

Care Centers and Preschools Licensing Standards and Procedures

Welcome to Child Care Providers

On an average day in Iowa, licensed child care centers have the capacity to serve more than 130,000 children in more than 1,500 licensed child care centers, preschools, and before- and after-school programs across the state.

As a current or potential provider of care to those children, you play a pivotal role in the development, nurturing, health, safety and support of these children. The research is undisputed:

- The first three years of life are of critical importance in a child’s overall development and ability to learn.
- The caregiver relationship (parent or provider to child) is the single strongest determinant of children’s emotional and social development.
- The availability of after-school care programs reinforces school-age children’s self-esteem and sense of community, while significantly decreasing the likelihood of children engaging in unhealthy and dangerous behaviors.

The handbook provides information on the process to obtain a license to operate a child care center and the state regulations that centers must follow. The rationale behind a regulation and “best practice” guidelines are offered to assist you in implementing these standards.

If you have questions regarding the contents of the licensing standards handbook, contact:

Licensed Centers

1. The child care consultant assigned to your center.

[*Insert label or business card*]

Prospective Providers

1. The child care consultant assigned to your area. To get the name of the consultant assigned to your area, call the Department’s child care center licensing office at (515) 281-6832.
2. The Department’s Child Care Licensing Bureau Chief.

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**Child Care Centers and Preschools
Licensing Standards and Procedures**

**Part I
Licensing Procedures**

Licensing Authority

The Iowa Department of Health and Human Services has been delegated authority in Chapter 237A of the Code of Iowa to develop and enforce the rules setting the minimum standards for the licensing of child care centers. Chapter 237A also requires centers to comply with state health and fire safety laws.

The child care center minimum requirements are found, in their entirety, in 44I Iowa Administrative Code, Chapter 109.

The Iowa Department of Public Health establishes the immunization requirements for child care centers in 64I Iowa Administrative Code, Chapter 7, and is responsible for enforcement of the requirements.

The State Fire Marshal establishes the fire safety requirements and is responsible for enforcement of the requirements.

Your child care consultant can provide a copy of 44I Iowa Administrative Code Chapter 109 and instructions on how to obtain the State Fire Marshal inspection report and copies of the required immunization certificate.

Be aware that local building codes and zoning laws may apply to your business as well. Contact your city officials for additional information.

Definitions

Legal reference: Iowa Code Section 237A.1 and 44I IAC 109.1(237A)

“Adult” means a person aged 18 or older.

“Child” means either of the following:

1. A person 12 years of age or younger.
2. 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 Disabilities Assistance and Bill of Rights Act of 2000, Public law No. 106-402, codified in 42 U.S.C. 15002(8).

“Child care center” or “center” means a facility providing child care or preschool services for seven or more children, except when the facility is registered as a child development home.

“Child care” means the care, supervision, and guidance of a child by a person other than the child’s parent, guardian, or custodian for periods of less than twenty-four hours per day per child on a regular basis.

“Department” means the Department of Health and Human Services.

“Extended evening care” means child care provided by a child care center at any time between the hours of 9 p.m. and 5 a.m.

“Facility” means a building or physical plant established for the purpose of providing child care.

“Get-well center” means a facility that cares for a child with a temporary illness of short duration for short enrollment periods.

“Infant” means a child who is less than 24 months of age.

“Parent” means parent or legal guardian.

“Preschool” means a child care facility which provides to children ages three through five, for periods of time not exceeding three hours per day, programs designed to help the children to develop intellectual skills, social skills, and motor skills, and to extend their interest and understanding of the world about them.

“School” means kindergarten or a higher grade level.

Note: The contents of this handbook apply to licensed child care centers and preschools. A “licensed” center is one that provides care for periods of less than 24 hours to seven or more children in a place other than the children’s home and that is not a child development home.

A child care home provider that cares for six or more children **must** be “registered” with the state as a child development home. There are restrictions on the numbers of children by age categories that a child development home can serve and assistants are required when serving a certain number of children. Requirements for child development homes are found in “Child Development Home Registration Guidelines,” Comm. 143. You can obtain these guidelines by contacting the HHS office in your county or you can find them on the Department’s website at <http://hhs.iowa.gov/>.

Acronyms

ADA	Americans with Disabilities Act
AEA	Area Education Agencies
AHA	American Heart Association
ARC	American Red Cross
ASTM	American Society for Testing and Materials for juvenile products
CACFP	Child and Adult Care Food Program
CCR&R	Child Care Resource and Referral Agency
CDA	Child Development Associate
CHSC	Child Health Specialty Clinics
CPR	Cardiopulmonary Resuscitation
CPSC	Consumer Product Safety Commission
DE	Department of Education
DHS	Department of Human Services (title being phased out in favor of HHS, below)
DPH	Department of Public Health
HCCI	Healthy Child Care Iowa
HHS	Department of Health and Human Services
IAC	Iowa Administrative Code
NHSPS	National Health and Safety Performance Standards
OSHA	Occupational Safety and Health Administration
USDA	United States Department of Agriculture

Role of the Child Care Consultant

The Department offers consultation and assistance in applying for a license and meeting the requirements of a licensed center through the child care consultants located throughout the state. There is no fee to receive consultation and assistance in obtaining a license.

In addition to serving as a resource to the center, the consultant monitors compliance with the regulations through relicensing, annual unannounced visits, evaluation of complaints and a review of the findings of allegations of child abuse in the center.

When a License is Required

Legal reference: Iowa Code Section 237A.1-2, 237A.19-20, 279.49, and 441 IAC 109.2(2)

A person cannot establish or operate a child care center without obtaining a license.

A center must obtain a new license certificate when it expands or remodels to change licensed capacity. If you are going to remodel the center or expand the capacity of the center, contact your licensing consultant for a list of items that you must submit for approval.

A center must obtain a new license when another person or agency assumes ownership or legal responsibility for the center or if the center moves to a new location. The items that must be submitted are listed under the section "Submitting an Initial Application to Operate a Child Care Center."

A program that is not a "child care center" by reason of the definition of child care, but which provides care, supervision, and guidance to a child may be issued a license if the program complies with all the provisions of licensing.

Programs such school-based programs, neighborhood drop-in programs and programs operated for fitness centers or shopping malls sometimes seek a license to participate in the Child and Adult Care Food Program (CACFP) program or for reasons of quality assurance to their parents. Providers may be licensed if they meet all of the licensing standards and the requirements of the Department of Public Health and the State Fire Marshal's office.

Penalty for Operating Without a License

A person who establishes, conducts, manages, or operates a center without a license is guilty of a serious misdemeanor. Each day of continuing violation after conviction, or after notice from the Department by certified mail of the violation, is considered a separate offense. According to Iowa Code section 903.1(1)(b), a serious misdemeanor is punishable by a fine of at least \$315 but not over \$1,875. In addition, the court may also order imprisonment not to exceed one year.

Injunction

A person who establishes, conducts, manages, or operates a child care center without a license may be restrained by temporary or permanent injunction. A person who has been convicted of a crime against a person or a person with a record of founded child abuse may be restrained by temporary or permanent injunction from providing child care services in a licensed child care center. The state, a county attorney, or other interested persons may initiate this action.

Programs That Are Not Required to Be Licensed

For purposes of licensing, child care does **not** include care, supervision, and guidance of a child by any of the following:

DESCRIPTION	EXAMPLES (Not intended as an exhaustive list)
I. An instructional program for children who are attending prekindergarten, as defined by the State Board of Education under Iowa Code section 256.11, or a higher grade level and are at least four years of age, or	▪ Traditional school classroom settings, including prekindergarten (for four year olds) through junior high that use a school-based educational curriculum

DESCRIPTION	EXAMPLES (Not intended as an exhaustive list)
<p>are at least three years of age and eligible for special education under chapter 256B, administered by any of the following:</p> <ul style="list-style-type: none"> ▪ A public or nonpublic school system accredited by the Department of Education or the State Board of Regents. ▪ A nonpublic school system that is not accredited by the Department of Education or the State Board of Regents. 	<ul style="list-style-type: none"> ▪ Prekindergarten, kindergarten, or elementary education provided by public or nonpublic schools
<p>2. Any of the following church-related programs:</p> <ul style="list-style-type: none"> ▪ An instructional program. ▪ A youth program other than a preschool, before-or after-school child care program, or other child care program. ▪ A program providing care to children on church premises while the children’s parents are attending church-related or church-sponsored activities on the church premises. 	<ul style="list-style-type: none"> ▪ Sunday school, confirmation or catechism classes, etc. ▪ Care provided to children while parents attend adult education or activities within the church building ▪ Youth programs that typically occur in the evenings or on weekends
<p>3. Short-term classes of less than two weeks’ duration held between school terms or during a break within a school term.</p>	<ul style="list-style-type: none"> ▪ Classes offered by local community centers, colleges, museums, art or science centers, etc. on semester, winter, or spring break that usually last less than two weeks. (This does not include “summer-only” programs that typically run for more than two weeks.)
<p>4. A child care center for sick children operated as part of a pediatrics unit in a hospital licensed by the Department of Inspections and Appeals pursuant to Iowa Code Chapter 135B.</p>	<ul style="list-style-type: none"> ▪ “Sick bay” or get-well center located as part of the pediatrics unit in a hospital
<p>5. A program operated not more than one day per week by volunteers that meets all of the following conditions:</p> <ul style="list-style-type: none"> ▪ Not more than 11 children are served per volunteer. ▪ The program operates for less than four hours during any 24-hour period. ▪ The program is provided at no cost to the children’s parent, guardian, or custodian. 	<ul style="list-style-type: none"> ▪ Green Thumb volunteer reading programs ▪ Tutoring programs ▪ After-school church-sponsored program that meets these criteria.
<p>6. A program administered by a political subdivision of the state that is primarily for recreational or social purposes and is limited to children who are five years of age or older and attending school.</p>	<ul style="list-style-type: none"> ▪ City park and recreation programs for school-aged children

DESCRIPTION	EXAMPLES (Not intended as an exhaustive list)
7. An after school program continuously offered throughout the school year calendar to children who are least five years old, are enrolled in school, and attend the program intermittently, or a summer-only program for such children. The program must be provided through a nominal membership fee or at no cost.	<ul style="list-style-type: none"> ▪ Boys and Girls Clubs of America
8. A special activity program that meets less than four hours per day for the sole purpose of the special activity. Such programs include but are not limited to music or dance classes, organized athletic or sports programs, recreational classes, scouting programs, and hobby or craft clubs or classes.	<ul style="list-style-type: none"> ▪ Soccer or Little League baseball ▪ Boy or Girl Scouts ▪ Art clubs, music classes, etc.
9. A nationally accredited camp.	<ul style="list-style-type: none"> ▪ Camp Sunnyside ▪ 4-H camps
10. A structured program for the purpose of providing therapeutic, rehabilitative, or supervisory services to children under any of the following: <ul style="list-style-type: none"> ▪ A purchase of service or managed care contract with the Department. ▪ A contract approved by a local decategorization governance board created under Iowa Code section 232.188. ▪ An arrangement approved by juvenile court order. 	<ul style="list-style-type: none"> ▪ After school supervision of children receiving services from HHS or under the supervision of a juvenile court officer ▪ Group therapy arranged under the supervision of HHS or a juvenile court officer
11. Care provided on-site to children of parents residing in an emergency, homeless, or domestic violence shelter.	<ul style="list-style-type: none"> ▪ Domestic violence shelters, temporary shelters for the homeless, etc.
12. A child care facility providing respite care to a licensed foster family home for a period of 24 hours or more to a child who is placed with that licensed foster family home.	<ul style="list-style-type: none"> ▪ Registered child development home that is providing respite care to foster children.
13. A program offered to a child whose parent, guardian, or custodian is engaged solely in a recreational or social activity, remains immediately available and accessible on the physical premises on which the child's care is provided, and does not engage in employment, while the care is provided. However, if the recreational or social activity is provided in a fitness center or on the premises of a non-profit organization, the parent, guardian, or custodian of the child may be employed to teach or lead the activity.	<ul style="list-style-type: none"> ▪ Adult exercise, social and recreation programs where child care is offered on-site and the parent remains at the site.

Applying for a License to Operate a Child Care Center

Legal reference: 441 IAC 109.2(1) and (2)

Any adult or agency has the right to apply for a child care center license.

Submitting an Initial Application

To initiate an application to operate a child care center, obtain and review an orientation packet provided by the child care consultant. Direct questions regarding compliance with specific sections to the child care consultant.

The child care director must complete form 470-4834, *Child Care Center Licensing Application and Invoice*. Submit the completed application and all requested reports, including an approved State Fire Marshal's report, to the child care consultant **before** opening the center to conduct business.

A center that has submitted a sufficient application for a license to the child care consultant may operate for a period of up to 120 days, pending the final licensing decision. To be "sufficient," an application must include:

- Child Care Center Licensing Application and Invoice, form 470-4834.
- An approved State Fire Marshal's report.
- A floor plan indicating room descriptions and dimensions, including the location of windows, doors, and exits.
- Information sufficient to determine that the center director meets the minimum qualifications. (See Center Director Qualifications under Section IV)

The child care consultant will make one or more on-site visits to the center, including a visit made after the program is in operation, before issuing a license.

The following sections describe the reports that **must** be submitted to the child care consultant before a licensing decision can be made. Centers must furnish these requested reports to the Department upon new application and annually thereafter. This includes the state fire marshal's report and other information relevant to the licensing determination, as directed by the child care consultant.

State Fire Marshal Report

The State Fire Marshal or an approved designee must inspect each child care center applying for a license and conduct an annual inspection. The State Fire Marshal's Certificate of Inspection Report must be completed. A valid fire inspection report cannot be more than three years old (from the date of issuance). To find out who is responsible for conducting these inspections in your area, contact the child care consultant or the State Fire Marshal's office.

The center owner, administrator, or director must obtain the State Fire Marshal inspection report and submit it to the child care consultant or be sure the report is sent to the consultant. No program is permitted to begin operation without **both** the signed application and the approved fire inspection report on file with the Department.

A center must meet all state fire safety requirements, as determined by the inspection, before a full license can be issued.

Floor Plans

A center must submit a drawing of the floor plan to the child care consultant when making an initial application and when the location or floor plan is changed. The floor plan must include all measurements and location of windows, doors, and exits. The floor plan should designate the type of room (i.e., classroom, office, bathroom, etc.) and should indicate the location of all sinks and toilets.

Submit plans for new construction or plans for additions or structural alterations to existing facilities to both the child care consultant and the office of the State Fire Marshal. Obtain approval for the plans from both the Department and State Fire Marshal before proceeding. This allows the consultant and the fire marshal to troubleshoot with you regarding areas of concern about fire safety or capacity before you incur additional costs.

Water Analysis

A facility that uses a private, non-public water supply must obtain an annual laboratory water analysis to determine that the water has a satisfactory bacteriological quality. If the facility is going to provide care for children under age two, the analysis must also include testing for nitrates.

The water analysis must be conducted before the center opens and annually thereafter. For the most accurate results, the annual testing should be conducted in May or June of each year. Keep a copy of the laboratory's water analysis at the center and give a copy to the child care consultant.

If the laboratory analysis determines that the water is not of a satisfactory quality, you must develop an alternative plan for water supply. Alternative plans can include using commercially bottled water, water from a public water supply, or other sources of water approved by the county sanitarian.

The child care consultant can provide information about where to obtain a laboratory analysis in your area of the state.

Qualifications of Director and On-Site Supervisor

Submit information sufficient to determine the qualifications of the director and on-site supervisor to the child care consultant **before** hiring the person to assume the duties and responsibilities of the position. The information must document the education, experience, and training required to qualify for employment in these positions. A worksheet to copy and use for this purpose is included in Part IV of the handbook. Center Directors and On-Site Supervisors shall enter their credentials in i-PoWVeR

<https://secureapp.dhs.state.ia.us/TrainingRegistry/TrainingRegistry/Public/>

Submitting a Renewal Application

The consultant sends out an application form to renew the license approximately 60 days in advance of each center's licensed renewal date. Submit the signed form 470-4834, *Child Care Center Licensing Application and Invoice*, to the Department's Division of Fiscal Management along with the licensing fee. Submit the other **updated** reports for renewal with the application or make them available to the consultant at the relicensing visit.

Licensing Decision

Legal reference: Iowa Code Section 232A.2 and 441 IAC 109.2(3)-(6)

The Department of Health and Human Services will notify applicants of approval or denial within 120 days of the date the child care consultant receives a complete or sufficient application.

Approval for a Full License

The Department will issue a license to a center if it has determined the center **complies** with the minimum requirements as defined in state laws and rules governing the standards for child care centers. (This includes the fire safety rules of the State Fire Marshall and the immunization rules of Iowa Department of Public Health.) An applicant in compliance with the laws and rules governing child care centers will be issued a license for 24 months.

Approval for a Provisional License

The Department may issue a provisional license at time of new application or renewal when the center does not sufficiently meet licensing laws and rules. In some instances, the child care consultant may request a corrective action plan, including timelines.

A provisional license may be in effect for up to one year. A provisional license may be renewed when a written plan to bring the center into compliance with the standard, giving specific dates for completion of work, are submitted to **and approved by** the Department. **A center cannot receive a provisional license for more than two years in a row for being out of compliance with the same licensing standards.**

When the center submits documentation or it can otherwise be verified that the center complies with the licensing regulations or standards, the license will be upgraded from a provisional to a full license status.

In addition, if a center is issued a license indicating it is fully in compliance with licensing requirements, but at a later date within the license period fails to be in compliance, the Department may reduce a license to a provisional status. Upon correction of the deficiencies and approval by the child care consultant, the provisional license may be upgraded to a full license.

Denial

The Department will deny a license on an initial or renewal application when:

- The center does not comply with essential center licensing laws and rules in order to be considered for a provisional license.

- The center is operating in a manner that the Department determines impairs the safety, health, or well-being of children in care.
- A person subject to an evaluation has transgressions that merit prohibition of involvement with child care and of licensure, as determined by the Department. This may also include an individual affiliated with the center, such as an owner.
- Information provided to the Department, **either orally or in writing**, or information contained in the center's files is shown to have been falsified by the provider or with the provider's knowledge.
- The center is not able to obtain an approved State Fire Marshal's certificate or fails to comply in correcting or repairing any deficiencies in the time determined by the state fire marshal, or the State Fire Marshal determines the building is not safe for occupancy.

If the Department denies an application for an initial license, the center **must not continue to provide child care** pending the filing of an appeal of the decision and the outcome of an evidentiary hearing.

Suspension and Revocation

The Department may initiate an action to **suspend** a license to address an issue of noncompliance that may be temporary. An example is a center unable to use its licensed facility due to floodwaters or a fire.

The Department may initiate an action to **revoke** a license when the center exhibits a pattern of noncompliance or an imminent concern arises that jeopardizes the well-being of children.

The Department may act to suspend or revoke a license during the licensing year. The Department will suspend or revoke a license if corrective action has not been taken when:

- The center does not comply with the licensing laws and rules and makes no substantial attempt to correct deficiencies.
- The center is operating in a manner that the Department determines impairs the safety, health, or well-being of the children in care.
- A person subject to an evaluation has transgressions that merit prohibition of involvement with child care and of licensure, as determined by the Department.
- Information provided to the Department, **either orally or in writing**, or information contained in the center's files is shown to have been falsified by the provider or with the provider's knowledge.
- The center is not able to obtain an approved State Fire Marshal's certificate or fails to comply in correcting or repairing any deficiencies in the time determined by the State Fire Marshal, or the State Fire Marshal determines the building is not safe for occupancy.

Right to Appeal Adverse Action

Any center receiving a notice indicating that the Department has initiated an action to deny, suspend, or revoke the license will be informed of its right to appeal and the procedures to file an appeal. The

procedures follow the requirements outlined in the Department's administrative rules governing appeals, at 441 Iowa Administrative Code, Chapter 7.

A center affected by an adverse action may initiate an appeal by means of a written request directed to the county office, or central office of the Department within 30 days after the date the Department mailed the official notice of the denial, revocation, or suspension.

When the owner or director of a licensed facility receives a *Notice of Decision: Services*, form 470-0602, initiating action to deny, suspend, or revoke the facility's license, **this notice must be conspicuously posted at the main entrance to the center** where it can be read by parents or any member of the public. The notice must **remain posted until resolution of the action** to deny, suspend, or revoke the license.

The Department will notify the parents, guardians, or custodians of the children for whom the center provides care when it takes action to suspend or revoke a license. The center must cooperate with the Department in providing the names and address of each parent, guardian, or legal custodian.

A center may continue to operate **while appealing** a decision by the Department to suspend, revoke, or deny its license unless the negative action is against an initial application or the Department has obtained a court injunction.

State Inspection and Evaluation

Legal reference: Iowa Code Section 237A.4

The following state agencies periodically conduct on-site inspections. Inspections by these agencies may occur throughout the duration that a center is licensed.

Department of Health and Human Services

The Department will make periodic inspections of licensed centers to ensure compliance with licensing requirements. The child care consultant will conduct at least one unannounced visit each year. The consultant may inspect records maintained by a licensed center and may inquire into matters concerning the centers and the people in charge.

Department of Public Health

With authority from the state or local boards of health, personnel from public health agencies may make periodic inspections of licensed centers to ensure compliance with health-related licensing requirements. Public health officials may also conduct periodic audits of immunization records to ensure compliance. Additionally, the Department of Public Health may offer on-site consultation in meeting health and environmental-related and immunization requirements.

State Fire Marshal

Inspections by the State Fire Marshal or a designee to determine compliance with rules relating to fire safety can be conducted at any time without prior notice. Inspections can occur on a random basis, upon anyone's request, in response to a complaint, or when fire appears to be possible (for example, an odor of a flammable liquid or gas is present outside a building).

Records

Legal reference: Iowa Code Section 237A.7 and 441 IAC 109.3(237A)

Child care centers should consult with their boards of directors, accountants, insurance agents, and attorneys in establishing policies for record retention. Centers should also be aware that funding sources, such as United Way and the state child care assistance program, may have additional requirements for record retention. Centers should ask the funding source what specific information and the length of time records should be retained.

Confidential Information

Under state law, information about a person in a child care center or the relative of a person in a child care center is confidential. Anyone who acquires such information through the operation of a child care center may not disclose it, directly or indirectly, except upon inquiry before a court of law or with the written consent of the person. In the case of a child, written consent must be obtained from the parent or guardian or as otherwise specifically required or allowed by law.

Child care consultants must have unrestricted access to children's files in performing their duties. In addition, centers must make child immunization records accessible to public health officials without requiring parental consent. Child care centers may also be asked to cooperate with public health officials in the event of a communicable disease investigation.

These confidentiality provisions allow the disclosure of information about the structure and operation of a center. They also allow duly authorized persons to perform statistical analysis of data collected on licensed centers and the publication of the results of the analysis in a manner, which does not disclose information identifying individual persons.

Licensing File

The Department of Health and Human Services maintains the licensing file for the center for the period of time that the center remains licensed. Once a center is no longer licensed, the Department maintains the record for an additional five years. After that time, the record may be destroyed.

The Department licensing file is a public record and is subject to review by parents and other interested parties. Any person who wishes to review the licensing file of a child care center can contact the child care consultant responsible for licensing the center.

Findings of any licensing visits are summarized and maintained in the licensing file. After each visit and complaint, the Department documents whether a center was in compliance with center licensing standards as imposed by licensing laws and rules. This record is available to the public, except that the identity of the complainant will be withheld unless expressly waived by the complainant.

Licensing reports and valid complaints can be found online at :

https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport

Administrative Requirements and Procedures

Legal reference: Iowa Code Section 232.69 and 441 IAC 109.5(237A)

Parental Access

Centers must give parents unlimited access to their children and to the providers caring for their children during the center's hours of operation or whenever their children are in the care of the center, unless parental contact is prohibited by court order. The center must inform parents of this policy in writing when the child is admitted to the center.

Parental Survey

If requested by the Department, centers must assist the Department in conducting an annual survey of parents served in their center. The Department will notify you of the time frames for distribution and completion of the survey and the procedures for returning the survey to the Department.

The purpose of the survey is to increase parents' understanding of developmentally appropriate and safe practices, solicit statewide information regarding parental satisfaction with the quality of care being provided to children, and obtain the parents' perspective regarding the center's compliance with licensing requirements.

In addition to the Department's survey, you are encouraged to establish your own mechanism for soliciting ongoing parental input and to provide for a process for quality improvement, including complaint resolution, in the delivery of child care services. Recommendations for improvement should be sought from both staff and parents.

Mandatory Reporting of Child Abuse

The center must have written policies established that include procedures for reporting suspected child abuse. Center staff serving in a caretaking role with children are mandatory reporters of child abuse. Centers must provide this information to all staff at orientation and within 30 days of employment.

Iowa Code Section 232.69 requires any director or employee of a licensed child care center to report to the Department within 24 hours when, in the course of working with a child, you have reason to believe that the child has suffered abuse or neglect. The oral report must be followed within 48 hours with a written report to the Department. <https://hhs.iowa.gov/sites/default/files/470-0665.pdf> The person who has witnessed the abuse or the effects of the abuse should make the reports.

Staff may report suspected child abuse by calling the county Department of Health and Human Services office or calling the 24-hour, toll-free, Child Abuse Hotline number: 1-800-362-2178.

Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, and regulations of the U.S. Department of Health and Human Services (45 Code of Federal Regulations--Part 80) prohibit

discrimination on the grounds of race, color or national origin in the administration of programs under the direction of the Department of Health and Human Services where federal funds are involved.

Agencies, institutions, and organizations providing child care for children under any program supervised by the Department of Health and Human Services are required to abide by the terms of the Act and regulations prohibiting discrimination on the basis of race, color, or national origin. A child care center's failure to comply will necessitate the withdrawal of Department financial support.

The regulations provide that people who feel that they or others have been the object of discrimination by a child care center, contrary to the provisions of the Act, may file a complaint. All complaints will be investigated and appropriate action taken when indicated. Inquiries should be directed to the Iowa Civil Rights Commission at (515) 281-4121.

Americans with Disabilities Act (ADA)

Child care centers, as a form of public accommodation, are required to comply with Title III of the Americans with Disabilities Act (ADA). The Act requires that child care providers not discriminate against children with disabilities on the basis of the disability.

The center must provide children and their parents an equal opportunity to participate in the center's program and activities. According to the U.S. Department of Justice, a center cannot exclude a child unless the child's presence poses a direct threat to the health and safety of others or would require a fundamental alteration of the program.

Center facilities need to be accessible to children and their parents who have disabilities. Existing centers must remove barriers according to a readily achievable standard, while newly constructed or renovated centers must be fully accessible.

A center must make reasonable modifications to its policies and procedures to integrate children, unless doing so would constitute a fundamental alteration. Unless it is an undue burden, centers must provide appropriate auxiliary aids and services needed for effective communication with a child with a disability.

The child care consultant can provide additional information and resources regarding compliance with the ADA.

Additional information about Child Care Centers and the ADA can be found at <https://www.ada.gov/childqanda.htm>

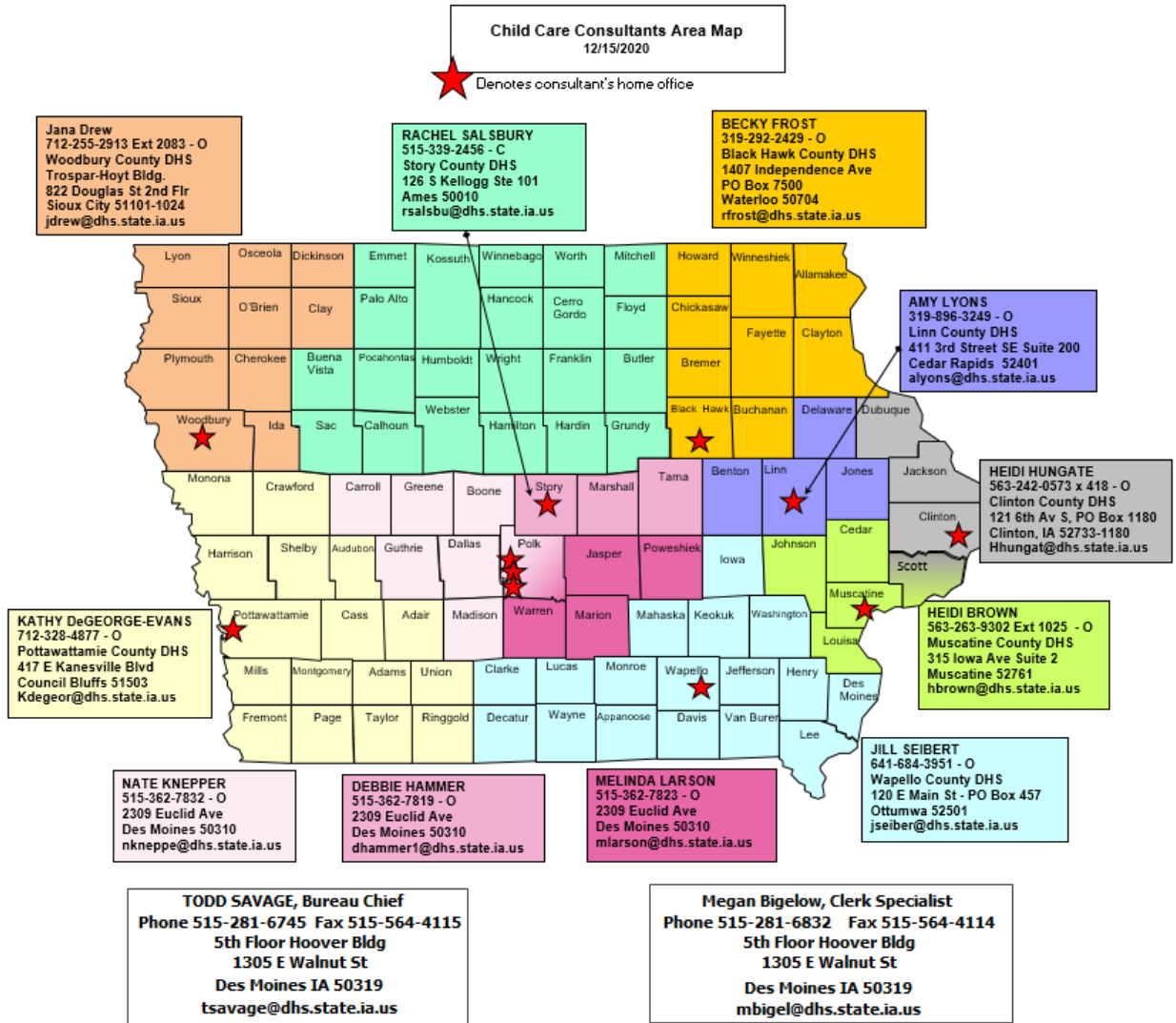
**Child Care Centers and Preschools
Licensing Standards and Procedures**

Part II
Provider Resources

State Contacts

Child Care Consultants

Child care consultants responsible for licensing centers are located in HHS offices. To locate the child care consultant for your area, see the next page.



Child Care Resource and Referral Agencies

The child care resource and referral agencies are available to provide training, resources, technical assistance, and lending library materials to providers. These agencies distribute a newsletter to providers containing topics of interest related to early childhood and school-age care and inform providers of training opportunities in their area. In addition, they offer parent referral services and consumer education on quality child care.

Child care resource and referral agencies are organized into a network through five service delivery areas. Each area has a designated lead agency. To locate the resource and referral agency for your area, contact the lead agency for your area. <https://iowaccrr.org/>

Counties in Service Delivery Area:	Lead Agency For Service Delivery Area:
<p>SDA 1</p> <p>Buena Vista, Calhoun, Cherokee, Clay, Crawford, Dickinson, Emmet, Hamilton, Humboldt, Ida, Kossuth, Lyon, Osceola, O'Brien, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Webster, Wright, Woodbury</p>	<p>Child Care Resource and Referral of Northwest Iowa Regional Director 418 S Marion Street Remsen, IA 51050 Phone: 877-216-8481 Fax: 712-786-3250 ccrr@midsioux.org</p>
<p>SDA 2</p> <p>Allamakee, Black Hawk, Bremer, Buchanan, Butler, Cerro Gordo, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Floyd, Franklin, Grundy, Hancock, Howard, Mitchell, Winnebago, Winneshiek, Worth</p>	<p>Child Care Resource and Referral of Northeast Iowa Regional Director 3675 University Avenue Waterloo, IA 50704 Phone: 800-475-0804 Fax: 319-274-8841 childcare@episervice.org</p>
<p>SDA 3</p> <p>Adair, Adams, Audubon, Carroll, Cass, Clarke, Decatur, Fremont, Greene, Guthrie, Harrison, Lucas, Mills, Monona, Monroe, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union, Wayne</p>	<p>Child Care Resource and Referral of Southwest and South Central Iowa Regional Director 710 10th Street Harlan, IA 51537 Phone: 800-945-9778 Fax: 712-755-7827 Region3ccrr@westcca.org</p>
<p>SDA 4</p> <p>Boone, Dallas, Hardin, Jasper, Madison, Marion, Marshall, Story, Polk, Warren</p>	<p>Child Care Resource and Referral of Central Iowa Regional Director 808 5th Avenue Des Moines, IA 50309 Phone: 800-722-7619 Fax: 515-246-3570 ccrrinfo@orchardplace.org</p>
<p>SDA 5</p> <p>Appanoose, Benton, Cedar, Clinton, Davis, Des Moines, Henry, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Mahaska, Muscatine, Poweshiek, Scott, Tama, Van Buren, Wapello, Washington</p>	<p>Child Care Resource and Referral of Southeast Iowa Regional Director 500 E 59th Street Davenport, IA 52807 Phone: 866-324-3236 Fax: 563-324-7736 ccrria@caeiowa.org</p>

Iowa Quality for Kids (IQ4K[®]) is Iowa's new Quality Rating and Improvement System (QRIS) for HHS licensed Child Care Centers and preschools, registered Child Development Homes and programs operating under the authority of an accredited school district or nonpublic school. IQ4K[®] provides five levels of quality (building blocks) that programs can achieve and continue to improve on.

By implementing Continuous Quality Improvement (CQI), IQ4K® allows programs to assess their current grade across all areas of programming and devise a structured plan to increase the overall level of program quality.

Other State Programs

Child Care Licensing:

Child Care Licensing Program Manager
Iowa Department of Health and Human Services
Division of Child and Family Services
1305 E Walnut, 5th Floor, Hoover Bldg
Des Moines, IA 50319-0114
(515) 281-7714

Food Program:

Child and Adult Care Food Program
Bureau of Food and Nutrition
Iowa Department of Education
400 E 14th St
Des Moines, IA 50319
(515) 281-5356
<https://educateiowa.gov/pk-12/nutrition-programs/child-and-adult-care-food-program>

Immunizations:

Bureau of Immunization
Iowa Department of Public Health
321 E 12th St
Des Moines, IA 50319
(515) 281-7301
Vaccine for Children Hotline:
1-800-831-6293
Immunization Certificate: 1-800-398-9696

State Fire Marshal:

Iowa Department of Public Safety
Division of State Fire Marshal
401 SW 7th St., Suite N
Des Moines, IA 50309
(515) 281-5821

Healthy Child Care Iowa:

HCCI Coordinator
Healthy Child Care Iowa
Bureau of Family Health
Iowa Department of Public Health
321 E 12th St
Des Moines, IA 50319
(515) 321-8137
1-800-383-3826
<https://idph.iowa.gov/hcci>

Iowa Resources

You can obtain additional information on these materials from your child care consultant.

Child Care Resource and Referral

Child Care Resource & Referral (CCR&R) is a program to support quality child care throughout the state of Iowa. CCR&R is available to assist families in selecting child care providers who best meet the needs of a child and their family. Child Care Consultants provide on-site consultation to licensed preschools, centers, non-registered home providers, and Child Care Development Home providers. Contact them at 877-216-8481 or www.iowaccrr.org.

Iowa Child Care Complaint Hotline

The Iowa Child Care Complaint Hotline was developed as part of the Child Care and Development Block Grant Reauthorization. This hotline serves as a centralized location for parents, the community, and others to report concerns they may have regarding child care facilities. The hotline can be reached at 1-844-786-1296.

Healthy Child Care Iowa

Healthy Child Care Iowa is a statewide publicly funded program to improve the health and safety of children while they are enrolled in child care and early education settings. Child care nurse consultants are registered nurses who provide consultation, training, and technical assistance on health and safety policies, health programs, health of personnel, and specific child health or safety issues. To be connected with nurse consultants in your area visit the website at <https://www.idph.iowa.gov/hcci/consultants>

Iowa State University Extension Service

County ISU Extension offices provide publications, workshops, and self-study training materials on early childhood and child care. Consultation and materials cover a wide variety of topics, including financial considerations of operating a child care center, child care environmental design, playground safety, nutrition, child development, health and safety, and positive guidance and discipline.

ISU Extension also works with communities and employers to explore child care options and conduct needs assessments. Publications and videos on choosing quality child care are also available for parents.

Area Education Agencies

Area education agency (AEA) early childhood consultants and early childhood special education personnel can provide on-site technical assistance and training on a variety of issues, including technical assistance and training for children with developmental disabilities, behavioral issues, and developmentally appropriate practices. <http://www.iowaaea.org/>

Child Care Assistance (Subsidy)

Financial assistance for child care is available to families who meet income guidelines and requirements for participation in education or employment. Centers can refer families who might benefit from assistance to the county Department of Health and Human Services office. <https://hhs.iowa.gov/child-care>

Child Support

Some families may have difficulty in meeting the cost of child care when a noncustodial parent fails to make child support payments. Centers can refer families who might be in need of assistance in establishing or enforcing child support to the Child Support Recovery Unit that serves the county where the custodial parent resides. <https://hhs.iowa.gov/child-support>

Iowa Statewide Poison Control Center

The statewide poison control center for Iowa is located at 1920 Hamilton Blvd., Lower A, Sioux City, Iowa 51104. The POISON CONTROL NUMBER is 1-800-222-1222. <https://www.iowapoisson.org/>

Healthy and Well Kids In Iowa (HAWKI)

The Healthy and Well Kids in Iowa (Hawki) program provides health care coverage for families who do not qualify for Medicaid but cannot afford private health care coverage. The health care coverage is for children birth to age 19 and covers, among other services, doctor and dentist visits, hospital stays, well child visits, and eye exams. To apply or to get more information regarding the program, call the 24-hour number: 1-800-257-8563 or visit the website at <https://hhs.iowa.gov/hawki>

Child Health Centers

Iowa has 23 community-based child health centers that provide a variety of health services to children ages birth through 21 years. Services available include access to a medical home, physical examination, select health screening laboratory procedures, immunization, and care coordination. You can obtain the location of the nearest child health center by calling the Healthy Families Line at 1-800-369-2229.

Child Health Specialty Clinics

The University of Iowa Child Health Specialty Clinics regional health services coordinators, nutritionists, parent consultants, and other professional staff can assist with the provision of on-site technical assistance or training for a variety of issues specific to children with special health care needs. You can access telephone consultation and printed resources through the regional center nearest you or by contacting the Child Health Specialty Clinics central office at (319) 384-6865.

Maternal Health Centers

Iowa has 25 maternal health centers that provide prenatal medical and health related services to women. You can obtain the location of the nearest maternal health center by calling the Healthy Families Line at 1-800-369-2229.

Family Planning Clinics

Center staff may be able to obtain their required physical examination at a family planning clinic at a reduced cost. You can obtain the location of the nearest family planning clinic by calling the Healthy Families Line at 1-800-369-2229.

Local Health Departments

Local public health departments help promote healthy behaviors, prevent illness, and provide services to safeguard the health and wellness of the community.

National Resources

First Children's Finance

First Children's Finance provides loans and business-development assistance to high-quality child care businesses serving low- and moderate-income families. Contact them at 866-562-6801 or the website at <http://www.firstchildrensfinance.org/>.

Handbook for Public Playground Safety

The *Handbook for Public Playground Safety*, Pub No. 325 (2010) was developed by the Consumer Product Safety Commission. It can assist centers in the design, construction, operation and maintenance of safe playground areas. The guidelines make recommendations regarding surfacing materials, spacing and layout, installation, equipment design, and general hazards regarding an array of playground equipment. You can obtain a copy at the Consumer Product Safety Commission website <https://www.cpsc.gov/Safety-Education/Safety-Guides/outdoors/playgrounds>

National Health and Safety Performance Standards

The National Health and Safety Performance Standards for out-of-home child care are also known as "Caring for Our Children." They are published by the American Public Health Association and the American Academy of Pediatrics. CFOC is online or can be downloaded as a PDF at <https://nrckids.org/CFOC>

These national standards address recommendations for child/staff ratios and personnel, activities for healthy development, health protection and promotion, nutrition and food service, facilities, supplies, equipment, transportation, infectious diseases, children with special needs, and administration. You can obtain a copy by contacting the National Resource Center on Health and Safety in Child Care at their website: <http://nrckids.org/>

Stepping Stones to Using "Caring for Our Children"

Stepping Stones is the collection of selected Caring for Our Children standards which, when put into practice, are most likely to prevent serious adverse outcomes in child care and early education settings. You can obtain a copy by contacting the National Resource Center for Health and Safety in Child Care at 1-800-598-5437 or at their website: https://nrckids.org/CFOC/Stepping_Stones

Internet Websites

Centers for Disease Control

<http://www.cdc.gov>

Consumer Product Safety Commission

<http://www.cpsc.gov>

Department of Health and Human Services Tools, Trainings, and Resources

<http://hhs.iowa.gov/licensure-and-registration/tools-trainings-and-resources>

Department of Justice's Commonly Asked Questions About Child Care Centers and the ADA

<http://www.ada.gov/childqanda.htm>

First Children's Finance

<http://firstchildrensfinance.org>

Hawki

<https://hhs.iowa.gov/hawki>

Healthy Child Care Iowa

<http://idph.iowa.gov/hcci>

Iowa State University Extension -- Child Care and Education for Professionals

<http://www.extension.iastate.edu/humansciences/child-care-education-professionals>

National Association for the Education of Young Children

<http://www.naeyc.org>

National Program for Playground Safety

<https://playgroundsafety.org/>

National Resource Center for Health and Safety in Child Care

<http://nrckids.org/>

National School-Age Care Alliance

<http://naaweb.org/>

Prepare Iowa

<http://prepareiowa.training-source.org/>

Program for Infant and Toddler Care

https://www.pitc.org/pub/pitc_docs/home.csp

Zero to Three

<http://www.zerotothree.org/>

**Child Care Centers and Preschools
Licensing Standards and Procedures**

Part III
Regulations

Part III of the handbook is organized according to the organization of 441 Iowa Administrative Code (IAC) 109, as outlined on the following pages. Each rule is quoted, followed by an explanation of the rationale for the rule and recommendations for implementing it.

The information contained in this section has been obtained, in part, from the following sources:

- Iowa Code Chapter 237A, “Child Care Facilities”
 - Iowa law that gives authority to the Department of Health and Human Services to develop rules governing the licensing of child care centers.
- 441 Iowa Administrative Code, Chapter 109, “Child Care Centers”
 - Administrative rules developed by the Iowa Department of Health and Human Services establishing minimum standards for the licensing of child care centers.
- 641 Iowa Administrative Code, Chapter 7, “Immunization of Persons Attending Elementary or Secondary School or Licensed Child Care Centers”
 - Administrative rules developed by the Iowa Department of Public Health establishing minimum standards for immunization requirements.
- The Child and Adult Care Food Program of the U.S. Department of Agriculture
 - In Iowa, the Child and Adult Care Food Program is administered by the Bureau of Food and Nutrition in the Iowa Department of Education.
- Caring for Our Children: National Health and Safety Performance Standards -- Guidelines for Out-of-Home Child Care Programs, 4th Edition
 - This publication is a collaborative project of the American Academy of Pediatrics and the American Public Health Association designed to establish recommendations for minimum health and safety standards and best practices in out-of-home child care programs.
- Handbook for Public Playground Safety, Pub No. 325 (2010)
 - The Iowa Playground Safety Network distributes this publication of the US Consumer Product Safety Commission. For more information go to: <http://playgroundsafety.org/standards/cpsc>
- Smoke Free Air Act, 237A.3B Sec 142D.2
 - This law was enacted in 2008 and prohibits smoking and ashtrays, and requires no smoking signs in child care facilities and vehicles. For more information go to: <https://smokefreeair.iowa.gov/>.

441 Iowa Administrative Code Chapter 109 Child Care Centers

Administration

- 441—109.1(237A) Definitions
- 441—109.2(237A) Licensure procedures
 - **109.2(1)** Application for license
 - **109.2(2)** License
 - **109.2(3)** Provisional license
 - **109.2(4)** Denial
 - **109.2(5)** Revocation and suspension
 - **109.2(6)** Adverse actions
 - **109.2(7)** Regulatory Fees
- 441—109.3(237A) Inspection and Evaluation
- 441—109.4(237A) Administration
 - **109.4(1)** Purpose and objectives
 - **109.4(2)** Required written policies
 - **109.4(3)** Required postings
 - **109.4(4)** Mandatory reporters
 - **109.4(5)** Handbook
 - **109.4(6)** Certificate of license

Parental Participation

- 441—109.5(237A) Parental participation
 - **109.5(1)** Unlimited access
 - **109.5(2)** Parental evaluation

Personnel

- 441—109.6(237A) Personnel
 - **109.6(1)** Center director requirements
 - **109.6(2)** On-site supervisor
 - **109.6(3)** Director and on-site supervisor functions combined
 - **109.6(4)** Transition period for staff
 - **109.6(5)** Volunteers
 - **109.6(6)** Record checks and evaluations

Professional Growth and Development

- 441—109.7(237A) Professional growth and development
 - **109.7(1)** Required training within the first three months of employment
 - **109.7(2)** Center Directors and all staff
 - **109.7(3)** Staff employed in centers that operate summer-only programs
 - **109.7(4)** Training plans

Staff Ratio Requirements

- 441—109.8(237A) Staff ratio requirements
 - **109.8(1)** Staff requirements
 - **109.8(2)** Staff ratio

Records

- 441—109.9(237A) Records
 - **109.9(1)** Personnel records
 - **109.9(2)** Child's file
 - **109.9(3)** Immunization certificates
 - **109.9(4)** Daily activities

Health and Safety Policies

- 441—109.10(237A) Health and safety policies
 - **109.10(1)** Physical examination report
 - **109.10(2)** Medical and dental emergencies
 - **109.10(3)** Medications
 - **109.10(4)** Daily contact
 - **109.10(5)** Infectious disease control
 - **109.10(6)** Quiet area for ill or injured
 - **109.10(7)** Staff hand washing
 - **109.10(8)** Children's hand washing
 - **109.10(9)** First-aid kit
 - **109.10(10)** Recording incidents
 - **109.10(11)** Smoking
 - **109.10(12)** Transportation
 - **109.10(13)** Field trip emergency numbers
 - **109.10(14)** Pets
 - **109.10(15)** Emergency plans

Physical Facilities

- 441—109.11(237A) Physical facilities
 - 109.11(1) Room size
 - 109.11(2) Infants' area
 - 109.11(3) Facility requirements
 - 109.11(4) Bathroom facilities
 - 109.11(5) Telephone
 - 109.11(6) Kitchen appliances and microwaves
 - 109.11(7) Environmental hazards

Activity Program Requirements

- 441—109.12(237A) Activity program requirements
 - 109.12(1) Activities
 - 109.12(2) Discipline
 - 109.12(3) Policies for children requiring special accommodations
 - 109.12(4) Play equipment, materials and furniture
 - 109.12(5) Infant environment

Extended Evening Care

- 441—109.13(237A) Extended evening care
 - 109.13(1) Facility requirements
 - 109.13(2) Activities

Get-Well Center

- 441—109.14(237A) Get-well center
 - 109.14(1) Staff requirements
 - 109.14(2) Health policies
 - 109.14(3) Exceptions

Food Services

- 441—109.15(237A) Food services
 - 109.15(1) Nutritionally balanced meals or snacks
 - 109.15(2) Menu planning
 - 109.15(3) Feeding of children under two years of age
 - 109.15(4) Food brought from home
 - 109.15(5) Food preparation, storage, and sanitation
 - 109.15(6) Water supply

Administration

Legal reference: IAC 441 109.4(1)

Purpose and Objectives

Incorporated and unincorporated centers shall submit a written statement of purpose and objectives. The plan and practices of operation shall be consistent with this statement.

Rationale and Recommendations For Implementation

The center's purpose describes the population to be served, the mission of the organization, etc. Objectives help to define for both staff and parents the underlying philosophies and practices of the organization that determine how the center serves to benefit the children for whom care is provided. In providing a written description, centers are challenged to assess all program activities, curriculum, and practices to ensure a quality environment is provided consistent with its purpose.

Required Written Policies

Legal reference: 441 IAC 109.4(2)

The child care center owner, board or director shall:

- a. Develop fee policies and financial agreements for the children served.
- b. Develop and implement policies for enrollment and discharge of children, field trips and non-center activities, discipline, nutrition, and health and safety policies, and if transporting children, a transportation policy.
- c. Develop a curriculum or program structure that uses developmentally appropriate practices and an activity program appropriate to the developmental level and needs of the children.
- d. Develop and implement a written plan for staff orientation to the center's policies and to the provisions of 441—Chapter 109 where applicable to staff.
- e. Develop and implement a written plan for ongoing training and staff development in compliance with professional growth and development requirements established by the Department in rule 441—109.7(237A).
- f. Make available for review a copy of the center policies and program to all staff at the time of employment and each parent at the time a child is admitted to the center. A copy of the fee policies and financial agreements shall be provided to each parent at the time a child is admitted to the center.
- g. When serving children under the age of three, develop and implement a policy for responding to incidents of biting that includes the following elements.
 - (1) An explanation of the center's perspective on biting.
 - (2) A description of how the center will respond to individual biting incidents and episodes of ongoing biting.
 - (3) A description of how the center will assess the adequacy of caregiver supervision and the context and the environment in which the biting occurred.

- (4) A description of how the center will respond to the individual child or caregiver who was bitten.
 - (5) A description of the process for notification of parents of children involved in the incident.
 - (6) A description of how the incident will be documented.
 - (7) A description of how confidentiality will be protected.
 - (8) A description of first-aid procedures that the center will use in response to biting incidents.
- h. Develop a policy to ensure that people do not have unauthorized access to children at the center. The policy shall be subject to review for minimum safety standards by the licensing consultant. The policy shall include, but is not limited to, the following:
- (1) The center's criteria for allowing people to be on the property of the facility when children are present.
 - (2) A description of how center staff will supervise and monitor people who are permitted on the property of the center when children are present, but who have not been cleared for involvement with child care through the formal record check process. The description shall include definitions of "supervision" and "monitoring."
 - (3) A description of how responsibility for supervision and monitoring of people in the center will be delegated to center staff, which includes provisions that address conflicts of interest.
 - (4) A description of how the policy will be shared with parents, guardians, and custodians of all children who are enrolled at the center.
- i. Develop and implement a policy for protection of child's confidentiality.

Rationale and Recommendations For Implementation

Child care is a service that operates through a contractual relationship between the provider and the parent in the interests of the child. Parents must be fully informed about a center's services and expectations to allow them an informed decision in delegating care and supervision of their child to the center.

Centers are expected to focus on activities and practices that are conducive to positive child development and safety practices. Written policies provide a method for parents to choose the type of program that best suits the needs of their child. Written policies are an important step in building a comprehensive and well-developed program, providing a mechanism to communicate to staff and parents, and ensuring consistency in implementation.

All levels of administration, including the board of directors, the center director, the on-site supervisor, and direct care staff should be provided a copy of the center's policies and the HHS licensing standards at time of employment. These materials should be reviewed during the staff's orientation.

You may want to develop a checklist of all materials and information required before a child can be admitted to the program. The checklist can be shared with parents and serve as a reminder to staff.

A copy of all the center's policies shall be available to the parents. You are encouraged to make this handbook available to parents at the time of admission to educate parents on the licensing standards that you must be meet.

You must provide fee policies to the parents at the time of admission. Fee policies and financial agreements should be clearly stated. Policies shall clearly indicate discharge provisions for a parent's failure to pay, including a process for resolution. Any change to the agreements should allow for timely notification to parents. Provide amended copies to the parent. Continuity of care for children should be given highest priority in mediating disputes.

Because of the importance of stable and consistent adult relationships to children and for the protection of the center, you shall have defined criteria for permanently discharging a child from the program. The decision to discharge a child should be made only after defined attempts to resolve problems, with the knowledge and support of the child's parents, have been unsuccessful. It is strongly encouraged that you document attempts to resolve the problems, including communications with the child's parents.

In the written policies that describe the center's practices related to enrollment and discharge of children, field trips and non-center activities, transportation, discipline, nutrition, and health and safety policies, you shall have policies that outline the expectation for **parent authorizations** for:

- Participation in center-sponsored field trips.
- Participation in non-center-related activities away from the center that the child may attend.
- Transportation by the center to and from school.
- Changes in meals and snacks provided to a child that differ from CACFP guidelines.
- Health-related care and administering medications.

In addition to the required policies outlining the above expectations, you should also consider obtaining written parent/guardian authorization any time there is an associated risk in which you do not have a written policy (Example: having a child sign out and walk home).

In an effort to protect children's confidentiality, you should have a social media policy

Suggestions for content of the required written policies and procedures are included in Part IV of the handbook.

Tip:

1. Not knowing how a child was injured (bitten for example) and not reporting injuries is a frequent source of complaints. Help staff understand the importance of active supervision, documentation and communicating with parents. Even if you are unaware of how an injury has occurred, you still must document on an incident report.
2. If something is not covered in your policies and there is an associated risk, think about obtaining parent's written authorization. (Example: desire for the child to walk home by themselves on Mondays).

Required Postings

Legal reference: 441 IAC 109.4(3), 109.10(1), amended by HF 2212(16)(t) 6

Required postings:

- a. Postings are required for the certificate of license, notice of exposure of children to a communicable disease, and notice of actions to deny, suspend, or revoke the center's license and shall be conspicuously placed at the main entrance to the center. If the center is located in a building used for additional purposes and shares the main entrance to the building, the required postings shall be conspicuously placed in the center in an area that is frequented daily by parents or the public.
- b. Postings are required for mandatory reporter requirements, the notice of availability of the handbook required in subrule 109.4(5), and the program activities and shall be placed in an area that is frequented daily by parents or the public.
- c. Post nonsmoking signs at every entrance of the child care center and in every vehicle used to transport the children. All signs shall include:
 - (1) The telephone number for reporting complaints, and
 - (2) The Internet address of the Department of Public Health (<https://smokefreeair.iowa.gov/>).

Rationale and Recommendations For Implementation

Parents have a right to be informed regarding activities within or regarding the center, including any legal action taken against the center, which may impact their child or their decision to continue services at the center. The goal of postings is to facilitate and increase communication opportunities with parents.

In addition to posting within a center, in some circumstances centers may also want to send notices home with children or do a separate mailing to parents. Centers may also want to include information regarding mandatory reporters, this handbook, and the program structure of the center in their parent handbook. However, this does not remove the requirement to post *in the center*.

Postings must be clearly visible to parents when they enter the center. If the location of the center within a building makes it impractical to post a notice by the front door, the posting must be in an area of the center where parents routinely gather when they arrive to pick up or leave their children.

The posting regarding the availability of the handbook must also include the name, office mailing address, and telephone number of the child care consultant.

Letters from the Department giving notice of action to suspend or revoke a license **MUST** be posted in the format in which they are received. Do not alter the content or design of the letter in any way.

Mandatory Reporters

Legal reference: 441 IAC 109.4(4)

Mandatory reporters. Requirements and procedures for mandatory reporting of suspected child abuse as defined in Iowa Code section 232.69 shall be posted where they can be read by staff and parents.

Methods of identifying and reporting suspected child abuse and neglect shall be discussed with all staff within 30 days of employment.

Rationale and Recommendations For Implementation

All employees of a center who are involved in the direct care of children, including volunteers used in meeting staff ratio, are mandatory reporters and must be informed of their responsibilities and the procedures for reporting suspected abuse.

Within 30 days of employment or at the time a person volunteers, the center shall provide the employee or volunteer with an outline of the reporting requirements. Keep signed documentation in the personnel file indicating that the information was shared and that the employee or volunteer understands their responsibilities as a mandatory reporter. All staff, excluding volunteers, must complete training for Iowa's mandatory reporting of child abuse **within the first three months of employment**.

Handbook

Legal reference: 441 IAC 109.5(5)

Handbook. A copy of *Child Care Centers and Preschools Licensing Standards and Procedures*, shall be available in the center, and a notice stating that a copy is available for review upon request from the center director shall be conspicuously posted. The name, office mailing address and telephone number of the child care consultant shall be included in the notice.

Rationale and Recommendations For Implementation

The handbook provides parents and child care center staff an opportunity to become more knowledgeable about the state's expectations of centers in providing quality child care. In addition, the handbook can serve as a support to centers in explaining the importance of complying with a standard with which the parent may have a disagreement.

While you do not have to give an individual copy of the handbook to parents, a copy must be accessible to parents within the center or made electronically available. The notice stating that the handbook is available must be in an area of the center where parents routinely gather when they arrive to pick up or leave their children.

TIP: A key to success is having lead personnel become the *CHAMPION* of child care regulations. This person should be empowered to teach others licensing standards. Please establish an expert within each licensed program. Your CHAMPION should know the content of this handbook very well. We'd encourage your champion to take the checklist and conduct a self-audit prior to an anticipated annual HHS inspection.

Certificate of License

Legal reference: 441 IAC 109.4(6)

Certificate of license. The child care license shall be posted in a conspicuous place and shall state the particular premises in which child care may be offered and the number of children who may be cared for at any one time. Notwithstanding the requirements in rule 441—109.8(237A), no greater number of children than is authorized by the license shall be cared for at any one time.

Rationale and Recommendations For Implementation

Post your certificate of license at the main entrance to the facility. Display the certificate fully. Do not alter it in any way.

The “particular premises in which child day care may be offered” is the specific site of the facility. If the center moves to a new facility, the license does not transfer. You must apply for a new license specific to the new site. You **must return** the license for the former facility to the child care consultant.

If a change in ownership occurs, you must remove the old license and return it to the child care consultant. Submit a new form 470-4834, *Child Care Center Licensing Application and Invoice*, to the child care consultant.

Parental Participation

Unlimited Access

Legal reference: 441 IAC 109.5(1)

Unlimited access. Parents shall be afforded unlimited access to their children and to the provider caring for their children during the center's hours of operation or whenever their children are in the care of a provider, unless parental contact is prohibited by court order. The provider shall inform all parents of this policy in writing at the time the child is admitted to the center.

Rationale and Recommendations For Implementation

You should include this item in your admissions packet. Parents have the right to enter the center and observe the care of their child at any point during the child's care. Encouraging the active participation of parents is a way to reinforce the safe and healthy environment that you are providing.

CAUTION: If parent contact is prohibited by court order, you may want the parent or custodian to provide a copy of the applicable portions of the court order to be included in the child's file. Obtaining documentation may prevent you from being placed in a compromising position or making legal judgments regarding authorizations and release of child. This also reduces liability concerns of relying solely on the verbal statements of one parent.

In adversarial situations where parents indicate that the other party is restricted in contact or in receiving information about the child, a copy of the court order protects the center from unwillingly becoming a party to the custody action. You may want to consult your own legal counsel in establishing policies.

Parental Evaluation

Legal reference: 441 IAC 109.5(2)

Parental evaluation. If requested by the Department, centers shall assist the Department in conducting an annual survey of parents being served by their center. The Department shall notify centers of the time frames for distribution and completion of the survey and the procedures for returning the survey to the Department.

The purpose of the survey shall be to increase parents' understanding of developmentally appropriate and safe practice, solicit statewide information regarding parental satisfaction with the quality of care being provided to children and obtain the parents' perspective regarding the center's compliance with licensing requirements.

Rationale and Recommendations For Implementation

You are strongly encouraged to conduct your own evaluation of your services, obtaining the perspective of parents and staff. Information you obtain from such a survey should be provided to parents and staff. Such information is vital in achieving and maintaining a quality program and meeting the needs of the consumers – the parents, and more importantly, the children served.

If the Department undertakes a statewide evaluation, the center will **not** be expected to bear the cost. You may be asked to assist with providing names and addresses of parents served, assist in distribution of the survey at the center, etc. The Department will shared final reports obtained from conducting any statewide survey with all licensed centers.

Personnel

Center Director Requirements

Center director requirements. Centers that have multiple sites shall have a center director or on-site supervisor in each center. The center director is responsible for the overall functions of the center, including supervising staff, designing curriculum and administering programs.

The director shall ensure services are provided for the children within the framework of the licensing requirements and the center's statement of purpose and objectives. The center director shall have overall responsibility for carrying out the program and ensuring the safety and protection of the children.

The center shall submit information in writing to the child care consultant before the start of employment. The Department shall make the final determination. The information submitted shall be sufficient to determine that the director meets the following minimum qualifications:

- a. Is at least 21 years of age.
- b. Has obtained a high school diploma or passed a general education development test.
- c. Has completed at least one course in business administration or 12 contact hours in administrative-related training related to personnel, supervision, record keeping, or budgeting or has one year of administrative-related experience.
- d. Has certification in infant, child, and adult cardiopulmonary resuscitation (CPR), first aid, and Iowa's training for the mandatory reporting of child abuse.
- e. Has achieved a total of 100 points obtained through a combination of education, experience, and child development-related training as outlined in the following chart:
 - (1) In obtaining the total of 100 points, a minimum of two categories must be used, no more than 75 points may be achieved in any one category, and at least 20 points shall be obtained from the experience category.
 - (2) Points obtained in the child development-related training category shall have been taken within the past five years.
 - (3) For directors in centers predominantly serving children with special needs, the directors may substitute a disabilities-related or nursing degree for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, experience in working with children with special needs in an administrative or direct care capacity shall be equivalent to full-time experience in a child care center or preschool in determining point totals.
 - (4) For directors in centers serving predominantly school-age children, the directors may substitute a degree in secondary education, physical education, recreation or related fields for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, child-related experience working with school-age

children shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in early childhood, child development, or elementary education	75	Full-time (20 hours or more per week) in a child care center or preschool setting	25	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child-related field	60	Part-time (less than 20 hours per week) in a child care center or preschool setting	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	45	Full-time (20 hours or more per week) child development-related experience	10	
Bachelor's degree or higher in a non-child-related field	40	Part-time (less than 20 hours per week) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	25	Registered child development home provider	10	
		Nonregistered family home provider	5	

Rationale and Recommendations For Implementation

You must notify the child care consultant **before** hiring a director, either when opening a new center or replacing the director. Submit to the child care consultant sufficient information to determine whether the person meets the education, experience, and training requirements for a director. The final determination as to whether the person meets qualifications rests with the child care consultant.

The director is responsible for the overall function of the center and is essentially the leader of a small business. The director of a center must have an understanding of good business practices, administration, and child development in order to:

- Ensure the overall well-being of children
- Establish healthy, safe, and developmentally appropriate practices
- Hire and maintain competent, motivated staff and provide for their professional development
- Set appropriate expectations for staff
- Maintain clear communication with parents
- Manage the center and provide for the financial soundness of the center over the long-term

Larger centers serving 50 or more children may want to consider not including the director in the staff/child ratio, to allow the director to be more available for the overall supervision of the center.

Doing so allows the director to be more knowledgeable of all the activities **throughout** the center, provide guidance and modeling to staff, give more immediate response and intervention during emergencies, and fill in temporarily for an absent employee until other personnel can arrive.

New center directors are encouraged to visit and network with a nearby center director in their community or county. The more experienced director can serve as a “mentor” to offer ideas, strategies, and sample plans and policies. Directors are also encouraged to make contact with the various resources listed in Part II, Provider Resources, such as Child Care Resource and Referral.

Keep your local Child Care Resource and Referral Agency updated regarding changes in your hours of operation, ages served, etc. as they maintain information to provide parent referral services.

Understanding the Point Chart

The point chart is used to determine if directors are qualified, based on a combination of post-secondary education, experience, and training. The goal is to assist potential directors who may not fully meet the point requirement but are “qualifiable” by allowing them an opportunity to obtain additional training in areas where their formal education or experience needs reinforcement.

A person must achieve a total of 100 points to qualify as a director.

- At least two categories must be used to achieve the 100-point total. No more than 75 points may be achieved in any one category. The rationale for this restriction is that it:
 - Allows directors who do not have a degree or whose degree is not child-related to use years of experience and training to meet the point total
 - Allows directors who have a child-related degree and at least a year of full-time experience in a child care or child-related setting to meet the point total with minimum additional training
 - Doesn’t allow a person with a recent college degree but no experience in a child care setting to be in charge of a center without first obtaining experience
 - Emphasizes the importance of a combination of criteria in ensuring staff are well-versed in their knowledge and understanding of their responsibilities
- At least 20 of the 100 points must be obtained from the **experience** category.

Rationale: Experience in a child care or child-related field is essential in understanding the developmental needs of children, the structure necessary to ensure an appropriate, safe and non-chaotic environment is maintained, and the orientation and training needs of staff.

- Training used to calculate points in the “child development-related training” category must have been taken within the past five years.

Rationale: Our understanding of child development, health and safety considerations, and environmental concerns, changes and evolves over time. Ongoing research constantly challenges the development of new curriculum. Therefore, it is important in maintaining quality staff that training received be centered on the most up-to-date information available.

- One continuing education unit (CEU) is equivalent to 10 contact hours.

- Accommodations are made for centers serving **predominately** children with special needs or school-age children.

Rationale: Because of the special program considerations, additional degrees are allowed for in the education category and additional experiences in other program-related settings are allowed for in the experience category.

Parenthood is **not** considered as “child development-related experience.” Internships are not counted as “child development-related experience” if they were required to obtain a degree.

The Department may issue a provisional license for up to one year to allow the director to meet qualifications. However, using a provisional license for those people who are “qualifiable” is not intended as an open-ended approval for anyone merely interested in operating a center. Some measure of education or a track record of involvement with early childhood or school-aged children is needed.

Given the variation in educational, employment and volunteer opportunities, the scope of education and experience sufficient to warrant issuing a provisional license must be decided on a case-by-case basis. Potential center directors are allowed and encouraged to make up deficiencies in education and experience by obtaining training relevant to their areas of need.

However, it is not the intent of the Department to allow 75 hours of self-study. Training is to be viewed as professional development resulting in better outcomes for children, not as an “easy” way to become a center director.

A worksheet to assist in determining if a person qualifies under this system is included in Part IV of the handbook.

Center director and On-Site Supervisors shall enter their credentials in I-PoWeR.
<https://secureapp.dhs.state.ia.us/TrainingRegistry/TrainingRegistry/Public/>

Director/OSS Educational Point Structure

75 points (Bachelor or higher)

- Early Childhood Education
- Child Development
- Elementary Education
- Nursing (if predominate population served is special needs)
- Permitted substitutions for school age programs as identified in rule

60 points (Associate’s degree in child development or Bachelor in “child related” field)

- Child/Adolescent Development
- Youth and Family Development
- Special Education
- Family Services
- Social Work/Sociology/Psychology
- Child, Adult, Family Services (child service option)
- Human Development and Family Studies (child option)
- Early Childhood Administration

Non-Related Bachelor degree (40 points).

- Consider that you may be able to get PD points from child related coursework, however, we don't want to "double dip" and count both a degree AND a course.
- Master's degree in non-child related field

On-Site Supervisor Requirements

Legal reference: 441 IAC 109.6(2)

On-site supervisor. The on-site supervisor is required to be present when the program has multiple sites or when a director is not routinely present for six hours daily. The center director must identify a person in charge during the on-site supervisor's absence. The on-site supervisor is responsible for the daily supervision of the center and must be on site daily either during the hours of operation that children are present or a minimum of six hours of the center's hours of operation. Information shall be submitted in writing to the child care consultant before the start of employment. Final determination shall be made by the Department. Information shall be submitted sufficient to determine that the on-site supervisor meets the following minimum qualifications:

- a. Is an adult (18).
- b. Has obtained a high school diploma or passed a general education development test.
- c. Has certification in infant, child, and adult cardiopulmonary resuscitation (CPR), first aid, and Iowa's mandatory reporting of child abuse.
- d. Has achieved a total of 75 points obtained through a combination of education, experience, and child development-related training as outlined in the following chart:
 - (1) In obtaining the total of 75 points, a minimum of two categories must be used, no more than 50 points may be achieved in any one category, and at least 10 points shall be obtained from the experience category.
 - (2) Points obtained in the child development-related training category shall have been taken within the past five years.
 - (3) For on-site supervisors in centers predominantly serving children with special needs, the on-site supervisor may substitute a disabilities-related or nursing degree for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, experience in working with children with special needs in an administrative or direct care capacity shall be equivalent to full-time experience in a child care center or preschool in determining point totals.
 - (4) For on-site supervisors in centers serving predominantly school-age children, the on-site supervisor may substitute a degree in secondary education, physical education, recreation or related fields for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, child-related experience working with school-age children shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

EDUCATION	EXPERIENCE (Points multiplied by years of experience)	CHILD DEVELOPMENT-RELATED TRAINING
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EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in early childhood, child development, or elementary education	75	Full-time (20 hours or more per week) in a child care center or preschool setting	25	One point per contact hour of training
Associate's degree in child development or bachelor's degree in child-related field	60	Part-time (less than 20 hours per week) in a child care center or preschool setting	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	45	Full-time (20 hours or more per week) child development-related experience	10	
Bachelor's degree or higher in a non-child-related field	40	Part-time (less than 20 hours per week) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	25	Registered child development home provider	10	
		Nonregistered family home provider	5	

Rationale and Recommendations For Implementation

Every center (including multiple sites under the jurisdiction of one business, school, etc.) **must** have an on-site supervisor. The on-site supervisor is responsible for the day-to-day supervision of the center. Among other duties, the on-site supervisor is directly responsible for:

- The daily operation of the center and supervision of direct-care staff.
- Ensuring children are accounted for and proper record keeping is maintained.
- Scheduling activities and transportation needs.
- Ensuring information regarding exposure to communicable disease is posted immediately upon notification.
- Ensuring parents are immediately notified of emergency or other serious incidents.
- Ensuring information is communicated to parents at the end of the day etc.

These functions may be performed either in a dual role by the director, if the director remains on site, or by another person who meets the qualifications for an on-site supervisor.

Notify the child care consultant **before** hiring an on-site supervisor or assigning supervisory duties, both when opening a new center and when making a change in supervisors. Submit to the child care consultant sufficient information to determine whether the person meets the education, experience, and training requirements for a supervisor.

An on-site supervisor must be present at the center a minimum of six hours or the hours of the operation of the center. This allows for a figure of authority to be present during the majority of the day. Occasionally the on-site supervisor may be temporarily absent from the center due to illness, vacation, attendance at staff development training, etc.

At all times when care is provided to children, including in the absence of the on-site supervisor, an adult must be assigned to be “in charge” of the operation of the center. The assignment is important to prevent disruptions in the administrative and programmatic operation of the center and to respond in the event of an emergency. The director, on-site supervisor, **and any person designated a lead in the absence of supervisory staff shall have completed all pre-service training.** Inform all staff any time there is a change in the assignment of the on-site supervisor.

For programs that offer either evening care (second or third shift) or weekend care, in addition to weekly daytime care, an on-site supervisor must be present eight hours of the program time. As with daytime hours, a responsible adult must be placed “in charge” beyond the eight-hour timeframe or when the on-site supervisor is absent, and this authority must be clearly communicated to all staff.

Larger centers (serving 50 or more children) may want to consider **not** including the on-site supervisor in the staff/child ratio to allow the supervisor to be more available for the overall supervision of the center. This allows the on-site supervisor to be more knowledgeable of all the activities **throughout** the center, provide guidance and modeling to staff, give more immediate response and intervention during emergencies, and fill in temporarily for an absent employee until other personnel can arrive.

The need for a responsible adult with experience in caring for children is no less during night-time care. A person who meets the qualifications of an on-site supervisor is required for programs providing overnight and weekend care.

For daytime programs that extend into the evening but do not go later than 9 p.m., an on-site supervisor is encouraged but is not required. A responsible adult must be designated to be in charge of the program during those hours. Daily supervision and communication should occur with the on-site supervisor to ensure that adequate programming is provided, center policies and procedures are adhered to, and issues regarding care are shared for children who may transfer from the day to the evening program.

Understanding the Point Chart

A point chart is used to determine if on-site supervisors are qualified, based on a combination of post-secondary education, experience, and training. The goal is to assist potential on-site supervisors who do not fully meet the point requirement but are “qualifiable” by allowing them an opportunity to obtain additional training in areas where their formal education or experience needs reinforcement.

A person must achieve a total of 75 points to qualify as an on-site supervisor. A worksheet to determine if a person qualifies under this system is included in Part IV of the handbook.

- At least two categories must be used to achieve the 75-point total. No more than 50 points may be achieved in any one category. The rationale for this restriction is that it:
 - Allows on-site supervisors who do not have a degree or whose degree is not child-related to use years of experience and training to meet the point total.

- Allows on-site supervisors who have a child-related degree and at least a year of full-time experience in a child care or child-related setting to meet the point total with minimum additional training.
- Doesn't allow a person with a recent college degree but no experience in a child care setting to be in charge of the center without first obtaining additional experience.
- Emphasizes the importance of a combination of criteria in ensuring staff are well-versed in their knowledge and understanding of their responsibilities.
- At least 10 of the 75 points must be obtained from the **experience** category. Parenthood is not considered as "child development-related experience."

Rationale: Experience in a child care or child-related field is essential in understanding the developmental needs of children, the structure necessary to ensure an appropriate, safe and non-chaotic environment is maintained, and the orientation and training needs of staff.

- Training used to calculate points in the "Child Development-Related Training" category must have been taken within the past five years.

Rationale: Our understanding of child development, health and safety considerations, and environmental concerns changes and evolves over time. Ongoing research constantly challenges the development of new curriculum. Therefore, it is important in maintaining quality staff that training received be centered on the most-up-to-date information available.

- One continuing education unit (CEU) is equivalent to 10 contact hours.
- Accommodations are made for centers serving **predominately** children with special needs or school-aged children.

Rationale: Because of the special program considerations, additional degrees are allowed for in the education category and additional experiences in other program-related settings are allowed for in the experience category.

The Department may issue a provisional license for up to one year to allow an on-site director to meet qualifications. However, using a provisional license for people who are "qualifiable" is not intended as an open-ended approval for anyone interested in a position of responsibility within a center. Some measure of education or a track record of involvement with early childhood or school-aged children is needed.

Given the variation in educational, employment and volunteer opportunities, the scope of education and experience sufficient to warrant issuing a provisional license must be decided on a case-by-case basis. Potential on-site supervisors are allowed and encouraged to make up deficiencies in education and experience by obtaining training relevant to their areas of need.

However, it is not the intent of the Department to allow 50 hours of self-study. Training is to be viewed as professional development resulting in better outcomes for children, not as an "easy" way to become an on-site supervisor.

Director and On-Site Supervisor Functions Combined

Legal reference: 441 IAC 109.6(3)

Director and on-site supervisor functions combined. In a center where the functions of the center director and the on-site supervisor are accomplished by the same person, the educational and experience requirements for a center director shall apply.

If the center director is serving in the role of the on-site supervisor, the director shall be on site daily either during the hours of operation or a minimum of at least six hours of the center's hours of operation. If the staff person designated as the on-site supervisor is temporarily absent from the center, another responsible adult staff shall be designated as the interim on-site supervisor.

Rationale and Recommendations For Implementation

In many centers, the same person completes the functions or duties of a center director and on-site supervisor. In those instances, the person qualifies if the person meets the requirements for a center director. In fulfilling the duties of the on-site supervisor, the director must be present at the center a minimum of six hours or the hours of the operation of the center. This allows for a figure of authority to be present during the majority of the day.

If the person who is permanently designated as the on-site supervisor is temporarily absent from the center, another adult staff who has proven to be responsible must be designated as the interim on-site supervisor. "Temporarily" is intended to mean a short absence from the center due to attendance at a staff development training, short-term sick or vacation leave, or other absence that is of a short duration.

At all times during the course of the day, an adult must be assigned to be "in charge" of the operation of the center and in the event of an emergency. Remember that any person designated in charge must have completed all pre-service/orientation requirements. Inform all staff any time there is a change in the assignment of the on-site supervisor.

An organization that has more than one center location under its direction and financial control must designate at least one director for all the centers and an **on-site supervisor** specified for **each** location.

Volunteers

Legal reference: 441 IAC 109.6(5)

Volunteers

- a. A volunteer shall be at least 16 years of age.
- b. All volunteers shall sign a statement indicating whether or not they have one of the following:
 - (1) A conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.
 - (2) A communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.
- c. Sign a statement indicating the volunteer has been informed of the volunteer's or substitute's responsibilities as a mandatory reporter.

- d. Undergo the record check process if the volunteer is included in meeting the required child-to-staff ratio; the volunteer has direct responsibility for a child or children; or the volunteer has access to a child or children with no other staff present.

Rationale and Recommendations For Implementation

Record checks are required for each owner, director, staff member including volunteers, or subcontracted staff, with direct responsibility for child care or with access to a child when the child is alone and for anyone living in the child care facility who is 14 years of age or older. See [Record Checks and Evaluations](#).

Volunteers shall always be under the direct observation of staff to assure the health and safety of children in care.

All volunteers, regardless of the amount of time they volunteer or are paid to work in the center, **must** complete the statement indicating whether they have a criminal conviction or history of child abuse or dependent adult abuse or a communicable disease or health concern.

Volunteers are deemed an “employee” for purposes of being a mandatory reporter of child abuse. Volunteers must be made aware of their responsibilities as a mandatory reporter and how to make a report. Volunteers must sign a statement indicating they have been informed and are aware of their responsibilities.

The criminal history record check and request for child abuse information are required for only those persons serving as volunteers **who are included in staff ratio**.

Volunteers younger than 18 shall also sign the conviction/child abuse statement and health statements.

Record Checks and Evaluations

Legal reference: 441 IAC 109.6(6)

Record checks. The Department shall conduct criminal and child abuse record checks in Iowa for each owner, director, staff member, or subcontracted staff person with direct responsibility for child care or with access to a child when the child is alone and for anyone living in the child care facility who is 14 years of age or older. The Department may use Form 470-3301, *Authorization for Release of Child and Dependent Adult Abuse Information*, and DCI-77, *Criminal History Record Check Request Form*, or any other form required for criminal and child abuse record checks. The Department may also conduct criminal and child abuse record checks in other states and may conduct dependent adult abuse, sex offender, and other public or civil offense record checks in Iowa or in other states.

Iowa records checks. Checks and evaluations of Iowa child abuse and criminal records, including the sex offender registry, shall be completed before the person’s involvement with child care at the center. Iowa records checks shall be repeated at a minimum of every two years and when the Department or the center becomes aware of any possible transgressions. The Department is not responsible for the cost of conducting the Iowa records check.

The child care center may access the single-contact repository (SING) as necessary to conduct a criminal and child abuse record check of the person in Iowa. If the results of the check indicate a potential transgression, the center shall send a copy of the results to the Department for

determination of whether or not the person may be involved with child care, regardless of the person's status with the center.

National criminal history checks. National criminal history checks based on fingerprints are required for all persons subject to record checks under this subrule effective with a center's initial licensure or relicensure. The national criminal history check shall be requested before involvement with child care and repeated for each person every four years and when the Department or center becomes aware of any new transgressions committed by that person. While the Department is not responsible for the cost of conducting the national criminal history check, the department is currently providing this support.

The child care center is responsible for obtaining the fingerprints of **all** persons subject to record checks. Fingerprints may be taken by law enforcement agencies, by agencies or companies that specialize in taking fingerprints, or by center staff or subcontractors who have received appropriate training in the taking of fingerprints.

A center considering involvement of a person who has had a national criminal history check at another center may request information from that center. That center may provide information in writing upon a center's request, using Form [470-4896, National Criminal History Check Confirmation](#). If the person being considered for employment has not had involvement with child care in the past six months, a new national criminal history check must be completed.

If the results of the Iowa records checks do not warrant prohibition of the person's involvement with child care or otherwise present protective concerns, the person may be involved with child care on a provisional basis until the national criminal history check and evaluation have been completed.

The child care center shall provide fingerprints to the Department of Public Safety before employment in the center. The center shall submit the fingerprints on forms or in a manner allowed by the Department of Public Safety.

- a. *Mandatory prohibition.* A person with any of the following convictions or founded abuse reports is prohibited from involvement with child care:
 - (1) Founded child or dependent adult abuse that was determined to be sexual abuse.
 - (2) A requirement to be listed on any state sex offender registry or the national sex offender registry.
 - (3) Any of the following felony level convictions:
 1. Child endangerment or neglect or abandonment of a dependent person
 2. Domestic abuse
 3. Crime against a child including, but not limited to, sexual exploitation of a minor
 4. Forcible felony
 5. Arson
 - (4) A record of a misdemeanor conviction against a child that constitutes one of the following offenses:
 1. Child abuse
 2. Child endangerment

3. Sexual assault
 4. Child pornography
- (5) If a person subject to a record check refuses to consent to a record check, the person shall be prohibited from involvement with child care.
 - (6) If a person has been convicted of a crime and makes what the person knows to be a false statement of material fact in connection with the conviction or record check, the person shall be prohibited from involvement with child care.
- b. Mandatory time-limited prohibition.
- (1) A person with the following convictions or founded abuse reports is prohibited from involvement with child care for five years from the date of the conviction or founded abuse report:
 1. Conviction of a controlled substance offense.
 2. Founded child abuse that was determined to be physical abuse.
 - (2) After the five-year prohibition period from the date of the conviction or the founded abuse report as defined in subparagraph 109.6(6)“b”(1), the person may request the Department to perform an evaluation under paragraph 109.6(6)“c” to determine whether prohibition of the person’s involvement with child care continues to be warranted.
- c. *Evaluation required.* For all other transgressions, and as requested under subparagraph 109.6(6)“b”(2), the Department shall notify the affected person and the licensee that an evaluation shall be conducted to determine whether prohibition of the person” involvement with child care is warranted.
- (1) The person with the transgression shall complete and return form 470-2310, Record Check Evaluation, within ten calendar days of the date on the form. The Department shall use the information the person with the transgression provides on this form to assist in the evaluation. Failure of the person with the transgression to complete and return this form by the specified date shall result in denial or revocation of the license or denial of employment.
 - (2) The Department may use information from the Department’s case records in performing the evaluation.
 - (3) In an evaluation, the Department shall consider all of the following factors:
 1. The nature and seriousness of the transgression in relation to the position sought or held.
 2. The time elapsed since the commission of the transgression.
 3. The circumstances under which the transgression was committed.
 4. The degree of rehabilitation.
 5. The likelihood that the person will commit the transgression again.
 6. The number of transgressions committed by the person.
- d. *Evaluation decision.* Within 30 days of receipt of a completed Form 470-2310, Record Check Evaluation, the Department shall make a decision on the person’s involvement with child care. The Department has final authority in determining whether prohibition of the person’s involvement

with child care is warranted and in developing any conditional requirements and corrective action plan under this paragraph.

- (1) The Department shall mail to the individual on whom the evaluation was completed Form 470-2386, Record Check Decision, that explains the decision reached regarding the evaluation of the transgression and Form 470-0602, Notice of Decision.
 - (2) If the Department determines through an evaluation of a person's transgressions that the person's prohibition of involvement with child care is warranted, the person shall be prohibited from involvement with child care. The Department may identify a period of time after which the person may request that another record check and evaluation be performed.
 - (3) The Department may permit a person who is evaluated to maintain involvement with child care if the person complies with the Department's conditions and corrective action plan relating to the person's involvement with child care.
 - (4) The Department shall send a letter to the employer that informs the employer whether the person subject to an evaluation has been approved or denied involvement with child care. If the person has been approved, the letter shall inform the employer of any conditions and corrective action plan relating to the person's involvement with child care.
- e. *Notice to parents.* The Department shall notify the parent, guardian, or legal custodian of each child for whom the person provides child care if there has been a founded child abuse record against an owner, director, or staff member of the child care center. The center shall cooperate with the Department in providing the names and addresses of the parent, guardian, or legal custodian of each child for whom the facility provides child care.
- f. *Repeat of record checks.* The child abuse and criminal record checks shall be repeated at a minimum of every two years and when the Department or the center become aware of any transgressions. Any new transgressions discovered shall be handled in accordance with this subrule.

Rationale and Recommendations For Implementation

Follow record check guidance located at

<http://ccmis.dhs.state.ia.us/providerportal/LicensedProviderDocuments.aspx>.

NOTE: When obtaining fingerprints for persons 16 and 17 years of age for purposes of employment in the child care center, parental permission must be obtained per Iowa Code 692 and maintained in the personnel file.

Resubmit the checks on employees every two years or when there is reason to believe there is a transgression.

HHS staff completes form 470-0643, Request for Child and Dependent Adult Abuse Information, when they receive the HHS Criminal History Record Check. The center does **not** complete or submit the Request for Child and Dependent Adult Abuse Information. The criminal and child abuse record checks are resubmitted every two years or when there is reason to believe a transgression has occurred. The existence of any of the following in a person's record is considered a transgression:

1. Conviction of a crime.
2. A record of having committed founded child or dependent adult abuse.
3. Listing in the sex offender registry established under Iowa Code Chapter 692A.
4. A record of having committed a public or civil offense.

5. Revocation or denial of a child care facility registration or license due to the person's continued or repeated failure to operate the child care facility in compliance with licensing and registration laws and rules.

Any person being considered by a child care facility for employment must have record checks completed. This includes as cooks, maintenance staff, etc., if they are employed directly by the center.

When the licensing support staff requests an employee with a history of a transgression complete and return the *Record Check Evaluation*, form 470-2310, the form **must** be returned in **10 days. Failure to do so can result in denial of employment.**

When a record check evaluation is conducted, the Department will send a letter to the center that informs the center whether the individual subject to an evaluation has been approved or denied involvement with child care. If there are any conditions or a corrective action plan related to the approval of the individual's involvement with child care, the letter will inform the center of any of these conditions or corrective action plan.

A record check evaluation will not be requested or conducted when the criminal conviction or founded abuse meets the definition of a mandatory or time-limited prohibition from involvement with child care. In these circumstances, a *Notice of Decision: Services*, form 470-0602, denying involvement with child care will be sent to the person who is the subject of the record check. The center will be sent a letter notifying it that the person has been denied involvement with child care.

A criminal record or child abuse record check in an employee's file is a confidential request. This record cannot be duplicated and transferred with an employee. Therefore, if an employee leaves one center and begins employment at a new center, a new DCI-77, *Criminal History Record Check Request Form*, and form 470-3301, *Authorization for Release of Child and Dependent Adult Abuse Information*, must be completed. The request does not have to be resubmitted for an employee who transfers between sites of the same corporation.

Notification to Parents

You may want to take an up-front approach with parents by clearly communicating in your parent materials that criminal and child abuse record checks are required on staff, and volunteers used to meet ratio requirements. Parents should be informed that individuals are prohibited from involvement with child care when they have the following convictions or founded abuse reports:

- 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.
- Forcible felony.

Parents should also be made aware that there is a time-limited prohibition from involvement with child care when a founded child abuse is determined to be physical abuse and when there is a conviction for a controlled substance offense under Iowa Code Chapter 124.

In these circumstances individuals are prohibited from involvement with child care for five years from the date of the conviction or founded child abuse report. After five years the Department assesses the circumstances of the incident and the person to determine whether or not the person can work in a child care center. This same review process is used for other types of criminal convictions or founded abuse.

In addition, parents should be informed that Department staff will notify them if a founded abuse (confirmed and placed on the Registry) ever occurs in the center,

When the Department conducts the child abuse record check on a staff person who has a founded child abuse report **for an abuse that occurred in the center**, the child care consultant is required to notify parents in writing of the incident. Law requires the notification to parents. The notice sent to parents does NOT identify the name of the perpetrator or the child, or the specific circumstances of the abuse. The letter indicates to parents that:

- A founded child abuse has been confirmed on a staff member at the center.
- The staff person has a right to appeal the decision.
- The Department will evaluate the staff member for continued employment.
- The center or the Department has taken other corrective action, if applicable.

When the Department must send out a letter to parents, you **shall** cooperate with the Department upon request of the consultant by immediately providing the names and addresses of the parents or guardians of the children served. Failure to do so could jeopardize the status of your license.

It is highly recommended that you inform parents that a founded abuse has occurred, that corrective action has been taken to remedy the situation or prevent reoccurrence, and that they will be receiving additional correspondence from the Department regarding this matter.

If a staff person leaves the center following an investigation that results in a founded determination, the Department is still required to notify the parents that a founded abuse occurred. If a staff person leaves employment and is later rehired, a new record check must be completed.

Professional Growth and Development

Required Training Within First Three Months

Legal reference: 441 IAC 109.7(1)

The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum staff training requirements:

Required training within the first three months of employment. During their first three months of employment, all staff shall receive the following training:

- a. Two hours of Iowa's training for mandatory reporting of child abuse.
- b. At least one hour of training regarding universal precautions and infectious disease control annually.
- c. Certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.
- d. Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.
- e. Minimum health and safety trainings, approved by the Department, in the following areas:
 - (1) Prevention and control of infectious disease, including immunizations
 - (2) Prevention of sudden infant death syndrome and use of safe sleeping practices
 - (3) Administration of medication, consistent with standards for parental consent
 - (4) Prevention of and response to emergencies due to food and allergic reactions
 - (5) 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
 - (6) Prevention of shaken baby syndrome and abusive head trauma
 - (7) Emergency preparedness and response planning for emergencies resulted from natural disaster or a man-caused event
 - (8) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
 - (9) Precautions in transporting children
 - (10) Child development

Child Care staff employed in programs that only serve children over the age of three are exempt from taking health and safety trainings for Prevention of Sudden Infant Death Syndrome and Use of Safe Sleep Practices, as well as Prevention of Shaken Baby Syndrome and Abusive Head Trauma. All other content areas apply.

Rationale and Recommendations For Implementation

Iowa's Early Childhood and School Age Professional Workforce Registry (i-PoWeR) is an online tool where child care professionals can locate and enroll for HHS approved professional development. Center directors and other designated staff can enroll employees and track their professional development in a centralized location. To access and enroll for HHS approved professional development opportunities, please click <https://ccmis.dhs.state.ia.us/trainingregistry/>.

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

<http://www.iowaaec.org/Teaching%20Roles%20Pathway%20update%20Oct%202015.pdf>

Through the Navigate your Pathway website, teachers and providers may see where they are today in professional development, see where next steps will take the professional, and create his or her 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://ecieducationpathway.org/>

Mandatory Reporting

The employee is responsible to ensure that a certificate showing the completion of training is obtained. An employee who changes jobs, going from one center to another, should take the certificate or a copy of the certificate to the new center. Employees must maintain a current certificate and renew training before expiration.

Universal Precautions

Universal Precautions is the federal Occupational Safety and Health Administration's (OSHA) required method of control to prevent and protect workers from exposure to human blood and other potential infectious material. Blood or body fluids may contain germs that can cause disease in humans known as "bloodborne pathogens". These germs include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Blood and body fluids include human blood, fluid from blisters/wounds, semen, vaginal secretions, any body fluid that visibly contains blood and any body fluid that is from an unknown source.

Ensure that all employees with occupational exposure to infectious materials participate in a training program provided at no cost to the employee and during working hours. According to OSHA requirements, the training should be provided at the time the employee is assigned to duties or tasks where the employee may be exposed to infectious materials.

As licensing requirements dictate that this formal training occur within the first three months of employment, provide information to your employees regarding the universal precaution procedures used in the center at their initial orientation.

While all child care staff included in the staff/child ratio must receive the training, you may determine that additional employees may be at risk for occupational exposure of blood-borne

pathogens. An occupational or job-related exposure occurs when an employee may come in contact with blood or other potentially infectious material. Ask the question: “Does this employee have any risk of coming in contact with infectious materials (the body fluids or child waste products) which may be contaminated?” If the answer is yes, then universal precautions training is required.

Employees are most likely to come in contact with infectious materials and waste in the course of:

- Changing diapers
- Giving first aid for cuts, human bites, and abrasions, or
- Handling trash that contains diapers and diaper-changing materials, and first-aid waste materials.

Child care providers are less likely to come in contact with infectious materials through a needle stick, unless the child is receiving medical treatments while in the child care center.

The Healthy Child Care Iowa and the local child care nurse consultant can provide assistance in developing exposure control plans to prevent contact with infectious materials and procedures to follow should contact occur. Staff records should document that training for universal precautions has been received. Also keep documentation for staff not included in ratio who have received the training (i.e., custodians or drivers).

Certification in CPR and First Aid

Certification for CPR includes training on rescue breathing and first aid for choking, two critical elements in providing emergency care to children. Cessation of breathing almost always precedes cardiac arrest in children by a time period that makes rescue breathing an essential element of emergency care. However, being able to apply CPR techniques is still an essential skill, particularly in relation to responding to water emergencies and providing care to children with special needs. Recertification is necessary to ensure that skills are maintained.

For first aid or CPR, a certificate is issued that documents that the person has completed the course and has demonstrated skills. In-person and blended courses (online with in-person skills assessment are available)

Approved trainings may be located here : <https://hhs.iowa.gov/licensure-and-registration/tools-trainings-and-resources> or in i-PoWeR.

Minimum Health and Safety Content Areas

In November 2014, the Child Care and Development Block Grant Act of 2014 was signed into law. The new law made advancements by defining health and safety requirements for child care providers. This training is available in person and online and is free to all child care providers.

Staff Training Requirements

Legal reference: 441 IAC 109.7(2)

The center director, on-site supervisor, and all staff counted as part of the staff ratio shall meet the following minimum staff training requirements:

- a. During their first year of employment, all staff shall receive the following training:
 - (1) Ten contact hours of training from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. Training received for cardiopulmonary resuscitation (CPR), first aid, mandatory reporting of child abuse, and universal precautions shall not count toward the ten contact hours.
 - (2) Staff who have completed a comprehensive training package of at least ten contact hours offered through a child care resource and referral agency or community college within six months before initial employment shall have the first year's ten contact hours of training waived.
- b. Following their first year of employment, all staff shall:
 - (1) Maintain current certification for Iowa's training for the mandatory reporting of child abuse; infant, child and adult CPR; and infant, child and adult first aid.
 - (2) Receive six contact hours of training annually from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence.
 - (3) Center directors and on-site supervisors shall receive eight contact hours of training annually from the topical areas.
- c. Initial training obtained as identified as minimum health and safety trainings may be counted towards annual training hours during the year of employment in which it is taken.

Rationale and Recommendations For Implementation

Research indicates that formal education or training that increases the knowledge of providers has been shown to be the greatest determinant of safe and quality programming for children. The following chart summarized the training requirements.

As identified in 441 Iowa Administrative Rule 109.7(8): The director, on-site supervisor, and any person designated a lead in the absence of supervisory staff shall have completed all pre-service training outlined above.

WITHIN FIRST YEAR OF EMPLOYMENT	THEREAFTER
1 hour of universal precautions (within first three months)	1 hour of universal precautions annually per OSHA
Training for mandatory reporting of child abuse (within first three months)	Maintain current certification for mandatory reporting of child abuse
Certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR)	Maintain current certification for infant, child, and adult CPR
Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization (see rule)	Maintain current certification for infant, child, and adult first aid
<p>Minimum health and safety training:</p> <ul style="list-style-type: none"> • Prevention and control of infectious disease, including immunizations • Prevention of sudden infant death syndrome and use of safe sleep 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 man caused event • Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants • Precautions in transporting children • Child development 	
<p>10 contact hours of training from:</p> <ul style="list-style-type: none"> • Child development • Guidance and discipline • Developmentally appropriate practices • Nutrition • Health and safety • Communication skills • Professionalism, business practices • Cross-cultural competence. <p>Training received for CPR, first aid, mandatory reporting, and universal precautions does not count toward the 10 hours.</p> <p>Staff that completed a comprehensive training package of at least 10 contact hours offered through a child care resource and referral agency or community college within 6 months before initial employment are waived from first year's 10 contact hours of training.</p>	<p>Staff must receive 6 contact hours of training from the topical areas.</p> <p>Center directors and on-site supervisors must receive 8 contact hours of training annually from the topical areas.</p>

“Contact hours” means the actual hours of training (hour-for-hour). Obtaining more than the required hours in one year does not carry over in the following year. (For example, a person who takes 12 hours of training in the first year of employment still requires 6 hours of training in the following year.)

Training conducted with staff either during the hours of operation of the center, staff lunch hours, or while children are resting must not diminish the required staff ratio coverage. Staff cannot be actively engaged in the care and supervision of children and simultaneously participate in training.

People who change jobs, going from one center to a different center, may take their training history with them, and simply continue the hours required for the appropriate year of employment.

Staff Employed In Summer Only Programs

Legal reference: 441 IAC 109.7(3)

The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum staff training requirements:

During their first three months of employment, all staff shall receive the following training:

- a. Two hours of Iowa’s training for mandatory reporting of child abuse.
- b. At least one hour of training regarding universal precautions and infectious disease control.
- c. Certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.
- d. Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.
- e. Minimum health and safety trainings, approved by the Department, in the following areas:
 - (1) Prevention and control of infectious disease, including immunizations
 - (2) Prevention of sudden infant death syndrome and use of safe sleeping practices
 - (3) Administration of medication, consistent with standards for parental consent
 - (4) Prevention of and response to emergencies due to food and allergic reactions
 - (5) 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
 - (6) Prevention of shaken baby syndrome and abusive head trauma
 - (7) Emergency preparedness and response planning for emergencies resulted from natural disaster or a man-caused event
 - (8) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
 - (9) Precautions in transporting children

(10) Child development

Child Care staff employed in programs that only serve children over the age of three are exempt from taking health and safety trainings for Prevention of Sudden Infant Death Syndrome and Use of Safe Sleep Practices, as well as Prevention of Shaken Baby Syndrome and Abusive Head Trauma. All other content areas apply.

Rationale and Recommendations For Implementation

The temporary nature of staff typically employed in summer-only programs makes it difficult to prescribe ongoing training plans. However, for the well-being of the children served, minimum health and safety training is required. The following chart summarizes the training requirements for summer staff.

As identified in 109.7(8): The director, on-site supervisor, and any person designated a lead in the absence of supervisory staff shall have completed all pre-service training outlined above.

Certification for CPR includes training on rescue breathing and first aid for choking, two critical elements in providing emergency care to children. Cessation of breathing almost always precedes cardiac arrest in children by a time period that makes rescue breathing an essential element of emergency care. However, being able to apply CPR techniques is still an essential skill, particularly in relation to responding to water emergencies and providing care to children with special needs. Recertification is necessary to ensure that skills are maintained.

If staff are currently certified for only part of the specific populations for first aid or CPR (for example, infant and child but not adult), they must obtain the additional certification at the time of their next renewal.

Training Plans

Legal reference: 441 IAC 109.7(4)

Training plans. Training shall supplement educational and experience requirements in rule 441-109.6(237A) and shall enhance the staff's skill in working with the developmental and cultural characteristics of the children served.

Rationale and Recommendations For Implementation

Ongoing staff development and in-services provide an opportunity to:

- Motivate staff.
- Advance their professional skills.
- Provide up-to-date information on child development, learning strategies, developmentally appropriate practices, and health and safety practices.

You are encouraged to develop **individual** training plans for your staff, based on:

- Reinforcements needed to their past education and experience.
- The populations of children they provide direct care to.
- Health and safety considerations.
- Concerns cited in their evaluation and supervision.

Staff Ratio Requirements

Staff Requirements

Legal reference: 441 IAC 109.8(1)

109.8(1) *Staff requirements.* Persons counted as part of the staff ratio shall meet the following requirements:

- a. Be at least 16 years of age. If less than 18 years of age, the staff shall not be the sole provider on the premises of a child care facility
- b. Be involved with children in programming activities.
- c. At least one staff person on duty in the center when children are present and present on field trips shall be over the age of 18
- d. Staff persons under the age of 18 shall not provide transportation to children in care
- e. If staff persons under the age of 18 are providing child care services without an adult, they shall only provide care to school aged children

Rationale and Recommendations For Implementation

The staff requirements listed above apply to the staff members **included as part of the staff ratio**.

Research has shown that the quality of staff is the single most important determinant of a quality child care setting. Because of the rapidly changing developmental needs of children, the vulnerability of young children, the needs of older children for mentoring and support, and the responses required in emergencies, staff included in ratio need to display:

- A level of maturity.
- A knowledge of child development.
- A knowledge of acceptable health and safety practices.
- An ability to adapt to the constantly changing emotional and physical care needs of children.

Failure to employ staff who meet staff requirements, or to come into compliance as arranged with your child care consultant, could result in the suspension or revocation of your license.

Staff Ratio

Legal reference: 441 IAC 109.8(2)

Staff ratio. The staff-to-child ratio shall be as follows:

<u>Age of Children</u>	<u>Minimum Ratio of Staff to Children</u>
Two weeks to two years	One to every 4 children
Two years	One to every 7 children
Three years	One to every 10 children
Four years	One to every 12 children
Five years to ten years	One to every 15 children
Ten years and over	One to every 20 children

- a. Combinations of age groupings for children four years of age and older may be allowed and may have staff ratio determined on the age of the majority of the children in the group.
- b. Combinations of age groups for children between three years of age and five years of age may be allowed with a staff of 1 to every 12 children.
- c. Children between 18 months and 3 years may be combined, if appropriate to the developmental needs of the child. If a child under 2 years of age is combined, the staff ratio of 1 to 7 shall be maintained, otherwise staff ratio may be determined by the age of the majority of the children in the group.
- d. Every child occupied room shall have supervision present in the room. Brief absences of a staff member may be allowed for no more than five minutes when another staff person is present.
- e. During nap time, at least one staff shall be present in every room where children are resting. Staff ratio requirements may be reduced to one staff per room where children are resting, provided staff ratio coverage can be maintained in the center. The staff ratio shall always be maintained in the infant area.
- f. When more than eight children over the age of three are present on the licensed premises or are being transported in one vehicle, at least two adult staff shall be present. Only one adult is required when a center is transporting children in a center-owned vehicle with parent authorization for the sole purpose of transporting children to and from school. When a center contracts with another entity to provide transportation other than for the purpose of transporting school-age children to or from school, at least one adult staff in addition to the driver shall be present if at least eight children provided care by the center are transported.
- g. Any child care center-sponsored program activity involving five or more children conducted away from the licensed facility shall provide a minimum of one additional staff over the required staff ratio for the protection of the children.
- h. For a period of two hours or less at the beginning and end of the center's hours of operation, one staff may care for seven children or less, provided no more than four of the children are under the age of two years and there are no more than seven children in the center.
- i. For centers or preschools serving school-age children, the ratio for school-age children may be exceeded for a period of no more than four hours during a day when school classes start late or are dismissed early, or cancelled, due to inclement weather or structural damage provided the children are already enrolled at the center and the center does not exceed the licensed capacity.

Rationale and Recommendations For Implementation

Standards for staff ratios are based on what children need in order to have a reasonable amount of quality, nurturing care. The ratio of children to adults allows for increased one-to-one interaction, knowledge of individual children, and consistent and safe caregiving. Research shows that the staff/child ratio is the most critical for children from birth to three years of age.

While a low staff/child ratio does not in and of itself guarantee that quality care is provided, it does increase the likelihood that staff will be able to provide more individualized, interactive, direct care and increases staff's ability to respond to emergencies, tend to children with minor illness, etc.

Larger centers (serving 50 or more children) may want to consider not including the director or on-site supervisor in the staff/child ratio to allow them to be more available for the overall management and supervision of the center. This allows the director and supervisor to be more knowledgeable of all

the activities **throughout** the center, provide guidance and modeling to staff, allow for more immediate response and intervention during emergencies, and fill in temporarily for an absent employee other personnel can arrive.

General Ratio Requirements

A combined age group may be accomplished in a segregated program room or in a general-purpose program area. Combinations of age groupings are permitted in child care centers.

When combining age groups, consider the amount of time spent in a combined group, the personal needs of the children, and the safety considerations of younger children when combined with school-age children. Be mindful of the fact that too large of a group may impede the activity level, interaction, and overall development of the children.

In addition, the larger the group, the more stress this places on staff in trying to meet individual needs, coordinate group activities, and provide for overall supervision. Higher stress levels of staff are associated with inappropriate responses to situations, abuse due to a loss of control, and high staff turnover.

While staff ratio may be reduced to one during nap time, this is not permitted in the infant area. An infant is defined as under 24 months of age. Children at this age do not typically have a solidified and predictable afternoon nap schedule yet. In this age group, it is common to have children in child care settings have a structured rest time but the amount of time remaining quietly on a cot, amount of time they take to fall asleep, and wake up, all are considered when determining the amount of time it is appropriate to reduce to one staff member. As children delay falling asleep or wake early, this requires staff to tend to children while awake, not just while sleeping.

Depending on the developmental stage of an individual child, it may be appropriate to include a child aged 18 to 24 months in with other children who are two years of age.

To accommodate the staff scheduling and offer flexibility at the beginning and end of the day, one **adult** staff may care for seven children or less for a period of time **not to exceed two hours**, as long as no more than four children are under 24 months of age. This accommodation is **not** intended to apply to preschool or before- and after-school programs, which typically operate for three or fewer hours.

Be mindful that your **first and foremost obligation** is providing care and supervision to children. Therefore, the one staff person should remain actively involved with the children, and not be attending to duties such as cooking or doing general maintenance or cleaning.

Ratio While Children are Resting

During nap time, children are at varying degrees of resting. At a mid-point in the day, child care staff are often also in need of a break period to rejuvenate, attend to center maintenance or record keeping duties, etc. To accommodate staff's needs for a break, to eat lunch, to participate in in-house staff development opportunities, to attend to other duties, the staff ratio in each room may be reduced to only one staff

Staff ratio in the center **must** still be maintained during this hour. Although the staff ratio in the infant room cannot be reduced, you can use other staff to provide the infant caregivers a break as well.

Ratio During Activities

Given the importance of modeling appropriate mealtime behaviors and being available to respond to emergencies, it is important to maintain staff ratio during meal and snack times.

Children are susceptible to injury and accidents during outdoor playtime. To allow staff the ability to attend to an injured child and appropriately supervise children on play equipment, it is important to maintain staff ratio during outdoor play.

If you arrange for an activity away from the center for **five or more** children (such as a field trip, a walk to the library, etc.), one additional staff person over the required ratio must attend. The additional person is available to assist with general supervision, helping young children in crossing streets, attending to non-ambulatory children, and in the event a child becomes ill or an emergency arises. One person may take four children or fewer on an activity away from the center, such as a short walk to a park or library or taking a stroller of two to four infants for a walk outdoors.

TIP: Failing to maintain ratios is an area child care centers are often out of compliance. Be sure to train center staff to report any concerns about maintaining ratio to their director so that this can be resolved immediately.

Ratios for Transportation

When more than 8 children are being transported, at least two adult staff must be in the vehicle.

If you contract with another agency or organization to provide transportation for children **other than for transportation of school-aged children to and from school**, at least one adult from the center must ride along if at least seven children from the center are in the vehicle. The requirement for the additional staff applies only when you are paying another entity to provide the service.

In a scenario where a preschool is contracting with a school to provide transportation for the children, the extra staff requirement would apply. However, if the school is providing the service at no cost to the preschool program, then the additional staff is not necessary. Centers should clearly communicate to parents who the responsible entity is for supervision when transportation is being provided by a non-contracted entity.

EXCEPTION: When a center-owned vehicle is used to transport school-aged children to and from school, only one adult is required, provided that the parents of the children being transported are aware **and have authorized** the reduced ratio. Keep a copy of the signed authorization in the child's file.

Accommodations During Special Circumstances

Unforeseen weather events (snow or ice storms, fog, etc.) may result in schools delaying their start time, dismiss early, or cancel. In addition, schools occasionally experience structural or

mechanical problems (no heat or electricity, roof leaks, etc.) that result in late start or early dismissal. During these times, you may need to provide care to your school-aged children but have had insufficient warning to accommodate the additional staff needs required.

When this occurs, you may exceed ratio for **no more than four hours**, as long as the children cared for are already enrolled in the program and you do not exceed your licensed capacity. The four-hour window allows you time to contact staff to come into work. This accommodation is **not** intended to apply to **scheduled** events that result in school closings, late starts, or early dismissals (such as parent-teacher conferences or teacher in-service days).

Records

Personnel Records

Legal reference: 441 IAC 109.9(1)

Personnel records. The center shall maintain personnel information sufficient to ensure that persons employed in the center meet minimum staff and training requirements and do not pose any threat to the health, safety, or well-being of the children. Each employee's file shall contain, at a minimum, the following:

- a. A statement signed by each individual indicating whether or not the individual has any conviction by any law of any state or if the individual has any record of founded child abuse or dependent adult abuse.
- b. A copy of *HHS Criminal History Record Check*, or any other permission form approved by the Department of Public Safety for conducting an Iowa or national criminal history record check.
 - A copy of *Request for Child and Dependent Adult Abuse Information*.
 - Copies of the results of Iowa records checks conducted through the SING for review by the Department upon request.
 - Copies of national criminal history check results.
 - Any Department-issued documents sent to the center related to a records check, regardless of findings.
- c. A physical examination report. Personnel shall have good health as evidenced by a pre-employment physical examination. Acceptable physical examinations shall be documented on form 470-5152, *Child Care Provider Physical Examination Report*. The examination shall be performed within six months prior to beginning and shall be repeated at least every three years.
- d. Documentation showing the minimum staff training requirements including current certifications in first aid and cardiopulmonary resuscitation (CPR) and Iowa's training for the mandatory reporting of child abuse.
- e. A photocopy of a valid driver's license if the staff will be involved in the transportation of children.

Rationale and Recommendations For Implementation

The listed items are the minimum requirements for a center to maintain in a personnel file.

You may want to require additional items, such as proof of age for staff under 18; proof of employment, education, or training that documents how staff meet qualifications; information regarding

a staff person's specific medical or health needs; or emergency contact information. This information should also be maintained in i-PoWeR.

In addition to completing the required record checks, Iowa law requires that you have **all prospective employees** sign a statement indicating whether they or not they have a record of:

- A founded child or dependent adult abuse
- A conviction in any state for any crime

Prospective employees need to be informed that a criminal history, child abuse, dependent adult abuse, and sex offender registry check will be conducted prior to their employment.

Iowa law requires that the employment physical be a **pre-employment** physical. The physical examination must be completed every three years. The decision as to who bears the cost of an employment physical examination is an issue to be agreed upon between you and the employee.

A health care provider must verify that the employee is either status-free or, if a person has been exposed to a communicable disease, the physician should determine if the person's health status impedes or limits the person's ability to care for children in a child care center. Medical conditions that do not affect the performance of the employee in the capacity employed or the health and safety of the children do not prohibit employment.

If an employee leaves a center and then returns or begins working at a new site within the same corporation or organization, a new physical examination does not have to be submitted if the previous examination is less than three years old. Provide a copy of the examination to the new center. (You may establish more restrictive policies for when a new examination is required.) All child care employees and providers shall receive a baseline screening for tuberculosis. Baseline screening shall consist of two components:

- Assessing for current symptoms of active TB disease.
- 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.

You may choose to maintain staff records, including the physical examination report, in a central repository due to confidentiality concerns, lack of locked storage space, etc. This practice is permissible as long as the records are available to the child care consultant during normal business hours. However, you should maintain emergency contact and medical information on the staff at the sites so that you can respond to a staff's health emergency.

TIP: Dedicate time every month to audit employee files monthly by using the suggested "Staff Files Checklist" <https://iowaccrr.org/providers/ccc/> If a designated staff is assigned to "audit" the program should have a confidentiality policy with a signed statement. CFOC has some good language in this standard <https://nrckids.org/CFOC/Database/9.4.1.3>

Child's File

Legal reference: 441 IAC 109.9(2)

Child's file. Centers shall maintain sufficient information in a file for each child, which shall be updated at least annually or when the parent notifies the center of a change or the center becomes aware of a change, to ensure that:

- a. A parent or an emergency contact authorized by the parent can be contacted at any time the child is in the care of the center.
- b. Appropriate emergency medical and dental services can be secured for the child while in the center's care.
- c. Information is available in the center regarding the specific health and medical needs of a child, including information regarding any professionally prescribed treatment. Information shall include a physical examination report as required at subrule 109.10(1). For a center serving school-age children that operates in the same school facility in which the child attends school, documentation shall include a statement signed by the parent that the immunization information is available in the school file.
- d. A child is released only to authorized persons.
- e. Documentation of injuries, accidents, or other incidents involving the child is maintained.
- f. Parent authorization is obtained for a child to attend center-sponsored field trips and non-center activities. If parental authorization is obtained on an authorization form inclusive of all children participating in the activity, the authorization form shall be kept on file at the center.
- g. For any child with allergies, a written emergency plan in the case of an allergic reaction. A copy of this information shall accompany the child if the child leaves the premises.

Rationale and Recommendations For Implementation

While all information in a child's file must be reviewed on an annual basis with the parents to ensure the information is accurate, more frequent reviews with the parents ensure you have the most accurate and up-to-date information. You may want to have parents initial and date forms to indicate that they have reviewed and verified the information and initial any changes to information throughout the year.

For a child with special needs (allergies, asthma, seizures etc.) a written emergency plan should be in place and a copy shall accompany the child if the child leaves the premises

Contact and Authorization Information

Due to the unforeseen emergencies that may arise with either the parents or child, it is important that you have sufficient information to contact a responsible adult if the parent cannot be reached or is incapacitated.

For parent or emergency contact information to be sufficient, it must provide enough information to enable you to contact the parent at any point during which the center is providing care. At a minimum, Information for the parents and an authorized emergency contact should contain:

- Home and work locations.

- Home, work, and beeper or cell phone numbers.
- Relationship of the emergency contact to the child (grandparent, friend, neighbor, etc.).

Maintain a list of all persons authorized by the parent to ensure that children are released only to these persons. The authorization should include a signature by the parent verifying the accuracy of the information. You may want to have the parent periodically review and initial the list.

Do not release a child to anyone for whom you do not have a written authorization from the parent. Should a no-contact order or other legal restriction be established on a parent or other person, you may want to maintain a copy of the order in the child's file.

Keep parents informed of any field trips you plan and obtain authorization for the child to participate. The authorizations can be obtained on one form for all parents or authorized people to sign. Keep a copy of these forms in the center.

If parents want their child to participate in activities away from the center not sponsored by the center, they should provide authorization with specific details, such as the location and time of the activity, how the child will get to and from the activity, etc. If a child will walk to the activity, the authorization form should clearly state this, as well as the fact that the center will not be providing supervision during the time of the activity. For ongoing activities, such as Scouts, music lessons, tutoring, etc., the authorization information should be updated annually.

The file should also contain the parent authorization for reduced ratio for school-aged children who are transported to and from school in the center vehicle. You may want to obtain parent authorization for children who walk to and from the center to home or school.

Child's Physical Examination

Keep a copy of the child's physical examination and health statement on premises in the center. Do not keep the reports in a central office location for a multi-site program. Staff need immediate access to information on past health history; status of present health, including allergies, medications, and acute or chronic conditions; and recommendations for continued care. This is particularly important if a decline in the child's health occurs during the course of care, or if the child needs medical treatment while in attendance.

TIP: Dedicate time every month to audit employee files monthly by using the suggested "Staff Files Checklist" <https://iowaccrr.org/providers/cccl/>. If a designated staff is assigned to "audit" the program should have a confidentiality policy with a signed statement. CFOC has some good language in this standard <https://nrckids.org/CFOC/Database/9.4.1.3>

Children in Foster Care

Many situations require a parent or guardian's consent or involvement (authorization for medication, permission for field trips, policies provided to parents, etc.). This can become confusing for centers that serve children who are in foster care, due to the legal and practical considerations of obtaining consent or sharing information.

The Department, **in its capacity as custodian**, may sign for routine authorizations, such as enrollment forms, authorizations for field trips or non-center-sponsored activities, permission to

seek emergency medical or dental care, authorizing people who may remove the child from the center, etc.

However, in most instances, the Department social worker will first seek the signature of the child's parent. When Department staff determine that it is impractical or inappropriate to obtain a parent's signature, the worker may sign for any authorizations required in center rules that otherwise would be required of the parent.

As custodian, the Department worker can authorize only emergency medical care. The worker cannot authorize the use of routine medications. Therefore, you may want to have the Department worker obtain the parent's signature on a universal statement before the child's admission. This statement would authorize the specific prescription medications for the child, as well as specific over-the-counter medications that the parent consents to be used (Tylenol, decongestants, cough syrup, etc.).

The foster parents are not deemed the child's custodian and therefore should **not** sign authorizations. However, as they in most instances will have daily contact with the center, information that is required to be given to parents (fee policies, daily reports on infants and toddlers, and incident reports) can be given to the foster parents. They, in turn, will share them with the Department worker.

Notify the Department worker notified **immediately** for any serious incident involving a child who is in foster care. This includes any serious injury, a significant change in health status, or an allegation that the child was the victim of abuse while in the center's care. The Department worker, not the foster parent, should receive the Department's letters to parents regarding notification of abuse or notice of intent to revoke or suspend a license.

Medical and Dental Services

Obtain specific information from the parents regarding where emergency medical and dental services should be obtained. For some children with chronic or special care needs, this information may include medical specialists who need to be contacted for emergencies.

The parent needs to authorize a doctor and hospital within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency. Obtain the phone number and location of all emergency services. You may want to obtain copies of a child's insurance cards to expedite securing emergency medical or dental care.

If the family does not have a dentist, or the parent has not yet secured a dentist for the child, the parent needs to authorize a dental office within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency.

All preschool-age children not enrolled in school must have a physical examination report in the file. School-aged children must have a statement signed by the parent indicating the child's health status and considerations. School-based centers may want to develop a standard immunization statement for parents of school-aged children to use to indicate that the required immunizations are up-to-date and the information is available in the school file. See 44 IAC 109.10(1) for more information.

If a child needs special medical services (tube feedings, nebulizer treatments for asthma, insulin injections for diabetes, treatment for allergies, etc.), you must have a written special needs care plan explaining the procedure from the doctor and parent. The plan should include how to perform the services, when the service is to be performed, and any possible complications or side effects including required interventions. Document these procedures in a manner similar to documentation of medicine given.

Required and recommended forms for child files can be found at <https://iowaccrr.org/providers/ccr> or <https://www.idph.iowa.gov/hcci/products>

Immunization Certificates

Legal reference: 441 IAC 109.9(3)

Immunization certificates. Signed and dated Iowa immunization certificates, provided by the state Department of Public Health, shall be on file for each child enrolled as prescribed by the Department of Public Health at 641—Chapter 7.

Rationale and Recommendations For Implementation

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;
- Or an individual or family who will imminently lose their housing, including housing they own, rent, or live in without paying rent, are 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 and has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing;
- And 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, have 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.

There are four acceptable forms for use related to immunizations. These forms are all available from the Iowa Immunization Registry Information System (IRIS) website and the Iowa Department of Public Health Immunization Bureau at <https://idph.iowa.gov/immmtb/immunization/order-form>. The child's doctor office, child care nurse consultant, or local public health can assist parents to obtain these forms and records.

A *Certificate of Immunization* provides information as to the child's current immunizations.

A "religious exemption" may be granted when the parent adheres to a personal, faith-based belief that conflicts with the administering of immunizations or is a member of a recognized religious denomination whose tenets and practices conflict with administering immunizations. The specific form, *Certificate of Immunization Exemption Religious Exemption*, must be used and notarized to be valid.

If, in the opinion of a physician, nurse practitioner, or physician assistant, the state required immunizations would be injurious to the health and well-being of the child, the specific form, *Certificate of Immunization Exemption Medical Exemption*, may be used. This form must be completed by a medical professional as listed above.

All of these certificates must include the child's name, birthdate, and must list the child's current immunizations, name of administering agency, and the date administered to be considered a valid certificate. Certificates must be signed by a physician (MD or DO), RN, physician's assistant, certified medical assistant, nurse practitioner, county public health nurse, or school nurse. School-aged children receiving care in a center that operates in the same school building where the child attends school do not have to provide additional copies of the certificate to the center. However, the parent must sign a statement that verifies that the immunization information is available in the school file.

If a child is not current on age appropriate immunizations, the Department of Public Health allows "provisional enrollment." The form *Provisional Certificate of Immunization* must be used for children who have begun but not completed the required immunizations. Children must have received at least one dose of each of the required vaccines to be provisionally enrolled. A *Provisional Certificate of Immunization* must be signed by a physician (MD or DO), RN, physician's assistant, nurse practitioner, certified medical assistant, county public health nurse, or school nurse

Parents who do not present proper evidence of immunizations or exemptions for their children and who have not been approved for provisional enrollment are not entitled to enrollment in a licensed child care center. The director is responsible to deny enrollment to any child who does not submit proper evidence of immunization and to exclude a provisionally enrolled applicant if immunizations are not completed as required.

Immunization certificates, immunization exemptions, and provisional certificates should be kept together in one place (such as a three-ring binder). Documents are to be accessible to the Department of Public Health personnel, while the other information in a child's file is confidential.

The child care nurse consultant is able to review the certificates to ensure at a minimum a certificate is on file for each child. County public health agencies audit the immunization certificates for compliance annually with state immunization requirements.

Address questions regarding immunizations to the Immunization Program by calling 1-800-831-6293.

HHS authorizes child care nurse consultants (CCNC), as defined in 441 Iowa Administrative Code 118.1(237A), who are employed or contracted through Iowa Child Health (Title V) agencies and who are enrolled in or have successfully completed the Iowa Training Project to access, audit, read, or review employee health records and health records of individual children or groups of children in regulated child care businesses. The authority in this agreement includes access to and reading of a child's health information contained in the child's admission and continued child care enrollment record.

All personnel conducting a review of a child's record shall comply with federal and state confidentiality rules and regulations. The CCNC shall not disseminate personally identifiable information without the express written consent of a child's parent. The purpose of the CCNC review is limited to care coordination and referral services such as identifying specific health issues, assuring that immunization records are up-to-date, and assisting families in applying for state or federal health-related benefits and securing medical, dental, nutritional, and behavioral health services.

Daily Activities

Legal reference: 441 IAC 109.9(4)

Daily activities. For each child under two years of age, the center shall make a daily written record. At the end of the child's day at the center, the daily written record shall be provided verbally or in writing to the parent or the person who removes the child from the center. The record shall contain information on each of these areas:

- a. The time periods in which the child has slept.
- b. The amount of food consumed and the times at which the child has eaten.
- c. The time of and any irregularities in the child's elimination patterns.
- d. The general disposition of the child.
- e. A general summary of the activities in which the child participated.

Rationale and Recommendations For Implementation

Because of the need for continuity of care and to assist providers and parents in anticipating and providing for the needs of children under age two, good communication between center staff and parents is essential. Daily recording of information is important because an infant may have several caretakers during the day and they may not all discuss the child's activities with the parent at the end of the day.

Changes in bodily functions may have an impact on the child's wellbeing. Any changes in eating habits, sleep patterns, disposition, or elimination can be early indications of illness. Parents should be encouraged to share similar information at arrival time.

Staff should record information as it occurs and not rely on memory at the end of the day in composing a record of events. Additionally, sharing information verbally to a parent is essential to ensuring parents receive the necessary information, even if a written copy of the information is provided.

Health and Safety Policies

Physical Examination Report

Legal reference: 44I IAC 109.10(1)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Physical examination report:

- a. **Preschool-age children.** For each child five years of age and younger not enrolled in kindergarten, the child care center shall require an admission physical examination report, submitted within 30 days from the date of admission, signed by a licensed medical doctor, doctor of osteopathy, chiropractor, physician's assistant or advanced registered nurse practitioner.

The date of the physical examination shall be no more than 12 months before the first day of attendance at the center. The written report shall include past health history, status of present health including allergies, medications, and acute or chronic conditions, and recommendations for continued care when necessary.

Annually thereafter, a statement of health condition, signed by a licensed medical doctor, doctor of osteopathy, chiropractor, physician's assistant or advanced registered nurse practitioner, shall be submitted that includes any change in functioning, allergies, medications, or acute or chronic conditions.

- b. **School-age children.** For each child five years of age and older and enrolled in school, the child care center shall require, before admission, a statement of health status signed by the parent or legal guardian that certifies that the child is free of communicable disease and that specifies any allergies, medications, or acute or chronic conditions. The statement from the parent shall be submitted annually thereafter.
- c. **Religious exemption.** Nothing in this rule shall be construed to require medical treatment or immunization for staff or the child of any person who is a member of a church or religious organization which has guidelines governing medical treatment for disease that are contrary to these rules. In these instances, an official statement from the organization shall be incorporated in the personnel or child's file.

Rationale and Recommendations For Implementation

Health assessments provide an opportunity for prevention, early detection, and intervention in problems. Adaptations in care or routine can then be made to enable children to realize their full potential. The physical exam includes information about chronic health or special health needs. A written special needs care plan is completed and signed by the doctor and parent and included in the child's health record.

Establish clear criteria for excluding children who are ill and inform parents of the policy when children are enrolled. You should not accept responsibility for a child whose health care needs are unknown.

Preschool-Aged Children

Recognizing that parents often have an immediate child care need and yet have not had an opportunity to secure a medical home (provider), parents are allowed up to 30 days from the date of admission to the center to secure a physical examination for their child.

At the time of admission, you should still require parents to report any known exposure to communicable disease and other special health care needs, including medications, chronic or acute conditions, allergies, etc. that impact the child's care. You may establish more stringent policies, but be mindful of the needs of families new to a community, those lacking financial resources for medical care, etc.

The physical examination is important because it provides an opportunity to establish the health history of the child, assess the child's health status and developmental progress or delays, and provide recommendations to the child care center for continued care. The physical examination must be signed by a medical doctor (MD), doctor of osteopathic medicine (DO), chiropractor, a physician's assistant (PA), or an advanced registered nurse practitioner (ARNP).

School-Aged Children

While many schools no longer require physicals at the time of school enrollment, you still need to know the health care needs and considerations of school-aged children. While a physical examination report is not required, before enrolling a child, you must obtain a statement of health status signed by the parent that certifies that the child is free of communicable disease and that specifies any allergies, medications, or acute or chronic conditions.

While the responsibility rests with the parents in ensuring that you are knowledgeable and able to attend to the health care needs of their child, you should establish strategies to ensure you are able to fully meet the child's needs.

Physical examinations provide an opportunity for more than just a review of the body's systems for abnormalities. The health care practitioner can:

- Observe developmental progress or delays.
- Observe parent-child interactions and behaviors that indicate risk factors.
- Screen for vision, hearing and lead poisoning.
- Ensure that immunizations are up-to-date and complete.
- Provide anticipatory guidance to families on what to expect in the current and upcoming developmental phase, including areas of health habits, prevention of illness and injury, nutrition, oral health, sexuality, social development and family relationships, and community and school involvement.

If a child who claims the religious exemption for physical examinations is enrolled, it is recommended that you have the parents provide a signed, written statement of the exact procedures to be followed in the event of a medical or dental emergency. Staff responsible for the child's care must be knowledgeable of the plan. Maintain the written statement in the child's file.

If you serve families who do not have a primary medical or dental provider, you may want to refer them to the child health center that serves their area. You can obtain the location of the

nearest child health center by calling the Healthy Families Line at 1-800-369-2229 or online at <https://idph.iowa.gov/family-health/child-health>.

Medical and Dental Emergencies

Legal reference: 441 IAC 109.10(2)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Medical and dental emergencies. The center shall have sufficient information and authorization to meet the medical and dental emergencies of children. The center shall have written procedures for medical and dental emergencies and shall ensure, through orientation and training, that all staff are knowledgeable of and able to implement the procedures.

Rationale and Recommendations For Implementation

Obtain specific information from the parents regarding where emergency medical and dental services should be obtained. For some children with chronic or special care needs, the information may include medical specialists who need to be contacted for emergencies. The parent needs to authorize a doctor and hospital within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency. Obtain the phone number and location of all emergency services.

If the family does not have a dentist or the parent has not yet secured a dentist for the child, the parent needs to authorize a dental office within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency.

You should provide annual in-service to staff regarding the procedures to be followed in a medical or dental emergency and include this in all staff orientations. Also, staff providing care to children with special health care considerations or treatments must be trained in all procedures, including how to intervene in response to negative reactions or side effects to treatment, medications, etc.

Contact health care professionals to provide training and consultation. A local child care nurse consultant can provide information or other resources in developing medical and dental emergency procedures. You can obtain the location of the nearest child health center by calling the Healthy Families Line at 1-800-369-2229 or online at <https://idph.iowa.gov/family-health/child-health>.

Medications

Legal reference: 441 IAC 109.10(3)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Medications. The center shall have written procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications, including the following:

- a. All medications shall be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public. Nonprescription medications shall be labeled with the child's name.
- b. For every day an authorization for medication is in effect and the child is in attendance, there shall be a notation of administration including the name of the medicine, date, time, dosage given or applied, and the initials of the person administering the medication or the reason the medication was not given.
- c. In the case of medications that are administered on an ongoing, long-term basis, authorization shall be obtained for a period not to exceed the duration of the prescription.
- d. Child care staff shall not provide medications to a child if the provider has not completed pre-service/orientation training that includes medication administration.

Rationale and Recommendations For Implementation

Keep accurate and precise information regarding a child's need for medication before administering any medication. Keep all authorizations and medication administration forms on site where the children are located.

Over-the-counter (OTC) medications, such as acetaminophen and ibuprofen, can be just as dangerous as prescription medications and can result in illness or even death when these products are misused or unintentional poisoning occurs. Facilities should not stock OTC medications.

If a medication mistake or unintentional poisoning does occur, call your local poison center immediately at 1-800-222-1222. After that immediately report all errors to the child's parent or guardian, child's physician, and the director or supervisor, if applicable. Inform the physician of all emergency action you have taken.

Because of the range of prescription and non-prescription medications you may be dispensing, all medications should be stored so that they are inaccessible to children, center personnel who do not have authorization to administer medications, and non-center personnel. You should also keep other health products, such as sun blocks, ointments, etc., inaccessible to children.

Medications must be stored completely inaccessible to children in their original containers in an upright position so that they cannot contaminate or spill. In administering medications, be sure to follow the six rights of medication administration: right child, right medication, right dose, right time, right route, and right documentation. Before giving any medication to a child be sure to check the six rights at the following times: as you remove the medication from storage, immediately before preparing the medication, and right before giving the medication to the child.

Some medications, such as asthma and allergy medications or over-the-counter medications, are given on a "PRN" or "as needed" basis. The prescription label should indicate the status. If there is any doubt, consult with the parent or physician who ordered the medication. It is extremely important that before any "PRN" or "as needed" medication is given, the person administering the medication knows the last time the child received a dose of the medication so safe and appropriate intervals between doses is maintained. If unsure of the time the last dose was given, check with the parent

before giving more medication. All medications should be measured with the measuring instrument provided with the medication.

To avoid the possibility of overdosing or failing to provide medications, you may want to designate specific staff who will administer all medications in a given program area. Careful recording when the medication is administered reduces the likelihood of overmedicating a child. When giving medications document on the medication administration form the following information every time medication is given:

- Name of the medication,
- Dosage of medication,
- Route the medication given (oral, topical, etc.),
- Time the medication is given,
- Name of the person administering the medication, and
- Any reactions to the medication.

You should make a notation on the medication administration record if:

- A child is absent for a day during the period when a medication is to be administered.
- A parent picks up a child earlier than normal and a medication is not administered.
- A parent forgets to bring the medication and therefore no medicine can be administered.
- The child experiences any side effect or negative reaction to the medications.

A Medication Form is available on the Healthy Child Care Iowa website
<https://idph.iowa.gov/hcci/products>

If the parent requests it, you should notify the parent before administering any medication. You should always update the parent at the end of the day regarding any non-prescription medications that were administered and any deviations that occurred in administering prescription medications.

You should return to the parent to discard prescription and non-prescription medications that remain in the center after the expiration date. Any medication remaining after the authorization to dispense has ended or the child no longer requires the medication should also be returned to the parent or guardian.

In the event medication cannot be returned to the parent or guardian, it should be disposed of according to the recommendations of the U.S. Food and Drug Administration (FDA). Documentation should be kept with the child care facility of all disposed medications. The current guidelines are as follows:

- If a medication lists any specific instructions on how to dispose of it, follow those directions.
- If there are community drug take back programs, participate in those.
- Remove medications from their original containers and put them in a sealable bag. Mix medications with an undesirable substance such as used coffee grounds or kitty litter. Throw the mixture into the regular trash. Make sure children do not have access to the trash.

TIP: Medication noncompliance occurs too often. Please make sure staff are well informed about documentation and have someone inspect the center weekly for proper storage, documentation, sufficient labeling and disposal of expired medications.

Daily Contact

Legal reference: 441 IAC 109.10(4)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Daily contact. Each child shall have direct contact with a staff person upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior that may adversely affect the child or the group. The center shall post notice at the main entrance to the center where it is visible to parents and the public of exposure of a child receiving care by the center to a communicable disease, the symptoms, and the period of communicability. If the center is located in a building used for other purposes and shares the main entrance to the building, the notice shall be conspicuously posted in the center in an area that is frequented daily by parents or the public.

Rationale and Recommendations For Implementation

Observing a child upon arriving at the center provides an opportunity to determine if the child is ill or infectious with a communicable disease and needs to be isolated from the other children or sent home. Touching the child's forehead, observing the child's eyes and nose for redness or drainage or dark circles under the eyes, and checking for odor which may be symptomatic of diarrhea are all simple strategies. The child care nurse consultant can provide additional information on "health check" strategies for observing children.

You should post information as soon as the staff becomes aware of a child's exposure to a communicable disease. Postings for the specific communicable disease must be clearly visible to parents when they enter the center. If the location of the center within a building makes it impractical to post a notice by the front door, put the posting in an area where parents routinely gather when they arrive to pick up or leave their children. If someone other than the parent regularly transports children, you may want to send a note home with the child to alert the parent. Maintain the confidentiality of the individual diagnosed with the communicable disease.

If your policy is to send an individual note home with the children, this procedure does not remove the requirement to post a notice at the center.

Infectious Disease Control

Legal reference: 441 IAC 109.10(5)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Infectious disease control. Centers shall establish policies and procedures related to infectious disease control and the use of universal precautions with the handling of any bodily excrement or discharge, including blood. Soiled diapers shall be stored in containers separate from other waste.

Rationale and Recommendations For Implementation

“Universal precautions” is an approach to infection control. All blood and bodily fluids are treated as if known to be infectious for HIV, hepatitis B, or other blood-borne pathogens. All staff are required to complete one hour of training annually on universal precautions.

Illness is spread in a variety of ways, such as coughing, sneezing, skin-to-skin contact, or touching a contaminated surface. Infectious agents may be contained in urine, feces, saliva, eye and nasal discharge, discharge at the site of a wound or injury, and of course, blood.

Many people who are infected with a communicable disease show no symptoms or are contagious before they display symptoms. Therefore, routine daily sanitation and disinfecting are essential to significantly reduce the occurrence and spread of illness in a child care center. Handwashing is essential to reduce the spread of disease. For more information on how to prevent the spread of illness in a child care center, child care providers should review *Caring for Our Children*, National Health and Safety Performance Standards, 3rd Edition <https://nrckids.org/CFOC> or communicate with your child care nurse consultant.

OSHA requires that bags with infectious waste be labeled as “biohazard material” and be handled separately from other trash. However, due to the small amount of infectious waste in a child care center, we recommend that you treat potentially hazardous waste, especially in infant rooms, as “first-aid waste.” Double-bag and tie the plastic bags used to contain articles that are contaminated with blood, feces, or other potentially infectious material.

Wearing single-use, disposable gloves is the most fundamental precaution staff can take. However, be aware of the increase in adults and children who experience an allergic reaction to latex so it is recommended to check products for latex content.

Centers for Disease Control and Prevention indicates that unless there is visible blood in the milk, the risk of exposure to infectious organisms either during feeding or from milk that the infant regurgitates is not significant that people who handle human milk in child care settings are at low risk of getting an infection from the human milk. Gloves are not required for feeding, or handling of human milk. Gloves are not required for cleaning up spills of human milk.

Quiet Area for Ill or Injured

Legal reference: 441 IAC 109.10(16)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Quiet area for ill or injured. The center shall provide a quiet area under supervision for a child who appears to be ill or injured. The parents or a designated person shall be notified of the child’s status in the event of a serious illness or emergency.

Rationale and Recommendations For Implementation

A serious illness is one that requires follow-up (observation or treatment) by the parent or requires a medical or dental examination and treatment outside of the center’s scope of care. Examples of illness include sudden onset of vomiting, diarrhea, high fever, and rash.

The decision as to whether or not to exclude a mildly ill child from care can be a source of great tension between providers, parents, and health care professionals. Child care centers serve not only the care and developmental needs of children but also function as a family support service.

In this context, it is recommended that you are family-responsive in the development of exclusion policies. When exclusion is not required, you may consider whether you can meet the child's needs without compromising the health and safety of other children and whether the child is able to participate in the program, even if in a more quiet or isolated environment.

The NHSPS Caring for Or Children (<https://nrckids.org/CFOC>) can provide recommendations on formulating inclusion/exclusion/dismissal of children policies.

There are times when children should be excluded. Communicable diseases, such as chickenpox, pertussis (whooping cough), infectious diarrhea, influenza, etc. require exclusion for period of time. Other illnesses may also require exclusion until treatment has been initiated (i.e.: strep throat) or until symptoms have resolved (i.e.: fever-free).

The child care consultant assigned to your center as well as your child care nurse consultant located can offer guidance regarding *including* mildly ill children.

Be prepared to care for an ill or injured child until a parent can arrive and take the child home or to a health care provider. You should remove ill or injured children from the group activity and allow them to rest in a comfortable position. However, the child must remain under constant supervision. Anticipate and be prepared for the onset of new or worsening symptoms or complaints. For example, a child who is ill or has had an injury may complain of a headache and moments later vomit or lose consciousness.

Staff Hand-Washing

Legal reference: 441 IAC 109.10(7)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Staff hand washing. The center shall ensure that staff demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease. All staff shall wash their hands at the following times:

- a. Upon arrival at the center.
- b. Immediately before eating or participating in any food service activity.
- c. After diapering a child.
- d. Before leaving the rest room either with a child or by themselves.
- e. Before and after administering nonemergency first aid to a child if gloves are not worn.
- f. After handling animals and cleaning cages.

Rationale and Recommendations For Implementation

Education and enforcement of hand-washing and sanitation procedures with staff can significantly reduce the occurrence of illness within the center. The vulnerability of children mandates extreme compliance with hand-washing requirements.

You should post hand-washing procedures at all sinks. In addition to the required times that staff must wash their hands, you may want to consider additional policies that require staff to wash their hands after smoking, blowing their nose, upon return to the center, etc.

Handwashing with soap and water is best. However hand hygiene with a 60%-95% alcohol-based hand sanitizer is an alternative to handwashing when soap and water is unavailable.

Children's Hand-Washing

Legal reference: 441 IAC 109.10(8)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Children's hand washing. The center shall ensure that staff assist children in personal hygiene sufficient to prevent or minimize the transmission of illness or disease. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed at the following times:

- a. Immediately before eating or participating in any food service activity.
- b. After using the rest room or being diapered.
- c. After handling animals.

Rationale and Recommendations For Implementation

Hand hygiene is the most important way to reduce the spread of infection. Many studies have shown that improperly cleansed hands are the primary carriers of infections. Thorough handwashing with liquid soap (not anti-bacterial) for at least 20 seconds using clean running water at a comfortable temperature (60-20 degrees Fahrenheit) removes organisms from the skin and allows them to be rinsed away.

In addition to required times listed above, you may also consider having children wash hands at the following times;

- Upon arrival for the day, after breaks, or when moving from one child care group to another.
- After playing in water that is used by more than one person
- After playing in sand, on wooden playsets, and outdoors.
- After applying sunscreen

For the safe handling of infants, it may be appropriate at times to use a separate cloth to wash the hands of infants in place of running water. Use separate cloths for washing, rinsing, and for drying. Cloths should not be used on more than one infant or used more than once.

Paper towels may be considered as cloths with the same use restrictions applied (i.e., single-use, one towel-one child, etc.) "Wet-wipes" are not sufficient to eliminate pathogens (bacteria and viruses) and should not be used as a **sole source** of hand-washing. Only when running water is unavailable, the use of 60%-95% alcohol-based hand sanitizer is a suitable alternative. Caution: alcohol-based sanitizers are not considered safe for babies.

First-Aid Kit

Legal reference: 441 IAC 109.10(9)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

First-aid kit. The center shall ensure that a clearly labeled first-aid kit is available and easily accessible to staff at all times whenever children are in the center, in the outdoor play area, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children.

Rationale and Recommendations For Implementation

At a minimum, first aid kits in the center and kits used on field trips should contain, supplies to address pediatric first aid. The first aid kit shall contain at least the following items:

- Plastic bags for disposal of materials used in handling blood
- First aid guide
- Cotton tipped swabs
- Cell phone
- Cold pack
- Non latex gloves
- Emergency medication needed for children with special needs
- Emergency phone numbers:
 - Parent's home and work phone numbers
 - Poison Control Center phone number (1-800-222-1222)
- EMS
- Eye patch pad
- Flexible roller gauze
- Alcohol based Hand sanitizer
- Thermometer to measure a child's temperature
- Pen or pencil and note pad
- Rescue breathing (CPR) mouthpiece
- Safety pins
- Scissors
- Liquid hand soap
- Antiseptic wipes
- Sterile gauze pads
- Triangular bandages
- Tweezers
- Water

When the outdoor play area is immediately accessible to the center, the first aid kit may be a fanny pack with disposable nonporous gloves, gauze, plastic bag for materials used for handling blood and crushable ice pack. When staff does not have immediate accessibility to the center because of a need to maintain minimum staffing ratios or the outdoor play area is a distance from the center a field trip first aid kit shall be available in the outdoor play area.

Recording Incidents

Legal reference: 441 IAC 109.10(10)

Recording incidents.

- a. Incidents involving a child, including minor injuries, minor changes in health status, or other minor behavioral concerns, shall be reported to the parents, guardians, and legal custodians on the day of

the incident. Incidents resulting in an injury to a child shall be reported to the parent on the day of the incident.

- b. Incidents resulting in a serious injury as defined in Iowa Code 702.18 to a child or incidents resulting in a significant change in the health status of a child shall be verbally reported to the parents, guardians, and legal custodians immediately.
 - (1) Serious injuries shall be reported to the Department within 24 hours of the incident.
 - (2) Serious injuries shall be documented and information maintained in the child's file as required in 441 IAC 109.9(2).
- c. The parents, guardians, and legal custodians of any child included in incidents involving inappropriate, sexually acting-out behavior shall be notified immediately after the incident. A written report, fully documenting every incident, shall be provided to the parent or person authorized to remove the child from the center. The written report shall be prepared by the staff member who observed the incident and a copy shall be retained in the child's file.

Serious injuries include:

- Disabling mental illness.
- Bodily injury which creates a substantial risk of death, causes serious permanent disfigurement, or causes protracted loss or impairment of the function of any bodily member or organ.
- Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia.
- Includes, but is not limited to, skull fractures, rib fractures, metaphyseal fractures of the long bones of children under the age of 4 years.

All reports to the Department must be completed on the Healthy Child Care Iowa *Child Care Injury/Incident Report Form* and submitted to ccsid@dhs.state.ia.us within 24 hours of the incident.

Rationale and Recommendations For Implementation

Serious injury means an injury that requires follow-up (observation or treatment) by the parent or requires a medical or dental examination and treatment outside the center's scope of care. Examples include a child who:

- Receives a laceration that requires stitches.
- Suffers a head injury.
- Loses consciousness or has a change in the level of consciousness.
- Receives an injury to the eyes, teeth, or bones.
- Exhibits convulsions.
- Has a nosebleed that doesn't stop after 15 minutes of pressure.
- Suffers an asthma attack that doesn't respond to medication.
- Has bleeding from the ears.
- Loses a permanent tooth.

Significant change in health status means **unexplained** changes in a child's daily behavior or activities of daily living. Examples include a child who:

- Experiences a sudden change in self-care (ambulatory child suddenly stops walking or stops self-toileting; child who stands in crib suddenly only bears weight on one leg, etc.)

- Experiences a change in level of consciousness (child goes from alert to lethargic, is difficult to arouse from sleep, or sleeps longer than usual)
- Whimpers, cries or exhibits gestures of pain or discomfort and can't be consoled or relieved, etc.

A review of incident reports may also be useful in identifying areas of the center where children are routinely suffering injury (i.e., running into a certain piece of furniture, a hazardous component of an outdoor play equipment, etc.) or patterns of behavior exhibited by children that require intervention. Recording such information can be useful when seeking consultation from other professionals regarding remedies to the facility or behavioral interventions, discharge of children, etc. Ensure that staff understanding the importance of supervising children and completing incident reports when injuries occur within the program

To protect the privacy and interactions of children, you are encouraged to not identify other children by name on incident reports.

Smoking

Legal reference: 441 IAC 109.10(11) as amended by HF 2212(16)(t) Section 6

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Smoking. Smoking and the use of tobacco products shall be prohibited at all times in the center and every vehicle used to transport the children. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during hours of operation.

Post nonsmoking signs at all entrances of the child care center and in every vehicle used to transport the children. All signs shall include:

- The telephone number for reporting complaints, and
- The Internet address of the Department of Public Health (<https://smokefreeair.iowa.gov/>).

Rationale and Recommendations For Implementation

Research has linked “second-hand smoke” or “environmental tobacco smoke” as contributing to a host of health problems. Infants and young children, especially those under age two, exposed passively to tobacco smoke are at increased risk of developing bronchitis, pneumonia, asthma, upper-respiratory infections, and ear infections.

Environmental tobacco smoke can also make recovering from colds more difficult and can cause stuffy noses, headaches, sore throats, eye irritation, loss of appetite, and fussiness. Separating smokers within a building does not eliminate the exposure to second hand smoke.

It is recommended that child care homes and centers use the best practice comprehensive tobacco free/ nicotine free policy (TF/NF) that goes beyond the Smoke Free Air Act and HHS rules to include electronic smoking devices and nicotine products. The comprehensive policy adds further protections and clarifications for both clients and staff.

Questions about the policy can be directed to tobcontactus@idph.iowa.gov or by calling 888-944-2247

Transportation

Legal reference: 441 IAC 109.10(12) as amended by SF 2066

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Transportation. Iowa Code section 321.446 requires that all children transported in a motor vehicle subject to registration, except a school bus, must be individually secured by a safety belt, safety seat, or harness, in accordance with federal motor vehicle safety standards and the manufacturer's instructions.

- a. Children under the age of six shall be secured during transit in a federally-approved child restraint system. Children under one year of age and weighing less than 20 pounds shall be secured during transit in a rear-facing child restraint system.
- b. Children under the age of 12 shall not be located in the front seating section of the vehicle.
- c. Drivers of vehicles shall possess a valid driver's license and shall not operate a vehicle while under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair their ability to operate a motor vehicle.
- d. Vehicles that are owned or leased by the center shall receive regular maintenance and inspection according to manufacturer-recommended guidelines for vehicle and tire maintenance and inspection.

Rationale and Recommendations For Implementation

Each child is to be secured by a single safety belt. Do **not** use a safety belt to secure more than one child. Children transported in school buses are secured according to the state laws for school buses. Take extra care if infants or toddlers are transported on a school bus for any reason, as most buses are not currently equipped with seat belts.

A "restraint system" is typically a "car seat." A federally approved child restraint system is one that meets that meets the federal motor vehicle safety standards. Compliance with these standards is indicated on the restraint system. It should include a label that the system meets all federal safety regulations and a sticker with a manufacture date *after* 1/1/81. Seats should fit the child properly based on the child's weight.

Because of the vulnerability of children to front-end collisions and the deployment of airbags, many car manufacturers, insurance companies, and consumer safety organizations advise against having children younger than 12 in the front seats of any vehicle.

Is Your Vehicle a School Bus?

According to Iowa law, if a center transports children to or from school in a vehicle with a capacity of 9 or more people, the vehicle must conform to the safety requirements of a school bus, and the driver must meet the state requirements for a bus driver.

Iowa Code Chapter 321.1 states:

"School bus" means every vehicle operated for the transportation of children to or from school, except vehicles which are:

- Privately owned and not operated for compensation;
- Used exclusively in the transportation of the children in the immediate family of the driver;
- Operated by a municipally or privately owned urban transit company for the transportation of children as a part of or in addition to their regularly scheduled services; or
- Designed to carry not more than nine persons as passengers, either school owned or privately owned, which are used to transport pupils to activity events in which the pupils are participants or to transport pupils to their home in case of illness or other emergency situations....”

Child care providers are exempt from the school bus and driver requirements if the vehicle is “**privately owned and not operated for compensation.**” Vehicles owned by a child care center are determined to be “privately owned.” **If you do not charge a separate and discernible fee to parents** for the specific service of transporting their children to or from school, but rather incorporate the expenses incurred in transportation into your overall operating costs and parent fee schedules, then the vehicle is “not operated for compensation.”

However, if as a child care provider, you do charge a special or distinct fee only to those parents for whom you transport their children to or from school, then you are not exempt. You must meet certain driver and vehicle safety standards, depending on the capacity of the vehicle.

If you charge a separate fee and are not exempt, contact the State Transportation Director at the Iowa Department of Education at 515-281-4749, to determine the requirements you must meet.

Field Trip Emergency Numbers

Legal reference: 441 IAC 109.10(13)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Field trip emergency numbers. Emergency telephone numbers for each child shall be taken by staff when transporting children to and from school and on field trips and non-center-sponsored activities away from the premises.

Rationale and Recommendations For Implementation

When a child participates in an activity that is away from the center and not sponsored by the center, staff must have the numbers available if transporting the child to the activity. You may want to remind parents to be sure that an adult responsible for supervising the extracurricular or special activity has the emergency contact information for the child.

Pets

Legal reference: 441 IAC 109.10(14)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Pets. Animals kept on site shall be in good health with no evidence of disease, be of such disposition as to not pose a safety threat to children, and be maintained in a clean and sanitary manner. Documentation of current vaccinations shall be available for all cats and dogs. No ferrets, reptiles, including turtles, or birds of the parrot family shall be kept on site. Pets shall not be allowed in kitchen or food preparation areas.

Rationale and Recommendations For Implementation

Reptiles, including turtles, and Psittacine birds unless tested for psittacosis (inclusive of parrots, parakeets, budgies, and cockatiels) are prohibited from child care settings due to their propensity to be a carriers of disease that can be passed on to humans. The Centers for Disease Control recommends that children under the age of five not have contact with reptiles, either directly or indirectly.

If hatching baby chickens and ducks are brought into the child care environment for science, access by children to these animals should be restricted. These animals excrete E. coli O157:H7, Salmonella, Campylobacter, S. paratyphi.

Birds of the parrot family can transmit airborne respiratory illness to humans. The most common members of the parrot family, which should be avoided, include parrots, parakeets, budgies, cockatoos, lovebirds, macaws, canaries, mynahs, and toucans. Any other birds not listed should be confirmed as not being of the parrot family before being brought into the center.

Make sure parents are aware of the presence of any pets in the center and obtain a statement from the parent if access to a pet should be denied. Animals' cages should not be kept near the kitchen or a food preparation area, nor should animals be out of their cages at mealtimes. Cages should never be cleaned in the kitchen or food preparation area. Staff and children must wash their hands after handling animals.

Children should not have exposure to animal waste.

Emergency Plans

Legal reference: 441 IAC 109.10(15)

The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:

Emergency plans.

- a. The center shall have written emergency plans and diagrams for responding to fire, tornado, flood (if area is susceptible to flood), and plans responding to intoxicated parents and lost or abducted children. In addition, the center shall have guidelines for responding or evacuating in case of

blizzards, power failures, bomb threats, chemical spills, or other disasters that could create structural damage to the center or pose health hazards.

If the center is located within a ten-mile radius of a nuclear power plant or research facility, the center shall also have plans for nuclear evacuations. Emergency plans shall include written procedures including plans for the following:

- Evacuation to safely leave the facility
 - Relocation to a common, safe location after evacuation
 - Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue
 - Lock down protocol to protect children and providers from an external situation
 - Communication and reunification with parents or other adults responsible for the children which includes emergency telephone numbers
 - Continuity of operations
 - Procedures to address the needs of individual children, including those with functional or access needs
- b. Emergency instructions, telephone numbers, and diagrams for fire, tornado, and flood (if area is susceptible to floods) shall be visibly posted by all program and outdoor exits. Emergency plan procedures shall be practiced and documented at least once a month for fire and for tornado. Records on the practice of fire and tornado drills shall be maintained for the current and previous year.
- c. The center shall develop procedures for annual staff and volunteer training on these emergency plans and shall include information on responding to fire, tornadoes, intruders, intoxicated parents and lost or abducted children in the orientation provided to new employees and volunteers.
- d. The center shall conduct a daily check to ensure that all exits are unobstructed.

Rationale and Recommendations For Implementation

The State Fire Code requires the fire alarm sounds for all fire drills. Section 405.7 of the International Fire Code, where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm.

Fire drills shall be completed monthly and the children must exit the building. During colder months it is permitted to allow a brief pause to gather warm gear so that children are not at risk during the drill.

In Iowa, communities are frequently vulnerable to structural or natural disasters such as fire, tornadoes, floods and flash flooding. Centers are also increasingly responding to “social” emergencies such as intruders into a center, intoxicated parents, lost or abducted children.

Therefore, it is important to have written procedures that are updated annually and to give all staff an annual orientation to the procedures.

Centers are vulnerable to other emergency situations that may occur in their communities, including blizzards, chemical spills and bomb threats. While these may seem more remote, center staff need to be aware of the possibility of these natural and man-made disasters and be prepared to respond.

Each county in Iowa has an emergency management coordinator. The coordinator can help plan appropriate policies for health and safety needs, given the hazards that may be specific to your location. Communication also allows the coordinator the opportunity to know where the children will be located during an emergency.

Because of the need for immediate response to any emergency involving nuclear plants, if your center is within a 10-mile proximity to a nuclear power plant or research facility, contact your emergency management coordinator regarding specific responses you should take.

For additional information on hazards and policies relevant to your area, contact your local county Emergency Management Agency (in your local phone book) or contact the Iowa Emergency Management Division in Des Moines at (515) 281-3231 for the contact person in your area.

For centers serving a high number of infants, “baby packs” allow multiple infants to be evacuated by one adult by placing them in a pouch-like carrier strapped to the adult. You may also want to consider the purchase of evacuation cribs for the same purpose.

Doorknob coverings that make the door inoperable, such as those used for safety reasons on storage closets, should never be used on exit doors.

Strategies for dealing with intoxicated or substance-impaired adults are challenging. You are encouraged to consult your own legal counsel in developing your policies. While decisions have to be made on a case-by-case basis, a first step-approach is to offer to telephone someone else to provide transportation for the child (and the parent, if willing).

Staff should **not** attempt to physically restrict the parent from removing the child. If the parent appears so impaired as to place the child in jeopardy, you could contact local law enforcement. In addition, if the parent does leave with the child, and staff have reason to believe that the parent was substance-impaired, staff must act in their role as mandatory reporters and file a child abuse report.

In addition to the required procedures, you may also want to develop policies for other “social” emergencies or situations, including responding to weapons or drugs brought into the center by children, the notification by law enforcement of a known sexual predator residing in the area, etc.

You may also want to have procedures developed and shared with parents regarding what steps will be taken if a parent fails to arrive within a designated number of minutes after the center closes. The possibility of this occurrence reinforces the need for centers to have accurate and up-to-date phone numbers for phone, office, etc., as well as another adult who can be contacted in lieu of the parent.

NOTE: Children are not required to wear shoes at all times to diminish risk associated with evacuation.

Supervision and Access

Legal reference: 441 IAC 109.10(16)

The center director and on-site supervisor shall ensure that each staff member, or volunteer knows the number and names of children assigned to that staff member, substitute, or volunteer for care. Assigned staff and volunteers shall provide careful supervision.

Any person in the center who is not an owner, staff member, or volunteer who has a record check and Department approval to be involved with child care shall not have unrestricted access to children for whom that person is not the parent, guardian, or custodian.

A sex offender who has been convicted of a sex offense against a minor and who is required to register with the Iowa sex offender registry under the provisions contained in Iowa Code chapter 692A shall not operate, manage, be employed by, or act as a contractor or volunteer at a child care center.

The sex offender also shall not be present upon the property of a child care center without the written permission of the center director, except for the time reasonably necessary to transport the offender's own minor child or ward to and from the center.

Written permission shall include the conditions under which the sex offender may be present, including:

- The precise location in the center where the sex offender may be present; the reason for the sex offender's presence at the facility; the duration of the sex offender's presence; and description of the supervision that the center staff will provide the sex offender to ensure that no child is alone with the sex offender.
- Before giving written permission, the center director shall consult with the center licensing consultant. The written permission shall be signed and dated by the center director and the sex offender and kept on file for review by the center licensing consultant.

Recommendation and Rationale For Implementation

Transitions of staff and children at the program in arrival to and departures from the center are often when children are left unattended. Training staff to complete face to name recognition is extremely important when assuring safe supervision. Be sure that children are not left behind or in vehicles.

TIP: When transferring care responsibilities for children, assure the acknowledgement of accepting care responsibility of the children occurs.

Physical Facilities

Room Size

Legal reference: 441 IAC 109.11(1)

Room size. The program room size shall be a minimum of 80 square feet of useable floor space or sufficient floor space to provide 35 square feet of useable floor space per child. In rooms where floor space occupied by cribs is counted as useable floor space, there shall be 40 square feet of floor space per child. Kitchens, bathrooms, halls, lobby areas, storage areas and other areas of the center not designed as activity space for children shall not be used as regular program space or counted as useable floor space.

Rationale and Recommendations For Implementation

Children need to have ample space to move and play unobstructed and free of equipment and other hazards. Adequate space for activities helps to minimize the risk of injury and reduces the transmission of illness among children.

Because of the floor space occupied by cribs, additional program space is needed in infant rooms to allow adequate space between cribs and equipment for caregivers to attend to the routine and emergency needs of the infants. The NHSPS recommends 50 square feet of floor space in rooms that are used as program and sleep areas for children under the age of two. When rooms are used solely for sleeping, the NHSPS recommends 30 square feet per child to comfortably accommodate crib and equipment needs.

Centers that have equipment in program areas that is used for preparation of snacks or crafts, such as microwaves or crock pots, should provide a barrier or enclosure to this area. The area housing “kitchen” appliances cannot be counted as program space when calculating square footage.

A private residence could be licensed as a center or preschool **if** the home:

- Meets the stringent requirements of the State Fire Marshal for child care centers, and
- Meets all requirements for administration, personnel, physical facilities, health and safety, activity programming, and food service, as outlined in this handbook.

In addition, private residences must adhere to local zoning ordinances. If consideration is given to opening a child care center in a private residence, the kitchen, bedrooms, bathrooms, and hallways are not included in calculating the available space for program areas.

Infants' Area

Legal reference: 441 IAC 109.11(2)

Infants' area. An area shall be provided properly and safely equipped for the use of infants and free from the intrusion of children two years of age and older.

Upon the recommendation of a child's physician or the area education agency serving the child, a child who is two years of age or older with a disability that results in significant developmental delays in

physical and cognitive functioning who does not pose a threat to the safety of the infants may, if appropriate and for a limited time approved by the Department, remain in the infant area.

Rationale and Recommendations For Implementation

Given the care considerations and vulnerability of infants, children two years of age and older should not be allowed into the infant area. For a specific activity of a short duration, caregivers may bring infants into program areas for older children, provided that one-to-one supervision is provided for each infant, the infants are **never** left unattended, and they are protected from injury from older children.

The only exception to this is for the two hours at the beginning or end of the center's hours of operation, when one staff person may care for six children, as long as no more than two of the children are under age two. This exception may NOT be applied to the beginning AND the end of the day

Children who are 18 to 24 months old are sometimes developmentally capable of interacting safely and appropriately with children who are two years old. The determination to allow an 18-24 month-old child to be grouped with two year olds should be made on an individual basis and not as a general rule to follow. Remember that the younger children must still be staffed on a 1:4 ratio until the day of their second birthday.

Sometimes children who are two years old with developmental disabilities or delays are appropriately served for an extended duration in the infant room. A medical doctor or an early childhood special education professional from the area education agency should make this determination, with the permission of the parent.

Facility Requirements

Legal reference: 441 IAC 109.11(3)

Facility requirements.

a. The center shall ensure that:

- (1) The facility and premises are sanitary, safe and hazard-free.
- (2) Adequate indoor and outdoor program space that is adjacent to the center is provided. Centers shall have a safe outdoor program area with at least sufficient square footage to accommodate 30 percent of the enrollment capacity at any one time at 75 square feet per child. The outdoor area shall include safe play equipment and an area of shade.
- (3) Sufficient program space is provided for dining to allow ease of movement and participation by children and to allow staff sufficient space to attend to the needs of the children during routine care and emergency procedures.
- (4) Sufficient lighting shall be provided to allow children to adequately perform developmental tasks without eye strain.
- (5) Sufficient ventilation is provided to maintain adequate indoor air quality.
- (6) Sufficient heating is provided to allow children to perform tasks comfortably without excessive clothing.

- (7) Sufficient cooling is provided to allow children to perform tasks without being excessively warm or subject to heat exposure.
 - (8) Sufficient bathroom and diapering facilities are provided to attend immediately to children's toileting needs and maintained to reduce the transmission of disease.
 - (9) Equipment, including kitchen appliances, placed in a program area is maintained so as not to result in burns, shock or injury to children.
 - (10) Sanitation and safety procedures for the center are developed and implemented to reduce the risk of injury or harm to children and reduce the transmission of disease.
- b. Approval may be given by the Department to waive the outdoor space requirement for programs of three hours or less, provided there is suitable substitute space and equipment available.
 - c. Approval may be given by the Department for centers operating in a densely developed area to use alternative outdoor play areas in lieu of adjacent outdoor play areas.
 - d. The director or designated person shall complete and keep a record of at least monthly inspections of the outdoor recreation area and equipment for the purpose of assessing and rectifying potential safety hazards.

If the outdoor play area is not used for a period of time due to inclement weather conditions, the center shall document the reasons why the monthly inspection did not occur and shall complete and document an inspection before resuming use of the area.

- e. Centers that operate in a public school building, including before and after school programs and summer programs serving school-age children, may receive limited exemption from a facility requirement at subrule 109.11(3), particularly relating to ventilation and bathroom facilities, if complying with the requirement would require a structural or mechanical change to the school building.

Centers shall ensure that the space occupied by the center is sanitary, safe, and hazard-free and shall conduct monthly playground inspections or provide documentation that one has been completed by the public school personnel.

Rationale and Recommendations For Implementation

Location and safety: The center should be located in an area that does not pose environmental or safety hazards to children. Hazardous locations include a center located in a high-traffic area or too close to a road, an airstrip, a gravel pit, storm drains, drainage ditches, abandoned wells, etc. When hazards exist, steps should be taken to minimize any impact and safeguard the children.

As examples of sanitary, safe, and hazard free premises, the center should be kept free of garbage and unnecessary debris. Toxic or flammable materials should be kept out of the way of children, and sanitation practices should be followed. All doors should be in working order, exits must be left unobstructed, and stairwells should have railings and protective barriers that accommodate the needs and height of the children served.

Indoor space: The indoor space design must allow for ease of movement by children and staff and for the observation of all children. Ample space must exist to conduct both individual and group activities; allow areas for activities, dining, napping, toileting and diaper change; office space; and break room or privacy accommodations for staff.

Outdoor space: The outdoor play space provides an opportunity for children to develop gross motor, intellectual, emotional and social skills. It allows children to learn about the world around them and “burn off extra energy.” Children should have an opportunity for outdoor play at a minimum of once a day, with at least twice a day being preferred during full day programming.

The outdoor space needs to be adjacent to the center or so close as not to require a route that poses a safety risk to children. The play area should be designed to provide for supervision of the children at all times. It should be constructed so as not to allow ponding of water and should be located away from electrical hazards, such as high voltage lines, electric substations, or air conditioning units.

To reduce infestation of insects and the risk of disease transmission by insects such as mosquitoes, low areas that allow for standing water should be filled if possible, and outdoor equipment or toys that can hold rainwater should be checked and emptied following a rain. If located near hazards such as railroad tracks, streets, or water hazards, the center should enclose the play area with a fence or other barrier at least four feet high.

Because of the dangers of excessive exposure to sun, the outdoor play area must have shade, whether naturally from trees or man-made by awning, tent, or a structural aspect of the building that provides for shade. Young children’s vulnerable skin should be protected with sunscreen during outdoor play. You can obtain a weather chart indicating when caution should be observed for outdoor play due to either heat index or wind chill by contacting your child care nurse consultant or this is available at <https://www.idph.iowa.gov/hcci/products>

Outdoor space must be able to accommodate at least 30% of the enrollment of the center at 75 square feet per child. This allows the center to do staggered rotation of children in outdoor playtime without compromising their space needs for play.

The majority of all injuries result from falls from the equipment to the ground with insufficient surfacing below the equipment. Other injuries result from collision by moving equipment, such as swings, or contact with sharp edges or protrusions on equipment. Fatal injuries result from falls from the top of equipment, entanglements of clothing on equipment or in ropes attached to equipment, head entrapments in openings in equipment, and equipment tip-over or structural failure.

The play equipment should be age appropriate, safe, in good repair, firmly anchored and with appropriate impact-absorbing fall surfacing material. Refer to the Consumer Product Safety Commission Handbook for Public Playground Safety or the National Program for Playground Safety located at the University of Northern Iowa. NPPS has additional information, publications, and videos available at <https://playgroundsafety.org> or Phone: 1-800-554-PLAY. Your child care nurse consultant is available for questions and consultation on playground equipment, fall surfacing, and safety.

Be aware of your liability in providing for safe outdoor equipment. Conduct and maintain a record of a monthly inspection of the outdoor equipment and area to ensure that it is safe and free of hazards. If you operate in a school, you must either conduct the inspection yourself or provide documentation that other school personnel have completed a monthly inspection.

If inclement weather, such as an extended period of snow or rain, prevents the use of the outdoor play area, you should document why the inspection was not completed. However, you must conduct an inspection before resuming use of the play area.

For centers that are located in urban areas that are developed to the extent that an adjacent area for outdoor play is not available, the child care consultant may approve the use of an alternate play area, such as the use of a park and nearby community recreation facility.

The alternate play area must still provide for safe equipment and shade for the children. The center should develop plans for safe travel to and from such alternate areas and ensure that children have access to water, toilet facilities, etc.

When alternate play space is used, you should still assess the equipment and area, to make decisions regarding whether children should be restricted from play on unsafe equipment or kept away from an unsafe area of the playground.

If you need to use alternative playground sites due to constraints imposed by your location, submit a request in writing to the child care consultant. Describe the “densely developed area” and explain why the proposed site is the only or most appropriate alternative. In addition, include what routine steps you will take to ensure that the alternative site and the equipment do not pose any safety hazards and how you will respond should concerns arise. The consultant will provide a written notice of decision to the center.

For preschool programs or centers that operate for three hours or less per day, the consultant may waive the outdoor space requirement if the center is able to provide alternate space and equipment for both fine and gross motor development. As with the outdoor play space, the alternate space should be safe, properly ventilated, provide for access to water and toileting facilities, etc.

Dining: The dining area should be arranged so that children are not crowded, staff can move between the chairs and tables to attend to the feeding and emergency needs of the children, and children can eat independently without bumping into one another or items on the table.

The ideal height of tables for children while eating is between the waist and mid-chest level of a child. Chairs should allow the child’s feet to rest on the floor. A good table height adds to a child’s overall comfort while eating and has been shown to reduce the risk of food aspiration and choking.

Lighting: Children need ample lighting for safety and to engage in activities. All areas of the facility should have glare-free natural and/or artificial lighting that provides adequate illumination and comfort for facility activities. During rest time, adequate lighting must be maintained for staff to effectively supervise children.

Ventilation: Poor indoor air quality can increase the short- and long-term health problems of children and staff, decrease activity and productivity levels, and accelerate the deterioration and reduce the inefficiency of heating and cooling equipment.

Ceiling heights of at least seven feet allow for adequate volume and distribution of air that reduces the transmission of disease and does not allow for a quick concentration of noxious fumes. To improve the air quality and ability of furnaces and air conditioners to maintain consistent temperatures, it is recommended that filters are changed monthly.

Centers can ventilate the facility by means of windows, air conditioning units, or mechanical ventilation systems. A center with noticeable air drafts at floor level does not mean a well-ventilated center. Bathrooms and kitchens without windows should have mechanical ventilation, such as that provided by

exhaust fans. Program rooms that use paints, glues, or other materials that have toxic fumes should also have natural or mechanical ventilation.

If windows are the means of ventilation, they should be child-safe in that they are either inaccessible to children, cannot be fully opened, or can be opened no more than 6 inches, to prevent children from exiting through the window. The narrow opening is especially important for centers serving children under age five, to prevent them from falling out of the window.

Ventilation should be used to control odors. Air fresheners or sanitizers (both manmade and natural) should not be used. Air fresheners or sanitizers may cause nausea, an allergic reaction, or asthmatic (airway tightening) response in some children. Essential oils should not be used for odor control or holistic health purposes.

Windows should be covered with screens to prevent them from being used as exits by children, to allow for the free-flow of air, and to prevent insects from entering the center. Screens that are made of 16-mesh wire or smaller will keep out the majority of insects.

Heating: Children cannot participate appropriately in activities or rest comfortably if they are cold. The temperature should be monitored by means of a thermometer. When caring for children under the age of five, the temperature at floor level should be monitored.

The American Society of Heating, Refrigerating and Air Conditioning Engineers has established comfort levels for heating and cooling, taking both health and comfort into consideration. Based on the recommendations of the Society, rooms should be maintained at a temperature of 65-75 degrees Fahrenheit when the outdoor temperature falls below 65 degrees Fahrenheit.

Cooling: Likewise, children cannot participate appropriately in activities or rest comfortably if they are too warm. Children, especially infants, are also susceptible to heat exposure during unusually warm days. The temperature should be monitored with a thermometer. When caring for children under the age of five, the temperature should be monitored at floor level to ensure that it is not too cool or warm for young children and that they are properly dressed relative to the temperature.

When the outdoor temperature rises above 82 degrees Fahrenheit, the room temperature should be cooled to between 68-72 degrees Fahrenheit. If air conditioning is not available, all program and dining rooms used by children should have the air circulated by fans whenever the temperature in the room exceeds 82 degrees Fahrenheit.

Bathroom and diapering facilities: Bathroom and diapering areas should:

- Be sanitary.
- Provide for individual, single-use or disposable cloths or towels and hand-washing soap.
- Have appropriate waste receptacles.
- Have provisions for privacy when appropriate.
- Have equipment sized or modified to the developmental age of the child.

School-aged children need provisions for privacy when using the bathroom. If the physical structure does not allowed for walled-off stalls, you can accommodate privacy through the use of partitions, dividers, or curtains. Because of the frequent and sometimes urgent need of young children to toilet, consider children's needs not only during indoor activities but during outdoor play as well.

Electrical or gas equipment: Children under five years of age are at the greatest risk of injury from extension and appliance cords, so care should be taken to ensure that all cords are inaccessible to children. Centers that serve children under the age of five should have all unused electrical outlets covered with outlet covers or “shock stops” (i.e., plastic electrical plugs).

For best practice: All electrical outlets accessible to children who are not yet developmentally at a kindergarten grade level of learning should be a type called “tamper-resistant electrical outlets.” These types of outlets look like standard wall outlets but contain an internal shutter mechanism that prevents children from sticking objects like hairpins, keys, and paperclips into the receptacle. This spring-loaded shutter mechanism only opens when equal pressure is applied to both shutters such as when an electrical plug is inserted.

In existing child care facilities that do not have “tamper-resistant electrical outlets,” outlets should have “safety covers” that are attached to the electrical outlet by a screw or other means to prevent easy removal by a child.

All stoves and electric kitchen appliances, radiators, and fans should be placed or use a barrier so they are inaccessible to children. Hot water pipes and radiators that are accessible to children should be screened off or insulated.

Cleaning and sanitizing/disinfecting and safety: While child care centers are highly susceptible to outbreaks of communicable disease and illness, either by child-to-child or adult-to-child routes, the transmission routes may be influenced or altered by the design, construction, and overall maintenance of the facility. These strategies may include:

- Adequate ventilation systems.
- Proper and consistent sanitation procedures followed by all staff.
- Location of kitchens, bathrooms, garbage receptacles and isolation areas in relation to general program areas.

Keeping objects and surfaces clean and free of disease causing germs is an important part of the daily routine in the child care environment. There are three terms you need to know about the cleaning process:

- Cleaning physically removes all dirt and contamination from a surface. Cleaning should be done first with detergent and water.
- Sanitizing is done to reduce germs on a surface. Sanitizing should be done on all food contact surfaces (food prep areas, tables, eating surfaces, high chair trays, utensils, dishes, cutting boards) and mouthed toys.
- Disinfecting is done to destroy or inactivate germs. Disinfecting should be done on all door handles, drinking fountains, diapering surfaces, sinks, faucets, and toilets.

Cleaning, sanitizing, and disinfecting products should not be used in close proximity to children. Adequate ventilation should be maintained during any cleaning, sanitizing, or disinfecting procedure to prevent children, caregivers, and teachers from inhaling potentially toxic fumes.

The first step is to clean the surface with detergent and water, then rinse before spraying the surface with a sanitizer or disinfectant. Using a sanitizer or disinfectant as this “first step” is not effective because the purpose of the solution is to either sanitize or disinfect.

Use only a sanitizer or disinfectant product with an EPA registration number on the label. Always follow the manufacturers' instructions when using EPA-registered products described as sanitizers or disinfectants. This includes:

- Pre-cleaning,
- How long the product needs to remain wet on the surface (dwell time),
- Whether or not the product should be diluted or used as is, and
- If rinsing is needed.

Also check to see if that product can be used on a food contact surface or is safe for use on items that may go into a child's mouth.

For more information on cleaning, sanitizing, and disinfecting, to go Healthy Child Care Iowa's website or Caring For Our Children National Health and Safety standards.

Poisons, toxic and unsafe materials, such as cleaning materials, detergents, aerosol cans, pesticides, and health and beauty aids, should be stored in an area inaccessible to children. To prevent contamination, these materials should not be stored with, next to, or above food, food preparation items, or medications.

Centers should also take precautions with art materials, as many of those contain hazardous materials such as lead and formaldehyde. Federal law requires all substances to be identified. Centers should use only materials labeled "non-toxic."

The Art Hazards Information Center lists the following art materials that have been determined to be unsafe, and an alternative craft source:

Unsafe Material	Alternate
Powdered clay	Wet clay
Lead-based glazes	Poster paints
Oil-based paints	Water-based paints
Powdered tempera paint	Liquid or non-toxic paint
Cold water dyes or commercial dyes	Natural dyes such as vegetables, onion skins
Permanent markers	Water-based markers
Epoxy, instant glues, or solvent-based glues	Water-based white glue or library paste
Instant paper mache	Black and white newsprint and library paste or liquid starch

TIP: Hazards are the most frequent violation cited and it's likely the greatest liability and easiest to fix. It's recommended that you have purposeful daily inspection of each program room to look for hazards. Purses and cleaning products being accessible, broken items and toppling hazards are discovered too often.

Bathroom Facilities

Legal reference: 441 IAC 109.11(4)

Bathroom facilities. At least one functioning toilet and one sink for each 15 children, ages two years and older shall be provided in a room with natural or artificial ventilation. Training seats or chairs may be used for children under two years of age.

New construction after November 1, 1995, shall provide for at least one sink in the same area as the toilet and, for centers serving children two weeks to two years of age, shall provide for at least one sink in the central diapering area. At least one sink shall be provided in program rooms for infants and toddlers or in an adjacent area other than the kitchen. New construction after April 1, 1998, shall have at least one sink provided in the program rooms for infants and toddlers.

Rationale and Recommendations For Implementation

The ideal toilet height for young children is 11 inches. Child-sized toilets, step-aids, or modified toilet seats are encouraged. When they are not available, “potty chairs” are appropriate, provided extra care is taken to ensure proper disinfection to reduce the transmission of disease through contact with urine or feces.

Many communicable diseases can be prevented through appropriate hygiene, sanitation, and disinfecting methods. Therefore, items used for toileting should not be washed in the same sink used for hand-washing. When this cannot be avoided, the sink should be disinfected immediately and before use by children or staff. Cloth diapering is not prohibited in childcare facilities however, centers should have a detailed policy to manage soiled clothing to assure appropriate hygiene in the facility.

Sinks should have hot and cold running water. The ideal sink height is 22 inches. The hand washing “fountains” that accommodate simultaneous use by more than one person are acceptable, as long as they are used according to the manufacturer’s recommendations for the numbers of children that may be served at any one time. Foot-operated faucets provide another alternative to decrease the transmission of disease. Push button faucets that do not allow the free use of both hands for washing should be avoided, if possible.

The ideal water temperature for hand-washing or bathing is 110-120 degrees Fahrenheit. Children under five years of age are the most frequent victims of tap-water burns. Water temperatures greater than 120 degrees F take less than thirty seconds to burn the skin.

To prevent scalding, centers should ensure that the temperature of the water heater does not exceed 120 degrees Fahrenheit when children will use the water for hand-washing.

For existing facilities, the sink adjacent to the infant room must not require that staff travel further than outside the room (meaning staff do not travel across the center, through another program room, etc.). Sinks in the infant area should never be used for food or bottle preparation.

If training seats are used, the toilet-sink arrangement should allow for these to be cleaned without having to carry them any significant distance from the toilet area.

You should also confer with city building codes to determine if local ordinance requires the toilet and sink to be co-located.

As a general rule, bathroom facilities should not be shared with other adult programs, such as adult day care facilities. However, in some instances, such as school-based programs and YMCA or YWCA programs, children may be accessing the same facilities as adults. In these situations, proper supervision is important. An optimal situation would be to have a cooperative arrangement to designate certain restrooms or stalls for the children served in the center.

Telephone

Legal reference: 441 IAC 109.11(5)

Telephone. A working nonpay telephone shall be available in the center with emergency telephone numbers for police or 911, fire, ambulance, and poison information center posted adjacent to the telephone. The street address and telephone number of the center shall be included in the posting. A separate file or listing of emergency telephone numbers for each child shall be maintained near the telephone.

Rationale and Recommendations For Implementation

At a minimum, emergency telephone numbers should include parent contacts, emergency contacts in place of the parent, and a health care provider and dental care provider for each child.

For staff to be able to respond immediately to emergencies without having to leave children unattended or understaffed, the telephone must be available in the licensed program area. A school-based program cannot rely on the availability of a telephone in a school office.

Kitchen Appliances and Microwaves

Legal reference: 441 IAC 109.11(6)

Kitchen appliances and microwaves. Gas or electric ranges or ovens shall not be placed in the program area. If kitchen appliances are maintained in the program area for food preparation activities, the area shall be sectioned off and shall not be counted as useable floor space for room size.

Centers using microwave ovens for warming infant bottles or infant food shall ensure that the formula or food item is not served immediately to the child after being removed from the microwave. The infant bottle shall be shaken or food stirred and the formula or food item tested by the caregiver before being fed to the infant. Breastmilk shall not be warmed in a microwave.

Rationale and Recommendations For Implementation

Heating breastmilk or infant formula in the microwave is no longer recommended. Studies have shown that microwaves heat breastmilk and formula unevenly. This results in “hot spots” that can scald an infant’s mouth and throat. Also, heating breastmilk in the microwave breaks down nutrient value. Bottles can be served cold from the refrigerator and do not have to be warmed. However, if you choose to warm the bottles, hold the bottle under warm (not hot) running water or place in a bowl of warm water so that the temperature does not exceed 98.6 degrees Fahrenheit before serving.

Crock pots can be used in program areas for meal preparation. However, safety measures must be taken, including using the crock pot on the lowest setting and ensuring that the unit and electrical cords are located in such a manner that the unit cannot be pulled over on top of children.

If warming food in a microwave, the initial temperature is an important safety element. Food at room temperature requires less heating time than refrigerated or frozen foods. In addition, warming a small volume of food quickly increases the inner temperature of the item.

Microwaves should also be positioned so that children cannot get near the heat vent, be exposed to radiation from a malfunctioning unit, or be in danger of having an item accidentally spilled or splashed onto them during the removal of food or beverages.

You may want to experiment by heating different amounts of food and liquids in the microwave, as each microwave responds differently to the amount of time needed for heating or cooking. You may want to post information on adequate time or settings based on your microwave and ensure that new staff are aware of the information.

A microwave should never be used to defrost or heat formula or breastmilk because it will breakdown the nutrient value.

Only thaw the amount of breastmilk needed for one feeding to prevent or reduce waste. Thaw additional breastmilk if the infant is hungry and shows signs of wanting more. Thaw the container of breastmilk in the refrigerator overnight, under warm running water, or in a container of warm water. Write the date the milk was thawed on the bottle or container. Do not thaw breastmilk by mixing with warm breastmilk, placing in boiling water, or heating in a microwave.

After warming, bottles should be mixed gently by swirling. Never shake breastmilk as this could destroy some of the cellular components of the milk. The temperature of the milk should be tested before feeding.

Environmental Hazards: Lead-Based Paint

Legal reference: 441 IAC 109.11(7)

Environmental hazards.

- a. Within one year of being issued an initial or renewal license, centers operating in facilities built before 1978 shall conduct a visual assessment for lead hazards that exist in the form of peeling, cracking or chipping paint or painted surfaces in the need of repair..

If these lead hazards are found, it shall be assumed lead-based paint is present on the surfaces and shall be repaired by an Iowa certified lead safe renovator before a full license being issued.

Rationale and Recommendations For Implementation

Lead poisoning can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma, and even death. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. Children are more vulnerable to lead poisoning than adults. The first six years, particularly the first three years, of life is the time when the brain grows the fastest and when the critical connections in the brain and nervous system are formed that control thought, learning, hearing, movement, behavior, and emotions. Normal behaviors of children at this age (crawling, exploring, teething, putting objects in their mouth) can put them into contact with lead that is present in their environment. Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement. Long-term exposure to lead can have permanent and irreversible health impacts on children

In Iowa, the major source of lead exposure among children is deteriorating lead-based paint (chipping, flaking, and peeling) and lead-contaminated dust found in older buildings and surrounding soil. Lead-based paints were banned for use in housing in 1978. Houses and other buildings built before 1978, especially those built before 1950, may contain lead-based paint.

The only ways to prevent or minimize childhood lead poisoning is through ongoing maintenance and upkeep of painted surfaces and immediate report of deteriorated lead-based paint on the interior and exterior of buildings.

Center staff can conduct this visual assessment by doing a room-by-room inspection to determine the condition of paint on interior and exterior surfaces of building components like walls, windows (frames, sills, and troughs), doors & doorframes, floors (porches), ceilings, and other painted surfaces. The assessment should be completed in rooms where children will access and in common areas, like bathrooms, hallways, entryways, and outdoor areas next to buildings.

If hazards are identified, Iowa code (IAC Chapter 70 – Lead-Based Paint Activities) requires the repair of lead hazards in child-occupied facilities (child care centers) built before 1978 to be conducted by a certified lead professional.

For assistance in conducting the visual assessment or finding a certified lead professional, contact the Iowa Department of Public Health's Lead Poisoning Prevention Program at 1-800-972-2026.

Environmental Hazards: Radon

Legal reference: 441 IAC 109.11(7)

Environmental hazards.

- b. Within one year of being issued an initial or renewal license, centers operating in facilities that are at ground level, use a basement area as program space, or have a basement beneath the program area shall have radon testing performed as outlined in a nationally recognized radon measurement protocol.

If testing determines confirmed radon gas levels in excess of 4.0 picocuries per liter, radon mitigation procedures shall be developed.

If radon mitigation is in place, retesting shall occur at least every two years from initial measurements to confirm radon gas levels are below 4.0 picocurie per liter is in place.

If initial testing confirmed radon gas levels are below 4.0 picocurie per liter, retesting shall occur at least every five years from initial measurements.

Rationale and Recommendations For Implementation

Radon is a naturally occurring radioactive gas that is impossible to see, smell, or taste. While the gas is found in high levels in every state, a study by the Environmental Protection Agency (EPA) indicates that Iowa has relatively high levels of radon. The gas seeps into buildings through the surrounding soil via openings in basement walls and floors.

Radon is a leading cause of lung cancer. The higher the level of radon and the longer the exposure, the greater the risk.

Centers are at higher risk if the structure is at ground level or has a basement. The age of the facility and the type of foundation do not in and of themselves increase or decrease the risk. The best time to test for radon is in the winter when windows and doors are kept closed and the ground is frozen. For more information on radon testing protocols, see <http://idph.iowa.gov/radon>.

Test kits may be purchased through the American Lung Association at 1-800-383-5992 if you are unable to get one from the local public health department.

Environmental Hazards: Carbon Monoxide Poisoning

Legal reference: 441 IAC 109.11(7)

Environmental hazards.

- c. To reduce the risk of carbon monoxide poisoning, all centers shall, on an annual basis before the heating season, have a professional inspect all fuel-burning appliances, including oil and gas furnaces, gas water heaters, gas ranges and ovens, and gas dryers, to ensure the appliances are in good working order with proper ventilation.

All centers shall install one carbon monoxide detector on each floor of the center that is listed with Underwriters Laboratory (UL) as conforming to UL Standard 2034.

Rationale and Recommendations For Implementation

Carbon monoxide is a poisonous gas that you cannot see or smell, but at high levels it can kill in a matter of minutes. The gas is produced whenever any fuel such as gas, oil, kerosene, wood, or charcoal is burned, such as that used in gas and oil-burning appliances and furnaces.

Symptoms of carbon monoxide poisoning at low levels include shortness of breath, mild nausea, and mild headaches. At moderate levels, people may experience severe headaches, dizziness, mental confusion, nausea, or fainting. Because these symptoms may mirror those similar to the flu, food poisoning, or other illnesses, presence of carbon monoxide may go unattended. Infants are especially susceptible to carbon monoxide poisoning. Prevention is the key to avoiding carbon monoxide poisoning.

Some centers are in a building where the heating system is located in another part of the building or the center has hot water boiler heat. An inspection and detector is still required, as the heating system is still fuel-burning and could generate carbon monoxide that could impact the area where the center is located. Electric heaters, stoves, and hot water heaters do not generate carbon monoxide. An electric-only free standing building will not require a carbon monoxide detector.

Because of the higher use of fuel-burning furnaces in the winter and the fact that buildings are more "closed up," you should have all fuel-burning appliances inspected before the start of the heating season. To conduct testing of this equipment, contact your gas company, the safety consultant at your insurance company, a local heating and cooling contractor, or a private consultant. Scheduling these tests in the summer may help to avoid long waits and may result in reduced fees if a contractor charges for the test.

As a preventative back-up measure, you must install one carbon monoxide detector on each level or floor of the center. Make sure that the unit meets Underwriter's Laboratory Standard 2034 and that it is a non-battery powered detector. A detector should be located following the manufacture's

recommendations for placement. While detectors have not proven 100% accurate, technology is improving, and they remain the only alert system on the market today.

If you have additional questions regarding the dangers of carbon monoxide poisoning in the center, contact the Iowa Department of Public Health at (515) 281-4928.

Environmental Hazards: Exemption

Legal reference: 441 IAC 109.11(7)

Environmental hazards.

- d. Centers that operate before and after school programs and summer-only programs that serve only school-age children and that operate in a public school building are exempted from testing for lead, and carbon monoxide.
- e. Centers that operate before and afterschool programs and summer-only programs that serve only school-age children, and that operate in a public school building are required to follow radon testing requirements outlined in Iowa Code section 280.32 as enacted by 2022 Iowa Acts, House File 2412.

Rationale and Recommendations For Implementation

Many schools are already required to conduct tests for certain environmental risks. In addition, the size and design of schools poses a difficulty in isolating the test on the location of the building occupying the center premises. Therefore, programs that are operated in school buildings on a limited basis and serve only school-aged children are exempt from these requirements. However, for the safety of the children and staff, you are encouraged to conduct any environmental assessment you deem appropriate.

Activity Program Requirements

Activities

Legal reference: 441 IAC 109.12(1)

Activities. The center shall have a written curriculum or program structure that uses developmentally appropriate practices and a written program of activities planned according to the developmental level of the children. The center shall post a schedule of the program in a visible place. The child care program shall complement but not duplicate the school curriculum. The program shall be designed to provide children with:

- a. A curriculum or program of activities that promotes self-esteem and positive self-image; social interaction; self-expression and communication skills; creative expression; and problem-solving skills.
- b. A balance of active and quiet activities; individual and group activities; indoor and outdoor activities; and staff-initiated and child-initiated activities.
- c. Activities which promote both gross and fine motor development.
- d. Experiences in harmony with the ethnic and cultural backgrounds of the children.
- e. A supervised nap or quiet time for all children under the age of six not enrolled in school who are present at the center for five or more hours.

Rationale and Recommendations For Implementation

The importance of developmentally appropriate practices cannot be stressed enough. As research bears out the critical importance of the first three years of life for learning and social development, it is critical that centers develop activity plans for all age groups.

The written plan of the curriculum or program provides you with a mechanism to share with parents regarding what they can expect from the child care program. It also assists you in laying out a foundation of activities that enhance the safe care and development of the children. The elements of the program should provide for activities that are:

- Geared to the developmental stage of the children served.
- Attend to the cognitive, social, emotional and physical development of children.
- Take into account the cultural, ethnic, and special needs of the children.
- Allow for the maximum participation by children.
- Encourage participation and observation by parents as well.

In providing activity programs, child care centers often provide educational activities. “Not duplicating the school curriculum” means that a center does not provide an activity program or use curriculum that mirrors the local school curriculum.

While you do not provide an instructional program per se (such as offering a math or science class), you certainly may involve children in activities that build upon math and science teachings. You may also provide tutoring or homework sessions. This limited activity does not duplicate the school curriculum; again, the intent is not to offer an instructional program.

The child care center provides an opportune setting to work with children on health education (dental practices, nutrition, proper hand-washing, self-esteem, etc.) as well as safety education (“good-touch/bad touch,” responding to strangers, what to do if you’re lost, fire safety procedures, etc.) Many communities have health and safety professionals, including EMT or fire station personnel who are willing to conduct presentations for children.

You are encouraged to receive ongoing training on developmentally appropriate practice. Consultation and training materials on developmentally appropriate practices can be provided by the child care consultant, the child care resource and referral agency, and ISU Extension, among others.

Children with special needs can be integrated into the child care setting and participate in activities of the general population, usually with little adaptation required. If necessary, equipment can be purchased that meets the developmental needs of the child and allows the child to participate fully in activities.

Parents sometimes request that children not nap while at the center. However, preschool and school-aged children benefit from **rest periods**, whether they are in the form of actual nap times, lying down to rest, or quiet play.

For children under five, regularly scheduled nap or resting times and comfortable and quiet surroundings are important. School-aged children need opportunities for quiet activities, even if they do not wish to lie down. Children of any age should never be forced to sleep but may be encouraged to lie quietly for a period of time. The length of time children need for rest varies by child. There is no hard and fast rule regarding the maximum amount of time a child should have to remain resting. For children that do not nap, you may want to consider options for quiet play activities.

Periods of rest also provide staff with an opportunity to:

- Take a respite break.
- Rejuvenate.
- Participate in staff development activities, as appropriate.
- Complete necessary reports and documentation.

Discipline

Legal reference: 441 IAC 109.12(2)

Discipline. The center shall have a written policy on the discipline of children which provides for positive guidance, with direction for resolving conflict and the setting of well-defined limits. The written policy shall be provided to staff at the start of employment and to parents at time of admission. The center shall not use as a form of discipline:

- a. Corporal punishment including spanking, shaking, and slapping.
- b. Punishment which is humiliating or frightening or which causes pain or discomfort to the child. Children shall never be locked in a room, closet, box or other device. Mechanical restraints shall never be used as a form of discipline. When restraints are part of a treatment plan for a child with a disability authorized by the parent and a psychologist or psychiatrist, staff shall receive training on the safe and appropriate use of the restraint.
- c. Punishment or threat of punishment associated with a child’s illness, lack of progress in toilet training, or in connection with food or rest.

- d. No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.

Rationale and Recommendations For Implementation

Discipline should include positive guidance, redirection, and the setting of clear-cut limits that assist the child in developing socially acceptable, behavioral and emotional controls. The goal of discipline is to help children develop self-discipline, not to adhere to a rigid set of rules. Discipline practices should be consistent, a logical consequence to the action of the child, and appropriate to the age and circumstances of the child.

Interventions should be explained to the child, particularly as children reach age two and their language development enables them to begin to understand the explanation. Staff should remember to reward the positive as well as respond to the negative. The need for discipline can often be reduced by:

- Attending to the relationship or “match” of the caregiver and child.
- Establishing meal, snack, rest and toileting routines that do not allow children to become too tired, hungry, or uncomfortable.
- Maintaining ratios sufficient to attend to the individual needs of children.
- Ensuring adequate toys and materials are available for the numbers served.

Note that discipline practice should promote **positive** guidance, not negative reinforcement. Therefore, interventions such as placing soap, vinegar or other substances in children's mouths should not be used.

As children mimic the behaviors of adults, it is important that staff not use physical interventions or abusive language with the children or between themselves. **Corporal punishment is expressly forbidden in child care centers, regardless of the practices of the parents at home.**

Be aware of the developmental impact of physical intervention on children, the legal implications (including allegations of abuse), and the liability issues that can arise from physical discipline. Encourage staff to seek their own “time-outs” if they feel themselves becoming too impatient or starting to lose control.

Staff should use conversational voice tones when addressing children. If a child's behavior warrants an intervention, the staff person should go to the child and speak quietly with the child about the problem. Children should not be yelled at in close proximity or across a room, or grabbed or shoved. Using derogatory language when addressing a child is prohibited.

Appropriate alternatives to corporal punishment for young children include:

- **Very brief** expressions of disapproval for infants and toddlers.
- A quiet, non-threatening verbal response including redirection to another activity.
- “Time-outs” for preschoolers.
- Limits on activity (such as not being able to play with the building blocks for five minutes if the child throws a block).

A general rule of thumb is one minute of time-out for the age of the child. Young children do not have a concept of large spans of time and do not benefit from long periods of exclusion. Any “time-out”

intervention for any age of child should be brief, infrequent in use, and still provide for constant observation of the child. For school-aged children, denial of privileges may be an effective alternative.

You should have written discipline policies that include all the interventions that will be used in the center and that can be shared with parents and staff. All staff should have the tools and resources to manage difficult behaviors so they don't resort to inappropriate, including physical, discipline. Placing hands on children in response to managing behaviors is a last resort and highly discouraged. The policies should outline the positive guidance and interventions that will be used for discipline relative to the ages or special needs of the children, as well as policies for responding to difficult and common behaviors of preschoolers, such as biting and hitting. You may want to obtain parental permission for all interventions that will be used. Include cultural considerations in the development of discipline policies.

Biting: Biting by toddlers is a common and troubling occurrence in many child care centers. Children may bite other children as well as adults. While there is often concern expressed about the behavioral implications regarding this behavior, a concern also exists regarding the transmission of disease.

While causing concern among caregivers, biting is not necessarily developmentally inappropriate. Children often use biting as a means of what is termed "instrumental aggression." This differs from "hostile aggression" in that the child is merely trying to reestablish territory, usually either space or an object. In these cases, biting may be prevented by ensuring an adequate supply of toys and materials and by staff vigilance in anticipating problems and redirecting children.

Other causes may be normal exploration, teething, learning about cause and effect, gaining attention, imitating older peers, establishing independence and control, and the expression of frustration and stress. Research has shown that the incidence of biting is at its highest point in September, when new children may be enrolled in the center. The highest incidence of biting occurs before noon, when children may be getting tired and hungry and are more easily frustrated.

The important element to remember is to attend to the victim of the biting incident, assess why the biting is occurring, and develop positive interventions with the child who bites.

The child care licensing consultant, the child care health consultant, and staff at the area education agency can provide assistance or information on proper interventions with biting. You should have a policy developed on biting behaviors that include the intervention steps that you will take before considering discharging the child.

Mechanical restraints: With regard to the use of mechanical restraints as part of a treatment plan, you should be aware of the fact that other children observe this type of intervention and it may appear abusive or frightening to them. Staff may need to spend some time with younger children, in particular, in explaining why the child needs this type of treatment.

Children who because of special medical or behavioral needs require the regular use physical restraints must have a treatment plan with instructions, as authorized by the psychologist or psychologist and parent, on file in the center. Staff must receive training on the proper use of the restraint.

Helpful information on positive behavioral intervention supports can be found here:

<https://iowaccrr.org/training/PBIS/>

Special Accommodations

Legal reference: 441 IAC 109.12(3)

Policies for children requiring special accommodations. Reasonable accommodations, based on the special needs of the child, shall be made in providing care to a child with a disability. Accommodation can be a specific treatment prescribed by a professional or a parent, or a modification of equipment, or removal of physical barriers. The accommodation shall be recorded in the child's file.

Rationale and Recommendations For Implementation

Children with special needs may include those children with developmental disabilities or delays mental health diagnosis, sensory or motor impairment, or chronically ill children who require special health surveillance or interventions.

While some children, particularly those that are significantly technology-dependent or exhibit extreme emotional or behavioral problems, may pose special consideration in integrating into a child care center setting, every effort should be made to do so. Many financial, professional, and educational resources exist to help you and the parent in making the center a viable option for children with special needs. The input of the child's parents is critical in achieving a successful plan of care.

Children with special needs in child care may be receiving special education services through the school, the area education agency, or Iowa's System of Early Intervention (also known as "Part C" or Iowa Access). Those children have a service plan called an Individualized Family Service Plan (IFSP) for children under the age of three and an Individualized Education Plan (IEP) for children three years and older.

Child care providers may be included in the service planning process. Ask parents to provide a copy of the child's service plan, so there is no disruption in the continuity of care provided in the child care center, particularly during the summer months.

The child care nurse consultant in your area or early childhood special education staff employed at the area education agency, are able to provide additional consultation and training regarding specific issues of care.

Play Equipment, Materials, and Furniture

Legal reference: 441 IAC 109.12(4)

Play equipment, materials and furniture. The center shall provide sufficient and safe indoor play equipment, materials, and furniture that conform with the standards or recommendations of the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products. Play equipment, materials, and furniture shall meet the developmental, activity, and special needs of the children.

Rooms shall be arranged so as not to obstruct the direct observation of children by staff. Individual covered mats, beds, or cots and appropriate bedding shall be provided for all children who nap. The center shall develop procedures to ensure that all equipment and materials are maintained in a sanitary manner.

Sufficient spacing shall be maintained between equipment to reduce the transmission of disease, to allow ease of movement and participation by children and to allow staff sufficient space to attend to the needs of the children during routine care and emergency procedures.

The center shall provide sufficient toilet articles for each child for hand washing. Parents may provide items for oral hygiene (if appropriate to the developmental age and needs of the child). The center shall ensure that sanitary procedures are followed for use and storage of the articles.

Rationale and Recommendations For Implementation

A quality, developmentally appropriate program must have available high quality equipment and materials. To create a child-friendly and developmentally appropriate environment, you should ensure enough tables, chairs, individual storage containers, shelves, lockers, play equipment, art supplies, toys, and play stations are available proportionate to the number of children served.

Equipment should be sized to meet the developmental stage of the children served, as well as to accommodate the care and play needs of children with special needs. Having adequate numbers of furnishings and play equipment may help children remain active and challenged throughout the day and may reduce acting-out behaviors among children that stem from boredom or frustration.

The design and placement of furniture and equipment should allow for movement of children without bumping into one another or into equipment and furniture. Children need adequate leg space between the table and their chairs. Proper adaptation and layout of the program area should encourage individual and social participation and creativity by all children. Overcrowding of play, activity, or meal areas adds to children's overall frustration levels and the likelihood of injuries.

As a general rule, you should assess all furniture, equipment and materials to ensure that:

- The items are stable and free of any safety hazards, such as sharp points or corners.
- No wood items are splintering or have peeling or chipping paint.
- No item has loose or hazardous small parts.
- No nails, bolts or screws are protruding.
- No toys have small or removable parts that pose a choking hazard to small children.
- No item presents a pinch or collapse hazard, such as the potential with folding chairs and gates.
- Are not recalled

If in doubt on any item, remove or secure the item until you can get further consultation.

Most products are the market today state on the item that it meets the standards of a federal or national certifying body, such as the Consumer Product Safety Commission, the American Society for Testing and Materials, Art and Creative Materials Institute, or Underwriters Laboratory, or contain indications that the material is non-toxic, lead-free, etc. The Consumer Product Safety Commission issues alerts and recalls on products

Equipment for naps or rest: All children must have their own bed, cot, or mat and bedding that is appropriate for the comfort of the child. At a minimum, each bed, cot or mat must have a washable covering (waterproof mattress pad, sheet, etc.) over it for the child's warmth and comfort and to allow for sanitation through washing. In addition, you must provide bedding such as blankets, sheets, and pillows for each child appropriate to the season.

All cribs 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/>.

You should assess all beds and cots to ensure that they do not pose an entrapment hazard for small children. Beds, cots and mats should be placed at a minimum of three feet apart. Doing so helps the caregiver attend to the needs of each child and may reduce the transmission of illness such as respiratory infections, which are transmitted by respiratory secretions or airborne particles (from sneezing, coughing, drooling, etc.)

Mats provide an alternative to beds and, like cots, allow centers to maximize floor space. If used, give the same precautions and considerations as are given to beds and cots. All mats should have nonabsorbent, washable, and flame retardant coverings around the foam, such as vinyl or plastic. Give consideration to the bedding provided to ensure children remain warm.

All bedding and coverings should be washed at a minimum of weekly, or more often if the material becomes soiled or wet. As all children are to have their own bed, cot, or mat with appropriate bedding, you should change the bedding and sanitize the equipment between occupants.

Rest mats, cots and bed frames should be wiped down and disinfected weekly.

If at all possible, mats should be stored so that they do not touch one another and contribute to the spread of disease. Bedding and bed and cot frames should be cleaned and disinfected more frequently if a child is ill or a particular illness has spread through the center.

While stackable cribs potentially provide another space-saving alternative to beds and cribs, they are discouraged for use in child care centers. The National Health and Safety Performance Standards recommend against their use, as research has shown that the incidence of illness and communicable disease increases with stackable cribs. Because of the close proximity of each unit and the upper/lower crib structure, lower cribs can become contaminated with saliva, urine, fecal matter, or vomit from a child in the upper crib. The proximity for airborne respiratory particles raises another health concern.

Personal toilet articles: Soap and paper towels or individual cloth towels must be provided for the children. The parent may provide other items for use by the child, such as hair combs and brushes.

Toothbrushes may be obtained by contacting your I-Smile Coordinator or child care nurse consultant. Because of the potential for disease transmission, all personal items should be individually labeled and stored in such a way so as not to have contact with another child's items. Toothbrushes should be stored upright in a manner that does not allow them to touch or drip down onto another brush and allows for air drying.

Infant Environment

Legal reference: 441 IAC 109.12(5)

Infant environment. A child care center serving children two weeks to two years old must provide an environment which protects the children from physical harm, but is not so restrictive as to inhibit physical, intellectual, emotional, and social development.

- a. Stimulation shall be provided to each child through being held, rocked, played with and talked with throughout the time care is provided. Insofar as possible, the same adult should provide complete care for the same child.
- b. Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.
- c. Highchairs or hook-on seats shall be equipped with a safety strap which shall be engaged when the chair is in use and shall be constructed so the chair will not topple.
- d. Safe, washable toys, large enough so they cannot be swallowed and with no removable parts, shall be provided. All hard-surface toys used by children shall be sanitized daily.
- e. The provider shall 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 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 or physician's assistant authorization with statement of medical reason is required.
- f. A crib or crib-like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards or recommendations from the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products shall be provided for each child under two years of age if developmentally appropriate.

Crib railings shall be fully raised and secured when the child is in the crib. A crib or crib-like furniture shall be provided for the number of children present at any one time. The center shall develop procedures for maintaining all cribs or crib-like furniture and bedding in a clean and sanitary manner. There shall be no restraining devices of any type used in cribs.

- g. Infant walkers shall not be used.
- h. For programs operating five hours or less on a daily basis, the center shall have a sufficient number of cribs or crib-like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards from the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products for children who may nap during the time in attendance. Cribs or crib-like furniture shall be used by only one child at a time and shall be maintained in a clean and sanitary manner.
- i. All items used for sleeping must be used in compliance with manufacturer standards for age and weight of the child.

Rationale and Recommendations For Implementation

While it is generally held that most infants and parents benefit from at least six weeks of uninterrupted time following birth, some employment settings do not allow for parents to be absent from work for an extended period of time. When an infant begins child care before six weeks of age, you should be especially aware of the separation issues for both child and parent and to the critical need of the child to connect with a consistent caregiver.

You should also be sensitive to the needs of the parent, who will want to know as much as possible about the course of the child's day, and take time to provide that detail in the daily report.

The importance of the first three years of life in brain development has been documented in research. Children greatly benefit in cognitive development from being talked and read to even in infancy. Additionally, children develop stronger and more trusting social and emotional relationships from being held, touched, and soothed. Children also benefit from the continuity of reliable and affectionate care from the same caregiver. Some centers have developed staffing patterns to allow the same caregiver to remain with the child throughout the first three years.

Diapering: Gastrointestinal illness, such as diarrhea caused by bacteria, viruses, and parasites, as well as hepatitis A viral infection of the liver are spread from infected persons through fecal contamination. Procedures that reduce the likelihood of fecal contamination include proper hand-washing and personal hygiene, frequent disinfecting of diapering areas, and the proper use and removal of an infant's diaper.

Frequent diaper changing will also significantly reduce diaper dermatitis.

If you are going to use cloth diapers, you should develop policies regarding their use, storage, and laundering, and staff hand washing, etc. The use of cloth diapers increases the likelihood of contamination of surface areas and staff's hands with fecal matter and body fluids. Increased vigilance in disposal and disinfecting is required.

Diapering stations or changing tables should have a nonabsorbent surface that may be covered with a disposable paper sheet. The surface should be cleaned and disinfected after each and any paper covering disposed of in the diaper receptacle. Staff should not hold infants when cleaning the changing

table. Diapering stations should never be used for food preparation areas or to hold food or food service items.

All diaper changing materials should be kept within arm's reach of the table, so that staff never leave a child unattended. A lined and covered diaper receptacle should be kept beside the changing table, so staff do not have to walk with a soiled diaper. Hands-free receptacles are preferred to prevent staff from touching a repeatedly soiled lid.

The licensing or child care nurse consultant can help review the center's diapering procedures to ensure that adequate practices for disease prevention and health of the child are provided.

Highchairs: You should have enough highchairs or hook-on seats to allow all toddlers to eat based on their own schedule and not the availability of a seat. Assess highchairs to ensure that:

- They do not have sharp edges.
- The locking device is in working order.
- The tray can be engaged and disengaged without pinching the child.
- The design does not pose an entrapment hazard to a child.

Should a chair's safety strap become inoperable, do not use a "bungee cord" or other strap as an alternative. The original strap needs to be repaired or the chair replaced.

The Juvenile Products Manufacturers Association (of the American Society for Testing and Materials) has a testing and certification program for high chairs, play yards, carriages, strollers, gates, and expandable enclosures. You can look for labeling that certifies that these products meet the standards when purchasing new equipment.

Toys: Because children are inclined to place items in their mouths from infancy through the preschool years, you need to exercise extreme caution and supervision in the purchase and use of toys. The incidence of choking, aspirating or ingesting small objects is an occurrence well documented at many emergency rooms. Toys that do not meet the federal small parts standards are generally labeled "intended for children ages 3 and up." You should ensure that the following toys or objects are not available: to children under 3 years

- Items that have diameters of less than 1 1/4 inches or are less than 2 1/4 inches long.
- Balls and toys with spherical or egg shaped that are smaller than 1 3/4 inches in diameter
- Objects with removable parts that have diameters of less than 1 1/4 inches.
- Toys with sharp points and edges.
- Plastic bags, rubber bands, balloons, marbles, small high powered magnets and styrofoam
- Electronic toys with button batteries that are not secured with a screw to prevent falling out

To prevent the spread of germs from infant to infant, toys that have been mouthed by an infant should be removed from use until disinfected. You may want to keep a small basket specifically for soiled toys in each infant room.

Cribs or crib-like furniture: Cribs should not be placed end to end, as this still allows for children to reach over the "wall" into another child's space, risking the likelihood of the transmission of illness. If the child care consultant approves the placement of cribs end to end for exceptional spacing considerations, the cribs should be used only for infants who are not yet able to pull themselves to a standing position. Staff must still have full access to a child located anywhere in the crib.

You must provide a crib and bedding for each child under two. The rule requires a crib or crib-like furniture for all children under two, if developmentally appropriate. If a child nearing age two is **developmentally ready**, you may substitute a cot or mat for the crib.

All cribs should have a waterproof plastic mattress cover, a sheet over the cover, and bedding that allows the infant to be comfortable and warm. Infants should never be placed directly on a plastic mattress cover, and the cover should be thick and taut enough so as not to pose a suffocation hazard.

Crib-like devices: Crib-like devices include portable, nylon-mesh-sided nursery equipment, such as playpens, play yards, and travel yards. Because of their size, portability, and storage capabilities, they provide flexibility for providers in having crib space available for every infant. The same bedding and sanitation requirements apply to these devices.

The Consumer Product Safety Commission maintains a toll free telephone hotline and website to provide information about recalled products and information on what to look for when buying products. The Commission can provide contact information for companies regarding obtaining replacement parts and refunds. You can reach the hotline at 1-800-638-2772 or visit the website at <http://www.cpsc.gov>.

Tummy Time: The time an infant spends on his stomach (tummy) throughout the day. Tummy time is only for when the infant is awake, alert and being watched. Infants should not be placed on a pullow, foam, bean bag, or boppy pillow for tummy time due to the risk of suffocation. Infants should have supervised tummy time every day when they are awake. Beginning on the first day at the early care and education program, caregivers/teachers should interact with an awake infant on his/her tummy for short periods (3–5 minutes), increasing the amount of time as the infant shows he/she enjoys the activity.

Extended Evening Care

Facility Requirements

Legal reference: 441 IAC 109.13(1)

A center providing extended evening care shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter, with the additional requirements set forth below.

Facility requirements.

- a. The center shall ensure that sufficient cribs, beds, cots and bedding are provided appropriate to the child's age and that sufficient furniture, lighting, and activity materials are available for the children. Equipment and materials shall be maintained in a safe and sanitary manner.
- b. The center shall ensure that a separate space is maintained for school-age boys and girls to provide privacy during bathroom and bedtime activities. Bathroom doors used by children shall be nonlockable.
- c. The center shall ensure that parents have provided the personal effects needed to meet their child's personal hygiene and prepare for sleep. The center shall supplement those items needed for personal hygiene which the parent does not provide. The center shall obtain written information from the parent regarding the child's snacking, toileting, personal hygiene and bedtime routines.

Rationale and Recommendations For Implementation

"Extended evening care" means care provided by a child care center any time between the hours of 9 p.m. and 5 a.m.

The same requirements and recommendations for practice that were previously stated for equipment, beds and bedding, lighting, safety and sanitation are to be practiced by providers of evening care.

While bathroom doors shall be unlockable, measures may be taken on bathroom doors to provide for the privacy of school-aged children. Do not install a lock that prevents staff from being able to enter the room in an emergency situation.

Personal effects are dependent on the total hours of care that are provided, but may include toothbrush and toothpaste, hairbrush and combs, and pajamas. If bathing facilities are provided, items may include individual towels and washcloths, shampoo, and soap. Towels and washcloths should be laundered after each use.

Activities

Legal reference: 441 IAC 109.13(2)

A center providing extended evening care shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter, with the additional requirements set forth below.

Activities.

- a. Evening activities shall be primarily self-selected by the child.
- b. Every child-occupied room except those rooms used only by school-age children for sleeping shall have adult supervision present in the room. Staff counted for purposes of meeting child-to-staff ratios shall be present and awake at all times.

In rooms where only school-age children are sleeping, visual monitoring equipment may be used. If a visual monitor is used, the monitoring must allow for all children to be visible at all times. Staff shall be present in the room with the monitor and shall enter the room used for sleeping to conduct a check of the children every 15 minutes.

Rationale and Recommendations For Implementation

Activities: Evening and overnight care, while different from the care provided to children during the daytime hours, should still be accomplished in a structured and thoughtful manner. A broad array of activities should be available to the child, including opportunities for solo and group participation.

Indoor and outdoor recreational opportunities should be provided when possible, as well as board games, art and craft opportunities, limited television, and conversation. Provisions should be made so that children are supported and have quiet work areas for the completion of homework.

Supervision: Adults should remain on the same level of the building as the children at all times. Because of the reduced activity levels and interaction among children and adults, you should take precautions to prevent the occurrence of sexual abuse. The opportunities for one adult to be left alone with children for an extended period of time should be limited.

Supervision during sleep: Rooms that preschool-aged children occupy for sleeping must have adult supervision in the room. The presence of an adult may help to ease the separation or anxiety levels some younger children experience at bedtime in the absence of their parents. An adult in the room is also able to monitor and respond to toileting needs, illness or other emergencies, particularly in caring for infants.

School-aged children may not require the same level of individual attention while sleeping as preschool-age children might. While school-aged children may not require an adult to be constantly present in the room while they are sleeping, they still require supervision for developmental risk-taking and safety reasons.

Staff should also be aware of the possibility of sexual exploration between school-aged children, especially in sleeping rooms used by both boys and girls. You should have a procedure for how frequently a staff will enter the room to check on the well being of the children.

If you choose to use a visual monitor, all children must be visible within the scope of the monitor, a staff person must be in the room with the monitor and watching the monitor at all times, and the staff must conduct an “in-room” check at least every 15 minutes.

Get-Well Center

Staff Requirements

Legal reference: 441 IAC 109.14(1)

A get-well center shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter with the additional requirements and exceptions set forth below.

Staff requirements.

- a. The center shall have a medical advisor for the center's health policy. The medical advisor shall be a medical doctor or a doctor of osteopathy currently in pediatrics or family practice.
- b. A center shall have a licensed LPN or RN on duty at all times that children are present. If the nurse on duty is an LPN, the medical advisor or an RN shall be available in the proximate area as defined in state board of nursing rules at 655—6.1(152).

Rationale and Recommendations For Implementation

A “get-well center” is a child care center that provides care for children who are experiencing an acute illness of a short duration that precludes their ability to be in their regular care arrangements.

Children in child-care settings are at an increased risk for acquiring infectious disease or illness. Children with mild illness, can and in most cases should, continue in their regular care arrangements. When appropriate, continuity of care benefits not only the child but the family as well.

Some illnesses, such as diarrhea, chicken pox, upper respiratory infections and inner ear infections with accompanying fever, may preclude a child from attending the regular care setting for a short period of time. During these illnesses, regardless of whether care is continued in an isolated “get-well” arrangement of a center or in a separate facility for mildly ill children, it is important that all health and sanitation measures be strictly followed to prevent further spread of illness.

For those centers employing a licensed practical nurse, the center must have a detailed set of procedures for consulting with the medical advisor or registered nurse **immediately** upon a child's arrival at the center. The licensed practical nurse will need to communicate the child's presenting symptoms, health history, and planned course of treatment and care.

The medical advisor or registered nurse can then have the opportunity to support or make recommendations to the treatment plan, make an on-site visit, or request the child see a physician. Depending upon the type of illness, periodic consultation with the medical advisor or registered nurse may be required throughout the day.

Health Policies

Legal reference: 441 IAC 109.14(2)

A get-well center shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter with the additional requirements and exceptions set forth below.

Health policies.

- a. The center shall have a written health policy, consistent with the National Health and Safety Performance Standards, approved and signed by the owner or the chair of the board and by the medical advisor before the center can begin operations. Changes in the health policy shall be approved by the medical advisor and submitted in writing to the Department. A written summary of the health policy shall be given to the parent when a child is enrolled in the center. The center's health policy at a minimum shall address procedures in the following areas:
 - (1) Medical consultation, medical emergencies, triage policies, storage and administration of medications, dietary considerations, sanitation and infection control, categorization of illness, length of enrollment periods, exclusion policy, and employee health policy.
 - (2) Reportable disease policies as required by the state Department of Public Health.
- b. The child shall be given a brief evaluation by an LPN or RN upon each arrival at the center.
- c. The parent shall receive a brief written summary when the child is picked up at the end of the day. The summary must include:
 - (1) Admitting symptoms.
 - (2) Medications administered and time they were administered.
 - (3) Nutritional intake.
 - (4) Rest periods.
 - (5) Output.
 - (6) Temperature.

Rationale and Recommendations For Implementation

You should obtain emergency contact information from the parent, including the name and phone number of the child's primary physician as well as telephone numbers where the parent can be reached throughout the day. Parents should also complete an authorization for medication and permission to seek emergency care.

You can obtain information regarding reportable diseases as required by the Iowa Department of Public Health or other technical assistance regarding the prevention of communicable diseases from the child care health consultant.

Exceptions

Legal reference: 441 IAC 109.14(3)

A get-well center shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter with the additional requirements and exceptions set forth below.

The following exceptions to 441—Chapter 109 shall be applied to get-well centers:

- a. A center shall maintain a minimum staff ratio of one-to-four for infants and one-to-five for children over the age of two.

- b. All staff that have contact with children shall have a minimum of 17 clock hours of special training in caring for mildly ill children. Current certification of the training shall be contained in the personnel files. Special training shall be Department-approved and include the following:
 - (1) Four hours' training in infant and child cardiopulmonary resuscitation (CPR), four hours' training in pediatric first aid, and one hour of training in infection control within the first month of employment.
 - (2) Six hours' training in care of ill children, and two hours' training in child abuse identification and reporting within the first six months of employment and every five years thereafter.
- c. There shall be 40 square feet of program space per child.
- d. There shall be a sink with hot and cold running water in every child-occupied room.
- e. Outdoor space may be waived with the approval of the Department if the program is in an area adjacent to the pediatrics unit of a hospital.
- f. Grouping of children shall be allowed by categorization of illness or by transmission route without regard to age, and shall be in separate rooms with full walls and doors.

Rationale and Recommendations For Implementation

Ratio: Children who are ill may require more personalized or intensive care, and staff need to be able to respond to emergency and evacuation situations. The ratio for infant care is consistent with that provided under general care settings. However, you may want to provide care at more stringent ratios, depending on the number and types of illnesses presented. The NHSPS recommend staff/child ratios of:

Children under age two	1 to 3
Children two to five years old	1 to 4
Children aged six years or older	1 to 6

Training: In addition to specialized health training and disease prevention, staff employed in get-well settings need to have a general understanding of child development to be able to meet the child's overall physical and emotional needs during illness. Understanding of child development and experience working with children will assist the staff in the overall care of the child, as many children may be active during an illness and developmentally appropriate activities and care must be provided.

The 17 hours of required training for all staff includes:

- Within first three months of employment:
 - 4 hours of infant and child CPR
 - 4 hours of pediatric first aid
 - 1 hour universal precautions and infection control
 - 2 hours of training regarding Iowa's mandatory reporting of child abuse
- Within the first six months:
 - 6 hours in caring for mildly ill children
- Annually:
 - 1 hour of universal precautions and infection control
 - 6 hours in caring for mildly ill children

- Maintain certification in infant and child CPR and first aid
- Iowa's mandatory reporting of child abuse (repeated every five years)

Program space: Because of the transmission routes of communicable disease, the need for mildly ill children to have developmentally appropriate play, and the need for quiet rest, 40 square feet of program space should accommodate the varying needs of children who are ill. Adequate space (recommended 3-6 feet between children with illness transmission by respiratory droplet) and ventilation are thought to be deterrents to the spread of illness, particularly those illnesses such as respiratory illness and illnesses such as chicken pox that have airborne transmission routes (sneezing, coughing, etc.).

Be mindful of that fact that mildly ill children are not necessarily bedfast. You need to arrange accommodations for developmentally appropriate play. The furnishing and equipment guidelines for type, safety and sanitation that apply to general care must be followed by get-well centers as well. If the get-well center is a part of a child care center and shares the same building, no furniture, equipment or supplies should be shared by the two populations of children.

The child care health consultant can provide resources, materials and information on health-related training opportunities.

Food Services

Nutritionally Balanced Snacks and Meals

Legal reference: 441 IAC 109.15(1)

Centers participating in the USDA Child and Adult Care Food Program (CACFP) may have requirements that differ from those outlined in this rule in obtaining CACFP reimbursement and shall consult with a state CACFP consultant.

Nutritionally balanced meals or snacks. The center shall serve each child a full, nutritionally balanced meal or snack as defined by the USDA Child and Adult Care Food Program (CACFP) guidelines and shall ensure that staff provide supervision at the table during snacks and meals. Children remaining at the center two hours or longer shall be offered food at intervals of not less than two hours or more than three hours apart unless the child is asleep.

Rationale and Recommendations For Implementation

Good nutrition practices are a vital component of children's overall physical, dental, and cognitive development. Young children experience rapid growth in the first years of life, and therefore need adequate food intake to support their growth and energy needs. School-aged children exhibit a similar rapid growth rate and thus have a need for nutritious, energy-producing foods as well.

Young children may need more frequent food intake (in the form of snacks), as their hunger may not coincide with the scheduled meal time, and they are developing likes and dislikes for food. Similarly, school-aged children have developed more definite food preferences, so you need to provide a variety of options for snacks.

The Child and Adult Care Food Program is a program of the United States Department of Agriculture designed to provide partial cash reimbursement for food costs to child care centers to assist them in meeting the nutritional needs of children.

Centers may receive reimbursement for two meals and one snack, or two snacks and one meal. Children under the age of 12 (or under 15 if an eligible child of a migrant family or a child with a developmental disability) are eligible. The Child and Adult Care Food Program is available to early childhood programs **and** to before- and after-school programs. In Iowa, staff at the Department of Education administers the program.

To participate in the Child and Adult Care Food Program, centers must be licensed. Regardless of whether or not the center chooses to participate in the reimbursement program, all centers program guidelines for creditable foods and serving sizes based on age for meals and snacks must be followed.

Supervision: If appropriate to the age of the children served, staff are encouraged to sit at the table with the children in a family-style fashion and eat the same foods. Doing so not only provides for more prompt responses in the event of a choking emergency but also allows staff to prevent unsafe eating practices, such as children overstuffing their mouths, feeding each other, fighting over food, etc. In addition, meal times offer an opportunity to discuss exploration of new foods, engage children in social conversation, teach serving and eating techniques, and model appropriate table manners.

Throughout the day, including at meal times, water should be made available to children to drink upon their request, but does not have to be available for children to self-serve. While drinking water must be made available to children during meal times, it is not part of the reimbursable meal and may not be served in lieu of fluid milk.

Intervals of meals and snacks: Children who are cared for more than two hours a day must receive a meal or snack every two to three hours. Examples:

- Children arrive at center at 7:00 a.m. Either breakfast or snack should be provided no later than 10:30. If breakfast is provided at 7:30, a snack could be provided at 9:30 with lunch to follow after 11:30 and before 12:30.
- Children arrive at center at 6:30 a.m. Either breakfast or snack should be provided no later than 9:30.

Centers have an opportunity to serve as a model and teach young children sound nutritional practices that will have a positive impact on their development and lifestyles as adults. As such, in developing policies and procedures for children, you may want to restrict the use of candy or high-sugar foods as rewards and use other more nutritional food items or non-edible items -- such as stickers -- for positive reinforcements.

If participating in the Child and Adult Care Food Program, and you have a child that needs to avoid certain foods for a medical reason, a prescribed licensed medical professional must document the diet modification. A copy of the [Diet Modification Request Form](#) is in Part IV Tools.

Menu Planning

Legal reference: 441 IAC 109.15(2)

Menu planning. The center shall follow the minimum CACFP menu patterns for meals and snacks and serving sizes for children aged infant to 13 years. Menus shall be planned at least one week in advance, made available to parents, and kept on file at the center. Substitutions in the menu, including substitutions made for infants, shall be noted and kept on file. Foods with a high incident rate of causing choking in young children shall be avoided or modified.

Provisions of this subrule notwithstanding, exceptions shall be allowed for special diets because of medical reasons in accordance with the child's needs and written instructions of a licensed physician or health care provider.

Rationale and Recommendations For Implementation

Planning menus ahead of time is not only a sound business practice in terms of purchasing items at discounted prices and having necessary items on hand, but also serves as a good communication tool for parents.

Providing a copy of the menu to parents or posting at the center helps parents be aware of what the child receives during the day. Providing parents advanced notice of what will be served during any given week allows the parent an opportunity to intervene should a particular food item pose a health or nutrition concern to the child.

The size, shape and consistency of food contribute to its ability to choke small children. As with small parts of toys, pieces of food that are approximately 1/2 inches to 1 1/2 inches in diameter, are round, or are tough and don't easily break apart pose serious risk to children.

Foods that are known to result in a high incident rate of choking if not modified include: hot dogs, dry meat, hard candies, gum drops, chewing gum, carrots, raw peas, celery, whole grapes, apples, raisins, dried fruit, nuts and seeds, pretzels, potato chips, popcorn, marshmallows, cookies, bread, and spoonfuls of peanut butter. If any of these items are served, they should be cut into small pieces (not round). Always remove any bones from meat and seeds or pits from fruit before serving to small children.

As a potential choking hazard, styrofoam cups and plates should not be used with preschool children. For younger school-aged children, extra care should be provided to ensure that children do not chew on the styrofoam. When catered meals are provided on styrofoam trays, be vigilant in supervision at mealtime to ensure children do not chew off a piece of the foam.

Children with special needs may require additional planning and accommodations. Some children may experience difficulty in feeding, including delays in chewing, swallowing, and independent feeding skills. Utensils, equipment and furniture may have to be adapted to meet the developmental and physical needs of children.

You should determine at time of admission if the child has food allergies, exhibits tongue thrusting, is medically fragile, requires special positioning, or requires nasogastric or gastrostomy feeding. The child care health consultant and staff at the area education agency or Child Health Specialty Clinics can provide consultation.

The most common food allergies are to milk, egg, soy, peanut, tree nut, wheat, and shellfish. Written instructions from the child's parents or physician are recommended. Depending on the level of sensitivity, center staff may need to more carefully plan menus, prepare foods, read labels, and limit to snacks provided by parents to avoid exposing a child to the allergen. An emergency plan, treatment kit and related staff training may be necessary as well.

If a child has a medical exception for a food item otherwise recommended by the Child and Adult Care Food Program, you and the parent should establish a list of foods that present a problem. Note why (allergy, choking hazard, etc.), indicate allowable substitutions, and establish a date to reevaluate the child's needs.

Feeding of Children Under Two Years of Age

Legal reference: 441 IAC 109.15(3)

Feeding of children under two years of age.

- a. All children under 12 months of age shall be fed on demand, unless the parent provides other written instructions. Meals and snacks provided by the center shall follow the CACFP infant menu patterns. Foods shall be appropriate for the infant's nutritional requirements and eating abilities.

Menu patterns may be modified according to written instructions from the parent, physician or health care provider. Special formulas prescribed by a physician or health care provider shall be given to a child who has a feeding problem.

- b. All children under six months of age shall be held or placed in a sitting-up position sufficient to prevent aspiration during feeding. No bottles shall be propped for children of any age. A child shall not be placed in a crib with a bottle or left sleeping with a bottle. Spoon feeding shall be adapted to the developmental capabilities of the child.
- c. Single-service, ready-to-feed formulas, concentrated or powdered formula following the manufacturer's instructions or breast milk shall be used for children 12 months of age and younger unless otherwise ordered by a parent or physician.
- d. Whole milk for children under age two who are not on formula or breast milk unless otherwise directed by a physician.
- e. Cleaned and sanitized bottles and nipples shall be used for bottles prepared on site. Prepared bottles shall be kept under refrigeration when not in use.

Rationale and Recommendations For Implementation

Infants do not benefit from rigid feeding schedules for a variety of reasons. In the first year of life, they are in their most rapid growth stage. Both their developmental and emotional needs for security are met when staff attend to their individual cues or demands for food.

Infants also benefit from being held during feeding. Not only does this allow a time of emotional connecting for the infant, being fed while held or in a sitting up position helps to reduce the likelihood of aspiration, choking, tooth decay, and ear infections. Breast milk, whole milk, formula, and water should be served in a bottle. By the age of seven or eight months, many children can be offered these beverages in developmentally sized cups.

Infants should not have their bottle "propped" (the practice of placing a bottle against an item next to an infant to allow it to self-feed unattended) or be left in a crib with a bottle. Both practices increase the likelihood of the child choking or aspirating. The practice also promotes tooth decay, orthodontic problems, speech disorders, and inner ear infections.

Children under two who are no longer on formula or breast milk must be provided whole milk as milk with a reduced fat content does not provide enough calories or nutrients for rapidly growing and active children. The Child and Adult Care Food Program allows breast milk to be used up to age two, if this is the desire of the parent.

Breast milk must be kept refrigerated or frozen and should be labeled with the child's name and date. Freshly expressed or pumped breast milk can be stored in the refrigerator up to 4 days. Thawed, previously frozen breast milk can be stored in the refrigerator for 24 hours. When a feeding is over, what is left in the bottle must be fed within 2 hours after the baby has finished feeding or it should be discarded.

For more information on handling, storage, and preparation of breastmilk, see https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

You are encouraged to provide a private area where a nursing mother can come to the center and nurse her infant.

In general, do not prepare more breast milk or formula in a bottle than you think the baby will consume in one feeding. Prepared formula must be kept refrigerated and should be labeled with the child's name and date prepared.

As a child nears six months of age, solid foods may be introduced to the child if the child is developmentally ready. As children can experience difficulty if solid foods are introduced prematurely, any change in the meal or nutrition patterns of infants must be discussed with and approved by the parent. Introducing one food at a time allows for an opportunity to observe if the child has an allergy to a particular food.

Food Brought From Home

Legal reference: 441 IAC 109.15(4)

Food brought from home.

- a. The center shall establish policies regarding food brought from home for children under five years of age who are not enrolled in school. A copy of the written policy shall be given to the parent at admission. Food brought from home for children under five years of age who are not enrolled in school shall be monitored and supplemented if necessary to ensure CACFP guidelines are maintained.
- b. The center may not restrict a parent from providing meals brought from home for school-age children or apply nutritional standards to the meals.
- c. Perishable foods brought from home shall be maintained to avoid contamination or spoilage.
- d. Snacks that may not meet CACFP nutrition guidelines may be provided by parents for special occasions such as birthdays or holidays.

Rationale and Recommendations For Implementation

If school-aged children bring their meals to the center, you need to ensure that adequate refrigerator or cooler space exists to keep food from spoiling. The items should be marked with each child's name and dated.

You may develop policies for children **not enrolled in school** that prohibit food brought from home. If your policy allows food to be brought from home, you must still ensure that a child's nutrition needs are being met according to Child and Adult Care Food Program standards and offer additional items to the child's meal if nutrition standards are not met.

You may want to provide parents information as to the nutritional standards that must be met to assist them in preparing their child's lunch and information regarding safe food handling practices (storage, temperature, etc.). You may want to establish an annual update procedure for parents.

As a means of preventing tooth decay, you are encouraged to explore a variety of nutritious snacks that do not contain a high sugar content. However, on a limited basis, snacks such as birthday cakes or cupcakes may be provided. You may develop policies that allow for snacks that are not approved by the Child and Adult Care Food Program to be served for limited occasions.

Non-approved snacks may be sent home with the child or served as extra food in addition to the creditable snack. In these instances, you should communicate with the parents (either in a separate communication or noted on the menu) that a non-approved snack will be provided.

You may want to develop policies, with the input from parents, regarding appropriate homemade snacks. Communicating with parents may be particularly helpful in alerting them to children served in

the center who have food allergies. The most common food allergies are to milk, egg, soy, peanut, tree nut, wheat, and shellfish.

Food Preparation, Storage, and Sanitation

Legal reference: 44I IAC 109.15(5)

Food preparation, storage, and sanitation. Centers shall ensure that food preparation and storage procedures are consistent with the recommendations of the National Health and Safety Performance Standards and provide:

- a. Sufficient refrigeration appropriate to the perishable food to prevent spoilage or the growth of bacteria.
- b. Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent the transmission of disease, infestation of insects and rodents, and the spoilage of food. Staff preparing food who have injuries on their hands shall wear protective gloves. Staff serving food shall have clean hands or wear protective gloves and use clean serving utensils.
- c. Sanitary methods for dish-washing techniques sufficient to prevent the transmission of disease.
- d. Sanitary methods for garbage disposal sufficient to prevent the transmission of disease and infestation of insects and rodents.

Rationale and Recommendations For Implementation

Refrigeration: To prevent the growth of bacteria that can lead to salmonella or other gastrointestinal illness, the temperature of the refrigerator should be maintained at 40 degrees Fahrenheit or lower. As food should not be allowed to freeze, the temperature in all storage areas of the refrigerator should ideally be between 33 and 40 degrees Fahrenheit.

Freezer sections should maintain food at a temperature of 0 degrees Fahrenheit or lower. Frozen foods should be thawed in the refrigerator. Food should not be thawed and then refrozen. A thermometer should be kept in all refrigerator and freezer areas and checked regularly to verify the temperature. To prevent the development of bacteria, refrigerated leftovers should not be stored in containers in amounts greater than 4 inches deep.

Some centers lack sufficient refrigerator space to accommodate school-aged children who bring their lunch from home. If a thermos-type cooler must be used to store children's lunches, cover the items with a sealed bag of ice and use a thermometer to verify that the temperature remains in the "safe zone."

Food preparation, serving, and storage: Whether the food is prepared on site, catered in, or brought in from home, the temperature of the food is critical for food safety. Initial cooking or rewarming of food should occur at a temperature of 165 degrees or higher. Food should be served promptly after preparation or cooking or should be maintained at temperatures of not less than 135 degrees Fahrenheit for hot foods and not more than 41 degrees Fahrenheit for cold foods (CFOC). The temperature can be checked with a food thermometer at the thickest part of the food. Thermometers should be clearly visible, easy to read, and accurate, and should be kept in working condition and regularly checked. If using a slow cooker, it is best practice to thaw meats before cooking. You may also choose to assemble all ingredients when you begin cooking rather than mixing ingredients together the night before.

Resources for types of thermometers and how to use and calibrate, as well as other training resources is available at <https://www.extension.iastate.edu/foodsafety/foodservice>.

The kitchen, utensils, and food preparation areas should be maintained in a sanitary manner. Clean and sanitize food preparation and surface areas before and after use. All dining tables and feeding trays should be cleaned and sanitized before and after each meal. The sanitized product should be allowed to air dry. If circumstances do not allow time for air drying after the appropriate immersion or dwell time has been reached, the surface should be wiped dry with a clean single-use or disposable towel. Standing pools of sanitized water should not be left to air dry.

Periodic sanitizing should also occur with appliances such as the stove, cabinets, and microwave. The refrigerator and freezer require frequent cleaning (at least monthly). You should establish and follow a routine cleaning schedule. Cleaning schedule template can be found at <https://www.extension.iastate.edu/foodsafety/HACCP-childcare>.

Cleaning agents should indicate that they are safe for kitchen or food service use. Sanitizing agents should indicate on the label that they are approved for food contact surfaces. To prevent accidental ingestion, poisoning, or contamination, cleaning supplies should not be stored in any cabinet or storage area that contains food or food service items, be stored above food items, or be accessible to children.

Using a liner in garbage containers may facilitate removal of garbage without contaminating the floor or container. Items that are chipped, cracked, or rusty should be discarded to prevent injury to staff or children. Knives should be kept inaccessible to children.

To prevent contamination by insects and rodents, food and food service items should not be stored on the floor. Ideally, items should be stored 4-6 inches off the floor, as this will also aide in the proper cleaning and disinfecting of the kitchen area. Storage areas for food items should be dry and well ventilated to prevent mold and other contamination.

Foods should not be retained if they show any signs of spoilage or contamination. They should be stored in their original containers or in spill-proof, tightly covered containers. Products that are commercially-sealed do not need to be twice protected in another container. However, food should be transferred to a lidded container or resealed in the original package. Do not recycle plastic containers of other items for direct food contact storage.

Food code states that hair should be effectively restrained. For service staff, tying hair back may be sufficient. For staff that are participating in food preparation, a hair net is the most effective form of restraint. It is also recommended that jewelry not be worn during food preparation.

The Federal Food and Drug Administration Food Service Sanitation Ordinance sets standards for commercial food services establishments, subject to state amendments. In those standards related to hair restraint, found in 481 Iowa Administrative Code 32.3(2), employees involved in food preparation or service are required to “effectively restrain hair, wigs and beards.”

Acceptable restraints include caps, hair spray, bandannas, headscarves and hair nets, provided they cover and restrain the hair. No combing or adjusting of hair, including the application of hair spray, should occur in any kitchen or food service area.

Dishwashing: Heat sanitizing occurs when water temperature of 160 degrees Fahrenheit has contact with dishware. It is recommended that large centers consider using commercial grade dishwashers.

Adding bleach to the dishwashing cycle will not accomplish disinfecting, as chlorine breaks down in hot water.

If washing dishes by hand:

- Clean and sanitize dishes, small wares, and utensils using proper dishwashing procedures.
- Follow the manufacturer's instructions regarding the use and cleaning of equipment.
- Follow the manufacturer's instructions regarding use of chemicals for cleaning and sanitizing.
- Refer to the Safety Data Sheet (SDS) provided by the manufacturer if you have questions about the use of specific chemicals.

Set-up and use the three-compartment sink in the following manner

(<https://chfs.ky.gov/agencies/dph/dphps/fsb/Documents/PotSink.pdf>)

1. In the first compartment, wash with a clean detergent solution at or above 100 degrees Fahrenheit or at the temperature specified by the detergent manufacturer.
2. In the second compartment, rise with clean water.
3. In the third compartment, sanitize with a sanitizing solution mixed at a concentration specified on the manufacturer's label or by immersing in hot water at or above 171 degrees Fahrenheit for 30 seconds. Test the chemical sanitizer concentration using an appropriate test strip.

Reminder: Always wash hands before handling clean and sanitized dishes.

In either method, all items should be allowed to air dry. Dishes should not be air-dried on towels because moisture will be trapped and air flow necessary for drying may be prevented. Dishes should not be stacked until completely air-dried.

Catered meals: If you have meals catered in to the center, remain mindful of the same food safety considerations as if you were preparing the food on-site. Staff should still ensure that proper food temperatures are maintained, sanitation practices are followed, and food items are properly covered.

Water Supply

Legal reference: 441 IAC 109.15(6)

Water supply. The center shall ensure that suitable water and sanitary drinking facilities are available and accessible to children. Centers that serve infants and toddlers shall provide individual cups for drinking in addition to drinking fountains that may be available in the center.

- a. Private water supplies shall be of satisfactory bacteriological quality as shown by an annual laboratory analysis. Water for the analysis shall be drawn between May 1 and June 30 of each year. When the center provides care for children under two years of age, a nitrate analysis shall also be obtained.
- b. When public or private water supplies are determined unsuitable for drinking, commercially bottled water certified as chemically and bacteriologically potable or water treated through a process approved by the health Department or designee shall be provided.

Rationale and Recommendations For Implementation

Because of spring run-off from fields and streams, testing private well water in May and June yields a more accurate reading. The water analysis tests for coliform and fecal coliform bacteria. If infants and toddlers are cared for, the testing will check for nitrates.

The child care consultant can provide information as to how to obtain an analysis of a private water supply. The county health department and extension office can provide consultation on structural changes that can be made to remedy surface or groundwater impacting the center's water supply.

**Child Care Centers and Preschools
Licensing Standards and Procedures**

Part IV
Tools

Checklist of Items to be Submitted for Initial Licensure

This is a preliminary list of items that must be submitted and reviewed by the child care consultant for the initial license of a preschool or child care center. The child care consultant assigned to your center may review or require you to submit other materials before issuing a license. More comprehensive licensing material can be found at the following link: <http://ccmis.dhs.state.ia.us/providerportal/LicensedProviderInfo.aspx>.

- **Steps 1-6** are required to secure permission to open.
- **Steps 7-15**, as well as overall compliance with the *Licensing Checklist*, found in Comm. 204, will be evaluated during an on-site evaluation within 120 days of being granted permission to open.

- 1. Fire inspection certificate signed by the State Fire Marshal or local designee.
 - a. Building Code Plan Review <http://www.dps.state.ia.us/fm/inspection/>.
 - b. After getting a Building Code Plan Review contact the Fire Inspector (see Territory Map on the link in 1a).

Note: Prospective centers should ensure that the location and facility meet local building and zoning ordinances.
- 2. Floor plan of the building (or center area if co-located in a building) showing the length and width of rooms, location and dimension of windows, and ceiling height. The plan does not have to be drawn to scale and can be drawn on 8 1/2 x 11 inch paper.
- 3. Documentation to support that the center director and on-site supervisor meet the qualifications outlined in 441 IAC 109.6(1) and (2), including certification in CPR, first aid, and mandatory reporting of child abuse.
- 4. *Child Care Center Licensing Application and Invoice*, form 470-4834, signed by the owner, operator or the chairperson of the board. (An application will be sent upon completion of items 1-3.)
- 5. The application and regulatory fee is received by the Department.
5a) The center may establish a SING account for Iowa record checks after 1-5 are received.
- 6. Center has completed [state record checks](#) on all staff and has initiated [national record checks](#).

-
- 7. Written statement of the program's purpose and objectives.
 - 8. A written description of the curriculum or program structure and an activity plan that is appropriate to the developmental and special needs of the children served.
 - 9. Fee policies and financial agreements given to parents.
 - 10. Written policies as required by licensing standards for:
 - Enrollment and discharge of children (include policies for excluding children)
 - Discipline
 - Nutrition
 - Field trips and non-center activities
 - Health and safety policies
 - Transportation
 - Emergency plans
 - 11. A written plan for staff orientation to the center's policies and applicable licensing standards and ongoing training and development of staff.
 - 12. A written plan for the ongoing training and development of staff.
 - 13. Written requirements and procedures for mandatory reporting of suspected child abuse and neglect.
 - 14. Samples of all forms to be used by the center, including parent authorization forms.
 - 15. Menus for a two-week period.

Note: An on-site visit of the center and review of additional materials, including staff's and children's files, will occur before a license is issued (within 120 days of being issued permission to open). Directors are encouraged to

conduct a self-audit with the entire checklist before DHS makes a licensing visit. Child Resource & Referral can also assist with the preparations for opening (<http://iowaccrr.org/>)

Center Director Qualifications

Name of Center	
Name of Staff	Date

The center director:

- Is responsible for overall functions of the center, supervising staff, designing curriculum, and administering programs.
- Shall ensure services are provided for the children within the framework of the licensing requirements and the center’s statement of purpose and objectives.
- Has overall responsibility for carrying out the program and ensuring the safety and protection of the children.

When the same person accomplishes the functions of the center director and the on-site supervisor, the educational and experience requirements for a center director apply.

Yes	No	Qualifications		
		21 years of age		
		High school diploma or general education diploma		
		<input type="checkbox"/> 1 business administration course	<input type="checkbox"/> OR 12 contact hours in administrative related training	<input type="checkbox"/> OR 1 year administrative related experience
Description:				
		Current CPR certification	Expires:	
		Current first aid certification	Expires:	
		Child abuse certificate	Expires:	
		100 point total	Points per category	Total
		Education	Carry over from worksheet- 75 maximum	
		*Experience (20 points minimum)	Carry over from worksheet- 75 maximum	
		Child development-related training completed in the last 5 years.	Carry over from worksheet- 75 maximum	
		Total # of Points for Qualifications		

** 100 total points required:
 A minimum of two categories must be used.
 No more than 75 points may be achieved in any one category.
At least 20 points must be obtained from the experience category.

** Child development-related training category points must have been taken **within the PAST FIVE years**

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor’s or higher degree in early childhood, child development, or elementary education	75	Full time (20 hours or more) in a child care center or preschool setting	20	One point per contact hour of training
Associate’s degree in child development or bachelor’s degree in a child-related field	50	Part time (less than 20 hours) in a child care center or preschool setting	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full time (20 hours or more) child-development related experience	10	
Bachelor’s degree in a non-child-related field	40	Part-time (less than 20 hours) child development-related experience	5	
Associate’s degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home	10	
		Nonregistered family home provider	5	

Center Director Qualifications

Name of Center	
Name of Staff	Date

WORKSHEET

EDUCATION DEGREE	AREA OF STUDY	POINTS EARNED
TOTAL NUMBER OF EDUCATION POINTS EARNED		

EXPERIENCE (POINTS X NUMBER OF YEARS) EMPLOYER / SETTING / EXPERIENCE	FULL OR PART TIME	POINTS	X	NUMBER OF YEARS	POINTS EARNED
			X		
			X		
			X		
			X		
			X		
			X		
			X		
TOTAL NUMBER OF EXPERIENCE POINTS EARNED					

CHILD DEVELOPMENT-RELATED TRAINING (CONTACT HRS. X 1) / DESCRIPTION	DATE MONTH/YEAR	CONTACT HOURS	X	1	TOTAL
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
Total No. of CHILD DEVELOPMENT-RELATED TRAINING POINTS EARNED					

On-Site Supervisor Qualifications

Name of Center	
Name of Staff	Date

The on-site supervisor is responsible for daily supervision of the center and must be on-site either during the hours of operation or a minimum of eight hours of the center's operation.

When the same person accomplishes the functions of the center director and the on-site supervisor, the educational and experience requirements for a center director apply.

Yes	No	Qualifications	
		Adult (18 years of age or older)	
		High school diploma or general education diploma	
Description:			
		Current CPR certification	Expires:
		Current first aid certification	Expires:
		Child abuse certificate	Expires:
		75 point total	Points per category
		Education	Carry over from worksheet- 50 maximum
		*Experience (10 points minimum)	Carry over from worksheet- 50 maximum
		Child development-related training completed in the last 5 years.	Carry over from worksheet- 50 maximum
			Total

- ** 75 total points required:
 A minimum of two categories must be used.
 No more than 50 points may be achieved in any one category.
At least 10 points must be obtained from the experience category.

- ** Child development related training category points must have been taken **within the PAST FIVE years.**

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in early childhood, child development, or elementary education	75	Full time (20 hours or more) in a child care center or preschool setting	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child-related field	50	Part time (less than 20 hours) in a child care center or preschool setting	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full time (20 hours or more) child-development related experience	10	
Bachelor's degree in a non-child-related field	40	Part-time (less than 20 hours) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home	10	
		Nonregistered family home provider	5	

On-Site Supervisor Qualifications

Name of Center	
Name of Staff	Date

WORKSHEET

EDUCATION DEGREE	AREA OF STUDY	POINTS EARNED
TOTAL NUMBER OF EDUCATION POINTS EARNED		

EXPERIENCE (POINTS X NUMBER OF YEARS) EMPLOYER / SETTING / EXPERIENCE	FULL OR PART TIME	POINTS	X	NUMBER OF YEARS	POINTS EARNED
			X		
			X		
			X		
			X		
			X		
			X		
			X		
TOTAL NUMBER OF EXPERIENCE POINTS EARNED					

CHILD DEVELOPMENT-RELATED TRAINING (CONTACT HRS. X 1) / DESCRIPTION	DATE MONTH/YEAR	CONTACT HOURS	X	1	TOTAL
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
Total No. of CHILD DEVELOPMENT-RELATED TRAINING POINTS EARNED					

Qualifications for Center Director of School-Age Program

Name of Center	
Name of Staff	Date

The center director:

- Is responsible for overall functions of the center, supervising staff, designing curriculum, and administering programs.
- Shall ensure services are provided for the children within the framework of the licensing requirements and the center's statement of purpose and objectives.
- Has overall responsibility for carrying out the program and ensuring the safety and protection of the children.

When the same person accomplishes the functions of the center director and the on-site supervisor, the educational and experience requirements for a center director apply.

Yes	No	Qualifications		
		21 years of age		
		High school diploma or general education diploma		
		<input type="checkbox"/> 1 business administration course	<input type="checkbox"/> OR 12 contact hours in administrative related training	<input type="checkbox"/> OR 1 year administrative related experience
Description:				
		Current CPR certification	Expires:	
		Current first aid certification	Expires:	
		Child abuse certificate	Expires:	
		100 point total	Points per category	Total
		Education	Carry over from worksheet- 75 maximum	
		*Experience (20 points minimum)	Carry over from worksheet- 75 maximum	
		Child development-related training completed in the last 5 years.	Carry over from worksheet- 75 maximum	
			Total # of Points for Qualifications	

- ** 100 total points required:
 A minimum of two categories must be used.
 No more than 75 points may be achieved in any one category.
At least 20 points must be obtained from the experience category.

** Child development-related training category points must have been taken **within the PAST FIVE years**

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in secondary education, physical education, recreation or related fields or early childhood, child development, or elementary education	75	Full time (20 hours or more) in a child care center or preschool setting or child-related experience working with school-aged children	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child-related field.	50	Part time (less than 20 hours) in a child care center or preschool setting or child-related experience working with school-aged children	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full time (20 hours or more) child-development related experience	10	
Bachelor's degree in a non-child-related field	40	Part-time (less than 20 hours) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home	10	
		Nonregistered family home provider	5	

Qualifications for Center Director of School-Age Program

Name of Center	
Name of Staff	Date

WORKSHEET

EDUCATION DEGREE	AREA OF STUDY	POINTS EARNED
TOTAL NUMBER OF EDUCATION POINTS EARNED		

EXPERIENCE (POINTS X NUMBER OF YEARS) EMPLOYER / SETTING / EXPERIENCE	FULL OR PART TIME	POINTS	X	NUMBER OF YEARS	POINTS EARNED
			X		
			X		
			X		
			X		
			X		
			X		
			X		
TOTAL NUMBER OF EXPERIENCE POINTS EARNED					

CHILD DEVELOPMENT-RELATED TRAINING (CONTACT HRS. X 1) / DESCRIPTION	DATE MONTH/YEAR	CONTACT HOURS	X	1	TOTAL
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
Total No. of CHILD DEVELOPMENT-RELATED TRAINING POINTS EARNED					

Qualifications for On-Site Supervisor of School-Age Program

Name of Center	
Name of Staff	Date

The on-site supervisor is responsible for daily supervision of the center and must be on-site either during the hours of operation or a minimum of eight hours of the center’s operation.

When the same person accomplishes the functions of the center director and the on-site supervisor, the educational and experience requirements for a center director apply.

Yes	No	Qualifications	
		Adult (18 years of age or older)	
		High school diploma or general education diploma	
Description:			
		Current CPR certification	Expires:
		Current first aid certification	Expires:
		Child abuse certificate	Expires:
		75 point total	
		Education	Points per category
		*Experience (10 points minimum)	Total
		Carry over from worksheet- 50 maximum	
		Carry over from worksheet- 50 maximum	
		Child development-related training completed in the last 5 years.	Carry over from worksheet- 50 maximum

- ** 75 total points required:
 A minimum of two categories must be used.
 No more than 50 points may be achieved in any one category.
At least 10 points must be obtained from the experience category.

- ** Child development related training category points must have been taken **within the PAST FIVE years.**

EDUCATION		EXPERIENCE (Points multiplied by years of experience)		CHILD DEVELOPMENT-RELATED TRAINING
Bachelor's or higher degree in secondary education, physical education, recreation or related fields in early childhood, child development or elementary education	75	Full time (20 hours or more) in a child care center or preschool setting or child-related experience working with school-aged children	20	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child--related field	50	Part time (less than 20 hours) in a child care center or preschool setting or child-related experience working with school-aged children	10	
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	40	Full time (20 hours or more) child-development related experience	10	
Bachelor's degree in a non-child-related field	40	Part-time (less than 20 hours) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	20	Registered child development home	10	
		Nonregistered family home provider	5	

Qualifications for On-Site Supervisor of School-Age Program

Name of Center	
Name of Staff	Date

WORKSHEET

EDUCATION DEGREE	AREA OF STUDY	POINTS EARNED
TOTAL NUMBER OF EDUCATION POINTS EARNED		

EXPERIENCE (POINTS X NUMBER OF YEARS) EMPLOYER / SETTING / EXPERIENCE	FULL OR PART TIME	POINTS	X	NUMBER OF YEARS	POINTS EARNED
			X		
			X		
			X		
			X		
			X		
			X		
			X		
TOTAL NUMBER OF EXPERIENCE POINTS EARNED					

CHILD DEVELOPMENT-RELATED TRAINING (CONTACT HRS. X 1) / DESCRIPTION	DATE MONTH/YEAR	CONTACT HOURS	X	1	TOTAL
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
			X	1	
Total No. of CHILD DEVELOPMENT-RELATED TRAINING POINTS EARNED					

Suggested Content for Required Written Policies and Procedures

The written policies identified below are required by 441 Iowa Administrative Code Chapter 109. Suggested content is provided for each policy. You are not required to follow a specific format and are free to address multiple requirements within a single policy statement. The overall format and content is left to your discretion, as long as all rule requirements are met. You are encouraged to contact your child care consultant if you have questions or need assistance.

109.1(4) INCORPORATED AND UNINCORPORATED CENTERS

- Identify the purpose and objectives of the program.

109.4(2)“a” FEE POLICY AND FINANCIAL AGREEMENTS

- Identify all charges (daily, weekly, monthly, enrollment, registration, late payments, etc.)
- Identify any written agreements or forms used.
- Identify any relevant payment options, deadlines, or procedures.

109.4(2)“b” ENROLLMENT POLICY

- Identify all paperwork required and deadlines for submission, if applicable.
- Identify the specific population served (ages) and any specific requirements (such as child must be toilet trained).

109.4(2)“b” DISCHARGE POLICY

- Identify the situations that could result in discharge (e.g., failure to meet center policies; failure to pay; inability of child to adjust to group experience; threat to other children, staff or self).
- Explain the communication process for addressing the identified problems.
- Describe the decision making process.
- Explain appeal and review procedures.
- Identify all relevant time frames.

109.4(2)“b” FIELD TRIP POLICY

- State whether or not field trips will be part of the program.
- If field trips will be part of the program:
 - Provide a general description of what they might include.
 - Explain how parents are notified and authorization is obtained.
 - Identify the options parents have if they choose not to have their child participate.
- If transportation is involved, describe how it will be handled.
- Explain safety precautions taken (seat belts, extra staff, etc.)

109.4(2)“b” NON-CENTER ACTIVITY POLICY

- State whether or not non-center activities will be accommodated or are part of the program’s normal routine.
- If they are part of the program:
 - Explain required authorizations.
 - Describe the types of non-center activities
 - Explain other factors (responsibility for the child, how arrangements must be made, etc.)
- If transportation is involved, describe how it will be handled.

109.4(2)“b” TRANSPORTATION POLICY

- For routine transportation:

- Explain the purposes of the transportation.
 - Identify who provides the transportation (center staff, contract staff, parents, etc.)
 - Identify safety precautions (seat belt policies, restrictions for children under 12, extra staff, etc.). (See 109.10(12).)
- Explain how transportation will be handled in medical emergencies or emergency evacuations.

109.4(2)“b” and 109.12(2) DISCIPLINE POLICY

- Describe the program’s philosophy regarding positive discipline.
- Explain how interventions provide for positive guidance with directions for resolving conflict and setting well-defined limits.
- Describe disciplinary techniques that are used (redirection, etc.).
- **Note:** This policy must be provided to parents and staff in writing.

109.4(2)“b” and 109.15 NUTRITION POLICY

- Describe how CACFP standards are followed for meals and snacks.
- Indicate that exceptions are allowed for allergy, medical conditions, religion, etc.
- Describe what information is needed to make arrangements for an exception.
- Identify the program’s responsibility to supplement, if necessary, snacks and meals provided by parents for children under age 5 to meet nutritional requirements.
- If parents may or are required to provide snacks, explain the procedures, expectations, etc.
- Explain records kept for meals and snacks and where menus are posted.

109.4(2)“b” and 109.10 HEALTH POLICY

- Identify all required health forms and reports.
- Identify requirements for physical examinations and statements of health status. (See 109.10(1).)
- Identify parents’ responsibility to identify their children’s dental and medical health care providers and provide written consent to obtain emergency care.
- Explain hand-washing requirements for children and staff. (See 109.10(7)&(8).)
- Describe procedures for notifying parents and others of communicable diseases, such as posting notice, sending information home, etc. (See 109.10(4).)
- Explain staff procedures for having direct contact with each child upon arrival. (See 109.10(4).)
- Explain procedures for handling children who are injured or become ill while in the center, (notifications, incident reports, quiet area used, etc.). Include emergency medical and dental procedures. (See 109.10(6) & 109.10(10).)
- Identify requirements for first aid kits (contents, locations, availability in the center, on the , on field trips, and during emergencies). (See 109.10(9).)
- Identify criteria for excluding an ill child from the center. (See 109.10(6).)
- Describe the parent’s responsibility to update immunization records and physical and health records regularly.
- Explain how the requirement for a smoke-free environment will be met. (See 109.10(11).)

109.4(2)“b” SAFETY POLICY

- Describe parents’ responsibility to provide names, relationships, and phone number of people authorized to pick a child up from the center and the schedule and procedure to review and update.
- Explain how the program will handle staff training (orientation and annual) for emergency procedures.

- Identify requirements for staff certifications and training in first aid, CPR, mandatory child abuse reporting, and infectious disease control.
- Identify any other program requirements or procedures for child and staff safety.

109.4(2)“d” STAFF ORIENTATION PLAN

- Explain how new staff receive orientation to the center’s policies and to the applicable portions of the licensing regulations.
- Explain any procedures followed to document or monitor the orientation.

109.4(2)“e” and 109.7 ONGOING TRAINING AND STAFF DEVELOPMENT PLAN

- Identify training expectations for staff.
- Explain how staff will receive required training for staff development, emergency plans, etc.

109.5(1) PARENTAL ACCESS POLICY

- Clearly state the parents’ right to unlimited access to their children.
- Describe the parents’ access to staff caring for their children.
- Explain requirements for court orders if parental contact is prohibited.
- **Note:** These policies must be provided in writing to parents at the time of admission.

109.10(3) MEDICATION POLICY AND PROCEDURES

- State whether or not medications are routinely administered or if they are administered only in special situations (e.g., as an accommodation under the Americans with Disabilities Act).
- Identify who is responsible for medication administration and any training provided or required.
- Delineate specific procedures for dispensing, storage, authorization and recording of all prescription and nonprescription medications, including ointments, sunscreens, etc.
- Clearly explain parental responsibilities for proper authorization, updating authorizations, supplying medication, etc.

109.10(5) INFECTIOUS DISEASE CONTROL -- UNIVERSAL PRECAUTIONS POLICY

- Address the handling of any bodily excrement or discharge, hand-washing, cleanup and disposal of bloody materials or body discharges.
- Identify specific expectations for high-risk duties and tasks and the availability of protective equipment.

109.10(15)“a” EMERGENCY PLAN FOR FIRE

- Describe procedures for evacuating to a safe area, addressing head counts, immobile children, items to be taken along if possible (e.g., emergency information, first aid kit, etc.).
- Explain how notifications will be handled (to emergency personnel, parents, etc.).
- Include a diagram of escape routes, as required by rule.
- Explain how transportation of children will be handled, if it is necessary.

109.10(15)“a” EMERGENCY PLAN FOR TORNADO

- Describe procedures for evacuating to a sheltered area, addressing head counts, immobile children, items to be taken along if possible (emergency information, first aid kit, flashlight, radio, diapers, etc.). Include procedures for staff and children who are on the playground or on a walk.
- Explain how notifications will be handled (to emergency personnel, parents, etc.).
- Include a diagram of escape routes and shelters, as required by rule.

- Explain how transportation of children will be handled, if it is necessary.

109.10(15)“a” EMERGENCY PLAN FOR FLOOD, IF SUSCEPTIBLE TO FLOOD

- Describe procedures for evacuating to a sheltered area, addressing head counts, immobile children, items to be taken along (emergency information, first aid kit, flashlight, radio, diapers, etc.).
- Explain how notifications will be handled (to emergency personnel, parents, etc.).
- Explain how transportation of children will be handled, if it is necessary.

109.10(15)“a” EMERGENCY PLAN FOR INTRUDER WITHIN THE CENTER

- Identify indicators of a problem situation (when action should be taken).
- Identify notification procedures (who and how—police, staff, etc.).
- Address actions to be taken to protect children and staff (is evacuation possible, can doors be locked quickly, are there other protective measures needed?)

109.10(15)“a” EMERGENCY PLAN FOR INTOXICATED PARENT OR VISITOR

- Identify indicators of a problem situation (when action should be taken).
- Identify what actions staff should and should not take.
- Identify notification procedures (who and how—police, other staff, etc.) and what information may be needed (description of the vehicle, license number, etc.).

109.10(15)“a” EMERGENCY PLAN FOR LOST OR ABDUCTED CHILDREN (MISSING)

- Identify action staff should take.
- Identify notification procedures (i.e., who and how—police, parents, other staff, etc.) and what information may be needed (i.e., description of child, clothing, last observation).

109.10(15)“a” GUIDELINE FOR BLIZZARDS

- Identify indicator of need (when) to implement emergency procedures.
- Identify action staff should take, including recommendations made by emergency personnel.
- Identify notification procedures (who and how—parents, other staff, etc.).

109.10(15)“a” GUIDELINES FOR POWER FAILURES

- Identify action staff should take to assess seriousness of problem and impact on continued operation.
- Identify notification procedures (who and how—parents, other staff, emergency, etc.).
- Identify actions by staff and center to ensure safety, wellbeing, and comfort of children in care.
- Describe procedures if evacuation is determined to be necessary.

109.10(15)“a” GUIDELINES FOR BOMB THREATS

- Identify action staff should take to assess imminent danger.
- Identify notification procedures (who and how—emergency personnel, parents, etc.).
- Identify actions to be take (search, evacuation, etc.).
- Explain how transportation of children will be handled, if it is necessary.

109.10(15)“a” GUIDELINES FOR CHEMICAL SPILLS

- Identify action staff should take to assess imminent danger.
- Identify actions to be taken (clean up spill, change location, evacuation, close windows, etc.).
- Identify notification procedures (who and how—emergency personnel, parents, etc.).

109.10(15)“a” GUIDELINES FOR EARTHQUAKES OR STRUCTURAL DAMAGE

- Describe procedures for immediate response if a quake is occurring (immediate protection, addressing head counts, immobile children, etc.). Include procedures for staff and children who are on the playground or on a walk.
- Identify follow-up action to quake or event causing structural damage (calming children, evacuation, notifications, etc.).
- If evacuation is necessary, describe items to be taken along if possible (emergency information, first aid kit, flashlight, radio, diapers, etc.).
- Explain how notifications will be handled (to emergency personnel, parents, etc.).
- Explain how transportation of children will be handled, if it is necessary.

109.10(15)“a” GUIDELINES FOR NUCLEAR EVACUATION

- If located within a ten-mile radius of a nuclear facility, contact your local county Emergency Management Agency or the Iowa Emergency Management Division in Des Moines, 515-281-3231 for information to include in your procedures.

109.12(1) and 109.4(2) PROGRAM OF ACTIVITIES

- Describe program of activities (curriculum, lesson plan or calendar used in the developmentally appropriate programming).
- Identify general schedule of the program (activities, time, etc.).

109.12(3) POLICY FOR CHILDREN REQUIRING SPECIAL ACCOMMODATIONS

- Describe how the center will make reasonable accommodations under the Americans with Disabilities Act, if requested.
- **Note:** Limitation of accommodations may exist for children whose needs require extreme facility modifications beyond the capability of the facility’s resources.

109.15(4) POLICY FOR FOOD BROUGHT FROM HOME

- Describe center policy concerning food brought from home (home-prepared versus prepackaged, accommodations for children with allergies, medical conditions, etc.).
- Describe center responsibility and how food brought from home will be supplemented, if necessary for children under age 5.
- Describe manner used for storage of food brought to the center.

STATE OF IOWA



Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

Mail or Fax completed forms to:

Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

Send results to:

Name _____
Address _____

Phone _____
Fax _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.
*****This form (DCI-77) is the only approved release authorization form for this purpose.*****

Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____

- Release Authorization Information:

Iowa law does **not** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, **without** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

General Information:

The information requested is based on **name** and **exact date of birth only**. Without fingerprints, a **positive** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) **only**. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a **deferred judgment** ***is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A **deferred sentence** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.



Record Check Evaluation

A. Agency/Provider/Person Requesting Evaluation

Entity Requesting Evaluation	Requestor's Name	Phone	Fax
Street	City	State	Zip Code

The agency/provider/person listed above is requesting a Record Check Evaluation (RCE) on the following person after a background check revealed a criminal conviction (or deferred judgment), founded abuse (child or dependent adult), or a combination thereof. *In order to complete the evaluation, we need to have all information, including form 470-2310, SING, and Rap Sheet. Please ensure that all forms are dated within the 30 day period. All evaluation materials must be sent in together.*

B. Person Being Evaluated

Last Name, First Name, Middle Initial	Maiden/Previous Names	Role/Position Applying For
---------------------------------------	-----------------------	----------------------------

The individual listed above requests an evaluation to determine whether they can be permitted to perform duties under the section "Role/Position Applying For."

I realize that the information I provide in Section D. may be verified with local law enforcement agencies, the district court, Iowa Department of Human Services, or other persons having knowledge of the incident.

Signature of Person Being Evaluated	Telephone	Email	Date
Street Address	City	State	Zip Code

C. Evaluation Determination/Notice of Decision

FOR DHS USE ONLY

D.

Explain, in detail, each crime or abuse (completed by applicant). Include date, location, others involved, relationship of the victim to you, age of the victim, and your actions *for each abuse or criminal history (additional sheets may be used).*

What changes have you made to make you safe to work around or care for others? Explain your accomplishments; work history; caretaker history; counseling, therapy, parenting classes; etc. *Supporting documents such as treatment certificates, reference letters from previous/current employers or probation officers should be included.*

Has DHS evaluated you in the past? Explain when the previous evaluation occurred, what position you were applying for, and whether you received the job/position.



Record Check Evaluation (Investigación de antecedentes penales)

A. Agencia/Prestador/Persona Solicitante			
Entidad solicitante	Nombre del solicitante	Teléfono	Fax
Calle	Ciudad	Estado	Código postal

La agencia, el prestador o la persona mencionada anteriormente solicita una Investigación de Antecedentes Penales (*Record Check Evaluation*, RCE) de la siguiente persona debido a que una averiguación de antecedentes reveló una condena penal (o suspensión condicional de la sentencia), abuso fundado (de un menor o un adulto dependiente), o una combinación de los mismos. Para realizar la investigación, debemos tener todos los datos, inclusive el formulario 470-2310, SING, y el expediente policial. Por favor, cerciórese de que todos los formularios tengan fecha dentro de los últimos 30 días. Debe enviar todo el material junto.

B. Persona investigada		
Apellido, primer nombre, inicial	Apellido de soltera u otros nombres	Empleo o puesto solicitado

La persona mencionada solicita una investigación para determinar si el/la postulante tiene permitido realizar las funciones que se indican en la sección "Empleo o puesto solicitado".

Estoy consciente de que los datos provistos en la Sección D serán verificados con la policía, el juzgado del distrito, Iowa Department of Human Services, u otras personas con conocimiento del incidente.

Firma de la persona investigada	Teléfono	Correo electrónico	Fecha
Domicilio	Ciudad	Estado	Código postal

C. Resultado de la investigación/Notificación de la resolución	Para uso exclusivo de DHS
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D.

Explique detalladamente cada delito o abuso (debe ser completado por la persona solicitante). Incluya fecha, lugar, personas involucradas, parentesco de la víctima con usted, edad de la víctima, y sus acciones para cada antecedente penal o de abuso (puede utilizar hojas adicionales).

¿En qué cosas ha cambiado para poder trabajar con otras personas o cuidarlas sin ponerlas en peligro? Explique sus logros; historial laboral; historial como adulto a cargo del cuidado de otras personas; psicoanálisis, terapia, clases para padres; etc. Debe adjuntar documentación probatoria como certificados de tratamiento, cartas de referencia escritas por su empleador actual, empleadores anteriores u oficiales de libertad condicional.

¿Ha sido investigado por DHS en el pasado? Explique cuándo se realizó la investigación previa, qué empleo solicitaba y si consiguió dicho empleo o puesto.

Licensing Regulation Checklist

Name of Center			License ID No. (Reapplications)	
Street	City	Iowa	Zip Code	Date of Inspection

CITE	RULE	Y	N	NA
ADMINISTRATION				
237A.7	Information regarding a child in a child care center or their relative is confidential. If this information is released by visual, verbal or written means, written consent from the parent or guardian is in the file or a court order allowing the release of the information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(1)	Written statement of purpose and objectives. Plan and practices consistent with the written statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Written Policies				
109.4(2)a	Fee policies and financial agreements developed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)b	Written policies on: <ul style="list-style-type: none"> • Enrollment and discharge. • Field trips and non-center activities. • Transportation. • Discipline. • Nutrition. • Health and safety policies. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)c	Curriculum or program structure developmentally appropriate and activities designed to the developmental level/needs of children served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)d	Written plan developed for staff orientation regarding center's policies and licensing regulations. Orientation is in accordance with center's staff orientation plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)e	Written plan for ongoing staff development that complies with 441 IAC 109.7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)f	Copy of the center policies and program to all staff at the time of employment and each parent at the time a child is admitted to the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)g	Develop and implement a policy for responding to incidents of biting. Include: <ol style="list-style-type: none"> (1) Explanation of center philosophy on biting. (2) How the center will respond to individual and ongoing incidents. (3) How the center will assess the adequacy of caregiver supervision. (4) How the center will respond to the child or caregiver who was bitten. (5) The process of notification of parents. (6) How the incident will be documented. (7) How confidentiality will be protected. (8) First aid procedures that will be used. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)h	Develop a policy to ensure that people do not have unauthorized access to children at the center. Include: <ol style="list-style-type: none"> (1) Criteria for allowing people on the property when children are present. (2) How people will be supervised or monitored. (3) How responsibility will be delegated to staff. (4) How the policy will be shared with parents. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)i	Develop and implement a policy for protection of child's confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Required Postings				
109.4(3)a	Postings are required for: <ul style="list-style-type: none"> The certificate of license. Notice of exposure to communicable disease. Notice of decision to deny, suspend, or revoke center license or reduce to provisional status. All postings shall be conspicuously placed at main entrance of center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(3)b	Postings are required for: <ul style="list-style-type: none"> Mandatory reporter requirements. Notice of availability of handbook. Program activities. These shall be posted in area frequented by parents or public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(4)	Requirements and procedures for mandatory reporting of suspected child abuse shall be posted where they can be read by staff and parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(5)	Child Care Centers and Preschool Licensing Standards and Procedures shall be available in the center and a notice stating a copy is available for review. Contact information of the child care consultant shall be included in the notice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(6)	The child care license shall be posted in a conspicuous place and shall state the particular premises in which child care may be offered and the number of children who may be cared for at any one time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENTAL PARTICIPATION				
109.5(1)	Written policy notifying parents of unlimited access provisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONNEL				
109.6	Develop policies for hiring and maintaining staff and managers that demonstrate competence in working with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center Director				
109.6(1)	Centers with multiple sites have a qualified director or on-site supervisor at all sites. Information on the director's qualifications is submitted to consultant prior to employment and is sufficient to make a determination. Center director meets qualifications or is "qualifiable" with a plan established to meet qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Site Supervisor				
109.6(2)	Director or on-site supervisor on-site during the hours of operation or a minimum of eight hours of center's hours of operation. Information on on-site supervisor's qualifications is submitted to the consultant prior to employment and is sufficient to make a determination. On-site supervisor meets qualifications or is "qualifiable" with a plan established to meet qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(3)	Another responsible adult is clearly designated as the interim on-site supervisor if the on-site supervisor is temporarily absent from the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers and Substitutes				
109.6(5)a	All volunteers shall be at least 16 years of age and shall: <ol style="list-style-type: none"> Have signed statements indicating no conviction of any law in any state or record of founded child or dependent adult abuse. Signed statements indicating no communicable disease or other health concerns that poses a threat to children. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(5)b	Signed statement indicating they have been informed of responsibilities as mandatory reporters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.6(5)c	Undergo record check process if: (1) It is included in meeting the required child/staff ratio. (2) Has direct responsibility for a child or children. (3) Has access to child or children when no other staff is present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Checks				
109.6(6)c	Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(6)d	Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(6)h(2)	No one owns, directs or works in the center who has been prohibited from involvement with child care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106.6(7)	Use of controlled substances and medications: All owners, personnel, and volunteers shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or nonprescription drug that could impair their ability to function.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL GROWTH AND DEVELOPMENT				
109.7(1)	All staff (within first three months of employment): <ul style="list-style-type: none"> • Two hours of approved training for the mandatory reporting of child abuse within three months of employment. • At least one hour of training regarding universal precautions and infectious disease control. • Certification in American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(2)	Center directors and all staff have the required contact hours of training. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Staff Employed in Centers That Operate Summer Only Programs				
109.7(3)	Staff employed in centers that operated a summer-only program receive the following training within three months of employment: <ul style="list-style-type: none"> • Two hours of Iowa's training for mandatory reporting of child abuse. • At least one hour of training regarding universal precautions and infectious disease control. • Certification in American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Minimum health and safety trainings, approved by the Department. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(5)	Training plans are developed for staff that supplement educational and experience requirements and enhance staff's skill in working with the developmental and cultural characteristics of children served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(8)	The director, on-site supervisor, and any person designated a lead in the absence of supervisory staff shall have all completed all pre-service orientation training outlined in 109.7(1).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAFF RATIO REQUIREMENTS				
Minimum Staff Requirements				
109.8(1)a	All staff in ratio: <ul style="list-style-type: none"> • At least sixteen years of age. • If less than eighteen, may not be sole provider on the premises. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)b	All staff in ratio involved with children in programming activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)c	At least one person on duty in the center, outdoor play area, or on field trips is over eighteen and has current certification in CPR and first-aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)d	Staff person under the age of 18 shall not provide transportation to children in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)e	Staff person under the age of 18 who are not under supervision of an adult shall only care for school aged children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ratio				
109.8(2)	Ratio maintained in center as required by age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)a	Combinations of age grouping for children four years of age and older determine ratio on age of majority in group..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)b	Combinations of age groupings for children between 3 and 5 years of age may be allowed with a staff of 1 to every 12 children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)c	Children between 18 months and 3 years of age may be combined, if appropriate to the developmental needs of the child. If a child under 2 years is combined, the staff ratio of 1 to 7 shall be maintained, otherwise staff ratio may be determined by the age of majority of the children in the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)d	Brief absence of staff person permitted for 5 or less minutes when another staff person is present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.8(2)e	<ul style="list-style-type: none"> At least one staff is present in every room where children are resting. If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained. Ratio in infant rooms is always maintained. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)f	<ul style="list-style-type: none"> Two adults are present when eight or more children are on the premises. Two adults are present when eight or more children are being transported in one vehicle. One staff for school transportation; only in center-owned vehicle with parent authorization. One additional staff when the center contracts for transportation for eight or more children for non-school related purposes. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)g	One additional staff when five or more children are involved in a center-sponsored activity away from the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)h	If ratio reduced to one staff at the beginning and end of center's operation, timeframe does not exceed two hours and occurs only when seven or fewer children are present with not more than four of the children under two years of age and there are no more than seven children in the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)i	Ratio exceeded for school-age children when school classes unexpectedly start late, are dismissed early, or cancelled. For no more than four hours, care is limited to children already in the program and licensed capacity is not exceeded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORDS				
Personnel Records. Number of files reviewed:				
109.9(1)a	All files contain statement signed by staff indicating whether they have a criminal conviction or founded child/dependent adult abuse. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)b	All files contain: <ul style="list-style-type: none"> (1) A signed copy of the HHS Criminal History Record Check, Form B, that was submitted prior to employment. (2) A copy of Request for Child and Dependent Adult Abuse Information. (3) Copies of the results of Iowa records checks conducted. (4) Copies of national criminal history check results. (5) Any Department-issued documents sent to the center related to records check. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)d	All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> . <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)e	All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)f	Files contain a photocopy of a valid driver's license if the staff will be involved in the transportation of children. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Files. Number of files reviewed:				
109.9(2)	All files are updated at least annually and when a change occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.9(2)a	All files contain sufficient information to allow the center to contact the parent or emergency contact at any time child is in center's care. <i>Number not in compliance:</i> <i>Information lacking:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)b	All files contain sufficient information and authorization to allow the center to secure emergency medical and dental services at any time child is in center's care. <i>Number not in compliance for medical:</i> <i>Number not in compliance for dental:</i> <i>Information lacking:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)c	All files contain information regarding the specific health and medical needs of a child including information regarding any prescribed treatment. For school-age programs in the child's school, all files include a statement signed by the parent that the immunization information is available in the school file. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)d	All files contain parent authorization of the persons to whom the child may be released. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)e	Files contain documentation of injuries, accidents or other child-related incidents. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)f	All files contain parent authorization for attendance at center-sponsored field trips and non-center activities. If an inclusive authorization form for activities is used, a copy is kept on file at the center. <i>Number not in compliance with center-sponsored trips:</i> <i>Number not in compliance with non-center activities:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)g	Any child with allergies, a written emergency plan. Copy shall accompany child if they leave the premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(3)	Signed and dated Iowa immunization certificates are on file for each child enrolled. <i>Number missing:</i> <i>Number invalid:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(4)	Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH AND SAFETY POLICIES				
109.10	Center shall establish health policies, including criteria for excluding a sick child. Policies shall be consistent with the recommendations of the National Health and Safety Performance Standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children Physical/Immunization Requirements				
109.10(1)a	<i>Preschool</i> (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.10(1)b	<i>School-age</i> (for children five years and older and enrolled in school): Annual statement of health status signed by parent is submitted prior to admission, certifies that the child is free of communicable disease, and lists allergies, medications and acute/chronic conditions. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(1)c	If a child's religious affiliation is contrary to medical treatment or immunization requirements, the file shall contain a notarized statement. <i>Number not in compliance:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(2)	<i>Medical and dental emergencies:</i> Center shall have sufficient information and authorization to meet medical and dental emergencies of children. Shall have written procedures for emergencies and shall ensure that staff are knowledgeable of and able to implement the procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications				
109.10(3)	The center shall have written procedures for dispensing, storage, and authorization, and recording of all prescription and non-prescription medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)a	All medications shall be stored in original containers with physician or pharmacist directions. Labels should be intact and stored so they are inaccessible to children and public. Nonprescription medications shall be labeled with the child's name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)b	For every day an authorization for medication is in effect and child is in attendance, there shall be a notation of administration including the name of medicine, date, time, dosage, given or applied, and the initials of the person administering the medication or the reason the medication was not given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)c	For ongoing, long term medications, authorization shall be obtained for a period not to exceed the duration of prescription.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)d	Staff shall not provide medications to a child if pre-service/orientation training for medication management has not been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(4)	Daily contact: Each child shall have direct contact with staff person upon arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(5)	Infectious disease control: Centers shall establish policies and procedures related to infection disease control and use of universal precautions with handling of bodily fluid. Soiled diapers shall be stored in containers separate from other waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(6)	Quiet area: The center shall provide a quiet area under supervision for a child who appears to be ill or injured. Parents or designated person shall be notified of child's status in event of serious illness or emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(7)	Staff hand washing: The center shall ensure staff demonstrate clean personal hygiene. Staff shall wash hands: (a) Upon arrival at the center. (b) Immediately before eating or participating in food service activity. (c) After diapering a child. (d) Before leaving the rest room either with a child or by themselves. (e) Before and after administering nonemergency first aid if gloves are not worn. (f) After handling animals or cleaning cages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(8)	Children's hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed: (a) Immediately before eating or participating in food service activity. (b) After using the restroom or being diapered. (c) After handling animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.10(9)	<p>First aid kit: The center shall ensure that a clearly labeled first aid kit that is sufficient to address minor injury or trauma is available and accessible to staff at all times when children are:</p> <ul style="list-style-type: none"> • In the center. • In the outdoor play area. • On field trips. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(10)	<p>Recording incidents: Parents shall be notified on the day of the incident involving a child that includes:</p> <ul style="list-style-type: none"> • Minor injuries. • Minor changes in health status. • Minor behavioral concerns. • Incidents resulting in injury to a child. <p>Shall be verbally notified immediately when there is:</p> <ul style="list-style-type: none"> • A serious injury to a child. • An incident resulting in significant change in health status. • An incident includes child being involved in inappropriate, sexually acting out behavior. <p>A WRITTEN report, fully documenting every incident, shall be provided to the parent or authorized person. This should be completed by staff that witnessed the incident and retained in child file. Serious injuries and deaths must be reported to the Department within 24 hours.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(11)	<p>Smoking and use of tobacco products shall be prohibited in the center and every vehicle used to transport children. Prohibited in outdoor play area during hours of operation.</p> <p>Nonsmoking signs shall be posted at every entrance and in every vehicle used to transport. Signs shall include:</p> <ol style="list-style-type: none"> (a) Telephone number for reporting complaints. (b) Internet address to DPH. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation				
109.10(12)	All children transported in motor vehicle subject to registration, except a bus, shall be individually secured by a safety belt, seat, or harness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)a	Children under age 6 shall be secured in child restraint system. Child under 1 and weighing less than 20 lbs. shall be secured during transit in rear facing child restraint system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)b	Children under 12 shall not be located in front seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)c	Drivers shall possess a valid driver's license and shall not operate while under the influence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)d	Vehicles that are owned or leased by the center shall receive regular maintenance and inspection according to manufacturer-recommended guidelines for vehicle and tire maintenance and inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(13)	Field trip emergency numbers: Phone numbers for each child shall be taken by staff when transporting to and from school, and on field trips and non-center-sponsored activities away from the premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(14)	<p>Pets: Animals kept on site shall be in good health with no evidence of disease, does not pose a safety threat, and is maintained in clean manner. Documentation of current vaccinations shall be available for cats and dogs. Pets shall not be allowed in food prep or kitchen areas.</p> <p>Animals prohibited from being kept on site: ferrets, reptiles, turtles, birds of the parrot family.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Emergency Plans				
109.10(15)a	<ul style="list-style-type: none"> The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intruders within the center, intoxicated parents, and lost or abducted children. Shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards. If center is within 10 miles of nuclear power plant, center shall have evacuation plan. Emergency plans shall include written procedures including plans 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 when the current location is unsafe to leave due to the emergency issue. Lock down to protect children and providers from an external situation. Communication and reunification with parents or other adults responsible for the children, which includes emergency telephone numbers. Continuity of operations To address the individual children, including those with functional or access needs. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)b	Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)c	Center shall develop procedures for annual staff and volunteer training on emergency plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)d	Daily checks to ensure all exits are unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision and Access				
109.10(16)a	The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(16)b	Any person who does not have a record check completed shall not have unrestricted access to children for whom that person is not a parent, guardian, or custodian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(16)d	A sex offender who has been convicted of an offense against a minor and required to register with the sex offender registry, shall not be present on the property without written permission of the director, except for the time reasonably necessary to transport offender's own minor child to and from the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL FACILITIES				
Room Size				
109.11(1)	<ul style="list-style-type: none"> 35 square feet of usable floor space per child. Rooms with cribs have 40 square feet of space per child. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant's Area				
109.11(2)	<ul style="list-style-type: none"> A safe and properly equipped area is provided for infants that does not allow for intrusion by children over two years of age. Children over age two who remain in the infant area are placed at the recommendation of a physician or AEA due to a significant developmental delay. Children are placed for a limited time with HHS approval if doing so does not pose a threat to the infants. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
Facility Requirements				
109.11(3)a	Center shall ensure that: (1) Facility and premises are sanitary, safe, and hazard free. (2) Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. (3) Sufficient space provided for dining. (4) Sufficient lighting shall be provided. (5) Sufficient ventilation. (6) Sufficient heating. (7) Sufficient cooling. (8) Sufficient bathroom and diapering facilities. (9) Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. (10) Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(3)d	Record of monthly inspections of outdoor recreation area and equipment shall be kept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(4)	Restroom facilities: <ul style="list-style-type: none"> • One toilet and sink for each 15 children in room with ventilation. • Built after 11/1/95 – at least one sink in same area as toilet. • Adequate training seats or chairs for children under two years if used in lieu of plumbed toilet. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(5)	Telephone: Working non-pay phone with posting adjacent for emergency numbers for police, fire, and poison control center. Center street address and phone included in posting. List of emergency numbers for children kept near phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(6)	Kitchen appliance or microwaves: <ul style="list-style-type: none"> • Gas or electric ovens are not in program area. • Area housing kitchen appliances in program area is sectioned off and not counted in useable floor space. • Formula or food warmed for infants in microwaves is not served immediately and is shaken or stirred prior to serving. • Breast milk is not warmed in the microwave. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Hazards				
109.11(7)a	Centers built before 1978: Assessment and plan for remedy of lead paint hazard is conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)b	Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)c	All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)d	A before and after school program or summer-only program that serves only school age children in a public school building is exempt from environmental assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACTIVITY PROGRAM REQUIREMENTS				
Program/Activities				
109.12(1)	<ul style="list-style-type: none"> • Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served. • Program complements but does not duplicate school curriculum. • Schedule of program is posted in a place visible to parents. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.12(1)a	Program provides a curriculum or program of activities that promotes self-esteem and positive self-image, social interaction, self-expression and communication, creative expression, and problem-solving skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)b	Program provides for a balance of active and quiet, individual and group, indoor and outdoor, and staff-initiated and child-initiated activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)c	Program provides activities that promote fine and gross motor activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)d	Program provides experiences in harmony with ethnic and cultural backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)e	Program provides a nap or quiet time for all children under the age of six not enrolled in school who are present five or more hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline				
109.12(2)	Center shall have written policy on discipline of children which provides for positive guidance, with direction for resolving conflict and setting of limits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)a	Center does not use corporal punishment including spanking, shaking, or slapping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)b	Punishment which is humiliating or frightening or causes pain or discomfort is not allowed. Mechanical restrains shall never be used. If part of a treatment plan for a child with a disability, staff shall receive training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)c	Punishment or threat of punishment associated with illness, toilet training, or food or rest is not be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)d	No child is subject to verbal abuse, threats, derogatory remarks about child or child's family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Requiring Accommodations				
109.12(3)	<ul style="list-style-type: none"> Reasonable accommodations are made for children with disabilities. Required files contain documentation of reasonable accommodations made in providing care to a child with a disability. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play Equipment and Materials				
109.12(4)	<ul style="list-style-type: none"> Sufficient toilet articles are provided for handwashing. Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM. Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children. Room's arrangement does not obstruct the direct observation of children. Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap. Procedures are developed and implemented to maintain equipment and materials in a sanitary manner. Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs. Sanitary procedures are followed for use and storage of personal hygiene articles. <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Environment				
109.12(5)	Environment for children under age two protects from harm but does not unduly restrict development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)a	Stimulation provided to infants throughout the day. Same caretaker for infants as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.12(5)b	<ul style="list-style-type: none"> • Infants diapered in a sanitary manner as needed in central diapering area. • One changing table for every 15 infants/toddlers needing diaper changes. • Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area. <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)c	Highchairs or hook-on seats equipped with safety strap and designed not to topple. Safety strap engaged when child in seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)d	Toys provided are safe, washable, too large to swallow, and with no removable parts. Hard surface toys sanitized daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)e	<p>The provider shall follow safe sleep practices recommended by AAP for infants under one year of age:</p> <ul style="list-style-type: none"> • 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 will be allowed to sleep in any items not designed for sleeping including, 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 or physician assistant authorization with statement of medical reason is required. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)f	Crib or crib-like furniture, waterproof mattress covering, and sufficient bedding that meets CPSC or ASTM standards is provided for each child under two years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)g	Infant walkers are not used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)h	<p>Centers operating five hours or less on a daily basis: Sufficient number of cribs or crib-like furniture for children who may nap that provide a waterproof mattress, sufficient bedding, meet CPSC or ASTM standards, maintained in a sanitary manner, and used only by one child at a time.</p> <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)i	All items used for sleeping are in compliance with manufacturer standards for age and weight of child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTENDED EVENING CARE				
Facility Requirements				
109.13(1)a	<p>Sufficient and age-appropriate cribs, beds, cots, and bedding are provided. Sufficient furniture, lighting, and activity material provided. Equipment and materials maintained in a safe and sanitary manner.</p> <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.13(1)b	<ul style="list-style-type: none"> • Separate, private space for school-age boys and girls for restroom and bedtime activities. • Restroom doors nonlockable. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.13(1)c	<ul style="list-style-type: none"> Center supplements those personal effect items not provided by parents for personal hygiene and sleep. Written information obtained regarding child's snacking, toileting, personal hygiene, and bedtime routines. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities				
109.13(2)a	Evening activities self-selected by child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.13(2)b	<ul style="list-style-type: none"> Child-occupied rooms have adult supervision present – except those used by school-age children for sleep. All staff in ratio are present and awake. If visual monitoring equipment used for rooms where school-age children are sleeping, monitor allows for all children to be visible. If visual monitoring equipment used for rooms where school-age children are sleeping, staff are present at all times in room with monitor and conduct checks in the sleeping room every 15 minutes. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GET WELL CENTER				
109.14(1)a	Medical advisor for health policy is an MD or DO in pediatrics or family practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(1)b	<ul style="list-style-type: none"> Licensed LPN or RN on duty at all times children are present. If nurse on duty is LPN, arrangements exist for medical advisor or RN in proximate area to provide consultation. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Policies				
109.14(2)a	<p>Written health policy consistent with NHSPS and approved and signed by the owner or board and medical advisor prior to start of business and shall address procedures in the following areas:</p> <ol style="list-style-type: none"> Policy addresses medical consultation, emergencies, triage policies, storage and administration of medications, dietary considerations, sanitation and infection control, categorization of illness, length of enrollment periods, exclusion policy, employee health policy. Reportable disease policy. <p>Any change in health policy was approved by medical advisor and submitted to HHS. Written summary of health policy given to parents when child enrolled.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(2)b	All children receive a brief evaluation by LPN or RN upon arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(2)c	<p>Summary of health status provided to parent at end of day that includes:</p> <ol style="list-style-type: none"> Admitting symptoms. Medications and time administered. Nutritional intake. Rest periods. Output. Temperature. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceptions to Licensing Requirements				
109.14(3)a	Minimum ratio: 1:4 for infants and 1:5 for children over age two.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)b	<p>All staff that have contact with children: Minimum of 17 clock hours of special training in caring for mildly ill children. Current certifications in file.</p> <ol style="list-style-type: none"> Within one month of employment: Training includes four hours in infant and child CPR and four hours in pediatric first aid; one hour in infection control. Within 6 months of employment: Training includes six hours of care of ill children and two hours in child abuse identification and reporting. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)c	40 square feet of program space per child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)d	Sink in every child-occupied room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)e	Outdoor space waived by HHS if adjacent to pediatrics unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.14(3)f	Grouping of children allowed by categorization of illness without regard to age and in separate rooms with full walls and doors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD SERVICES				
109.15(1)	<ul style="list-style-type: none"> Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines. Staff shall provide supervision at table during snacks and meals. Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(2)	<ul style="list-style-type: none"> Center shall follow minimum CACFP menu patterns for meals and snacks. Menus planned one week in advance, made available to parents, and kept on file with substitutions noted. Avoid foods with high incident rate of causing choking. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding of Children Under Two Years of Age				
109.15(3)a	<ul style="list-style-type: none"> Children under 12 months fed on demand, unless other written instructions from parent. Infant CACFP menu patterns followed and appropriate to the infant's nutritional requirements and eating abilities. Menu patterns modified only upon written instruction of parent, physician, or health care provider. Special formulas given to child with feeding problem if prescribed by physician. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)b	<ul style="list-style-type: none"> Children under six months held or fed in sitting-up position. Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle. Spoon feeding is adapted to developmental capabilities of child. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)c	Children 12 months of age or younger fed single-serve, ready-to-feed formulas, concentrated or powdered formula following manufacturer's instructions or breast milk unless otherwise ordered by parent or physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)d	Children under age two not on formula or breast milk are fed whole milk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)e	Clean and sanitized bottles and nipples used for on-site formula preparation and kept refrigerated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Brought From Home				
109.15(4)a	<ul style="list-style-type: none"> Written policies developed for food brought from home for children under five years of age not enrolled in school and is provided to parent at admission. Food brought from home for children under five years of age not enrolled in school is monitored and supplemented if necessary to ensure CACFP guidelines maintained. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)b	Center does not restrict parent from providing meals brought from home for school aged children or apply nutritional standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)c	Perishable foods brought from home are maintained to avoid contamination or spoilage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)d	Snacks that may not meet CACFP guidelines are allowed by parents for special occasions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation/Sanitation				
109.15(5)	Food preparation and storage procedures are consistent with NHSPS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)a	Sufficient refrigeration is provided appropriate to perishable food. <i>If insufficient, list concerns:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITE	RULE	Y	N	NA
109.15(5)b	<ul style="list-style-type: none"> • Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed. • Staff preparing food that have injuries on hands wear protective gloves. • Staff serving food use clean serving utensils and have clean hands/wear protective gloves. <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)c	<p>Sanitary methods are used for dishwashing sufficient to prevent transmission of disease.</p> <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)d	<p>Sanitary methods are used for garbage disposal sufficient to prevent transmission of disease and infestation.</p> <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water				
109.15(6)	<ul style="list-style-type: none"> • Suitable water and sanitary drinking facilities are available and accessible. • Centers serving infants and toddlers provide, at a minimum, individual cups. <p><i>If insufficient, list concerns:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(6)a	<p>Private water supplies are of satisfactory bacteriological quality as shown by an annual water analysis drawn between May 1 and June 30 of each year.</p> <p>If children under age two are served, private water analysis included nitrate analysis.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(6)b	<p>If public or private water supply was determined unsuitable for drinking, commercially bottled water certified as chemically and bacteriologically potable or other approved water was used.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lista de verificación del reglamento para la obtención de licencia

Nombre del centro			N.º de ident. de licencia (Nuevas solicitudes)	
Calle	Ciudad	Iowa	Código postal	Fecha de inspección

CITA	NORMA	S	N	NA
ADMINISTRATION				
237A.7	La información del menor en el centro de cuidado infantil o con un pariente se mantiene de manera confidencial. Si esta información es revelada por medios visuales, escritos o verbales, el consentimiento por escrito del padre o tutor está en archivo, o bien, existe una orden judicial que permite la revelación de la información.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(1)	Declaración por escrito del propósito y los objetivos. Plan y prácticas coherentes con la declaración por escrito.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Políticas por escrito requeridas				
109.4(2)a	Políticas tarifarias y acuerdos financieros establecidos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)b	<ul style="list-style-type: none"> Políticas por escrito sobre: Inscripción y cancelación. Excursiones y actividades fuera del centro. Transporte, si corresponde. Disciplina. Alimentación. Políticas de salud y seguridad. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)c	Plan de estudios o estructura del programa apropiados para el desarrollo y actividades diseñadas de acuerdo con el nivel de desarrollo/necesidades de los menores que asisten al centro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)d	Desarrollo de un plan por escrito para orientar al personal sobre las políticas del centro y el reglamento para la obtención de licencia. La orientación se ajusta al plan de orientación elaborado para el personal del centro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)e	Plan por escrito para el desarrollo continuo del personal que cumple con la 441 IAC 109.7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)f	Copia de las políticas y el programa del centro a disposición de todo el personal al momento de su empleo y de cada padre al momento de la admisión del menor al centro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)g	<p>Cuando atienda a niños menores de 3 años, desarrolle e implemente una política para responder a incidentes de mordeduras. Incluya:</p> <ol style="list-style-type: none"> (1) Una explicación de la filosofía del centro sobre las mordeduras. (2) Cómo responderá el centro a incidentes aislados y recurrentes. (3) Cómo evaluará el centro la conveniencia de supervisar al cuidador. (4) Cómo responderá el centro ante el menor o cuidador mordido. (5) El proceso de notificación a los padres. (6) Cómo se documentará el incidente. (7) Cómo se protegerá la confidencialidad. (8) Los procedimientos de primeros auxilios que se utilizarán. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.4(2)h	Desarrollo de una política del centro para garantizar que las personas no tengan acceso a los menores si no están autorizadas. Incluye: (1) Los criterios para permitir el ingreso de personas a la propiedad cuando haya menores presentes. (2) La forma en que se supervisará o controlará a las personas. (3) La forma en que se delegará la responsabilidad al personal. (4) La forma en que se les dará a conocer la política a los padres.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(2)i	Desarrollo e implementación de una política para la protección de la confidencialidad del menor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publicaciones requeridas				
109.4(3)a	Publicaciones obligatorias: <ul style="list-style-type: none"> El certificado de la licencia del centro. Los avisos de exposición a enfermedades contagiosas. Los avisos de decisión respecto a la denegación, suspensión o revocación de la licencia del centro o de su cambio a una licencia provisional. Todas las publicaciones se deben colocar de manera visible en la entrada principal del centro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(3)b	Publicaciones obligatorias: <ul style="list-style-type: none"> Requisitos de una persona con la obligación de denunciar el abuso infantil. Aviso sobre la disponibilidad del manual. Actividades del programa. Publicados en las áreas frecuentadas por los padres o el público en general.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(4)	Los requisitos y procedimientos para las denuncias obligatorias de sospechas de abuso infantil están publicados en lugares donde el personal y los padres pueden leerlos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(5)	Los estándares y procedimientos de otorgamiento de licencias para los centros de cuidado infantil y establecimientos preescolares están disponibles en el centro y hay un aviso que indica que existe una copia disponible para su revisión. El aviso incluye la información de contacto del consultor de cuidado infantil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.4(6)	La licencia de cuidado infantil está publicada en un sector visible e indica los lugares específicos donde se ofrecen los servicios de cuidado infantil y la cantidad máxima de menores que el centro puede atender al mismo tiempo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARTICIPACIÓN DE LOS PADRES				
109.5(1)	Política por escrito dirigida a los padres sobre las limitaciones de acceso al centro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL				
109.6	Políticas de contratación y retención de personal y administradores que demuestren sus competencias en el trabajo con menores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director del centro				
109.6(1)	Los centros que tienen varias sedes cuentan con un director o supervisor calificado en terreno, en cada una de sus sedes. La información sobre las calificaciones del director se envía al consultor previo a su contratación y es suficiente para tomar una determinación. El director reúne las calificaciones, o bien, cumple un plan establecido que lo “califica” para el cargo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
Supervisor en el sitio				
109.6(2)	El director o supervisor en el sitio está presente en el centro durante las horas de funcionamiento o durante un mínimo de seis horas de la totalidad de las horas de funcionamiento del centro. La información sobre las calificaciones del supervisor en el sitio se envían al consultor previo a su contratación y es suficiente para tomar una determinación. El supervisor en el sitio reúne las calificaciones, o bien, cumple un plan establecido que lo “califica” para el cargo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(3)	Si el supervisor en el sitio se encuentra temporalmente fuera del centro, existe otro adulto responsable claramente designado como supervisor interino.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntarios y sustitutos				
109.6(5)a	Todos los voluntarios deben tener al menos 16 años de edad y deben: (1) Tener declaraciones firmadas que indiquen que no han sido condenados en ningún estado ni poseen antecedentes fundados de abuso de menores o adultos dependientes. (2) Tener declaraciones firmadas que indiquen que no tienen enfermedades contagiosas u otros problemas de salud que representen una amenaza para los menores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(5)b	Tener una declaración firmada que indique que se les ha informado sobre sus responsabilidades como personas con la obligación de denunciar el abuso infantil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(5)c	Someterse a una verificación de antecedentes si: (1) Es necesaria para cumplir con la proporción requerida entre menores y miembros del personal. (2) Tiene responsabilidad directa sobre uno o más menores. (3) Tiene acceso a uno o más menores cuando no hay otro miembro del personal presente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verificaciones de antecedentes				
109.6(6)c	El Centro debe volver a realizar las verificaciones de antecedentes en Iowa como mínimo cada dos años o cada vez que tenga conocimiento de la ocurrencia de un abuso infantil o de la existencia de antecedentes penales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(6)d	El Centro debe volver a realizar las verificaciones de antecedentes a nivel nacional como mínimo cada cuatro años o cada vez que tenga conocimiento de antecedentes adicionales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.6(6)h(2)	Ninguna persona que tenga prohibición de participar en cuidados infantiles es propietario, dirige o trabaja en el centro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106.6(7)	Uso de sustancias controladas y medicamentos: Todos los propietarios, miembros del personal y voluntarios deben estar libres del uso de drogas ilegales y no deben estar bajo los efectos del alcohol ni de medicamentos recetados o no recetados que pudieran afectar su capacidad para funcionar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
CRECIMIENTO Y DESARROLLO PROFESIONAL				
109.7(1)	<p>Todo el personal debe (dentro de los primeros tres meses de empleo):</p> <ul style="list-style-type: none"> • Participar en dos horas de capacitación aprobada sobre la obligación de denunciar casos de abuso infantil. • Participar por lo menos en una hora de capacitación sobre precauciones generales y control de enfermedades infecciosas. • Obtener una certificación en reanimación cardiopulmonar (RCP) de bebés, niños y adultos de la Cruz Roja de los Estados Unidos, de la Asociación Estadounidense del Corazón, del Instituto Americano de Seguridad y Salud, de MEDIC First Aid, o una certificación equivalente aprobada por el Departamento. Mantener un certificado válido que indique la fecha de la capacitación y su fecha de vencimiento. • Obtener una certificación en primeros auxilios para bebés, niños y adultos en que se utilice un plan de estudios reconocido a nivel nacional o que provenga de una organización de capacitación reconocida a nivel nacional, incluida la Cruz Roja de los Estados Unidos, la Asociación Estadounidense del Corazón, el Instituto Americano de Seguridad y Salud, o MEDIC First Aid, o una certificación equivalente aprobada por el Departamento. Mantener un certificado válido que indique la fecha de la capacitación y su fecha de vencimiento. • Recibir capacitaciones mínimas en salud y seguridad aprobadas por el Departamento. Si se producen cambios significativos en el contenido, el Departamento puede requerir la renovación de la certificación. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(2)	<p>Los directores de centros y todo el personal cumplen con las horas de capacitación requeridas.</p> <p><i>Número de personas que no cumple con lo requerido:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal empleado en centros que solo ofrecen programas de verano				
109.7(3)	<p>El personal empleado en los centros que operan con programas de verano recibe las siguientes capacitaciones dentro de los tres primeros meses de empleo:</p> <ul style="list-style-type: none"> • Dos horas de capacitación en la ley de Iowa relativa a la obligación de denunciar el abuso infantil. • Al menos una hora de capacitación sobre precauciones generales y control de enfermedades infecciosas. • Certificación de la Cruz Roja de los Estados Unidos, de la Asociación Estadounidense del Corazón, del Instituto Americano de Seguridad y Salud o de MEDIC First Aid en reanimación cardiopulmonar (RCP) de bebés, niños y adultos, o una certificación equivalente aprobada por el Departamento. Deberá mantener un certificado válido que indique la fecha de la capacitación y su fecha de vencimiento. • Certificación en primeros auxilios para bebés, niños y adultos en que se utilice un plan de estudios reconocido a nivel nacional o que provenga de una organización de capacitación reconocida a nivel nacional, incluida la Cruz Roja de los Estados Unidos, la Asociación Estadounidense del Corazón, el Instituto Americano de Seguridad y Salud, o MEDIC First Aid, o una certificación equivalente aprobada por el Departamento. Deberá mantener un certificado válido que indique la fecha de la capacitación y su fecha de vencimiento. • Las capacitaciones mínimas en salud y seguridad aprobadas por el Departamento. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.7(5)	<p>Planes de capacitación para el personal que complementan los requisitos educativos y de experiencia y mejoran las habilidades del personal para trabajar con las particularidades culturales y las características de desarrollo de los menores que asisten al centro.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.7(8)	El director, el supervisor en el sitio y cualquier persona designada como líder en ausencia del personal de supervisión ha completado la capacitación de orientación descrita en 109.7(1) previo al servicio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUISITOS DE PROPORCIÓN DE PERSONAL				
Requisitos mínimos de personal				
109.8(1)a	Todo el personal que se considera en la proporción: <ul style="list-style-type: none"> • Debe tener al menos dieciséis años. • Si tiene menos de dieciocho años, no podrá ser el único proveedor en el local. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)b	Todo el personal que se considera en la proporción debe estar dedicado directamente a los menores durante las actividades del programa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)c	Al menos una de las personas de servicio en el centro, zona de juego exterior o excursiones es mayor de dieciocho años y tiene una certificación vigente en reanimación cardiopulmonar (RCP) y primeros auxilios.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)d	Los miembros del personal menores de 18 años no deben proveer transporte a los niños bajo su cuidado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(1)e	Los miembros del personal menores de 18 años que no estén bajo la supervisión de un adulto solo deben cuidar a niños en edad escolar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proporción entre el personal y los menores				
109.8(2)	La proporción entre el personal y los menores que mantiene el centro está acorde a lo requerido de acuerdo a las edades de los menores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)a	Las combinaciones de grupos de niños de cuatro años y mayores determinan la proporción dependiendo de la edad mayoritaria en el grupo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)b	Se podrán permitir combinaciones de grupos de niños entre 3 y 5 años con una proporción de 1 personal por cada 12 niños.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)c	Los niños entre 18 meses y 3 años de edad pueden combinarse en grupo, si fuera coherente con las necesidades de desarrollo del niño. Si se combina un niño menor de 2 años, se mantendrá la proporción de personal de 1 a 7; de lo contrario, la proporción de personal puede determinarse por la edad mayoritaria de los niños en el grupo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)d	Breve ausencia de un miembro del personal permitida por 5 minutos o menos cuando otro miembro del personal está presente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)e	<ul style="list-style-type: none"> • Al menos un miembro del personal está presente en cada sala donde descansan los menores. • Si durante la hora de la siesta la proporción se reduce a un miembro del personal por sala, el período no excede una hora y se mantiene la proporción en el centro. • La proporción en los salones para bebés se mantiene en todo momento. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)f	<ul style="list-style-type: none"> • Dos adultos están presentes cuando hay ocho o más niños en las instalaciones. • Dos adultos están presentes cuando se transportan ocho o más niños en un vehículo. • Hay un miembro del personal para el transporte escolar; solo si se realiza en un vehículo de propiedad del centro y se cuenta con la autorización de los padres. • Un personal adicional cuando el centro contrate el transporte de ocho o más niños para fines no relacionados con la escuela. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)g	Un miembro del personal adicional cuando cinco o más niños participan en una actividad patrocinada por el centro, fuera del centro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.8(2)h	Si al comienzo y al final del funcionamiento del centro se reduce la proporción a un miembro del personal, este tiempo no debe exceder de dos horas y debe producirse solo si hay siete o menos niños presentes y no más de cuatro niños menores de dos años y no haya hay más de siete niños en el centro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.8(2)i	La proporción para menores en edad escolar puede ser excedida cuando las clases escolares comiencen tarde, terminen temprano o se cancelen de manera imprevista. Esto no puede ocurrir por más de cuatro horas, mientras el cuidado se limite a los menores que ya forman parte del programa y este no exceda su capacidad autorizada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REGISTROS				
Registros del personal. Número de archivos revisados:				
109.9(1)a	Todos los archivos deben contener una declaración firmada por cada miembro del personal que indique si el miembro tiene una condena penal o antecedentes fundados de abuso de menores o adultos dependientes. <i>Número de personas que no cumple con lo requerido:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)b	Todos los archivos deben contener: (1) Una copia firmada del <i>formulario B de verificación de antecedentes penales del HHS</i> , que se presentó previo a la contratación. (2) Una copia de la <i>Solicitud de información de abuso de menores o adultos dependientes</i> . (3) Copias de los resultados de las verificaciones de antecedentes realizadas en Iowa. (4) Copias de los resultados de las verificaciones de antecedentes penales a nivel nacional. (5) Todos los documentos emitidos por el Departamento relacionados con la verificación de antecedentes que hayan sido enviados al centro. <i>Número de personas que no cumple con lo requerido:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)d	Todos los archivos contienen un informe del examen físico de precontratación completado durante los seis meses previos al empleo y al menos cada tres años. Los informes del examen físico deben ser documentados en el formulario 470-5152, <i>Informe de Examen Físico de Proveedor de Cuidado Infantil</i> . <i>Número de archivos que no cumple con lo requerido:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)e	Todos los archivos contienen documentación que indica que se cumplen los requisitos de capacitación continua del personal, incluidas las certificaciones vigentes en primeros auxilios/reanimación cardiopulmonar y capacitación obligatoria sobre abuso infantil <i>Número de archivos que no cumplen con lo requerido.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(1)f	Si el miembro del personal participará en el transporte de menores, los archivos contienen fotocopia de una licencia de conducir válida. <i>Número de archivos que no cumplen con lo requerido:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archivos de los menores. Número de archivos revisados:				
109.9(2)	Todos los archivos se actualizan al menos una vez al año y cada vez que se produzca algún cambio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)a	Todos los archivos contienen información suficiente para permitir que el centro se comuniquen con los padres, o quien figure como contacto de emergencia, durante todo el tiempo que el menor se encuentre al cuidado del centro. <i>Número de archivos que no cumple con lo requerido: Información faltante:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)b	Todos los archivos contienen información y autorización suficiente como para que el centro pueda conseguir servicios médicos y dentales de emergencia, durante todo el tiempo que el menor se encuentra al cuidado del centro. <i>Número de archivos que no cumple con lo requerido para conseguir servicios médicos:</i> <i>Número de archivos que no cumple con lo requerido para conseguir servicios dentales:</i> <i>Información faltante:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.9(2)c	Cada archivo contiene información sobre la salud y necesidades médicas específicas del menor, incluida información sobre cualquier tratamiento prescrito. En el caso de los programas con niños en edad escolar que se desarrollen en la escuela del menor, cada archivo debe incluir una declaración firmada por el padre que indique que la información de vacunación se encuentra disponible en los archivos de la escuela. <i>Número de archivos que no cumple con lo requerido:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)d	Todos los archivos contienen la autorización de los padres de las personas habilitadas para recoger al menor. <i>Número de archivos que no cumplen con lo requerido:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)e	Los archivos contienen documentación de lesiones, accidentes u otros incidentes relacionados con el menor. <i>Número de archivos que no cumplen con lo requerido:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)f	Todos los archivos contienen la autorización de los padres para asistir a excursiones y actividades patrocinadas por el centro que se desarrollen fuera del centro. Si se utiliza un formulario de autorización que incluye a todos los menores que participan en la actividad, se mantiene una copia en el archivo del centro. <i>Número de archivos que no cumplen con lo requerido para las actividades patrocinadas por el centro:</i> <i>Número de archivos que no cumplen con lo requerido para las actividades que se desarrollan fuera del centro:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(2)g	Todos los menores alérgicos cuentan con un plan de emergencia por escrito. Si el menor sale del establecimiento, lleva consigo una copia de dicha información.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(3)	Cada menor inscrito en el centro cuenta con los certificados de vacunación de Iowa firmados y fechados en su archivo. <i>Número de archivos que no cumplen con lo requerido: Número de archivos inválidos:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.9(4)	Se mantienen registros diarios por escrito de cada niño menor de dos años, y estos incluyen el tiempo de la siesta, la cantidad de alimentos que consumió y el horario en que lo hizo, el horario/irregularidades en los patrones de las deposiciones, la disposición general y el resumen general de actividades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLÍTICAS DE SALUD Y SEGURIDAD				
109.10	El centro establece políticas de salud, incluidos los criterios para excluir a un menor que se encuentre enfermo. Las políticas se ajustan a los estándares nacionales de desempeño en materia de salud y seguridad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requisitos respecto a exámenes físicos/vacunación de los menores				
109.10(1)a	En el caso de los menores en edad <i>preescolar</i> (para menores de cinco años o menos no matriculados en la escuela): el informe del examen físico se presenta dentro de los 30 días previos a la admisión, se obtuvo dentro de los 12 meses previo a la admisión, debe estar firmado por un médico (MD), médico osteópata (DO), quiropráctico, asistentes médicos (PA) o profesional en enfermería avanzada (ARNP) con licencia y contiene el historial médico; estado de salud actual, incluidas alergias, medicamentos y enfermedades agudas/crónicas; y recomendaciones para la continuidad de cuidados, en caso de ser necesario. <i>Número de archivos que no cumplen con lo requerido:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(1)b	<i>En el caso de los menores en edad escolar</i> (para menores de cinco años en adelante matriculados en la escuela): la certificación anual del estado de salud está firmada por los padres, fue enviada previo a la admisión y certifica que el menor está libre de enfermedades contagiosas e indica las alergias, medicamentos y enfermedades agudas/crónicas del menor. <i>Número de archivos que no cumplen con lo requerido:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.10(1)c	Si la afiliación religiosa de un menor va en contra de un tratamiento médico o los requisitos de vacunación, el archivo contiene una declaración firmada ante un notario. <i>Número de archivos que no cumplen con lo requerido:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(2)	Emergencias médicas y dentales: El centro cuenta con información y autorización suficiente como para responder ante emergencias médicas y dentales de los menores. Se cuenta con procedimientos de emergencia por escrito para que el personal conozca y sea capaz de implementar dichos procedimientos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicamentos				
109.10(3)	El centro cuenta con los procedimientos por escrito y las autorizaciones necesarias para la dispensación y almacenamiento de todos los medicamentos recetados y no recetados, y mantiene un registro de todo ello.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)a	Todos los medicamentos se almacenan en sus envases originales con las instrucciones del médico o farmacéutico. Los medicamentos son almacenados fuera del alcance de los menores y el público, y sus etiquetas se mantienen intactas. Los medicamentos de venta libre están etiquetados con el nombre del menor correspondiente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)b	Cada día que una autorización de medicamento esté vigente y el menor esté presente en el centro, la administración registra el nombre del medicamento, la fecha, la hora, la dosis, indica si la medicación fue dada o aplicada y se registran las iniciales de la persona que administra el medicamento o el motivo por el cual no se administró.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)c	En el caso de los medicamentos a largo plazo que forman parte de un tratamiento en curso, la vigencia de la autorización no excede la duración del tratamiento prescrito.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(3)d	El personal no debe administrar medicamentos a un menor si no ha completado la capacitación/orientación previa al servicio para el manejo de medicamentos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(4)	Contacto diario: Al llegar al centro, cada menor tiene contacto directo con un miembro del personal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(5)	Control de enfermedades infecciosas: los centros establecen políticas y procedimientos para el control de enfermedades infecciosas y el uso de precauciones universales respecto al manejo de fluidos corporales. Los pañales sucios se almacenan en contenedores separados de otros desechos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(6)	Zona tranquila: el centro cuenta con una zona tranquila y con supervisión para los menores enfermos o lesionados. Los padres o la persona designada son notificados del estado del menor en caso de una enfermedad grave o emergencia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(7)	Lavado de manos del personal: el centro se asegura de que el personal demuestra la debida higiene personal. El personal se lava las manos: (a) Al llegar al centro. (b) Inmediatamente antes de comer o servir la comida. (c) Después de cambiar el pañal a un menor. (d) Antes de salir del baño, ya sea con un menor o solo. (e) Antes y después de prestar primeros auxilios que no sean de emergencia, si no se usan guantes. (f) Después de manipular animales o limpiar sus jaulas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(8)	Lavado de manos de los menores: el centro se asegura de que el personal ayuda a los menores con su higiene personal. En el caso de bebés o menores que presentan alguna discapacidad, en lugar de agua potable, se usa un paño para lavar y otro para enjuagar. Los menores se deben lavar las manos: (a) Inmediatamente antes de comer o servir la comida. (b) Después de ir al baño o un cambio de pañal. (c) Después de manipular animales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.10(9)	<p>Kit de primeros auxilios: el centro se asegura de mantener un botiquín de primeros auxilios claramente etiquetado y adecuado para tratar lesiones menores o traumatismos, accesible para el personal en todo momento cuando los menores estén:</p> <ul style="list-style-type: none"> • En el centro. • En la zona de juego exterior. • En excursiones. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(10)	<p>Registro de incidentes: los padres son notificados el mismo día si su hijo se ve involucrado en un incidente, lo que incluye:</p> <ul style="list-style-type: none"> • Lesiones leves. • Cambios menores en el estado de salud. • Preocupaciones menores en torno a la conducta. • Incidentes que provoquen la lesión del menor. • La notificación se realiza de forma verbal e inmediata cuando se produce: • Una lesión grave de un menor. • Un incidente que provocó un cambio significativo en el estado de salud de un menor. • Un incidente de conducta sexual inapropiada. <p>Proveer a los padres o persona autorizada un informe POR ESCRITO que documente completamente cada incidente. Esto debe ser completado por el personal que fue testigo del incidente y debe ser mantenido en el archivo del menor. Las lesiones graves y fallecimientos deben ser reportados al Departamento dentro de las 24 horas posteriores al incidente.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(11)	<p>Fumar y consumir productos de tabaco está prohibido en el centro y en los vehículos que se utilizan para el transporte de menores. Está prohibido en la zona de juego exterior y durante las horas de operación del centro.</p> <p>Se publica en cada entrada y en cada vehículo que se utiliza para el transporte de menores carteles que indican la prohibición de fumar. Los carteles incluyen:</p> <p>(a) El número de teléfono para reportar quejas.</p> <p>(b) La dirección de Internet del DPH.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transporte				
109.10(12)	Todos los menores transportados en vehículos motorizados que estén sujetos a registro, a excepción de los autobuses, están asegurados de manera individual con un cinturón de seguridad, asiento o arnés.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)a	Los niños menores de 6 años deben estar asegurados con un sistema de retención infantil. Durante el traslado, los niños menores de 1 año que pesen menos de 20 libras están asegurados con un sistema de retención infantil y orientados hacia atrás.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)b	Los niños menores de 12 años no ocupan el asiento delantero.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)c	Los conductores poseen una licencia de conducir válida y no conducen bajo la influencia del alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(12)d	Los vehículos de propiedad del centro o arrendados por el centro reciben mantenimiento e inspecciones regulares de acuerdo con las pautas recomendadas por el fabricante para el mantenimiento e inspección tanto del vehículo como de los neumáticos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(13)	Números de emergencia durante excursiones: el personal registra los números de teléfono de cada menor cuando son transportados hacia y desde la escuela y en las excursiones y actividades no patrocinadas por el centro que se desarrollan fuera del lugar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.10(14)	<p>Mascotas: los animales que se mantienen en el centro están limpios, en buen estado de salud, sin evidencia de enfermedad y no representan una amenaza para la seguridad. La documentación de las vacunas vigentes de perros y gatos está disponible. No se permiten mascotas en las áreas de preparación de alimentos o cocina.</p> <p>Animales prohibidos en el lugar: hurones, reptiles, tortugas y aves de la familia de los loros.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planes de emergencia				
109.10(15)a	<ul style="list-style-type: none"> • El centro desarrolla planes y diagramas de emergencia por escrito para responder ante incendios, tornados e inundaciones, y tiene planes para responder ante la presencia de padres ebrios o drogados en el centro, y ante menores extraviados o secuestrados. • El centro cuenta con orientaciones para responder o evacuar en caso de tormentas de nieve, cortes de energía, amenazas de bomba, derrames de productos químicos, u otros desastres que podrían generar daños estructurales al centro o representar riesgos para la salud. • Si el centro se encuentra a menos de 10 millas de una planta de energía nuclear, cuenta con un plan de evacuación. • Los planes de emergencia incluyen procedimientos por escrito para: <ul style="list-style-type: none"> ▪ Evacuación para abandonar el sitio de manera segura. ▪ Reubicación en un lugar común y seguro después de la evacuación. ▪ Un refugio establecido en el mismo lugar, para que los menores puedan protegerse de manera inmediata cuando sea inseguro abandonar el lugar debido a la situación de emergencia. ▪ Protocolo de encierro seguro para proteger a los menores y proveedores de una situación externa. ▪ Comunicación y reagrupamiento con los padres u otros adultos responsables de los menores, incluidos los teléfonos de emergencia. ▪ Reanudación de las operaciones ▪ Procedimientos para abordar las necesidades individuales de los menores, incluidos aquellos con necesidades funcionales o de acceso. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)b	Las instrucciones, números de teléfono y diagramas de emergencia en casos de incendios, tornados e inundaciones están publicados de manera visible y se documentan al menos una vez al mes para incendios y tornados. Se mantienen registros del año actual y el anterior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)c	El centro desarrolla procedimientos para la capacitación anual del personal y los voluntarios sobre planes de emergencia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(15)d	Se realizan inspecciones diarias para garantizar que ninguna de las salidas esté obstruida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisión y acceso				
109.10(16)a	El centro y el supervisor se aseguran de que el personal sepa los nombres y la cantidad de menores a su cargo. El personal brinda la debida supervisión.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(16)b	Ninguna persona que no haya sido sometida a una verificación de antecedentes tiene acceso a los menores si no es su padre, tutor o custodio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.10(16)d	Un ofensor sexual que haya sido condenado por un delito contra un menor y está en el registro de ofensores sexuales, no debe estar presente en la propiedad sin el permiso por escrito del director, excepto por el tiempo razonable y necesario para transportar a su propio hijo desde y hacia el centro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
INSTALACIONES				
Tamaño de las salas				
109.11(1)	<ul style="list-style-type: none"> Tienen al menos 35 pies cuadrados de superficie útil por menor. Las salas con cunas en su interior tienen al menos 40 pies cuadrados de superficie por menor. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Área para bebés				
109.11(2)	<ul style="list-style-type: none"> Se provee un área segura y debidamente equipada para bebés que no permite la intrusión de niños mayores de dos años. Los niños mayores de dos años que permanecen en el área de bebés solo lo harán por recomendación de un médico o la AEA debido a un retraso significativo en su desarrollo. Los menores son colocados en el área para bebés por un tiempo limitado y solo si cuentan con la aprobación del HHS, siempre que hacerlo no represente una amenaza para los bebés. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requisitos de las instalaciones				
109.11(3)a	<p>El centro se asegurará de que:</p> <ol style="list-style-type: none"> Las instalaciones y el local sean higiénicas, seguras y estén libres de peligros. Se provea suficiente espacio interior y exterior. El área exterior incluya equipamiento de juego seguro y un área de sombra. Se provea suficiente espacio para comer. Se provea suficiente iluminación. Se provea suficiente ventilación. Se provea suficiente calefacción. Se provea suficiente climatización. Se provea una cantidad suficiente de baños e instalaciones para el cambio de pañales. El equipamiento, incluidos los electrodomésticos de cocina, se mantengan de manera que no provoquen quemaduras, descargas eléctricas o lesiones a los menores. Se desarrollen e implementen procesos de desinfección y procedimientos de seguridad para reducir el riesgo de lesiones o daños a los menores y reducir la transmisión de enfermedades en el centro. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(3)d	Se mantiene un registro de las inspecciones mensuales que se realizan al área de recreación exterior y al equipamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(4)	<p>Instalaciones sanitarias:</p> <ul style="list-style-type: none"> Se cuenta con un inodoro y lavamanos por cada 15 menores de más de dos años en una habitación con ventilación. En el caso de las instalaciones construidas después de 11/1/95 debe existir al menos un lavamanos en la misma zona que el inodoro. Si se usa un inodoro conectado al alcantarillado, debe contar con asientos o sillas de entrenamiento adecuados para niños menores de dos años. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(5)	<p>Teléfono: se dispone de un teléfono que se encuentra operativo y los números de emergencia de la policía, los bomberos y el centro de control de intoxicaciones se encuentran publicados junto al teléfono. La publicación incluye la dirección y el número de teléfono del centro.</p> <p>La lista de números de emergencia de cada menor está cerca del teléfono.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.11(6)	Electrodomésticos de cocina o microondas: <ul style="list-style-type: none"> Los hornos de gas o eléctricos no están ubicados en el área de funcionamiento del programa. La zona de electrodomésticos de cocina que se encuentran en el programa están apropiadamente separados y no se consideran como superficie útil. La leche de fórmula o la comida para bebés calentada en microondas no se sirve inmediatamente y se agita o revuelve antes de servir. La leche materna no se calienta en el microondas. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peligros ambientales				
109.11(7)a	En el caso de los centros construidos antes de 1978: se lleva a cabo una evaluación y se desarrolla un plan para remediar el peligro derivado de las pinturas con plomo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)b	En el caso de los centros a nivel del suelo que usan el área del sótano como espacio del programa, o tienen un sótano debajo del espacio del programa: se realizan pruebas y se desarrolla un plan para eliminar la presencia de radón.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)c	En todos los centros: previo al inicio de la temporada de uso de calefacción se realiza una inspección anual de todos los aparatos de combustión con el objetivo de reducir el riesgo de intoxicación por monóxido de carbono, y se instala además un detector de monóxido de carbono que cumple con la norma UL 2034 en cada piso.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.11(7)d	Los programas antes y después de la escuela o los programas de verano que solo brindan servicios a menores en edad escolar en un edificio de escuela pública están exentos de la realización de evaluaciones de plomo y monóxido de carbono.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REQUISITOS DE LAS ACTIVIDADES DEL PROGRAMA				
Programa/Actividades				
109.12(1)	<ul style="list-style-type: none"> El centro cuenta con una estructura de programa que emplea prácticas apropiadas para el desarrollo y un programa de actividades por escrito planificadas de acuerdo con las necesidades de desarrollo de los menores que asisten al centro. El programa complementa pero no duplica el plan de estudios de la escuela. El horario del programa está publicado en un lugar visible para los padres. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)a	El programa provee un plan de estudios o programa de actividades que promueve la autoestima y la autoimagen positiva, la interacción social, la autoexpresión y la comunicación, la expresión creativa y las habilidades para resolver problemas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)b	El programa provee un equilibrio entre actividades activas y tranquilas, individuales y grupales, en espacios interiores y exteriores, y actividades iniciadas por el personal y por los mismos menores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)c	El programa ofrece actividades que promueven la motricidad fina y gruesa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)d	El programa brinda experiencias en armonía con los orígenes étnicos y culturales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(1)e	El programa provee un tiempo de siesta o tranquilidad a todos los niños menores de seis años que no están inscritos en la escuela y se encuentran presentes en el centro durante cinco o más horas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplina				
109.12(2)	El centro cuenta con una política por escrito sobre la disciplina de los menores que provee una guía positiva, con instrucciones para resolver conflictos y establecer límites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)a	El centro no utiliza el castigo corporal, incluidas las palmadas, sacudidas y bofetadas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)b	Cualquier castigo que sea humillante o aterrador, o que cause dolor o incomodidad al menor, está completamente prohibido. Nunca se usan dispositivos de inmovilización. Si formara parte de un plan de tratamiento de un menor con una discapacidad, el personal recibe una capacitación al respecto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(2)c	No se utiliza el castigo o las amenazas de castigo para abordar una enfermedad, el entrenamiento para ir al baño, o los hábitos con respecto a la comida o el descanso.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.12(2)d	Ningún menor es sometido a agresiones verbales, amenazas, o comentarios despectivos sobre sí mismo o su familia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menor que requiere adaptaciones				
109.12(3)	<ul style="list-style-type: none"> Se realizan adaptaciones razonables para los menores con discapacidades. Los archivos solicitados contienen documentación de las adaptaciones razonables realizadas para brindar atención a un menor con una discapacidad. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipo de juego y materiales				
109.12(4)	<ul style="list-style-type: none"> Se proveen suficientes artículos de tocador para el lavado de manos. Se cuenta con equipo de juego interior suficiente y seguro y con materiales y mobiliario que cumple con la CPSC o la ASTM. El equipo de juego, los materiales y el mobiliario cumplen con las necesidades especiales, de desarrollo y de actividad de los menores. La disposición de la sala no obstaculiza la observación directa de los menores. Se proveen colchonetas, camas o catres individuales y ropa de cama adecuada a cada menor que duerme la siesta en el lugar. Se desarrollan e implementan procedimientos para desinfectar con regularidad los equipos y materiales. Se mantiene un espacio suficiente entre los equipos con el objetivo de reducir la transmisión de enfermedades y permitir que los menores y el personal se muevan con facilidad para responder a las actividades y necesidades de cuidados. Se siguen los procedimientos sanitarios para el uso y almacenamiento de artículos de higiene personal. <p><i>Si existen insuficiencias, indíquelas:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambiente para bebés				
109.12(5)	Los niños menores de dos años disponen de un ambiente que los protege de daños físicos, pero que no restringe indebidamente su desarrollo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)a	Los bebés son estimulados a lo largo del día. Si es posible, todos los cuidados de un menor son brindados por el mismo adulto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)b	<ul style="list-style-type: none"> El cambio de pañales de los bebés se realiza en el área destinada para tales efectos, según sea necesario. Existe una mesa para cambiar pañales por cada 15 bebés/niños pequeños que necesitan cambio de pañales. Los procedimientos de cambio de pañales, saneamiento y lavado de manos están publicados e implementados en el área central de cambio de pañales. <p><i>Si existen insuficiencias, indíquelas:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)c	Se dispone de sillas altas o asientos con ganchos equipados con correas de seguridad y diseñados para no volcarse. Las correas de seguridad se abrochan cuando la silla está en uso.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)d	Los juguetes que se proveen son seguros, lavables, lo suficientemente grandes para no ser tragados y no tienen piezas desmontables. Los juguetes de superficie dura son desinfectados a diario.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.12(5)e	<p>El proveedor sigue las prácticas de sueño seguro recomendadas por la AAP para bebés menores de un año.</p> <ul style="list-style-type: none"> • Los bebés duermen boca arriba, es decir, de espalda. • Los bebés son ubicados sobre un colchón firme con una sábana bien ajustada que cumple con las normas federales de la Comisión de Seguridad de Productos del Consumidor. • No se permite que un bebé duerma sobre una cama, sofá, colchón de aire u otra superficie blanda. No se permite que un menor duerma en aparatos no diseñados para dormir, incluidos los asientos para bebé, asientos para automóvil, columpios o mecedoras. • Cuando los bebés están en la zona para dormir, no tienen cerca juguetes, objetos blandos, peluches, almohadas, almohadillas protectoras, frazadas o ropa de cama suelta. • No se permite dormir junto a los bebés. • Los bebés son vigilados activamente mientras duermen, a través de medios visuales y sonoros. • Si el menor necesita una posición alternativa para dormir, se solicita una autorización firmada por un médico o asistente de médico que indique la razón médica para ello. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)f	A cada niño menor de dos años de edad se le provee una cuna o mueble tipo cuna con un cubrecolchón impermeable y suficiente ropa de cama que cumpla con las normas de la CPSC o la ASTM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)g	No se utilizan andadores para bebés.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)h	<p>En el caso de centros que operan a diario durante cinco horas o menos: se cuenta con una cantidad suficiente de cunas o muebles similares a cunas para los menores que duermen siesta y se provee un colchón impermeable y ropa de cama suficiente, que deben cumplir con las normas de la CPSC o la ASTM y se mantienen de manera higiénica y son utilizados solo en un menor a la vez.</p> <p><i>Si existen insuficiencias, indíquelas:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.12(5)i	Todos los artículos para dormir se utilizan de acuerdo con las normas del fabricante para la edad y el peso del menor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUIDADO INFANTIL NOCTURNO				
Requisitos de las instalaciones				
109.13(1)a	<p>Se proveen cunas, camas, catres y ropa de cama suficiente y apropiada para la edad. Se provee suficiente mobiliario, iluminación y material para actividades. Los equipos y materiales son mantenidos de manera segura e higiénica.</p> <p><i>Si existen insuficiencias, indíquelas:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.13(1)b	<ul style="list-style-type: none"> • Se dispone de un espacio privado separado para niños y niñas en edad escolar, tanto para el uso del baño como para las actividades previas a dormir. • Las puertas de los baños que usan los niños no se cierran con seguro. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.13(1)c	<ul style="list-style-type: none"> • El centro complementa los efectos personales que los padres no pueden proveer para la higiene personal y el sueño del menor. • Se obtiene información por escrito con respecto a las meriendas, el uso del baño, la higiene personal y las rutinas para dormir del menor. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actividades				
109.13(2)a	Las actividades nocturnas son seleccionadas por el menor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.13(2)b	<ul style="list-style-type: none"> • Todas las habitaciones ocupadas por menores cuentan con la supervisión de un adulto, excepto las que utilizan los menores en edad escolar para dormir. • Todo el personal considerado para alcanzar la proporción entre menores y personal está presente y despierto en todo momento. • Si se usa un equipo de monitoreo visual para las habitaciones donde duermen menores en edad escolar, el monitor permite la visualización de todos los menores. • Si usa un equipo de monitoreo visual para las salas donde duermen menores en edad escolar, el personal está presente en todo momento en la sala con el monitor y realiza controles en el dormitorio cada 15 minutos. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CENTRO DE BIENESTAR				
109.14(1)a	El asesor médico de políticas de salud del centro es un médico o un doctor en osteopatía, ya sea en pediatría o en medicina familiar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(1)b	<ul style="list-style-type: none"> • El centro cuenta con una Enfermera Practicante Licenciada (LPN) o una enfermera registrada (RN) con licencia durante todo el período en que los menores estén presentes. • Si la enfermera de turno es una LPN, existe un acuerdo para que un asesor médico o una RN en el área cercana brinde los servicios de consultoría que sean requeridos. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Políticas de salud				
109.14(2)a	<p>Se cuenta con una política de salud por escrito que es coherente con los NHSPS y ha sido aprobada y firmada por el propietario o la junta y el asesor médico antes de iniciar el negocio y que aborda los procedimientos en las siguientes áreas:</p> <p>(1) La política aborda consultas médicas, emergencias, políticas de triaje, almacenamiento y administración de medicamentos, consideraciones dietéticas, saneamiento y control de infecciones, categorización de enfermedades, duración de los períodos de inscripción, política de exclusión y política de salud de los empleados.</p> <p>(2) Se cuenta con una política en relación con las enfermedades reportables.</p> <p>Cualquier cambio en la política de salud es aprobado por un asesor médico y enviado al HHS.</p> <p>Al momento de la inscripción de un menor, se entrega a los padres un resumen por escrito de la política de salud.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(2)b	El menor es evaluado brevemente por una LPN o RN cada vez que llegue al centro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(2)c	<p>El padre debe recibir un breve resumen por escrito cuando el menor es recogido al final de cada día, el cual debe incluir:</p> <p>(1) Los síntomas presentes al momento de la admisión.</p> <p>(2) Los medicamentos administrados y los horarios de administración.</p> <p>(3) La ingesta de alimentos.</p> <p>(4) Los períodos de descanso.</p> <p>(5) Las deposiciones, orina y/o vómitos.</p> <p>(6) La temperatura.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excepciones a los requisitos de licencia				
109.14(3)a	Proporción mínima: 1:4 en el caso de los bebés y 1:5 en el caso de niños de más de dos años.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.14(3)b	<p>Todo el personal que tiene contacto con los menores: recibe un mínimo de 17 horas de capacitación especial en el cuidado de menores con enfermedades leves. La certificación vigente de la capacitación está en los archivos del personal.</p> <p>(1) Dentro del primer mes de empleo: se brinda una capacitación que incluye cuatro horas de RCP en bebés y niños y cuatro horas de primeros auxilios pediátricos, además de una hora de capacitación en control de infecciones.</p> <p>(2) Dentro de los seis primeros meses de empleo: se brinda una capacitación que incluye seis horas de cuidado de niños enfermos y dos horas de identificación y denuncia de abuso infantil.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)c	Existen 40 pies cuadrados de espacio por menor en el programa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)d	Hay un lavamanos en cada sala ocupada por los menores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)e	Si el programa se encuentra en un área adyacente a la unidad de pediatría de un hospital, el HHS puede eximirlo de contar con espacio exterior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.14(3)f	Se permite agrupar a los menores por categorías de enfermedad, sin importar la edad, y están en salas separadas con paredes y puertas completas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICIOS DE COMIDA				
109.15(1)	<ul style="list-style-type: none"> El centro sirve a cada menor una comida completa y nutricionalmente balanceada, según lo definido por las pautas del CACFP. El personal supervisa las mesas durante las meriendas y comidas. A los menores que permanezcan en el centro dos horas o más se les ofrece comida a intervalos de no menos de dos horas y no más de tres horas, a menos que el menor esté dormido. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(2)	<ul style="list-style-type: none"> Para la elaboración del menú, el centro sigue las pautas mínimas establecidas por el CACFP para comidas y meriendas. Los menús se planifican con al menos una semana de anticipación, se ponen a disposición de los padres y se mantienen en los archivos del centro, indicando las sustituciones disponibles. Se evitan los alimentos con una alta tasa de incidencia de asfixia. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimentación de niños menores de dos años				
109.15(3)a	<ul style="list-style-type: none"> Los niños menores de 12 meses se alimentan a libre demanda, a menos que los padres entreguen otras instrucciones por escrito. El menú es elaborado basado en las pautas de menú infantil entregadas por el CACFP y es acorde a las necesidades nutricionales y habilidades alimentarias del bebé. Los menús se modifican solo mediante una instrucción por escrito proveniente de los padres, médico o proveedor de cuidados de salud. Si un menor tiene un problema de alimentación, se le administra la leche de fórmula especial prescrita por su médico. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)b	<ul style="list-style-type: none"> Los niños menores de seis meses son sostenidos o alimentados en posición de sentado. No se deja a ningún bebé tomando de un biberón que esté apoyado, no se da el biberón mientras esté en una cuna, ni se le deja el biberón puesto en la boca mientras duerme. La alimentación con cuchara se adapta a las capacidades de desarrollo del menor. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)c	Los niños de 12 meses de edad o menos alimentados con leche de fórmula de una sola porción, listas para tomar, fórmula concentrada o en polvo son alimentados siguiendo las instrucciones del fabricante, o mediante leche materna, a menos que los padres o el médico indiquen lo contrario.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(3)d	Los niños menores de dos años que no toman fórmula o leche materna son alimentados con leche entera.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITA	NORMA	S	N	NA
109.15(3)e	Los biberones y chupetes utilizados para la preparación de fórmulas se mantienen limpios y desinfectados, y la leche preparada permanece refrigerada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimentos traídos de casa				
109.15(4)a	<ul style="list-style-type: none"> El centro establece políticas con respecto a los alimentos traídos de casa para los niños menores de cinco años que no están inscritos en la escuela y se entrega una copia a los padres al momento de la admisión. Los alimentos traídos de casa para los niños menores de cinco años que no están inscritos en la escuela son monitoreados y complementados, si es necesario, para asegurar que se mantengan las pautas del CACFP. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)b	El centro no restringe a los padres traer comida de casa a los menores en edad escolar o de aplicar estándares nutricionales a las comidas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)c	Los alimentos perecederos traídos de casa se conservan apropiadamente para evitar su contaminación o deterioro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(4)d	En ocasiones especiales se da a los padres la opción de traer bocadillos que no se ajustan a las pautas de nutrición del CACFP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparación de alimentos/saneamiento				
109.15(5)	Los procedimientos de preparación y almacenamiento de alimentos se ajustan a lo establecido por los NHSPS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)a	Se dispone de refrigeración apropiada para los alimentos perecederos. <i>Si existen insuficiencias, indíquelas:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)b	<ul style="list-style-type: none"> Al momento de preparar, servir y almacenar los alimentos se siguen métodos sanitarios y de seguridad que permiten prevenir la transmisión de enfermedades, infestación y deterioro de los alimentos. El personal que prepara alimentos y que tenga lesiones en las manos debe usar guantes protectores. El personal que sirve comida usa utensilios limpios para servir y tiene las manos limpias o usa guantes protectores. <i>Si existen insuficiencias, indíquelas:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)c	Se utilizan métodos sanitarios para lavar los platos que permiten prevenir la transmisión de enfermedades. <i>Si existen insuficiencias, indíquelas:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(5)d	Se utilizan métodos sanitarios para la eliminación de desechos que permiten prevenir la transmisión de enfermedades e infestaciones. <i>Si existen insuficiencias, indíquelas:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agua				
109.15(6)	<ul style="list-style-type: none"> Se dispone de instalaciones sanitarias y de agua potable adecuadas y accesibles. Los centros que brindan servicios a bebés y niños pequeños proveen, como mínimo, vasos individuales. <i>Si existen insuficiencias, indíquelas:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(6)a	Los suministros privados de agua tienen una calidad bacteriológica satisfactoria, demostrada por un análisis anual del agua realizado entre el 1 de mayo y el 30 de junio de cada año. Si se brindan servicios a niños menores de dos años, el análisis de agua privado debe incluir un análisis de nitrato.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109.15(6)b	Si se determina que el suministro de agua público o privado no es apto para su consumo, se utiliza agua embotellada comercialmente certificada como química y bacteriológicamente potable, u otra agua aprobada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Enrollment Information

Child Information			
Child's Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Allergies, special instructions, comforting items:			

Parent/Guardian Information (1)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	
Parent/Guardian Information (2)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	

Emergency Contact (1)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Emergency Contact (2)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Emergency Contact (3) – Out-of-Area/Out-of-State			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	

Medical Information

Child's Doctor's Name:			Phone #:		
Address:		City:		State:	
Preferred Hospital to Contact:			Phone #:		
Address:		City:		State:	

Child's Dentist's Name:			Phone #:		
Address:		City:		State:	

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

**Persons allowed to pick up my child if I am unable to:
(Also list emergency contacts below if you want to allow them to pick up your child)**

Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:

Any one NOT allowed to pick up my child (with copy of court order, if applicable):

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Record of Emergency Practice Drills

Facility/Program Name: _____ Year: _____

Address: _____ Owner/Director Signature: _____

Fire Drills (required)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Date Held & Initials												
Start Time												
Time Needed to Evacuate Bldg.												
Alarm Signal Used (Y/N)												
Roll Call Completed After Evacuation												
Drill Evaluation Completed/Filed												

Tornado Drills (required)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Date Held & Initials												
Start Time												
Time Needed to Evacuate												
Alarm Signal Used (Y/N)												
Roll Call Completed in Shelter												
Drill Evaluation Completed/Filed												

Other Optional Drills (Rotate practicing evacuation, lock-down, shelter-in-place, etc.)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Date Held & Initials												
Start Time												
Type of Drill (See types below)												
Time Needed to Evacuate												
Alarm Signal Used												
Roll Call Completed in Shelter												
Drill Evaluation Completed/Filed												

Type of Drill: 1) Shelter-in-place 2) Lock-down 3) Evacuation 4) Reverse Evacuation

Emergency Practice Drill Evaluation Tool

Facility/Program Name: _____

Address: _____

Date of Drill: _____ Time of Drill: _____ Type of Drill: _____

Name of Persons Evaluating Drill: _____

<i>Drill Objectives</i>	
<i>What Went Well?</i>	
<i>What Did Not Go Well?</i>	
<i>Lessons Learned and Recommended Changes to the Emergency Plan</i>	

Date Emergency Plan Changes Completed: _____

Signature of Owner/Director: _____

Record of Detector, Fire Extinguishers, and Evacuation Equipment Checks

Facility/Program Name: _____ Year: _____

Address: _____ Owner/Director Signature: _____

Smoke Detectors												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
# of Detectors												
Date Detectors Checked & Initials												
Date Batteries Replaced (change twice a year)												

Carbon Monoxide Detectors (required for licensed child care centers and preschools)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
# of Detectors												
Date Detectors Checked & Initials												
Date Batteries Replaced												

Fire Extinguishers												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
# of Fire Extinguishers												
Date Extinguisher Checked & Initials												
Date Fire Extinguishers Purchased												

Evacuation Equipment (if equipment is included in your plan)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Other evacuation equipment (i.e., egress windows, evacuation cribs, etc.) List items below												



Child Care Injury / Incident Report

To be completed any time an injury that requires first aid or medical care which occurs in a child care home, child development home, or licensed child care facility.

Business or Program Name: _____
 Address and Phone Number: _____

Child's Name: _____ Gender: M F Birthdate: _____
 Date and Time of Incident: _____
 Name of Parent/Legal Guardian Notified: _____
 Method of Notification: _____ Time Notified: _____ a.m./p.m.
 Notification by (name of staff person): _____

Serious Injuries must be reported to the Department of Human Services within 24 hours of the incident***.

Serious Injuries include:

- Disabling mental illness
- Bodily injury which creates a substantial risk of death, causes serious permanent disfigurement, or causes protracted loss or impairment of the function of any bodily member or organ
- Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia
- Includes but is not limited to skull fractures, rib fractures, metaphyseal fractures of the long bones of children under the age of 4 years.

Did the incident result in a serious injury to a child? Yes No

Did the incident result in death to a child? Yes No

Was EMS (911) or other medical professional notified? Yes No

Time Notified _____ a.m./p.m.

Location where incident occurred: Classroom Dining Room Gym Hall
 Kitchen Motor Vehicle Office Playground Restroom Stairway
 Unknown Other (specify) _____

Equipment/Product involved: (check all that apply) Climber Motor Vehicle
 Playground Surface Sandbox Slide Swing Tricycle/Bike/Riding toy
 Toy (specify): _____ Other Equipment (specify): _____
 Reported equipment/product involved in the injury to the Consumer Product Safety Commission (CPSC) <https://www.cpsc.gov>

If a serious injury or death to a child has occurred in a child care home, child development home, or licensed child care center, please email this incident report form to the Department of Human Services at ccsid@dhs.state.ia.us within 24 hours of the incident.

Cause of Injury / Incident(check all that apply) Animal Bite Child Behavior-related Child Bite Choking Cold/heat over exposure Fall running/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 Poisoning Sting, insect, bee, spider or tick bite Other (specify): _____

Describe the injury / incident: Include part(s) of the body injured and the type of injury markings. For medication errors, describe medication and exact circumstances:

Medical / Dental Care Needed Day of Injury / Incident:
 No doctor/dental treatment required
 Treated as an outpatient office or emergency room
 Hospitalized

What First Aid / Treatment given on-site?

Who administered First Aid or Treatment? _____

I have reviewed the above injury report and certify it is true and accurate to the best of my knowledge:

 Child Care Provider Signature _____
 Date

I have read the above injury report:

 Parent / Legal Guardian / Authorized Person Signature _____
 Date

If a serious injury or death to a child has occurred in a child care home, child development home, or licensed child care center, please email this incident report form to the Department of Human Services at ccsid@dhs.state.ia.us within 24 hours of the incident.



Diet Modification Request Form

Description: The United States Department of Agriculture (USDA) reimburses home day care providers, child and adult care centers, summer food service sponsors, schools, residential child care institutions, preschools, and Head Start for meals served to participants that meet USDA requirements. The Child Nutrition Program participating home provider or organization is listed below for meals served in their program. If a participant needs to avoid specific foods for a medical reason, a prescribing licensed medical professional must document the diet modifications and sign this form.

Please complete this form and return to your organization or provider: _____
(Name of home provider or organization)

Participant's Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian's Name: _____

1) Does the participant have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes (identify)	
If yes, describe the major life activity or functions affected by the disability (see link for definitions of disability http://www.eeoc.gov/laws/statutes/adaaa_info.cfm)	
If yes, explain why the disability restricts the participant's diet:	
If no, identify the medical condition that does not rise to the level of a disability:	
2) Food(s) or Formula to Omit:	Food(s) or Formula to Substitute:
3) Texture modifications:	
Infants must receive iron-fortified infant formula or breast milk unless an allergy/exception statement is on file.	
The back of this form includes additional descriptions <input type="checkbox"/> No <input type="checkbox"/> Yes	

Licensed prescribing medical professional*: _____
Name (Print or Type) Title

*In Iowa licensed prescribing medical professionals include Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician's Assistant (PA), or Advanced Registered Nurse Practitioner (ARNP).

Signature of medical professional Date

If the participant has a disability, the provider must offer to supply the food substitutions unless doing so would be a documented financial hardship. If the participant does not have a disability, the provider is not required to supply the food substitutions.

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without medical professional direction. This site chooses to offer this nutritionally-equivalent product: _____. Check here if you would like to request the soy milk listed in place of fluid milk and list the reason for the request. _____

USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods:

Parent/Guardian signature: _____ Date: _____
(To document choices and for permission to release information)

USDA is an equal opportunity employer and provider.

Developed by the Iowa Department of Education, Bureau of Nutrition and Health Services 8/2015

Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p>Lactose/milk – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? __yes __no <input type="checkbox"/> Milk based desserts such as ice cream and pudding <input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese <input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza <input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich <input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Soy - Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Protein products extended with soy <input type="checkbox"/> Processed items cooked in soy oil <input type="checkbox"/> Food products with soy as one of the first three ingredients <input type="checkbox"/> Food products with soy listed as the fourth ingredient or further down the list 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Egg - Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold <input type="checkbox"/> Eggs used in breading or coating of products <input type="checkbox"/> Baked products with eggs such as breads or desserts 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Seafood – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fish <input type="checkbox"/> Shrimp <input type="checkbox"/> Crab <input type="checkbox"/> Oysters <input type="checkbox"/> Other: _____ 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Peanuts – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Peanuts, individually or as an ingredient <input type="checkbox"/> Foods containing peanut oil <input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Tree nuts – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All nuts <input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts <input type="checkbox"/> Other: _____ 	<p>SERVE THESE ITEMS INSTEAD:</p>
<p>Wheat – Do not serve the items checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foods containing wheat <input type="checkbox"/> Foods containing gluten <input type="checkbox"/> Other: _____ 	<p>SERVE THESE ITEMS INSTEAD:</p>



Iowa Department of Health and Human Services
Child Care Provider Physical Examination Report
Child Care Center Personnel • Child Development Home Providers

Name:	Date of Exam:
-------	---------------

Child Care Providers:

- Have frequent contact with children (infant through school-age) in care.
- Are responsible for children’s physical care and social development day or/and nighttime hours.
- May need to lift children, bend, and stand for long periods of time.

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)

- 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:

Tuberculosis Screening:

All child care staff/providers are required to 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.
NOTE: ONLY perform a TST or IGRA if the patient has an identified risk factor and/or current symptoms of TB disease. Do not test individuals with previous past positive test results.

(Physician Must Complete - Check And Date)

- TB signs/symptoms assessment and TB risk factor screen completed Date: _____
- TST or IGRA test completed (if indicated) Date: _____

** Tuberculosis medical consultation and TB medications can be accessed by calling the Iowa Department of Health and Human Services, Tuberculosis Control Program at 515-281-8636 or 515-281-7504.

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 (if yes, describe in detail below.) No

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 (if yes, describe in detail below.) No
-
-
-

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

May use stamp

Health Care Provider Signature _____

Circle the Provider Type **MD** **DO** **PA** **ARNP** **DC**

Address:

Telephone:

Nombre:	Fecha de examen:
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Los proveedores de cuidado infantil:

- Tienen contacto frecuente con los menores (desde que son bebés hasta la edad escolar) bajo su cuidado.
- Son responsables del cuidado físico y desarrollo social de los menores durante las horas diurnas o nocturnas.
- Es posible que necesiten levantar a los menores, agacharse y permanecer de pie durante largos períodos de tiempo.

Estado de vacunación:

Todos los empleados y proveedores de cuidado infantil deben consultar con su médico sobre la recepción de las vacunas apropiadas para su edad de acuerdo con el calendario de vacunación recomendado por el actual Advisory Committee on Immunization Practices (Comité Asesor sobre Prácticas de Vacunación) (ACIP). Las personas involucradas en la prestación de cuidado infantil a menudo entran en contacto con niños muy pequeños, quienes pueden o no estar completamente vacunados contra enfermedades prevenibles con vacunas. Es esencial que cada empleado y proveedor de cuidado infantil hable con su médico sobre los beneficios y riesgos asociados con recibir o no recibir todas las vacunas que el ACIP considera apropiadas para la edad, antes de participar en un entorno de cuidado infantil.

(El médico debe marcar una)

- Se revisó el historial de vacunación del paciente y el paciente está al día con todas las vacunas recomendadas por el ACIP.
- El paciente recibió asesoramiento sobre la recepción de vacunas apropiadas para su edad de acuerdo con el calendario actual de vacunación recomendado por el ACIP y rechazó las siguientes vacunas recomendadas:

Examen de detección de tuberculosis:

Todo el personal/proveedores de cuidado infantil deben recibir un examen inicial para detectar la tuberculosis. El examen basal constará de dos componentes:

1. Evaluación de los síntomas actuales de tuberculosis activa.
2. Detección de factores de riesgo asociados con la tuberculosis.
NOTA: SOLO haga un TST o IGRA si el paciente tiene un factor de riesgo identificado o síntomas actuales de tuberculosis. No haga pruebas a individuos con resultados anteriores positivos.

(El médico debe completar - Marcar y fechar)

- Evaluación de los signos/síntomas de tuberculosis y análisis del factor de riesgo de tuberculosis completados Fecha: _____
- Prueba TST o IGRA completada (si se indica) Fecha: _____

** Se puede acceder a consultas médicas y medicamentos contra la tuberculosis llamando al Iowa Department of Health and Human Services, Tuberculosis Control Program (Programa de Control de la Tuberculosis del Departamento de Salud Pública de Iowa) al 515-281-8636 o al 515-281-7504.

Informe de examen físico de proveedor de cuidado infantil

Personal del centro de cuidado infantil • Proveedores de hogares de desarrollo infantil

Estado general de salud:

¿Tiene el individuo una enfermedad transmisible conocida u otras afecciones que representan una amenaza para la salud, la seguridad o el bienestar de los menores?

- Sí (Si la respuesta es Sí, describa en detalle a continuación). No

¿El proveedor de cuidado infantil tiene una condición que limita la capacidad del proveedor para supervisar o evacuar con seguridad a varios menores dependientes en caso de emergencia?

- Sí (Si la respuesta es Sí, describa en detalle a continuación). No

Conclusión:

- La persona puede participar en el cuidado infantil
- La persona puede participar en el cuidado infantil con las siguientes adaptaciones y restricciones (describa a continuación)
- La persona no puede participar en el cuidado infantil
- Adaptaciones o restricciones necesarias para satisfacer las demandas de proveer cuidado infantil

Puede usar un sello

Firma del proveedor de atención médica _____

Encierre en un círculo el tipo de proveedor: **MD DO PA ARNP DC**

Dirección:

Teléfono: