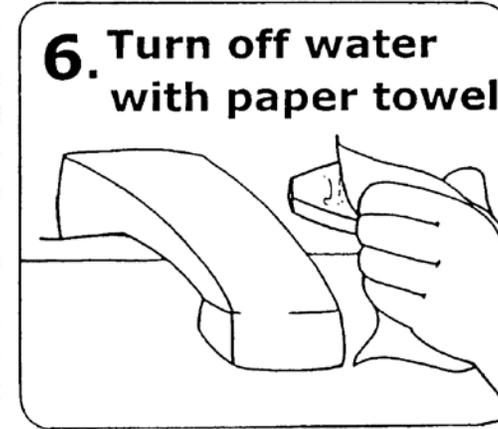
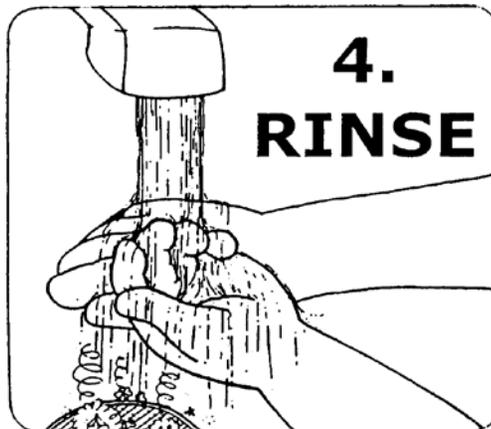
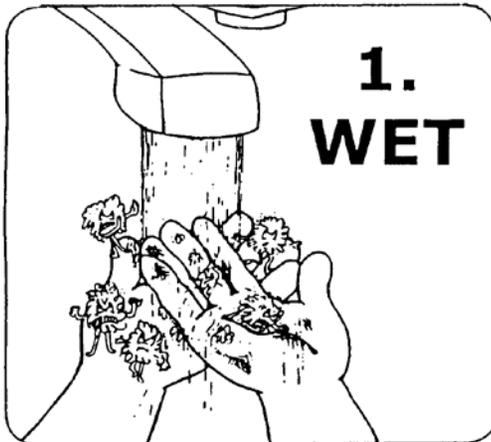
Children learn best by example, so everyone in the child care should practice proper handwashing. Encourage children to do a good job of washing their hands, and praise them when they do. Use songs, stickers and hand washing signs made by the children to make handwashing fun.

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!**

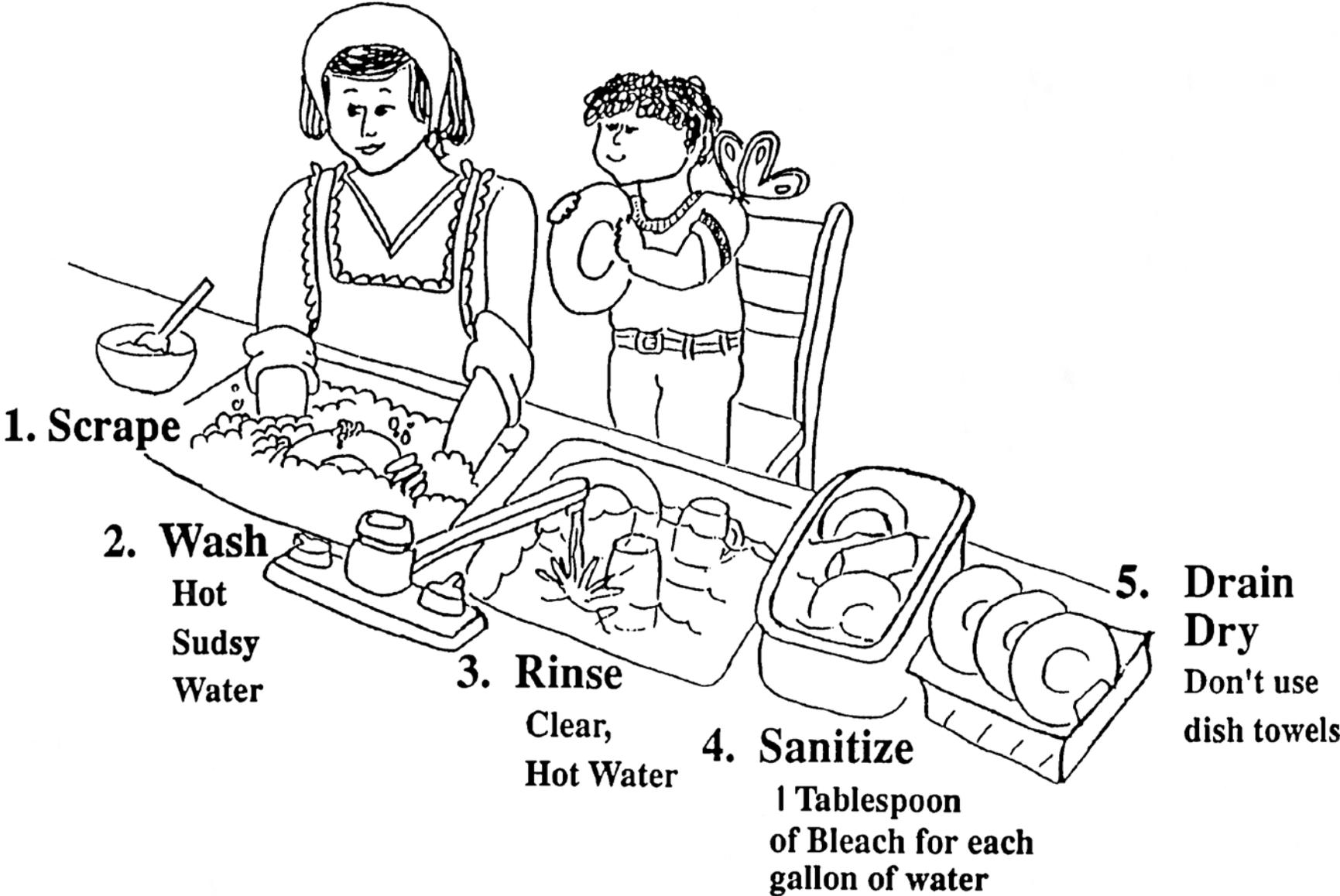


Be a Germ Buster... Wash Your Hands!



*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)

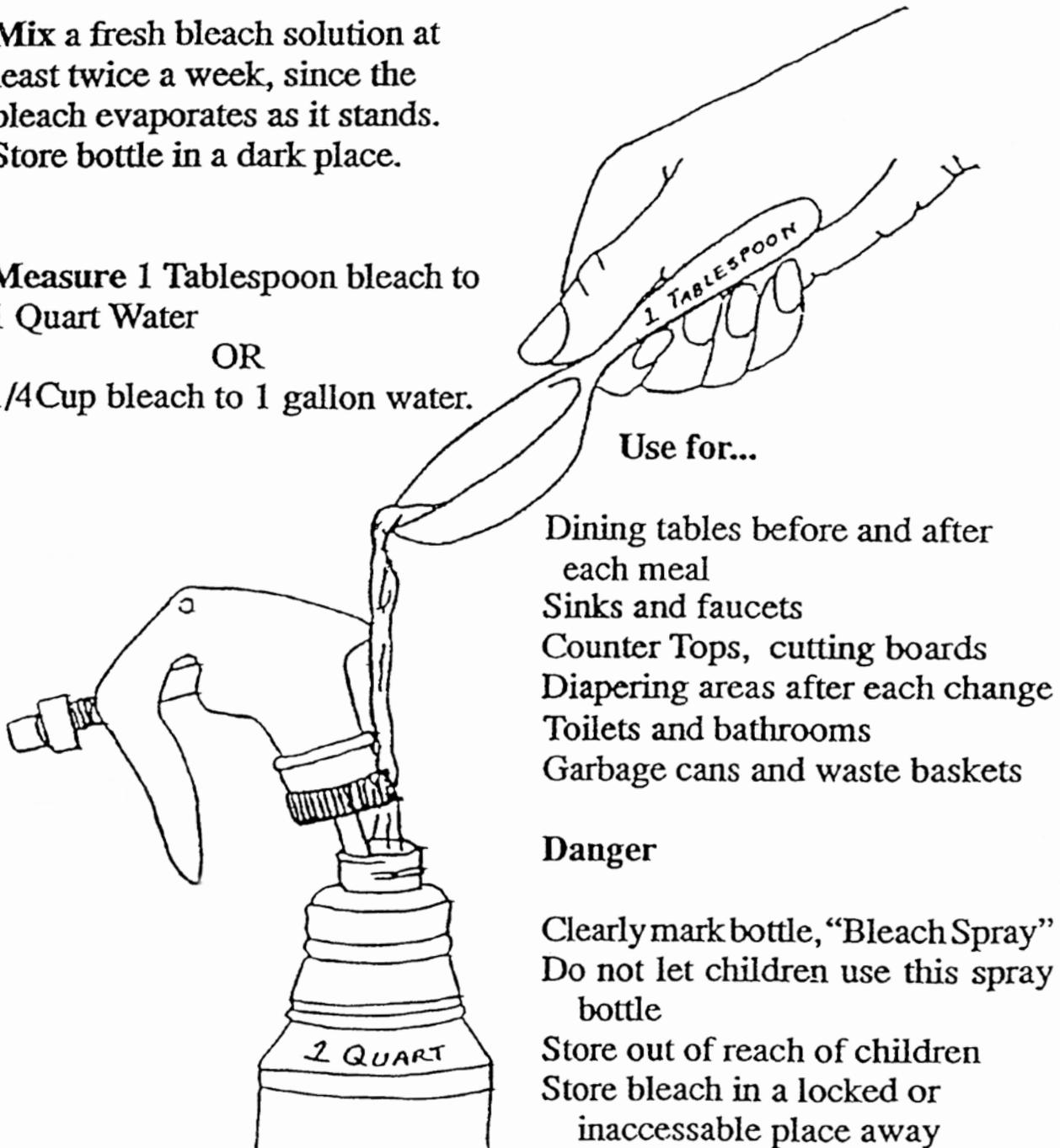
Clean Dishes



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://idph.iowa.gov/lpp>.

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%.

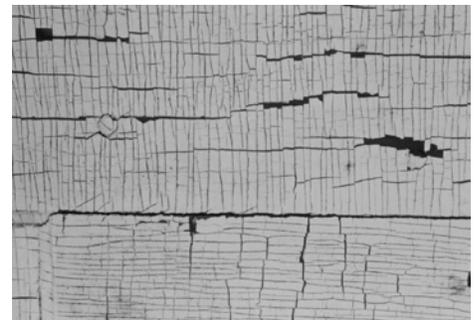
What Is a Visual Assessment? Who Can Do the Visual Assessment?

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.

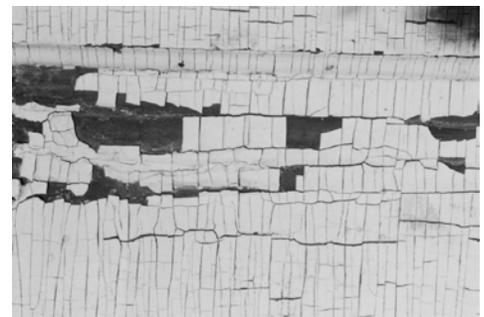
The Iowa Department of Public Health has a publication that explains how to do the assessment. For a copy of this, call the Lead Poisoning Prevention Program at 1-800-972-2026.

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://idph.iowa.gov>

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

National Program for Playground Safety <http://playgroundsafety.org/>

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

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

Sample DHS Forms



Pre-Inspection Checklist for Child Development Home Registration

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

Date of registration application _____

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code Chapter 110 that must be reviewed during pre-inspection for child development home applicants. 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 or what the problem was. If a requirement does not apply to this particular home, enter “NA” for not applicable in the “yes” box.

Areas that are Not Applicable for Pre-Inspection are noted in the comment section. **If a person seeking registration is currently caring for children or a health and safety concern is identified in an area not applicable to pre-inspection, this portion of the checklist may be completed.**

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. A relative’s children are counted, regardless of age. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| 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. | | | | |
| | | 110.5 | 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. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.6 | No more children are in care than the number authorized on the registration certificate. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.7(1) | The provider meets the following requirements: | |
| | | a | Gives careful supervision at all times. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | Frequently exchanges information with the parent of each child to enhance the quality of care. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|---|--|
| | | c | Gives consistent, dependable care. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Is capable of handling emergencies. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | d | Is present at all times, except if emergencies occur or an absence is planned. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | If absence is planned, care is provided by a DHS-approved substitute. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | If absence is planned, the parents are given at least 24 hours prior notice. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | e | Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision. | |
| | | 110.7(2) | Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | a | All standards regarding supervision and care of children apply to substitutes. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | c | The substitute must be 18 years of age or older. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | d | Use of a substitute is limited to: <ul style="list-style-type: none"> • No more than 25 hours per month. • An additional period of up to two weeks in a 12-month period. <p>These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.</p> | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|-----------|---|--|
| | | 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. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.8 | Conditions in the home shall be safe, sanitary, and free from hazards. | |
| | | 110.8(1)a | Has a non-pay working telephone. A cell phone can be the primary phone. | |
| | | | Emergency numbers posted for police, fire, ambulance, and poison information center. | |
| | | | Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | All travel vehicles must have a paper copy of emergency parent contact information. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | Electrical wiring shall be maintained. | |
| | | | All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets. | |
| | | | All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc. | |
| | | c | Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet. | |
| | | d | Safety barriers are at stairways and doors as needed. | |
| | | e | 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. | |
| | | f | A safety barrier surrounds any heating stove or heating element, in order to prevent burns. | |
| | | g | Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|--------|--|--|
| | | h | 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. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | i | 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 are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and www.iowasmokefreeair.gov . | |
| | | j | Homes served by private sewer systems shall be in compliance with discharge restrictions. Discharge of untreated waste water is prohibited. Compliance shall be verified by local board of health at time of renewal or new registration. | |
| | | k | For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls on any chipping and peeling paint, using DPH lead-safe work methods. Form 470-4755, <i>Lead Assessment and Control</i> , is submitted with each initial and renewal application. | |
| | | l | The child development home shall 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. | Determined prior to inspection |
| | | m | Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | n | Providers inform parents of the presence of any pet in the child development home. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|--|--|
| | | | 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. Form 470-5153, <i>Pet Health Examination Veterinary Health Certificate</i> , is on file. | |
| | | | 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. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | No animals are allowed in food preparation, storage or serving areas during food preparation and serving times. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Children shall not perform any feeding or care of pets or cleanup of pet waste. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | o | 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. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | p | The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | q | The provider has written policies about responding to health-related emergencies. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | r | Certificate of registration is displayed in a conspicuous place | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.8(2) | Outdoor space. | |
| | | a | A safe outdoor play area is maintained in good condition throughout the year. | |
| | | | Play area has a fence 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. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|---|--|
| | | | Is free from contamination by drainage or ponding of sewage, household waste, or storm water. | |
| | | b | When a swimming pool or wading pool is on the premises: | |
| | | | Wading pools are drained daily and are inaccessible to children when not in use. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | <u>If not fenced</u> , both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use. | |
| | | | Fence for above-ground pool is four feet high and non-climbable. | |
| | | | Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high. | |
| | | c | If children use above-ground or in-ground swimming pools: | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Written permission from the parents is on file. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Equipment needed to rescue a child or adult is accessible. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | The provider accompanies and provides constant supervision while the children use the pool. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file. | Determined prior to inspection |
| | | 110.8(3) | Medications and hazardous material. | |
| | | a | All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child. | |
| | | b | 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 shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves. | |
| | | c | Medicines are given only with written authorization from the doctor or parent. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|---|--|
| | | | Prescribed medicines are accompanied by a doctor's or a pharmacist's direction. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | All medicines are in original containers with directions intact and labeled with the child's name. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Medicines are stored properly including refrigeration in a separate covered container. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Medicines are inaccessible to children. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | d | Medications are not provided if the provider has not completed pre-service orientation that includes medication administration. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.8(4) | Emergency plans. | |
| | | a | 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. | |
| | | | Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | Procedures are in place for: <ul style="list-style-type: none"> • Evacuation to safely leave the facility, • Relocation to a common, safe location after evacuation, • Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue, • Lock down to protect children and providers from an external situation, • Communication and reunification with families, • Continuity of operations, and • Procedures to address the needs of individual children, including those with functional or access needs. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|--|--|
| | | 110.8(5) | Safe sleep. | |
| | | a | Provider shall follow safe sleep practices as recommended by AAP for infants under one year of age. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Infants are placed on back to sleep. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Infants shall not be allowed to sleep on bed, sofa, air mattress, or other soft surface. No sleeping occurs in items not designed for sleeping such as, but not limited to, infant seat, car seat, swing, bouncy seat. | |
| | | | No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area. | |
| | | | Co-sleeping is not allowed. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Sleeping infants will be actively observed by sight and sound. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | If an alternative sleeping position is needed, a signed physician authorization with state of medical reason is required. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.8(6) | Discipline. | |
| | | a | Corporal punishment including spanking, shaking, and slapping is not used. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | c | No punishment is administered because of a child's illness, or progress or lack of progress in toilet training. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | No punishment or threat of punishment is associated with food or rest. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | d | No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | e | Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|---|--|
| | | 110.8(7) | Meals and snacks. | |
| | | a | Regular meals, midmorning snacks and/or mid-afternoon snacks shall be provided and be well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | Children may bring food to the child care home, but are not required to provide their own food. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | c | Clean, sanitary drinking water shall be readily available in indoor and outdoor areas, throughout the day. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.8(8) | Activity program. There is an activity program that promotes self-esteem and exploration that: | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | a | Includes active play. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | Includes quiet play. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | c | Includes activities for large muscle development, such as running, climbing, riding toys, etc. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | d | Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | e | All play equipment and materials are in a safe condition, for both indoor and outdoor activities. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | All activities are developmentally appropriate for the ages of the children present. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | All equipment and materials are adequate for the number of children present. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.9 | Files. | |
| | | 110.9(1) | A provider file is maintained and contains: | |
| | | a | A physical exam report documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> , for all household members over the age of 12. Physical exams should be repeated every three years. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|---|--|
| | | | Children 12 years of age or younger residing in the household must have: <ul style="list-style-type: none"> • Admission physical exam report. • Immunization certificate. For school age: Documentation of physical exam completed at time of school enrollment or since that time. | |
| | | b(1) | Certificates or training verification documentation for: | |
| | | | Approved Health and Safety training obtained prior to registration (and every five years thereafter). | Determined prior to inspection |
| | | | Two hours of approved child abuse and neglect mandatory reporter training (and every five years thereafter). | Determined prior to inspection |
| | | | Certification by an approved trainer/organization in infant and child first-aid and CPR. | Determined prior to inspection |
| | | | During each two year registration period: 24 hours of approved training. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b(2) | Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.9(2) | An individual file is maintained for each staff assistant: | |
| | | a | Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | Physical exam report documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> , which is repeated at least every three years. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | c | Certification of two hours of approved training relating to identification and reporting of child abuse within six months of employment and repeated every five years. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.9(3) | An individual file is maintained for each substitute and contains: | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|--|--|
| | | a | Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | Physical exam report documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> , which is repeated at least every three years. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | c | Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment and repeated every five years. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | d | 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. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | e | Certification or other documentation that minimum health and safety training as identified in 110.10(1)"a" has been completed. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.9(4) | 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. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 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, telephone number, and relationship to the child of another adult available in case of emergency. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | c | A signed medical consent from the parent authorizing emergency treatment. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|--------|--|--|
| | | 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. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian or admission physical examination that is not more than 12 months from the child's first day. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | e | For infants and preschoolers: A statement of health signed by a physician submitted annually. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of statement of health or admission physical. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | f | For each school-age child, record of a physical exam completed at the time of school enrollment or since. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | g | A signed and dated immunization certificate provided by the state Department of Public Health. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | h | A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 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. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | j | Injury report forms to document injuries requiring first aid or medical care. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | k | If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |

SECTION 2.

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|------------------|--|--|
| | | 110.13(1) | SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A" | |
| | | a | Not more than six preschool children present at any one time including infants. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | c | Not more than two additional school-age children for less than two hours at any one time. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | d | Not more than eight children present when the emergency school closing exception is in effect. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |

SECTION 3.

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|------------------|---|--|
| | | 110.14(1) | SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B" | |
| | | a | Not more than six preschool children present at any one time including infants. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | c | Not more than four additional school-age children. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | d | Not more than two children who are receiving care on a part-time basis at any one time. Part-time hours are limited to less than 180 hours per month. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | e | Not more than 12 children present when the emergency school closing exception is in effect. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|-----------|--|--|
| | | f | When more than 8 children are present for more than 2 hours, a DHS-approved assistant at least 14 years old is present. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.14(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 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 able to be opened 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.

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|-----------|---|--|
| | | 110.15(1) | SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C" | |
| | | a | When both providers are present, not more than 12 preschool children are present at any one time, including infants. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | b | When both approved providers are present, not more than 4 children 18 months of age or younger are present and no more than 4 of the 12 children are 24 months of age or younger. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|-----------|--|--|
| | | c | When both approved providers are present, not more than two additional school-age children are present for less than two hours at any one time. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | d | When both approved providers are present, not more than two additional children who are receiving care on a part-time basis are present. Part-time hours are limited to less than 180 hours per month. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | e | When there are two approved providers, not more than 16 children are present when the emergency school closing exception is in effect. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | When there are two approved providers, 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. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | f | If only one approved provider is present, not more than eight children are present. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | | If only one approved provider is present, not more than 4 of the 8 children may be 24 months of age or younger and of these 4 children, no more than 3 are 18 months of age or younger. | Not Applicable at Pre-Inspection; will be reviewed at annual inspection |
| | | 110.15(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. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|--------|---|---------|
| | | | If a basement window is used as an exit, the window is able to be opened 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 |
|-------------------------------------|--------|------|

| | | |
|-----------------------|---|------|
| Signature of provider | Co-Provider (Child Development Home C only) | Date |
|-----------------------|---|------|



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 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. A 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. | | | | |
| | | 110.5 | 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. | |
| | | 110.6 | No more children are in care than the number authorized on the registration certificate. | |
| | | 110.7(1) | 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. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|---|---------|
| | | | 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. | |
| | | | e Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision. | |
| | | 110.7(2) | Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider. | |
| | | | 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: <ul style="list-style-type: none"> • No more than 25 hours per month. • An additional period of up to two weeks in a 12-month period. <p>These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.</p> | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|-----------|---|---------|
| | | 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. | |
| | | 110.8 | Conditions in the home shall be safe, sanitary, and free from hazards. | |
| | | 110.8(1)a | Has a non-pay working telephone. A cell phone can be the primary phone. | |
| | | | Emergency numbers posted for police, fire, ambulance, and poison information center. | |
| | | | Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone. | |
| | | | All travel vehicles must have a paper copy of emergency parent contact information. | |
| | | b | Electrical wiring shall be maintained. | |
| | | | All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets. | |
| | | | All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc. | |
| | | c | Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet. | |
| | | d | Safety barriers are at stairways and doors as needed. | |
| | | e | 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. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|--------|--|---------|
| | | f | A safety barrier surrounds any heating stove or heating element, in order to prevent burns. | |
| | | g | Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor. | |
| | | h | 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. | |
| | | i | 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 are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and www.iowasmokefreeair.gov . | |
| | | j | Homes served by private sewer systems shall be in compliance with discharge restrictions. Discharge of untreated waste water is prohibited. Compliance shall be verified by local board of health at time of renewal or new registration. | |
| | | k | For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls on any chipping and peeling paint, using DPH lead-safe work methods. Form 470-4755, <i>Lead Assessment and Control</i> , is submitted with each initial and renewal application. | |
| | | l | The child development home shall 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. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|--------|---|---------|
| | | m | Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized. | |
| | | n | 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. <i>Form 470-5153, Pet Health Examination Veterinary Health Certificate, is on file.</i> | |
| | | | 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. | |
| | | o | 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. | |
| | | p | The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies. | |
| | | q | The provider has written policies about responding to health-related emergencies. | |
| | | r | Certificate of registration is displayed in a conspicuous place | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|--|---------|
| | | 110.8(2) | Outdoor space. | |
| | | a | A safe outdoor play area is maintained in good condition throughout the year. | |
| | | | Play area has a fence 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. | |
| | | b | When a swimming pool or wading pool is on the premises: | |
| | | | Wading pools are drained daily and are inaccessible to children when not in use. | |
| | | | <u>If not fenced</u> , both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use. | |
| | | | Fence for above-ground pool is four feet high and non-climbable. | |
| | | | Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high. | |
| | | c | 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. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|---|---------|
| | | 110.8(3) | Medications and hazardous material. | |
| | | a | All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child. | |
| | | b | 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 shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves. | |
| | | c | Medicines are given only with written authorization from the doctor or parent. | |
| | | | Prescribed medicines are accompanied by a doctor's or a pharmacist's direction. | |
| | | | All medicines are in original containers with directions intact and labeled with the child's name. | |
| | | | Medicines are stored properly including refrigeration in a separate covered container. | |
| | | | Medicines are inaccessible to children. | |
| | | | Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given. | |
| | | d | Medications are not provided if the provider has not completed pre-service orientation that includes medication administration. | |
| | | 110.8(4) | Emergency plans. | |
| | | a | 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. | |
| | | | Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|---|---------|
| | | b | Procedures are in place for: <ul style="list-style-type: none"> • Evacuation to safely leave the facility, • Relocation to a common, safe location after evacuation, • Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue, • Lock down to protect children and providers from an external situation, • Communication and reunification with families, • Continuity of operations, and • Procedures to address the needs of individual children, including those with functional or access needs. | |
| | | 110.8(5) | Safe sleep. | |
| | | a | Provider shall follow safe sleep practices as recommended by AAP for infants under one year of age. | |
| | | | Infants are placed on back to sleep. | |
| | | | Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards. | |
| | | | Infants shall not be allowed to sleep on bed, sofa, air mattress, or other soft surface. No sleeping occurs in items not designed for sleeping such as, but not limited to, infant seat, car seat, swing, bouncy seat. | |
| | | | No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area. | |
| | | | Co-sleeping is not allowed. | |
| | | | Sleeping infants will be actively observed by sight and sound. | |
| | | | If an alternative sleeping position is needed, a signed physician authorization with state of medical reason is required. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|--|---------|
| | | 110.8(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. | |
| | | 110.8(7) | Meals and snacks. | |
| | | a | Regular meals, midmorning snacks and/or mid-afternoon snacks shall be provided and be well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program. | |
| | | b | Children may bring food to the child care home, but are not required to provide their own food. | |
| | | c | Clean, sanitary drinking water shall be readily available to children in indoor and outdoor areas, throughout the day. | |
| | | 110.8(8) | Activity program. There is an activity program that promotes self-esteem and exploration that: | |
| | | a | Includes active play. | |
| | | b | Includes quiet play. | |
| | | c | Includes activities for large muscle development, such as running, climbing, riding toys, etc. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|---|---------|
| | | 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. | |
| | | 110.9 | Files. | |
| | | 110.9(1) | A provider file is maintained and contains: | |
| | | a | A physical exam report documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> , for all household members over the age of 12. Physical exams should be repeated every three years. | |
| | | | Children 12 years of age or younger residing in the household must have: <ul style="list-style-type: none"> • Admission physical exam report. • Immunization certificate. For school age: Documentation of physical exam completed at time of school enrollment or since that time. | |
| | | b(1) | Certificates or training verification documentation for: | |
| | | | Approved Health and Safety training obtained prior to registration (and every five years thereafter). | |
| | | | Two hours of approved child abuse and neglect mandatory reporter training (and every five years thereafter). | |
| | | | Certification by an approved trainer/ organization in infant and child first-aid and CPR. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|--|---------|
| | | | During each two year registration period: 24 hours of approved training. | |
| | | b(2) | Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care. | |
| | | 110.9(2) | An individual file is maintained for each staff assistant: | |
| | | a | Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care. | |
| | | b | Physical exam report documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> , which is repeated at least every three years. | |
| | | c | Certification of two hours of approved training relating to identification and reporting of child abuse within six months of employment and repeated every five years. | |
| | | 110.9(3) | An individual file is maintained for each substitute and contains: | |
| | | a | Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care. | |
| | | b | Physical exam report documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> , which is repeated at least every three years. | |
| | | c | Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment and repeated every five years. | |
| | | d | 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. | |
| | | e | Certification or other documentation that minimum health and safety training as identified in 110.10(1)"a" has been completed. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|----------|--|---------|
| | | 110.9(4) | 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, 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 or admission physical examination that is not more than 12 months from the child's first day. | |
| | | 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 statement of health or admission physical. | |
| | | f | For each school-age child, record of a physical exam completed at the time of school enrollment or since. | |
| | | g | A signed and dated immunization certificate provided by the state Department of Public Health. | |
| | | h | A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|--------|--|---------|
| | | 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. | |
| | | k | If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment. | |

SECTION 2.

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|------------------|--|---------|
| | | 110.13(1) | SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A" | |
| | | a | Not more than six preschool children present at any one time including infants. | |
| | | b | Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time. | |
| | | | Of the 4 children 24 months of age or younger, no more than 3 may be 18 months of age or younger. | |
| | | c | Not more than two additional school-age children for less than two hours at any one time. | |
| | | d | Not more than eight children present when the emergency school closing exception is in effect. | |

SECTION 3.

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|------------------|--|---------|
| | | 110.14(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 6 children, not more than 4 children who are 24 months of age or younger are present at any one time. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|-----------|--|---------|
| | | | Of the 4 children 24 months of age or younger, no more than 3 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. Part-time hours are limited to less than 180 hours per month. | |
| | | 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 2 hours, a DHS-approved assistant at least 14 years old is present. | |
| | | 110.14(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 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 able to be opened 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. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|--------|---|---------|
| | | | 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.

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|------------------|--|---------|
| | | 110.15(1) | SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C" | |
| | | a | When both providers are present, not more than 12 preschool children are present at any one time, including infants. | |
| | | b | When both approved providers are present, not more than 4 children 18 months of age or younger are present and no more than 4 of the 12 children are 24 months of age or younger. | |
| | | c | When both approved providers are present, not more than two additional school-age children are present for less than two hours at any one time. | |
| | | d | When both approved providers are present, not more than two additional children who are receiving care on a part-time basis are present. Part-time hours are limited to less than 180 hours per month. | |
| | | e | When there are two approved providers, not more than 16 children are present when the emergency school closing exception is in effect. | |
| | | | When there are two approved providers, 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 | If only one approved provider is present, not more than eight children are present. | |

| YES | NO | REF. # | RULE | COMMENT |
|-----|----|-----------|---|---------|
| | | | If only one approved provider is present, not more than 4 of the 8 children may be 24 months of age or younger and of these 4 children, no more than 3 are 18 months of age or younger. | |
| | | 110.15(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 able to be opened 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 |
|-------------------------------------|--------|------|

| | | |
|-----------------------|---|------|
| Signature of provider | Co-Provider (Child Development Home C only) | Date |
|-----------------------|---|------|



Iowa Department of Human Services

Comm. 469 (Rev. 10/16)

Parent Guide

to

Child Development Home Registration

Introduction

Iowa uses a system for regulation of child development homes known as registration. When applying for registration providers self-certify that they meet the minimum requirements for registration. After a provider's application has been reviewed and background checks have been completed a DHS staff member will complete an on-site pre-inspection visit to verify essential health and safety requirements. The requirements listed in this document apply to registered child development homes. Iowa law limits the number of children a home may care for. A nonregistered child care home may care for up to five children. The number of children a child development home may care for varies based on the category of registration, number of providers present, and square footage of the child care space.

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 and that the provider has successfully completed the pre-inspection process. The Department of Human Services is required to complete an annual monitoring visit to all child development homes. However, responsibility for making sure the requirements are met also rest 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 https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport.

If you have good reason to believe a child development home does not meet these requirements, please report the problem to the Iowa Child Care Complaint Hotline at 1-844-786-1296. 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 investigate concerns related to violations of the required standards.

Number of children. 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"> ◆ No smoking ◆ Fire extinguisher ◆ Smoke detectors | <ul style="list-style-type: none"> ◆ 18 years old ◆ 3 reference letters | <p>Before becoming registered:</p> <ul style="list-style-type: none"> ◆ Mandatory reporter training ◆ First aid and CPR ◆ Minimum health and safety trainings (preservice) <p>During the two year registration period:</p> <ul style="list-style-type: none"> ◆ Minimum of 24 hours of approved training |
| B | <ul style="list-style-type: none"> ◆ No smoking ◆ 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>Before becoming registered:</p> <ul style="list-style-type: none"> ◆ Mandatory reporter training ◆ First aid and CPR ◆ Minimum health and safety trainings (preservice) <p>During the two year registration period:</p> <ul style="list-style-type: none"> ◆ Minimum of 24 hours of approved training |
| C | <ul style="list-style-type: none"> ◆ No smoking ◆ 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>Before becoming registered:</p> <ul style="list-style-type: none"> ◆ Mandatory reporter training ◆ First aid and CPR <p>During the two year registration period:</p> <ul style="list-style-type: none"> ◆ Minimum of 24 hours of approved training |

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.
- ◆ Not be under the influence of alcohol or other drugs that could impair the provider's ability to give careful supervision.

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.
- ◆ Emergency procedures for evacuation, relocation, shelter-in-place, lockdown, communication, and reunification with families, continuity of operations and how to address the needs of individual children during emergency procedures.

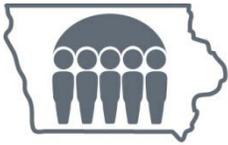
- ◆ Fire and tornado emergency plans must be posted by all exits, and monthly fire and tornado drills should be done with the children.
- ◆ Private sewer systems must be in compliance with discharge restrictions in 567 Iowa Administrative Code, Chapter 69 and discharge of untreated waste water from private sewage disposal systems is prohibited.
- ◆ Parents should be informed of any pets in the home. Cats and dogs must have current immunizations and animal waste shall be disposed of properly. Animals are 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.
- ◆ Safe sleep practices as recommended by the American Academy of Pediatrics must be followed. This includes, but is not limited to, the following requirements:
 - Infants must be placed on their backs for sleep.
 - Infants cannot sleep in or on a bed, sofa, car seat, swing, bouncy seat or other items not designed for sleeping.
 - No toys, soft objects, stuffed animals, pillows, bumper pads, blankets or loose bedding in the sleeping area with the infant.
- ◆ 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.
- ◆ Any driver transporting children needs to have a valid driver's license, motor vehicle insurance, and use appropriate child restraint devices.

Meals. This includes:

- ◆ Regular meals and midmorning or midafternoon snacks shall be provided. The meals and snacks must be well-balanced, nourishing, and in appropriate amounts.
- ◆ Children may bring food to the child development home for their own consumption, but may not be required to provide their own food.
- ◆ Clean, sanitary drinking water must be readily available to children in indoor and outdoor areas throughout the day.

Discipline. Discipline practices must:

- ◆ Be designed to help the child develop self-control, self-esteem, and respect for the rights of others.
- ◆ Not use corporal punishment, including spanking, shaking, and slapping.
- ◆ Not use punishment that is humiliating or frightening or that causes pain or discomfort to the child.
- ◆ Not use punishment because of a 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.
- ◆ Not subject a child to verbal abuse, threats, or derogatory remarks about the child or the child's family.



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.

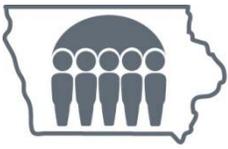
- ◆ Attach a completed and signed form 470-4755 or 470-4755(S), Lead Assessment and Control, to your application, as verification of the visual assessment and completion of interim controls. Be sure to include completed “Interim Control Table” as part of form 470-4755 or 470-4755(S).
- ◆ This must be 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: https://idph.iowa.gov/Portals/1/Files/LPP/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

Business or program name: _____

Phone number: _____

Address: _____

Fill in all blanks and boxes that apply.

Child's name: _____ Gender: 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: Classroom Dining room Doorway Gym Hall
 Kitchen Motor vehicle Office Playground Restroom Stairway Unknown
 Other (specify) _____

Equipment or product involved (check all that apply): Child-proof container Climber
 Playground surface Medication error Motor vehicle Sandbox
 Slide Swing Tricycle/bike Toy (specify): _____
 Other equipment (specify): _____ No equipment or product involved

* Child care provider reported to the Consumer Product Safety Commission the equipment or product involved in the injury. Yes No CPSC Telephone: 1-800-638-2772 CPSC website: <http://www.cpsc.gov/>

Cause of injury or incident (check all that apply): Animal related Bite, animal Bite, human
 Child behavior related Choking Cold or heat overexposure Fall, running or tripping
 Fall to surface: Estimated height of fall _____ feet Type of surface: _____
 Hit or pushed by another child Injured by object Medication error
 Motor vehicle Sting, insect, bee, spider or tick bite
 Other (specify): _____

Describe injury or incident: Include the parts of body injured and the type of injury markings. For medication errors describe medication and exact circumstances of the error.

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: _____

Signature of parent or person authorized by parent: _____ 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: _____

American Academy of Pediatrics, Pennsylvania Chapter. *Model Child Care Health Policies*, 4th ed. Washington D.C.: National Association for the Education of Young Children, 2002. Adapted for use by the Iowa Departments of Human Services and Public Health for use by child care businesses. To order more free copies of this form call 800-369-2229. July 2007

White page is for parent or guardian. Yellow page is to be kept with the child's health record.

Infant, Toddler, Preschool Age – Child Health Form

PARENTS/GUARDIAN (Complete pages 1 and 2 – Child Information)

| | | | |
|--|--------------|--|--|
| Child's name | | Child's birthdate | Child Care Facility: _____ Telephone #: _____ |
| Parent/Guardian name #1 | | Parent/Guardian name #2 | |
| Child home address #1 | | Telephone # 1 | |
| Child home address #2 | | Telephone #2 | |
| Where parent/Guardian # 1 works | Work address | Home phone # Work # Cellular # Home email Work email | |
| Where parent/Guardian # 2 works | Work address | Home phone # Work # Cellular # Home email Work email | |
| <p>In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</p> <p>Parent/Guardian signature: _____ Date: _____</p> <p>Alternate emergency contact person's name: _____ Phone #: _____</p> <p>Relationship to child: _____ Cellular #: _____</p> | | | |
| Child's doctor's name | | Doctor telephone # 1 | Hospital choice: _____ _____ Phone #: _____ |
| Doctor's address | | After hours telephone # | Does child have health insurance? <input type="checkbox"/> Yes, Company: _____ _____ ID #: _____ |
| Child's dentist's name (or family's dentist name) | | Dentist telephone # 1 | Does child have dental insurance? <input type="checkbox"/> Yes, Company: _____ _____ ID #: _____ |
| Dentist's address | | After hours telephone # | <input type="checkbox"/> NO, we do not have health insurance. <input type="checkbox"/> NO, we do not have dental insurance. |
| Other health care specialist name | | Telephone # | <input type="checkbox"/> Please help us find health or dental insurance. |
| Type of specialty | | | |

Child Name:

Infant, Toddler, Preschool Age – Child Health Form

PARENTS/GUARDIAN Complete this page.

Child's name: _____

Tell us about your child's health. Place an **X** in the box if the sentence applies to your child. Check *all* that apply to your child. This will help your health care provider plan your child's physical exam.

- Growth.** I am concerned about my child's growth.
- Appetite.** I am concerned about my child's eating/ feeding habits or appetite.
- Rest.** I am concerned about the amount of sleep my child needs.
- Illness/Surgery/Injury.** My child had a serious illness, injury or surgery.

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:

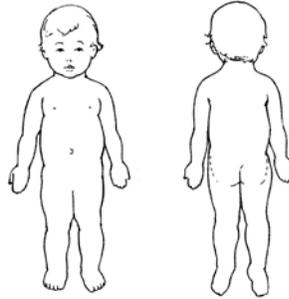
- Allergies.** My child has allergies. (Medicine, food, dust, mold, pollen, insects, animals, etc.)

Please describe:

- Special Needs Care Plan.** My child has a special needs care plan. (IEP, IFSP, Asthma Action Plan, Food Allergy Action Plan, etc.)
Please discuss with your health care provider.

- Body Health.** My child has problems with skin, birthmarks, Mongolian spots, hair, fingernails or toenails.

Map and describe color/shape of skin markings, birthmarks, scars, moles



- Eyes\vision, glasses
- Ears\hearing, hearing aids or device, earaches, 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, spitting-up
- Using toilet, toilet training, urinating
- Bones, muscles, movement, pain when moving, uses assistive equipment
- Nervous system, headaches, seizures or nervous habits (like twitches)
- Needs special equipment

List equipment:

- Medication.** My child takes medication. (List the name of medication, time medication taken, and the reason medication prescribed.)

Parent/Guardian questions or comments for the health care provider:

Infant, Toddler, Preschool Age – Child Health Form

Health professional complete this page

Child's name: _____

Birthdate: _____ Age today: _____

Date of exam: _____

Height/length: _____ Weight: _____

BMI (start at age 24 months): _____

Head circumference (age 2 years and under): _____

Blood pressure (start at age 3 years): _____

Hgb or Hct (at 12 months): _____

Lead risk assessment: _____

Blood lead level: Date _____ Results _____

Sensory Screening

Vision assessment: _____

Vision acuity: Right eye _____ Left eye _____

Hearing assessment: Right ear _____ Left ear _____

Tympanometry (**may** attach results)

Developmental Screening

n = normal limits; otherwise describe

Developmental screening results: _____

Autism screening results: _____

Psychosocial/behavioral results: _____

Developmental referral made today: Yes No

Heart: _____

Lungs: _____

Stomach/abdomen: _____

Genitalia: _____

Extremities, joints, muscles, spine: _____

Skin, lymph nodes: _____

Neurological: _____

Health care provider comments:

Allergies

Environmental: _____

Medication: _____

Food: _____

Insects: _____

Other: _____

Immunizations Please attach:

- Iowa Department of Public Health Certificate of Immunization
- Iowa Department of Public Health Certificate of Immunization Exemption Medical
- Iowa Department of Public Health Certificate of Immunization Exemption Religious
- TB testing completed (only for high-risk child)

Medication Name

Dosage

- | | |
|---|-------|
| <input type="checkbox"/> Diaper crème: | _____ |
| <input type="checkbox"/> Fever or pain reliever | _____ |
| <input type="checkbox"/> Sunscreen | _____ |
| <input type="checkbox"/> Other: _____ | _____ |

Other medication should be listed with written instructions for use in child care. Medication forms available at www.idph.iowa.gov/hcci/products

Referrals Made

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

Health Provider Assessment Statement

- The child may participate in developmentally appropriate early care/learning with **NO** health-related restrictions.
- The child may participate in developmentally appropriate early care/learning with **with restrictions** (see comments).
- The child has a special needs care plan. Type of plan: _____ (please attach)

Signature: _____

May use stamp.

Check the provider credential type:

MD DO PA ARNP

Address: _____

Telephone: _____

Futures 2015) https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

Iowa Child Care Regulations require an admission physical exam report within the previous year and annually. The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (Bright Comm. 143 (10/16))

Recommendations for Preventive Pediatric Health Care – Infant, Toddler, and Preschool Age

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in Bright Futures guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

| | | INFANCY | | | | | | | EARLY CHILDHOOD | | | | | | | |
|---|--|-----------------------|----------------------|--------------------|---------|------|------|------|-----------------|----------------------|-------|--------|----------------------|--------|-----|-----|
| AGE ¹ | | Prenatal ² | Newborn ³ | 3-5 d ⁴ | By 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 30 mo | 3 y | 4 y |
| HISTORY: | Initial/Interval | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| MEASUREMENTS: | Length/Height and Weight | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | Head Circumference | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | |
| | Weight for Length | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | |
| | Body Mass Index ⁵ | | | | | | | | | | | | ● | ● | ● | ● |
| | Blood Pressure ⁶ | | * | * | * | * | * | * | * | * | * | * | * | * | * | ● |
| SENSORY SCREENING: | Vision ⁷ | | * | * | * | * | * | * | * | * | * | * | * | * | ● | ● |
| | Hearing | | ● ⁸ | * | * | * | * | * | * | * | * | * | * | * | * | ● |
| DEVELOPMENTAL/BEHAVIORAL ASSESSMENT: | | | | | | | | | | | | | | | | |
| | Developmental Screening ⁹ | | | | | | | | ● | | | ● | | ● | | |
| | Autism Screening ¹⁰ | | | | | | | | | | | ● | ● | | | |
| | Developmental Surveillance | | ● | ● | ● | ● | ● | ● | | ● | ● | | ● | | ● | ● |
| | Psychosocial/Behavioral Assessment | | ● | ● | ● | ● | ● | ● | | ● | ● | ● | ● | ● | ● | ● |
| | Alcohol and Drug Use Assessment ¹¹ | | | | | | | | | | | | | | | |
| | Depression Screening ¹² | | | | | | | | | | | | | | | |
| | PHYSICAL EXAMINATION ¹³ | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| PROCEDURES ^{14:} | Newborn Blood Screening ¹⁵ | | ← ● → | | | | | | | | | | | | | |
| | Critical Congenital Heart Defect Screening ¹⁶ | | ● | | | | | | | | | | | | | |
| | Immunization ¹⁷ | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | Hematocrit or Hemoglobin ¹⁸ | | | | | | * | | | ● | * | * | * | * | * | * |
| | Lead Screening ¹⁹ | | | | | | | * | * | ● or * ²⁰ | * | * | ● or * ²⁰ | * | * | * |
| | Tuberculosis Testing ²¹ | | | | * | | | * | | * | | | * | | * | * |
| | Dyslipidemia Screening ²² | | | | | | | | | | | | * | | | * |
| | STI/HIV Screening ²³ | | | | | | | | | | | | | | | |
| Cervical Dysplasia Screening ²⁴ | | | | | | | | | | | | | | | | |
| ORAL HEALTH ²⁵ | | | | | | | | * | * | ● or * | | ● or * | ● or * | ● or * | ● | |
| | Fluoride Varnish ²⁶ | | | | | | | ← | | | | ● | | | | → |
| ANTICIPATORY GUIDANCE | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

KEY: ● = to be performed ● or * = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided

Footnotes for Recommendations for Preventive Pediatric Health Care

1. 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.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement “The Prenatal Visit” (<http://pediatrics.aappublications.org/content/124/4/1227.full>).
3. Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement “Breastfeeding and the Use of Human Milk” (<http://pediatrics.aappublications.org/content/129/3/e827.full>). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement “Hospital Stay for Healthy Term Newborns” (<http://pediatrics.aappublications.org/content/125/2/405.full>).
5. Screen, per the 2007 AAP statement “Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report” (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3 year olds. Instrument based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See 2016 AAP statement, “Visual System Assessment in Infants, Children, and Young Adults by Pediatricians” (<http://pediatrics.aappublications.org/content/137/1/1.51>) and “Procedures for Evaluation of the Visual System by Pediatricians” (<http://pediatrics.aappublications.org/content/137/1/1.52>).
8. All newborns should be screened, per the AAP statement “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (<http://pediatrics.aappublications.org/content/120/4/898.full>).
9. See 2006 AAP statement “Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” (<http://pediatrics.aappublications.org/content/118/1/405.full>).
10. Screening should occur per the 2007 AAP statement “Identification and Evaluation of Children with Autism Spectrum Disorders” (<http://pediatrics.aappublications.org/content/120/5/1183.full>).
11. A recommended screening tool is available at <http://www.ceasar-boston.org/CRAFFT/index.php>.
12. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
13. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See 2011 AAP statement “Use of Chaperones During the Physical Examination of the Pediatric Patient” (<http://pediatrics.aappublications.org/content/127/5/991.full>).
14. These may be modified, depending on entry point into schedule and individual need.
15. The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>), as determined by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdorders.pdf>), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

16. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (<http://pediatrics.aappublications.org/content/129/1/190.full>).
17. Schedules, per the AAP Committee on Infectious Diseases, are available at: <http://aapredbook.aappublications.org/site/resources/izschedules.xhtml>. Every visit should be an opportunity to update and complete a child’s immunizations.
18. See 2010 AAP statement “Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)” (<http://pediatrics.aappublications.org/content/126/5/1040.full>).
19. For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
20. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
21. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.
22. See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
23. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the AAP statement (<http://pediatrics.aappublications.org/content/128/5/1023.full>) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
24. See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspstfscerv.htm>). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (<http://pediatrics.aappublications.org/content/126/3/583.full>).
25. Assess if the child has a dental home. If no dental home is identified, perform a risk assessment (<http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf>) and refer to a dental home. If primary water source is deficient in fluoride, consider oral fluoride supplementation. Recommend brushing with fluoride toothpaste in the proper dosage for age. See 2009 AAP statement “Oral Health Risk Assessment Timing and Establishment of the Dental Home” (<http://pediatrics.aappublications.org/content/111/5/1113.full>), 2014 clinical report “Fluoride Use in Caries Prevention in the Primary Care Setting” (<http://pediatrics.aappublications.org/content/134/3/626>), and 2014 AAP statement “Maintaining and Improving the Oral Health of Young Children” (<http://pediatrics.aappublications.org/content/134/6/1224.full>).
26. See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspstfscerv.htm>). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report “Fluoride Use in Caries Prevention in the Primary Care Setting” (<http://pediatrics.aappublications.org/content/134/3/626>).

School-Age Child – Parent Statement of Health

PARENT/GUARDIAN (Please complete pages 1 and 2.)

| | | |
|--|-------------------------|--|
| Child's name | Child's birthdate | Name of school: _____ Grade: _____ School telephone #: _____ |
| Parent/Guardian name #1 | | Parent/Guardian name #2 |
| Child home address #1 | | Telephone # 1 |
| Child home address #2 | | Telephone #2 |
| Where parent/Guardian # 1 works | Work address | Telephone # Work # Cellular # Home email Work email |
| Where parent/Guardian # 2 works | Work address | Telephone # Work # Cellular # Home email Work email |
| <p>In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care facility is unable to immediately make contact with the parent/guardian. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.</p> <p>Parent/Guardian signature: _____ Date: _____</p> <p>Alternate emergency contact person's name: _____ Phone #: _____</p> <p>Relationship to child: _____ Cellular #: _____</p> | | |
| Child's doctor's name | Doctor telephone # 1 | Hospital of choice: _____ _____ Phone #: _____ |
| <input type="checkbox"/> Child does not have doctor | | |
| Doctor's address | After hours telephone # | Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Company: _____ ID #: _____ |
| Child's dentist's name | Dentist telephone # 1 | Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Company: _____ ID #: _____ |
| <input type="checkbox"/> Child does not have dentist | | |
| Dentist's address | After hours telephone # | <input type="checkbox"/> HELP us find a family doctor or dentist. <input type="checkbox"/> HELP us find health or dental insurance. |
| Other health care/mental health specialist name | Telephone # | |
| Type of specialty | | |

Child Name: _____

School-Age Child – Parent Statement of Health

PARENT/GUARDIAN Complete this page.

Child's name: _____

Please use an **X** in the box to statements that apply to your child.

Date of child's last physical exam: _____

Date of last dental appointment: _____

- Growth.** I am concerned about my child's growth.
- Appetite.** I am concerned about my child's eating habits.
- Rest.** My child needs to rest 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 to be active.

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:

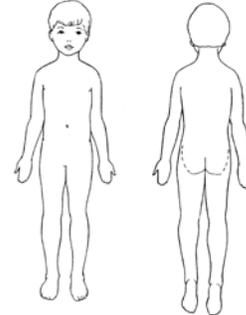
- Allergy.** My child has allergies. (Medicine, food, dust, mold, pollen, insects, animals, etc.)

List allergies:

- Special Needs Care Plan.** My child has a special needs care plan. (IEP, Asthma Action Plan, Food Allergy Action Plan, etc.) Please discuss with your health care provider.

- Body Health.** My child has problems with skin, hair, fingernails or toenails.

Describe skin marks, birthmarks or scars. Show us where these skin marks are located using the drawing below.



- Eyes\vision, glasses or contact lenses
- Ears\hearing, hearing assistive aids or device, earache, tubes in ears
- Nose problems, nosebleeds
- Mouth, teeth, gums, tongue, sores in mouth or on lips, breathes through mouth
- Frequent sore throats or tonsillitis
- Breathing problems, asthma, cough
- Heart problems or heart murmur
- Stomach aches or upset stomach
- Trouble using toilet or wetting accidents
- Hard stools, constipation, diarrhea, watery stools
- Bones, muscles, movement, pain when moving
- Mobility, child uses assistive equipment
- Nervous system, headaches, seizures or nervous habits (like twitches or tics)
- Females – difficult monthly periods
- Other special needs

Please describe:

- Medication.** My child takes medication. **Parents:** Please review the child care program's policies about the use of medication at child care.

| Medication Name | Time Given | Reason for Giving Medication |
|-----------------|------------|------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- Yes No **Child has EpiPen, inhaler or other emergency medication.**

Parent signature (required)

Date

School-Age Child – Parent Statement of Health

Health professional complete this page

Date of exam: _____

Height: _____ Weight: _____

Body Mass Index: _____

There are weight concerns.

Referral made to: _____

Blood pressure: _____

Laboratory Screening

Blood lead level: Date: _____

Venous Capillary (for child under age 6 years)

Results: _____

Hgb or Hct: _____

Urinalysis: _____

TB testing (high-risk child only): _____

Sensory Screening

Vision acuity: Right eye _____ Left eye _____

Hearing: Right ear _____ Left ear _____

Tympanometry: Right ear _____ Left ear _____

Exam Results *(n = normal limits; otherwise describe)*

Skin: _____

HEENT: _____

Teeth/oral health: _____

Date of dentist exam: _____ or None to date

Dental referral made today: Yes No

Heart: _____

Lungs: _____

Stomach/abdomen: _____

Genitalia: _____

Extremities, joints, muscles, spine: _____

Neurological: _____

Psychosocial/behavioral assessment (depression screening starting at age 11): _____

Allergies

Environmental: _____

Medication: _____

Food: _____

Insects: _____

Other: _____

Health care provider comments:

Child's name: _____

Date of birth: _____ Age: _____

Immunizations Please attach:

- Iowa Department of Public Health
Certificate of Immunization
- Iowa Department of Public Health
Certificate of Immunization Exemption Medical
- Iowa Department of Public Health
Certificate of Immunization Exemption Religious

Medication

Health provider authorizes the child to receive the following medications while at child care or school. (Include over-the-counter and prescribed.)

| Medication Name | Dosage |
|--|--------|
| <input type="checkbox"/> Fever/pain reliever | _____ |
| <input type="checkbox"/> Sunscreen | _____ |
| <input type="checkbox"/> Cough medication | _____ |
| <input type="checkbox"/> Other (list all): _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Other medication should be listed with written instructions for use in child care. Medication forms available at www.idph.iowa.gov/hcci/products

Referrals Made

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

Health Provider Assessment Statement

- The child may **fully participate** with **NO** health-related restrictions.
- The child has the following **health-related restrictions** to participation (please specify):

- The child has a special needs care plan. Type of plan: _____
(please attach)

Signature: _____
May use stamp.

Check the provider type:

MD DO PA ARNP

Address: _____

Telephone: _____

Recommendations for Preventive Pediatric Health Care – School-Age Child

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in Bright Futures guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

| | | MIDDLE CHILDHOOD | | | | | | ADOLESCENCE | | | | | | | | | | |
|---|--|------------------|-----|-----|-----|-----|------|-------------|------|------|------|------|------|------|------|------|------|------|
| AGE ¹ | | 5 y | 6 y | 7 y | 8 y | 9 y | 10 y | 11 y | 12 y | 13 y | 14 y | 15 y | 16 y | 17 y | 18 y | 19 y | 20 y | 21 y |
| HISTORY: | Initial/Interval | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| MEASUREMENTS: | Length/Height and Weight | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | Head Circumference | | | | | | | | | | | | | | | | | |
| | Weight for Length | | | | | | | | | | | | | | | | | |
| | Body Mass Index ⁵ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | Blood Pressure ⁶ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| SENSORY SCREENING: | Vision ⁷ | ● | ● | * | ● | * | ● | * | ● | * | * | ● | * | * | * | * | * | * |
| | Hearing | ● | ● | * | ● | * | ● | * | * | * | * | * | * | * | * | * | * | * |
| DEVELOPMENTAL/BEHAVIORAL ASSESSMENT: | | | | | | | | | | | | | | | | | | |
| | Developmental Screening ⁹ | | | | | | | | | | | | | | | | | |
| | Autism Screening ¹⁰ | | | | | | | | | | | | | | | | | |
| | Developmental Surveillance | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | Psychosocial/Behavioral Assessment | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | Alcohol and Drug Use Assessment ¹¹ | | | | | | | * | * | * | * | * | * | * | * | * | * | * |
| | Depression Screening ¹² | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | PHYSICAL EXAMINATION ¹³ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| PROCEDURES ¹⁴ : | Newborn Blood Screening ¹⁵ | | | | | | | | | | | | | | | | | |
| | Critical Congenital Heart Defect Screening ¹⁶ | | | | | | | | | | | | | | | | | |
| | Immunization ¹⁷ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| | Hematocrit or Hemoglobin ¹⁸ | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| | Lead Screening ¹⁹ | * | * | | | | | | | | | | | | | | | |
| | Tuberculosis Testing ²¹ | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| | Dyslipidemia Screening ²² | | * | | * | ←●→ | | | * | * | * | * | * | * | ←●→ | | ●→ | |
| | STI/HIV Screening ²³ | | | | | | | * | * | * | * | * | ←●→ | | →●← | * | * | * |
| | Cervical Dysplasia Screening ²⁴ | | | | | | | | | | | | | | | | | ● |
| | ORAL HEALTH ²⁵ | | ● | | | | | | | | | | | | | | | |
| | Fluoride Varnish ²⁶ | →● | | | | | | | | | | | | | | | | |
| | ANTICIPATORY GUIDANCE | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

KEY: ● = to be performed ● or * = risk assessment to be performed with appropriate action to follow, if positive ←●→ = range during which a service may be provided

See pages 131 and 132 for footnotes.

Phone Numbers

Police _____

Poison Control _____

Fire _____

Paramedics _____

| Child's Name | Birthdate | Parents | | | Doctor | School | Emergency Contact | |
|--------------|-----------|---------|------|------|--------|--------|-------------------|-------|
| | | Name | Home | Work | | | Name | Phone |
| | | M | | | | | | |
| | | F | | | | | | |
| | | M | | | | | | |
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| | | 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 _____ Year _____ | | Day of Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|--------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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 | * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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*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.

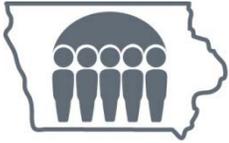
Call the Healthy Child Care Iowa talkline 1-800-369-2229 to order free copies of this form.

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: |



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.) |
|---|-----------------------------------|----------------------------|------------------------------------|----------------------------|-----------------------------------|----------------------------|---|---|
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| 30 | | | | | | | | |
| 31 | | | | | | | | |
| Total "part-time" hours used for this month: | | | | | | | | |



Iowa Department of Human Services

Child Care Provider

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