

# **Child Development Home Registration Guidelines**

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## Resources

Area Education Agencies: <http://www.iowaaea.org>

Caring for Our Children (best practice and national standards): <https://nrckids.org/CFOC>

Child and Adult Care Food Program (CACFP): <https://educateiowa.gov/pk-12/nutrition-programs/child-and-adult-care-food-program>

Child Care Resource and Referral: <https://iowaccrr.org>

DHS Child Care: <https://dhs.iowa.gov/childcare/providers>

DHS Child Care Compliance and Complaint Reports:  
[https://secureapp.dhs.state.ia.us/dhs\\_titan\\_public/ChildCare/ComplianceReport](https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport)

DHS Child Care Tools and Resources <https://dhs.iowa.gov/childcare/tool-and-resources>

DHS Child Care Provider Portal: <http://ccmis.dhs.state.ia.us/providerportal/default.aspx>

DHS Approved Training and Resources: <https://dhs.iowa.gov/licensure-and-registration/tools-trainings-and-resources>

Early Childhood Iowa: <https://earlychildhood.iowa.gov/>

Healthy Child Care Iowa: <https://idph.iowa.gov/hcci>

Iowa Association for the Education of Young Children: <http://www.iowaaeyc.org>

Iowa's Early Childhood and School Age Professional Workforce Registry (i-PoWeR):  
<https://ccmis.dhs.state.ia.us/trainingregistry/TrainingRegistry/Public/>

Iowa Quality For Kids (IQ4K): <https://dhs.iowa.gov/quality-rating-system>

Zero to Three: <http://www.zerotothree.org>

## Registration Overview

The Iowa Department of Human Services (DHS) has been delegated authority in Chapter 237A of the Code of Iowa to develop and enforce the rules setting the minimum standards for the registered child development homes..

The Child Development Home minimum requirements are found, in their entirety, in 441 Iowa Administrative Code, Chapter 110 found at <https://www.legis.iowa.gov/docs/iac/chapter/441.110.pdf>

DHS is pleased to have you participate in the registration of your child care program. If you have any questions concerning the minimum requirements or need help in setting up or improving your program, please feel free to ask for consultation from a child care worker in your local Department of Human Services office or from a child care consultant at your local child care resource and referral agency.

There are three categories of child development homes recognized under Iowa law, based on the number of children in care, the space available for child care, and the provider's education and experience:

- ◆ Child Development Home A
- ◆ Child Development Home B
- ◆ Child Development Home C

The following Child Development Home Registration Guidelines explains how to apply for registration and the minimum requirements for each category of child development home and explains. Please read these minimum requirements carefully. DHS will conduct both a pre-inspection and annual inspections to verify that you meet requirements.

Iowa law limits the number of children a home may care for, whether the home is registered or not. A nonregistered child care home may care for up to six children, if one of these children is enrolled in school. A registered child development home is limited according to the category. Details are provided in the following guidance.

Regulatory guidelines are outlined throughout this document. You will also see areas where there is an additional COMMENT or RATIONALE statement. This information is provided to offer additional insight into why a regulation is important and/or how best to meet the requirement.

### **Benefits of Registration**

Benefits of registration as a child development home provider include:

- ◆ Satisfaction of knowing you meet the minimum requirements for child care in accordance with the Iowa Administrative Code.
- ◆ Prestige of a Certificate of Registration that shows the parents and the public that you meet the minimum requirements for child care in the state of Iowa and your commitment to keeping children safe in your care
- ◆ Eligibility for consultation from the Department of Human Services in all aspects of child care.

- ◆ Being listed with the child care resource and referral agency to help parents find available child care.
- ◆ Being identified to community resources, such as Extension Services, community action programs, Head Start, child care nurse consultants, and child care resource and referral agencies. These and other agencies can provide services such as training, consultation, collaboration, and resource development.
- ◆ A path to qualifying for participation in the Child and Adult Care Food Program for reimbursement for meals and snacks.
- ◆ A path to participate in the Quality Rating and Improvement System (QRIS), known in Iowa as Iowa Quality for Kids (IQ4K).

## **Definitions**

**Legal reference:** Iowa Code Section 237A.1 and 441 IAC 110.1(237A)

**“Adult”** means a person aged 18 or older.

**“Assistant”** means a responsible person aged 14 or older. The assistant may never be left alone with children. Ultimate responsibility for supervision is with the child care provider.

**“Child”** means either:

- ◆ A person 12 years of age or younger.
- ◆ A person 13 years of age or older but younger than 19 years of age who has a developmental disability as defined under the federal Developmental Disability Assistance and Bill of Rights Act.

**“Child care”** means the care, supervision, or guidance of a child by a person other than the child’s parent, guardian, or custodian for periods of less than 24 hours per day per child on a regular basis. “Child care” does not mean special activity programs that meet on a regular basis, such as music or dance classes, organized athletics or sports programs, scouting programs, or hobby or craft classes or clubs.

**“Child care facility”** or **“facility”** means a child care center, preschool, or a registered child development home.

**“Child development home”** means a person or program registered under section 237A.3A that may provide child care to six or more children at any one time.

**“Department”** means the Department of Human Services.

**“Involvement with child care”** means licensed or registered under this chapter, employed in a child care facility, residing in a child care facility, receiving public funding for providing child care, or providing child care as a child care home provider, or residing in a child care home.

**“Parent”** means parent or legal guardian.

**“Provider”** means the person or program that applies for registration to provide child care and is approved as a child development home.

**“Registration”** means the process by which child-care providers certify that they comply with rules adopted by the Department.

**“Registration certificate”** means the written document issued by the Department to publicly state that the provider has certified in writing compliance with the minimum requirements for registration of a child development home.

**“School”** means kindergarten or higher grade level

## **Registration Procedures**

### **Application for Registration**

**Legal reference:** Iowa Code Section 237A.3A and 441 IAC 110.2(237A)

Apply for registration on form 470-3384, *Application for Child Development Home Registration*. This form is provided by the Department’s local office or the local child care resource and referral agency. The form is also available through the web-based KinderTrack System and may be completed and submitted electronically.

Also use this form to inform the Department of any changes in circumstances that would affect the home’s registration. If your household composition changes, you must notify DHS.

**COMMENT:** There may be only one registration per address. If you are registered at an address other than your home address, you are still responsible for maintaining all health and safety requirements at the home where you are registered and providing child care. As the registered provider, you must be present at all times, except for times when a DHS-approved substitute is authorized to provide care.

### **Record Checks**

**Legal reference:** Iowa Code Section 237A.5 and 441 IAC 110.11(237A)

For the protection of children, Iowa Code Chapter 237A requires that to be registered, child care providers and others in the home must submit to checks for criminal or child abuse history. The Department submits record checks for:

- ◆ Every operator of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

The purpose of the record checks is to determine whether the person has any founded child abuse reports, criminal convictions, or is on the sex offender registry. Record checks are repeated every 24 months.

### **Criminal Records Check**

Criminal records checks must be completed before a home can become registered as a child development home. Form DCI-77, *State of Iowa Criminal History Record Check Request Form*, must be completed by:

- ◆ Every operator of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

You are responsible for the completion of all required criminal record check forms.

### **National Criminal Records Check**

Effective July 1, 2013, national criminal records checks, based on fingerprints, must be completed before a home can become or renew registration as a child development home. Under Iowa law, *DCI Waiver Agreement*, form DCI-45, and *Federal Fingerprint Card*, form FD-258, must be completed by:

- ◆ Every operator or registrant of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
- ◆ Anyone 18 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

Providers will be responsible for having their fingerprints “rolled” before submitting their registration materials. The provider is responsible for the completion of all required criminal record check forms.

The national criminal history record check shall be repeated for each person subject to the check every four years and when the Department or registrant becomes aware of any new transgressions committed by that person in another state. The Department is responsible for the cost of conducting the national criminal history record check.

### **Child Abuse Registry Check**

Child abuse registry checks must be completed before a home becomes registered as a child development home. A child abuse registry check is to be completed on:

- ◆ Every operator of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

The child abuse registry check is initiated by the completion of form 470-3301, *Authorization for Release of Child and Dependent Adult Abuse Information*.



## **Absolute Prohibitions**

Individuals with the following convictions or founded child abuse reports are prohibited from registration as a child development home provider, employment in a child development home, living in a child development home, receiving public funding for providing child care, or living in a non-registered child care home that receives public funding:

- ◆ Founded child or dependent abuse that was determined to be sexual abuse.
- ◆ Person is required to be listed on any state or national sex offender registry.

Any of the following felony convictions:

- ◆ Child endangerment or neglect or abandonment of a dependent person
- ◆ Domestic abuse
- ◆ Crime against a child including, but not limited to, sexual exploitation of a minor
- ◆ Forcible felony
- ◆ Arson

The person has a record of a misdemeanor conviction against a child that constitutes one of the following offenses:

- ◆ Child abuse
- ◆ Child endangerment
- ◆ Sexual assault
- ◆ Child pornography

## **Five-Year Prohibitions**

Individuals with the following convictions and founded abuse reports are prohibited from registration as a child development home provider, employment in a child development home, living in a child development home, receiving public funding for providing child care, or living in a non-registered child care home that receives public funding for five years from the date of the conviction or founded abuse report:

- ◆ Conviction of controlled substance offense.
- ◆ Founded child abuse that was determined to be physical abuse.

Individuals with these convictions or founded child abuse reports may reapply after the five-year period has passed.

Individuals with other founded child abuse reports or criminal convictions may be approved for registration, employment, or residence, depending on the Department's evaluation of the incident.

## **Record Check Evaluations**

The person having a record of criminal conviction or founded abuse will be sent form 470-2310, *Record Check Evaluation*, to complete and return to the child care worker. This form must be returned to the Department within ten days. If the form is not returned within ten days, you will be sent a *Notice of Decision* denying or revoking your child development home registration.

If the Department receives the completed *Record Check Evaluation* within ten days, the Department will evaluate the criminal conviction or founded child abuse record as required under Iowa Code Section 237A.5. The purpose of the evaluation is to determine whether or not the criminal conviction or founded child abuse merits prohibition of employment, registration, or residence in a child development home. Based on the evaluation results, a registration may be approved, denied, or revoked.

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.

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 of a record check, the person shall be prohibited from involvement with child care.

### **Professional Development'**

**Legal reference:** Iowa Code Section 237A.23 and 441 IAC 110.10(237A)

Early Childhood Iowa-Professional Development, Early Learning Leadership Team developed a tool to help increase skills for early care and education of providers and teachers.

Through the Navigate Your Pathway website, you may:

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

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

### **Iowa's Early Childhood and School Age Professional Workforce Registry (i-PoWeR)**

i-PoWeR is an online tool where child care professionals can locate and enroll for DHS-approved professional development. To access and enroll for DHS-approved professional development opportunities, please click <https://ccmis.dhs.state.ia.us/trainingregistry/>

You may also access additional trainings approved by the Department, here: [http://dhs.iowa.gov/sites/default/files/CC\\_Professional\\_Development.pdf](http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf)

Prior to registration, you shall complete:

- ◆ Prior to registration, minimum health and safety trainings, approved by the Department, in the following areas:
  - Prevention and control of infectious disease, including immunizations
  - Prevention of sudden infant death syndrome and use of safe sleeping practices
  - Administration of medication, consistent with standards for parental consent
  - Prevention of and response to emergencies due to food and allergic reactions

- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
  - Prevention of shaken baby syndrome and abusive head trauma
  - Emergency preparedness and response planning for emergencies resulted from natural disaster or a man-caused event
  - Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
  - Precautions in transporting children
  - Child development
- ◆ Two hours of Iowa’s training for mandatory reporting of child abuse. Provider shall maintain a valid certificate that indicates the expiration date.
  - ◆ First-aid and cardiopulmonary resuscitation (CPR) training
 

**COMMENT:** Early care and education programs with staff trained in pediatric first aid and CPR can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions and emergencies. Furthermore, knowledge of pediatric first aid and CPR includes addressing a blocked airway (choking) as well as rescue breathing. Repetitive training, coupled with the confidence to use these skills, are critically important to the outcome of an emergency

    - Training shall be provided by a nationally recognized training organization, such as the American Red Cross, the American Heart Association, the National Safety Council, or Emergency Medical Planning (Medic First Aid) or by an equivalent trainer using curriculum approved by the Department.
    - Approved trainings may be found at [https://dhs.iowa.gov/sites/default/files/CPR\\_FirstAid\\_List.pdf?102620211527](https://dhs.iowa.gov/sites/default/files/CPR_FirstAid_List.pdf?102620211527)
    - CPR shall include certification in infant and child CPR.
    - You shall maintain a valid certificate indicating the date of first-aid training and the expiration date.
    - You shall maintain a valid certificate indicating the date of CPR training and the expiration date.
  - ◆ On-line CPR and first aid courses are not approved for continuing education or training to meet regulatory requirements however some courses offer a blended training with both an online and in person component. Approved blended courses can be located at the link listed above.
  - ◆ During each two year registration period, you shall receive a minimum of 24 hours of training from an approved training organization.

If you have completed training through a child care resource and referral agency or community college within six month prior to initial registration, this shall be permitted to count towards your total training required during the initial registration.

**COMMENT:** The purpose of continuing education is to increase skills and knowledge over time. Training and education in child development has been linked to higher quality of childcare.

Experience without that training and education actually has been shown to decrease the quality of care.

You can only take the same training one time every five years. For example, you could take ChildNet one time within a five-year period to meet regulatory requirements for continuing education. **NOTE:** One college credit hour in early childhood or elementary education for school age is the equivalent of 15 hours of training.

You are required to maintain documentation of completed training, as evidenced through either certificates or as maintained in Iowa's early childhood and school age professional workforce registry (i-PoWeR).

### **Issuance of Registration Certificate**

**Legal reference:** Iowa Code Section 237A.3A and 441 IAC 110.4(237A)

Prior to registration, a pre-inspection must be completed by the Department to assure that health, safety, and fire safety expectations have been met. The Department issues a registration certificate when the applicant meets all requirements for registration

### **Compliance Checks**

**Legal reference:** Iowa Code Section 237A and 441 IAC 110.4(237A)

The Department must complete an unannounced compliance check of all child development homes in the state during the state fiscal year for compliance with registration requirements contained in this handbook. As a registered provider, you are required to allow DHS staff to complete this spot check of your registered child development home.

### **Parental Access**

**Legal reference:** Iowa Code Section 237A and 441 IAC 110.5(237A)

Parents shall be afforded unlimited access to their children and to the people caring for their children during the normal hours of operation or whenever their children are in your care, unless parental contact is prohibited by court order.

### **Renewal of Registration Certificate**

**Legal reference:** Iowa Code Section 237A.3A and 441 IAC 110.3(237A)

You must reapply every 24 months, or your *Certificate of Registration* will be invalid. Upon renewal you will get a new *Certificate of Registration* with a new expiration date. The certificate will list the start and end dates of the registration period. The Department will complete record checks at the time of your renewal.

### **Complaints**

The Department keeps a record of all complaints and regulatory violations and their resolution in your regulatory file. This record is available to the public upon request, except that the identity of the complainant will not be disclosed unless expressly permitted by the

complainant. This information is also available to the public online at [https://secureapp.dhs.state.ia.us/dhs\\_titan\\_public/ChildCare/ComplianceReport](https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport)

## **Denial or Revocation of Registration**

**Legal reference:** Iowa Administrative Rules 441.110.11 (237A)

The Department will deny or revoke registration if it finds a hazard to the safety and well-being of a child, and you cannot correct or refuse to correct the hazard. This policy applies even though the hazard may not have been specifically listed under the health and safety rules.

The Department keeps a record of all denials or revocations of registration and the reasons for denying or revoking the registration. This file is open to public inspection.

COMMENT: You have a right to appeal if the Department denies your application for registration or revokes your certificate of registration. You may request a hearing within 30 days after the date the official notice of denial or revocation was mailed. You should submit your request for an appeal to the local Department office or to the DHS Appeals Section, 5th Floor, 1305 E Walnut St, Des Moines, Iowa 50319-0114.

If your registration is denied due to a recent founded child abuse record, you may also consult with the local Department office about filing a request for review of the child abuse report findings.

### **Letter of Revocation**

If you receive a letter from the Department initiating action to deny or revoke your child development home's registration, you must post the letter conspicuously where parents or any member of the public can read it. The letter shall remain posted until the action to deny or revoke your certificate of registration is resolved.

**COMMENT:** A *Notice of Decision* may serve as a letter for this purpose. Post it next to the *Certificate of Registration* where it may be read by anyone entering the child development home.

### **Letter to Parents**

The Department will send a letter to every parent, guardian, or legal custodian of each child enrolled in a child development home if:

- ◆ The certificate of registration is revoked, or
- ◆ There has been a founded child abuse case against the provider, a staff member, or anyone living in the home.

### **Sanction Period**

If the Department has denied or revoked your registration because you have continually or repeatedly failed to operate a child development home in compliance with Iowa law or Department rules, you are not permitted to own or operate a child development home for a period of 12 months from the date of denial or revocation. The Department will not act on an application for registration submitted during the 12-month period.

# Standards

## **Provider Standards for All Child Development Homes**

**Legal reference:** Iowa Code Section 237A. and 441 IAC 110.7(237A)

You must meet the following requirements:

- ◆ Give careful supervision at all times.
- ◆ Exchange information with the parent of each child frequently to enhance the quality of care.
- ◆ Give consistent, dependable care and be capable of handling emergencies.
- ◆ Be present at all times except when emergencies occur or an absence is planned, at which time care shall be provided by a Department-approved substitute. When an absence is planned, give parents at least 24 hours' prior notice.
- ◆ Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair your ability to give careful supervision.
- ◆ Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you:
  - Zoning code
  - Building code
  - Fire code
  - Business license
  - State and federal income tax
  - Unemployment insurance
  - Worker's Compensation
  - Minimum wage and hour requirements
  - OSHA
  - Americans with Disabilities Act (ADA)

### **Substitutes**

As the provider, you are responsible for providing adequate and appropriate supervision at all times children are in attendance. Ultimate responsibility for supervision is with you. Any substitute provider shall have the same responsibility for providing adequate and appropriate supervision.

- ◆ Substitute providers must be 18 years of age or older.
- ◆ All child development home regulations regarding supervision and care of children apply to substitutes.
- ◆ Except in emergency situations, inform parents in advance of the planned use of a substitute provider.

Substitute providers must have the minimum health and safety training within three months or prior to providing substitute care, whichever comes first.

Maintain a written record of the number of hours substitute care was provided, including the date and the name of the substitute provider. Substitute care may be used in the home up to 25 child care hours per month and for an additional period of up to two weeks in a 12 month period. This limit applies to the child development home, regardless of the number of individuals who may be providing the substitute care.

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

## **Program Standards for All Child Development Homes**

**Legal reference:** Iowa Code Section 237A and 441 IAC 110.8(237A)

The next sections state the standards that apply to all child development homes, regardless of category, and the specific requirements for each individual category of child development home.

The following sections describe the size limits and characteristics of each type of child development home. Child development homes are divided into three categories: A, B, and C, based on the provider's education and experience.

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

### **Facility Requirements**

**Legal reference:** 441 IAC 110.8(1)(237A)

- ◆ The home shall have a non-pay, working land-line or mobile telephone with emergency numbers posted and readily accessible for the following:
  - Police
  - Fire
  - Ambulance
  - Poison information center
  - The number for each child's parent
  - A responsible person who can be reached when the parent cannot
  - Each child's physician
- ◆ All travel vehicles must have a paper copy of emergency parent contact information.
- ◆ Electrical wiring shall be maintained. All accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped.
- ◆ Electrical cords shall be used properly. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous.
- ◆ Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water heaters, and gas dryers.
- ◆ Approved safety gates at stairways and doors shall be provided and used as needed.
- ◆ A private water supply shall have an annual laboratory analysis conducted to show satisfactory bacteriological quality. When children under the age of two are to be cared for, the analysis shall include a nitrate analysis. When private water supplies

are determined unsuitable for drinking, commercially bottled water or water treated through a process approved by the health department or designee shall be provided.

**COMMENT:** If your water is not supplied by a public system, you must have an annual laboratory analysis on file with the Department. You can get forms and a container for a laboratory analysis from the State Hygienic Laboratory in Iowa City, Iowa 52242, or from your local health department. There may be a charge for this analysis.

If your water analysis report does not show satisfactory quality, you must provide a statement indicating your alternative plan for a safe water supply.

- ◆ A safety barrier shall surround any heating stove or heating element, in order to prevent burns.

**COMMENT:** Anything that produces enough heat to burn a small child should have some type of barrier around it to prevent injury to a child. Heat sources could include, but are not limited to, wood-burning stoves, space heaters, fireplaces, radiators, electric baseboard heaters, or steam-producing vaporizers, whenever in operation.

- ◆ The home shall have at least one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.
- ◆ The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.
- ◆ Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children. All signs shall include:
  - The telephone number for reporting complaints, and
  - The Internet address of the Department of Public Health:  
[www.iowasmokefreeair.gov](http://www.iowasmokefreeair.gov).
- ◆ Homes served by private sewage disposal systems shall be operated and maintained to ensure the system is properly treating the wastewater and not creating an unsanitary condition in the environment. Discharge of untreated waste water from private sewage disposal systems is prohibited.

**COMMENT:** If DHS is concerned about non-compliance, you will be referred to the local county sanitarian

- ◆ A provider operating in a facility built before 1978 shall assess and control lead hazards before being issued an initial child development home registration or a renewal of the registration. To comply with this requirement, the provider shall:
  1. Determine if painted surfaces on the interior or exterior of the facility are chipping, peeling, or cracking or in need of repair. Painted surfaces include walls, ceilings, windows, doors, stairs, and woodwork; and



2. If painted surfaces are in need of repair, hire an Iowa certified lead-safe renovator to make repairs or take training to become an Iowa certified lead-safe renovator. Iowa lead-safe renovators shall apply interim controls on any chipping, peeling, or cracking paint found, using lead-safe work methods in accordance with and as defined by department of public health rules at 641— Chapters 69 and 70,
- ◆ The child development home shall be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home’s certificate of registration.
 

**COMMENT:** A “single-family residence” includes an apartment, condominium, townhouse, or other individual unit within a multiple unit residential dwelling, but does not include a commercial or industrial building that is primarily used for purposes other than a residence.
  - ◆ Any driver who transports children for any purpose shall have a valid driver’s license and adequate motor vehicle insurance that authorizes the driver to operate the type of vehicle being driven. Child restraint devices shall be utilized in compliance with Iowa Code 321.446.
  - ◆ Providers shall inform parents of the presence of any pets in the home:
    - All dogs and cats in the household shall have annual health examinations by a licensed veterinarian. Acceptable veterinary examinations shall be documented on form 470-5153, *Pet Health Examination Veterinary Health Certificate*.
    - Pet birds shall be purchased from an approved dealer. Children shall not handle pet birds.
    - Aquariums must be well maintained and installed so that they prevent children from accessing the water or pulling over the tank.
    - All animal waste shall be immediately removed from the children’s areas and properly disposed of.
    - Children shall not perform any feeding or care of pets or cleanup of pet waste.
  - No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times.
 

**COMMENT:** Bringing animals and children together has both risks and benefits. Pets teach children how to be gentle and responsible, about life and death, and about unconditional love. However, animals can pose serious health risks. You must be sure an animal is healthy and is a suitable pet to bring into contact with children.

**COMMENT:** 3.4.2.2 of *Caring For Our Children* suggest that reptiles or exotic animals may be considered if in a tank or container in which the child cannot touch the animal

**RATIONALE:** Animals, even pets, are a source of illness for people. People may be a source of illness for animals. Reptiles may carry salmonella, a type of bacteria that causes diarrhea and fever. Even turtles, baby chickens, ducks, dogs, and cats can carry salmonella. This creates a risk to children who are likely to put unwashed hands in their mouths.

- ◆ The provider shall document all injuries that require first aid or medical care using an injury report form. The form shall be completed on the date of occurrence, shared with the parent, and maintained in the child's file.

Serious injuries must be reported to the Department 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 four years.

All serious injuries and deaths must be reported to the Department through the use of the *Child Injury/Incident Report Form* included in the [Required DHS Forms](#) section. Please submit completed documentation to [ccsid@dhs.state.ia.us](mailto:ccsid@dhs.state.ia.us).

- ◆ The provider shall have written policies regarding the care of mildly ill children and exclusion of children due to illness and shall inform parents of these policies.

**COMMENT:** You have the authority to determine when children are too ill to be in your child development home. When considering caring for an ill child, you must consider the wellbeing of all children in your care.

- ◆ The provider shall have written policy and procedures for responding to health-related emergencies.
- ◆ The *Certificate of Registration* shall be displayed in a conspicuous place.

### **Outdoor Space**

**Legal reference:** 441 IAC 110.8(2),(237A)

- ◆ A safe outdoor play area shall:
  - Be maintained in good condition throughout the year;
  - Be fenced off when located on a busy thoroughfare or near a hazard that may be injurious to a child;
  - Have both sunny and shaded areas;
  - Be kept free from litter, rubbish, and flammable materials;
  - Be free from contamination by drainage or ponding of sewage, household waste, or storm water.

**COMMENT:** Equipment should be free of sharp, loose, or pointed parts that could cause injury to a child. Follow manufacturer's instructions for installation, anchoring of permanent outdoor play equipment such as swing sets or climbers and consider appropriate fall surfacing. The play area should be well drained, and free from contamination caused by sewage, household drainage waste, or storm water.

- ◆ When there is a swimming or wading pool on the premises:

- The use of wading pools are discouraged because of the risk for drowning and infectious disease, if used the wading pool shall be drained daily and shall be inaccessible to children when it is not in use.
- An above-ground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use.

The cover shall meet or exceed the ASTM International (formerly known as the American Society for Testing and Materials) specification intended to reduce the risk of drowning by inhibiting access to the water by children under five years of age.

- An uncovered above-ground swimming pool shall be enclosed with an approved fence that is non-climbable and has a minimum height of four feet.
- An uncovered in-ground swimming pool shall be enclosed with a fence that is non-climbable and is at least four feet high and flush with the ground.
- ◆ If children are allowed to use an above-ground or in-ground swimming pool:
  - Written permission from parents shall be kept on file.
  - Equipment needed to rescue a child or adult shall be readily accessible.
  - You must accompany the children and directly supervise during swimming or wading activities.
  - You must complete CPR training for infants, toddlers, and children.

**COMMENT:** *The National Standards* say that children should not be permitted in hot tubs, spas, or saunas. Toddlers and infants are especially at risk of overheating. These areas should be secured so that children do not have unsupervised access. Bathtubs, buckets, diaper pails, and other pails of water should be emptied immediately after use.

**COMMENT:** Sprinklers, hoses, or small individual water buckets are safe alternatives as a cooling or play activity. Flotation devices should never be used as a substitute for supervision. The need for constant supervision is especially important for very young children and children with physical disability or mental retardation. Knowing how to swim does not make a child drown-proof.

### **Medications and Hazardous Materials**

**Legal reference:** 441 IAC 110.8(3),(237A)

- ◆ All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child.
- ◆ First-aid supplies shall include, but are not limited to, adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves. A first aid kit must be available in any vehicle you use to transport children. The first aid kit shall be stored in an area inaccessible to children.
- ◆ Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name.

- ◆ All medications shall be stored properly. When refrigeration is required, medicine shall be stored in a separate, covered container so as to prevent contamination of food or other medications.
- ◆ All medications shall be stored so they are inaccessible to children.
- ◆ Any medication administered to a child shall be recorded. The record shall indicate the name of the medication, the date and time of administration, and the amount given.

**COMMENT:** Medications include prescription medicines, over-the-counter medicines, salves and lotions, including those for itches, rashes, and diaper rash. Over-the-counter medications should be given only following package directions regarding dosage, length of time given, frequency given, etc. Any instructions beyond those on the labeling should have a doctor's authorization. You should not accept medications if the original label or instructions are torn or appear altered in any way. Examples of medications that parents often bring that are not in the original container includes: albuterol nebulizer medications and homemade diaper cream.

**COMMENT:** When you handle medications:

- ◆ Wash your hands before and after giving the child the medicine.
- ◆ Use accurate measuring tools, like dosage spoons, dosage droppers or syringes.
- ◆ Always disinfect the surface where you are preparing medication before and after giving it to the child.

When you give medications:

- ◆ Match the name of the child to the name listed on the medication label. They must be the same.
- ◆ Read and understand the directions on the label and prescription. Be very aware of special conditions (take with meals, take at bedtime, etc.).
- ◆ Give the medication according to the prescribed methods and the prescribed dose.
- ◆ Observe and report any side effects from medications.
- ◆ Record each medicine and dose given to the child.
- ◆ Remember you can always call the pharmacy listed on the label for clarification.

A sample form for medication administration is contained in this handbook. The form gives you the parent's permission to give the parent's child medication and allows you to record the action on the same form.

**REASON:** You need to be aware of what medications the child is receiving and when, who prescribed the medicine, and what the known reactions or side effects may be in case a child has a negative reaction to the medicine. This medication record is especially important if medications are frequently prescribed or if long-term medications are being used.

Nonprescription medications should be given according to the manufacturer's instructions unless a health-care provider provides written instructions otherwise.

The provider shall have procedures related to infectious disease control and handling of any bodily excrement or discharge, including blood. Soiled diapers shall be stored in containers separate from other waste.

- ◆ Module 4 on Essentials for Prevention and Control of Infectious Disease provides guidance on appropriate procedures, such as:
- ◆ Use disposable gloves and other personal protective equipment, as appropriate, when in contact with blood or body fluids that may contain blood
- ◆ Wash hands following contact with blood or body fluids
- ◆ Use a designated diapering area and follow appropriate diapering procedures which can be located at <https://idph.iowa.gov/hcci/products>
- ◆ if you are interested in more information about preventing infectious diseases; DHS sponsors a free on-line Universal Precautions training. This can be found on i-PoWER.

### **Emergency Plans**

**Legal reference:** 441 IAC 110.8(4) (237A)

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

**COMMENT:** This can be as simple as a chart showing the date the drills were practiced, the time of the day, and how long it took to evacuate all the children safely.

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

### **Safe Sleep**

**Legal reference:** 441 IAC 110.8(5) (237A)

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

- ◆ Infants shall always be placed on their back for sleep.
- ◆ Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.

- ◆ Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface.
- ◆ No 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.

No child shall be allowed to sleep in any item not designed for sleeping including, but not limited to, an infant seat, car seat, swing, or bouncy seat.

**COMMENT:** 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 ASTM International 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 home staff maintain 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.

All items used for sleeping must be used in compliance with manufacturer standards for age and weight of the child.

While safe sleep standards are outlined for children under the age of one, you must assure that all children, regardless of age, have appropriate sleeping arrangements and are not allowed to sleep in any items not designed for sleeping, as outlined above.

## **Discipline**

**Legal reference:** 441 IAC 110.8(6) (237A)

Discipline shall conform to the following standards:

- ◆ Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.
- ◆ Corporal punishment, including spanking, shaking, and slapping, shall not be used.
- ◆ Punishment that is humiliating or frightening or causes pain or discomfort to the child shall not be used.
- ◆ Punishment shall not be administered because of a child's illness or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- ◆ No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.

## **Meals**

**Legal reference:** 441 IAC 110.8(7) (237A)

- ◆ Regular meals and snacks shall be provided which are well balanced, nourishing, and in appropriate amounts as defined by the USDA Child and Adult Care Food Program (CACFP). Children may bring food to the child development home for their own consumption, but shall not be required to provide their own food.
- ◆ Clean, sanitary, drinking water shall be readily available in indoor and outdoor areas, throughout the day.

**COMMENT:** The meal patterns approved by the Child and Adult Care Food Program are found at

[https://educateiowa.gov/sites/files/ed/documents/CACFPCenterHandyGuidetoCreditableFoods\\_5-2021%284%29\\_RH\\_Accessible\\_Doc.pdf](https://educateiowa.gov/sites/files/ed/documents/CACFPCenterHandyGuidetoCreditableFoods_5-2021%284%29_RH_Accessible_Doc.pdf)

## **Activity Program**

**Legal reference:** 441 IAC 110.8(8) (237A)

There shall be an activity program that promotes self-esteem and exploration and includes:

- ◆ Active play
- ◆ Quiet play
- ◆ Activities for large-muscle development
- ◆ Activities for small-muscle development
- ◆ Play equipment and materials in a safe condition for both indoor and outdoor activities that are developmentally appropriate for the ages and number of children present

**COMMENT:** You should develop a flexible schedule to aid in planning activities for the children. Variety and appropriateness to the children's ages is important.

Examples of active play for large-muscle development include running, climbing, group games, jumping, and riding toys. Examples of quiet play and small-muscle development activities include coloring, stringing objects, putting puzzles together, using play dough to form and squeeze, doing music and finger play activities, making things with paper, using paste and scissors, reading books.

There are many variations of equipment for either outside or inside. An outside play area might have a variety of age appropriate portable play equipment such as balls, jump ropes, hoops, push/pull toys, riding toys, water play toys, etc. A room inside might have a playhouse or dramatic play area in one corner, blocks and toys in one corner, and a quiet area for books and puzzles in another corner of the room. It is possible to meet this rule requirement without outdoor swing or climbing sets.

## **Provider Files**

**Legal reference:** 441 IAC 110.9(1) (237A)

You must maintain a provider file that contains:

- ◆ A physical examination report that you and the members of your household are free of diseases or disabilities that would prevent good child care.  
  
Form 470-5152, *Child Care Provider Physical Examination Report*, must be completed for all household members aged 18 years or older.  
  
Obtain the statement at the time of your first registration and at least every three years thereafter.
- ◆ Children 18 years of age or younger that are residing in the household must have the following:
  - An admission physical examination report and annually thereafter, signed by a licensed physician or designee in a clinic supervised by a licensed physician.
  - A signed and dated immunization certificate provided by the state Department of Public Health. For the school-age child, a copy of the most recent immunization record shall be acceptable.
  - For each school-age child, on the first day of attendance, documentation of a physical examination that was completed at the time of school enrollment or since.
- ◆ Certificates or training verification documentation for all required training, which may be maintained in i-PoWeR.
- ◆ Documentation from the Department of record check completion on all household members aged 14 and older.

## **Assistant Files**

**Legal reference:** 441 IAC 110.9(2) (237A)

You must maintain an individual file for each staff assistant that contains:

- ◆ Documentation from the Department of record check completion and authorization or conditions limiting person's involvement in child care.
- ◆ A physical examination report at the time of employment and at least every three years thereafter that the person is free of diseases or disabilities that would prevent good child care. Form 470-5152, *Child Care Provider Physical Examination Report*, must be completed. The examination shall include any necessary testing for communicable diseases and include discussion regarding current Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations.
- ◆ Certification of a minimum of two hours of approved training relating to the identification and reporting of child abuse within three months of employment.  
  
**COMMENT:** This training may be obtained through the local child care resource and referral agency, the local Extension office, the local community college, etc.



## **Substitute Files**

**Legal reference:** 441 IAC 110.9(3) (237A)

You must maintain an individual file for each substitute that contains:

- ◆ Documentation from the Department of record check completion and authorization or conditions limiting person's involvement in child care.
- ◆ A physical examination report at the time of employment and at least every three years thereafter that the person is free of diseases or disabilities that would prevent good child care. Form 470-5152, *Child Care Provider Physical Examination Report*, must be completed. The examination shall include any necessary testing for communicable diseases and include discussion regarding current Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations.
- ◆ Certification of a minimum of two hours of approved training relating to the identification and reporting of child abuse within three months of employment.
- ◆ Certification in infant and child first aid.
- ◆ Certification in cardiopulmonary resuscitation.
- ◆ Certification or other documentation that minimum health and safety training as identified in 441 IAC 110.10(1)"a" has been completed.

## **Children's Files**

**Legal reference:** 441 IAC 110.9(4) (237A)

You must maintain an individual file for each child and update it annually or when you become aware of changes.

**COMMENT:** Individual files may be in letter-size manila envelopes and contained in one expandable file folder, or be actual individual file folders. To protect family confidentiality, make sure that the information is kept so that parents are able to see information about their own child only.

The child's file shall contain:

- ◆ Identifying information including at a minimum,
  - The child's name and birth date,
  - The parent's name, address, telephone number,
  - Special needs of the child, and
  - The parent's work address and telephone number.
- ◆ Emergency information including, at a minimum,
  - Where the parent can be reached,
  - The name and telephone number of the child's regular source of health care, and
  - The name, telephone number, and relationship to the child of another adult available in case of emergency.

- ◆ A signed medical consent from the parent authorizing emergency treatment.  
**COMMENT:** A signed medical consent form is very important in case of emergencies. This form greatly reduces the time lost in obtaining emergency treatment for a child..
- ◆ For each infant and preschool-age child, on the first day of attendance, an admission physical examination report signed by a licensed physician or by a designee in a clinic supervised by a licensed physician.  
 The date of the physical examination shall not be more than 12 months before the first day of attendance at the child care home. The written report shall include past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary.
- ◆ For each infant and preschool-age child, a statement of health signed by a licensed physician or by a designee in a clinic supervised by a licensed physician that is submitted annually from the date of the admission physical.  
**COMMENT:** If the doctor is willing to sign this statement after the first complete physical examination report, it will be accepted. If the doctor refuses, or does not feel comfortable with signing just a statement, a full physical examination report will be accepted.
- ◆ For each school age child, on the first day of attendance, a statement of health status signed by the parent or legal guardian and documentation of a physical examination that was completed at the time of school enrollment or since. This statement must be submitted every year.  
**COMMENT:** Health information is important in knowing a child is in good health and can participate in all child care activities. It is even more important to know if a physician's report contains information on health problems that require treatment, medication, or limitations on a child's diet or activities.
- ◆ Injury report forms to document injuries requiring first aid or medical care.
- ◆ Documentation signed by a parent that names persons authorized to pick up the child. The authorization shall include the name, telephone number, and relationship of the authorized person to the child.  
**COMMENT:** It is very important that any child in care be released to only persons who are on this list. Request a photo identification of people whom you do not recognize on sight. If you release a child to anyone not on the list, and if something should happen to that child, you could be held liable.
- ◆ A signed and dated immunization certificate provided by the Iowa Department of Public Health shall be on file for each child enrolled. For the school-aged child, a copy of the most recent immunization record shall be acceptable.  
**COMMENT:** For assistance with immunization certificates, contact your child care nurse consultant

Immunization certificates must be signed by a physician (MD or DO), or county health official and must list the dates of the doses and the health providers. Medical exemptions must be signed by a MD or DO (not a chiropractor), Physician Assistant, or Nurse Practitioner. Religious exemptions shall be signed by the parent or guardian or legally authorized representative. This exemption is only valid when notarized.

Written permission from the parents for their child to attend activities away from the child development home.

**COMMENT:** This could include such events as trips to the library or grocery store, or a "field trip" such as to the fire station or a farm. It also includes instances when a child is transported to dance class, Scouts, etc. by another child's parent or a person designated by the parent.

Parental permission is needed whenever children in child care will not be at the registered child development home location so that parents know where their child is at and have unlimited access to their child.

**COMMENT:** The signed parental consent form for additional children to be present during emergency school closings should be included in this file, also.

- ◆ 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.

### **Homelessness**

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

**COMMENT:** The term "homeless," "homeless individual," and "homeless person" means:

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

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

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

### **Mandatory Reporting of Child Abuse**

**Legal reference:** Iowa Code 237A, Iowa Code 232.69, and 441 IAC 110.10(1)

Under Iowa Code Section 232.69, it is mandatory for you to report to the Department immediately when you discover signs of abuse in the course of caring for a child. The operator of a child development home or the assistant or substitute must make both an oral and a written report when there is reason to suspect that the child has suffered child abuse.

The first step in reporting suspected child abuse is to call your local Department office or call toll-free any time, day or night: 1-800-362-2178. You must make this oral report within 24 hours. If the child's life is in immediate danger, call the police.

The written report must follow within 48 hours of the oral report. By law, the oral and written reports must contain:

- ◆ The name and home address of the child and of the child's parents or other persons responsible for the child's care.
- ◆ The child's age.
- ◆ The child's present whereabouts, if not the same as the parent's or other person's home address.
- ◆ The nature and extent of the child's injuries, including any evidence of previous injuries.
- ◆ The names of other children in the same home.
- ◆ Any other information that the person reporting believes might be helpful in establishing the cause of the injury to the child, the identity of the persons responsible for the injury, or the identity of the persons providing assistance to the child.
- ◆ People who make a child abuse report or cooperate in the investigation of a report have immunity from any civil or criminal liability, if they report or cooperate in good faith. Any mandatory reporter who knowingly fails to report suspected child abuse is

civily liable for damages caused by not reporting. Failure to report is also a misdemeanor offense.

- ◆ You must advise all new staff of their mandatory reporter status within 30 days of hire. All staff must obtain the mandated two hours of approved child abuse training within three months of employment and maintain a valid certificate.

## **Child Development Home A**

**Legal reference:** Iowa Code section 237A.12 441 IAC 110.13(237A)

### **Number of Children in Care**

A Child Development Home A provider may care for up to six preschool children at any one time. Of these 6 children, not more than 4 children who are 24 months of age or younger may be in care. Of the 4 children under 24 months of age, no more than 3 may be 12 months of age or younger. In addition, not more than 2 children who attend school may be present

On days when schools are closed due to emergencies such as inclement weather, physical plant failure, structural damage, or public health emergency, a Child Development Home A provider may care for a maximum of 8 children. This exception does not apply on nonemergency no-school days, such as in-service, conference, or vacation days.

The provider's own preschool age children are included in the total count. The provider's own children attending kindergarten, or a higher level, are not included in the total count.

### **Provider Requirements**

A Child Development Home A provider must:

- ◆ Be at least 18 years old.
- ◆ Have three written references that attest to character and ability to provide child care.

### **Facility Requirements**

**Fire extinguisher:** The home shall have not less than one 2A 10BC-rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

**Smoke detectors:** The home shall have a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. You must test each smoke detector monthly and keep a record of testing for inspection purposes.

## **Child Development Home B**

**Legal reference:** Iowa Code section 237A.12 441 IAC 110.14(237A)

### **Number of Children in Care**

A Child Development Home B provider may care for up to eight preschool children at any one time. Of these 8 children, not more than 4 children who are 24 months of age or younger may be in care. Of the 4 children under 24 months of age, no more than 3 may be 12 months of age or younger.

In addition to these 8 children, up to four children who attend school may be present.

On days when schools are closed due to emergencies such as inclement weather, physical plant failure, structural damage, or public health emergency, a Child Development Home B provider may care for a maximum of 12 children. This exception does not apply on nonemergency no-school days, such as in-service, conference, or vacation days.

The provider's own preschool age children are included in the total count. The provider's own children attending kindergarten, or a higher level, are not included in the total count. Whenever more than 8 children are present at any one time for more than 2 hours, the provider must be assisted by a DHS-approved assistant aged 14 or older, unless extra children are present as a result of an emergency school closing.

### **Provider Requirements**

A Child Development Home B provider must:

- ◆ Be at least 20 years old.
- ◆ Have a high school diploma or GED or documentation of current or previous enrollment in credit-based coursework from a post-secondary educational institution that is an accredited college or university.
- ◆ Meet one of the following requirements:
  - Have two years of experience as a non-registered or registered child care provider.
  - Have a child development associate credential or a two-year or four-year college degree in a child care related field AND one year of experience as a non-registered or registered child care provider.

Related fields include:

- ◇ Early childhood education
- ◇ Child development
- ◇ Elementary education
- ◇ Child and adolescent development
- ◇ Youth and family development
- ◇ Special education
- ◇ Family services
- ◇ Social work, sociology, and psychology
- ◇ Child, adult, family services (child service option)

- ◇ Human development and family studies (child option)
- ◇ Nursing degree (if predominately serving special needs)

### **Facility Requirements**

**Fire extinguisher:** The home shall have not less than one 2A 10BC-rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

**Smoke detectors:** The home shall have a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.

**Two exits:** The home shall have a minimum of two direct exits to the outside from the main floor. If the second level or the basement of the home is used for the provision of child care, other than the use of a restroom, each additional child-occupied floor shall have at least one direct exit to the outside in addition to one inside stairway.

All exits shall terminate at grade level with permanent steps. A basement window may be used as an exit if the window can be opened from the inside without the use of tools and it provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area. The bottom of the opening shall be not more than 44 inches above the floor, with permanent steps inside leading up to the window.

Occupancy above the second floor shall not be permitted for child care.

**Space:** The home shall have a minimum of 35 square feet of child-use floor space for each child in care indoors, and a minimum of 50 square feet per child in care outdoors.

**Sick children:** The home shall have a separate quiet area for sick children.

### **Child Development Home C**

**Legal reference:** Iowa Code section 237A.12441 IAC 110.15(237A)

#### **Number of Children in Care**

A Child Development Home C provider may care for up to 14 preschool children at any one time. Whenever more than eight children are present, both the primary and co-providers, each meeting the individual qualifications for child development home registration as a Child Development Home C provider, must be present.

Of these 14 children, not more than 6 children who are 24 months of age or younger may be in care. Whenever 4 children under the age of 12 months are in care, both providers, each meeting the individual qualifications for child development home registration as a Child Development Home C provider, must be present.

In addition to these 14 children, up to 2 children who attend school may be present.

On days when schools are closed due to emergencies such as inclement weather or physical plant failure, a Child Development Home C provider may care for a maximum of 16 children. This exception does not apply on nonemergency no-school days, such as in-service, conference, or vacation days.

The providers' own preschool age children are included in the total count. The providers' own children attending kindergarten, or a higher level, are not included in the total count.

### **Provider Requirements**

One provider who meets the following qualifications must always be present:

- ◆ Be at least 21 years old.
- ◆ Have a high school diploma or GED or documentation of current or previous enrollment in credit-based coursework from a post-secondary educational institution that is an accredited college or university.
- ◆ Meet one of the following requirements:
  - Have five years' experience as a non-registered or registered child care provider.
  - Have a child development associate credential or a two-year or four-year college degree in a child care related field AND four years of experience as a non-registered or registered child care home provider.

Related fields include:

- ◇ Early childhood education
- ◇ Child development
- ◇ Elementary education
- ◇ Child and adolescent development
- ◇ Youth and family development
- ◇ Special education
- ◇ Family services
- ◇ Social work, sociology, and psychology
- ◇ Child, adult, family services (child service option)
- ◇ Human development and family studies (child option)
- ◇ Nursing degree (if predominately serving special needs)

The co-provider shall meet the Category B provider qualifications.

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

### **Facility Requirements**

**Fire extinguisher:** The home shall have not less than one 2A 10BC-rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

**Smoke detectors:** The home shall have a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of



every stairway. Each smoke detector shall be installed according to manufacturer’s recommendations. You must test each smoke detector monthly and keep a record of testing for inspection purposes.

**Two exits:** The home shall have a minimum of two direct exits to the outside from the main floor. If the second level or the basement of the home is used for the provision of child care, other than the use of a restroom, each additional child-occupied floor shall have at least one direct exit to the outside in addition to one inside stairway.

All exits shall terminate at grade level with permanent steps. A basement window may be used as an exit if the window can be opened from the inside without the use of tools and it provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area. The bottom of the opening shall be not more than 44 inches above the floor, with permanent steps inside leading up to the window.

Occupancy above the second floor shall not be permitted for child care.

**Space:** The home shall have a minimum of 35 square feet of child-use floor space for each child in care indoors, and a minimum of 50 square feet per child in care outdoors.

**Sick children:** The home shall have a separate quiet area for sick children.

**Comparison of Requirements by Category**

The following chart summarizes the facility, provider, and training requirements for each category of home.

**Child Development Homes: Facility, Provider, and Training Requirements**

	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>
Facility	Fire extinguisher  Smoke detectors	35 square feet per child indoors  50 square feet per child outdoors  Quiet area for sick children  Fire safety: ♦ Fire extinguisher ♦ Smoke detectors ♦ Two direct exits	35 square feet per child indoors  50 square feet per child outdoors  Quiet area for sick children  Fire safety: ♦ Fire extinguisher ♦ Smoke detectors ♦ Two direct exits

	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>
Provider	18 years old Reference letters	20 years old High school diploma or GED  Either: <ul style="list-style-type: none"> <li>◆ Two years experience working directly with children in child care</li> <li>◆ CDA or two- or four-year degree in child care related field AND one year of experience working directly with children in child care</li> </ul>	One provider who meets these qualifications must always be present: <ul style="list-style-type: none"> <li>◆ 21 years old</li> <li>◆ High school diploma or GED</li> </ul> Either: <ul style="list-style-type: none"> <li>◆ Five years experience working directly with children in child care</li> <li>◆ CDA or two- or four-year child care related degree AND four years experience working directly with children in child care</li> </ul> The co-provider shall meet the qualifications of a Category B provider
Training	Before registration: Preservice/orientation health and safety training: <ul style="list-style-type: none"> <li>◆ First aid</li> <li>◆ CPR</li> <li>◆ Mandatory reporter training</li> </ul> During each registration period: 24 hours of professional development		

### **Determining Allowable Number of Children in Care**

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

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

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

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

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

The following chart summarizes the limits on the number of children that can be in care for each category of home.

**Number of Children Allowed in  
Registered Child Development Homes and Child Care Homes**

<b>Category</b>	<b>Maximum Capacity</b>	<b>Age Restrictions</b>	<b>FAQ</b>
Category A	6 children at any one time plus 2 school age children present  <b>TOTAL 8</b>	No more than 4 children may be 24 months of age or younger at any one time  Of those 4, only 3 children may be 12 months or age or younger	♦ An assistant does not increase the number for maximum capacity
Category B	8 children at any one time plus 4 school aged children  <b>TOTAL 12</b>	No more than 4 children may be 24 months of age or younger at any one time  Of those 4, only 3 children may be 12 months of age or younger	♦ Must have an assistant if caring for more than 8 children for more than 2 hours at a time.  ♦ The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.
Category C1	8 children at any one time  <b>TOTAL 8</b>	No more than 4 children may be 24 months of age or younger at any one time  Of those 4, only 3 children may be 12 months of age or younger	♦ Can use an assistant but does not increase the number for maximum capacity  ♦ The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.

Category	Maximum Capacity	Age Restrictions	FAQ
Category C2	12 children at any one time plus 2 school age children for less than 2 hours plus 2 part time  <b>TOTAL 16</b>	No more than 6 children 24 months of age or younger at any one time  If 4 children are present that are 12 months of age or younger, both providers must be present.	<ul style="list-style-type: none"> <li>◆ The total number of children authorized for the child development home shall be limited by the amount of space available per child which is 35 square feet of floor space per child. This number may be less than the maximum capacity.</li> <li>◆ If more than 8 children are present, both providers shall be present.</li> </ul>
In-Home	N/A	N/A	<ul style="list-style-type: none"> <li>◆ This is not care provided in the child care provider's home but provided within the child's own home</li> <li>◆ If receiving CCA assistance, there must be a minimum of 3 eligible children</li> <li>◆ Shall only be children within the same family</li> </ul>
Child Care Home	<b>TOTAL 6</b>	N/A	<ul style="list-style-type: none"> <li>◆ 6 children may be present if at least one is school aged Child Care Homes are not registered but may receive CCA funding</li> </ul>

These numbers include the provider's infant and preschool children.

**When do my children count in the total?**

For all categories, your own children who have not entered kindergarten are counted in the totals. **EXCEPTION:** If any of your children are being home-schooled, they must be counted in the basic number of children, up to the age of 13. Although they are not preschoolers, they are present and require your attention during the day.

Note that children must be attending kindergarten or a higher grade level to be counted as school-aged children. The summer before a child enters kindergarten, the child is still counted a preschooler. However, the child is counted as school-aged from the first day of kindergarten on, including days school is not in session and summer vacation.

If you are licensed to provide **foster family care**, any children receiving foster care from you must be counted as if they are your own children. Also, if you are a licensed foster care home, it is mandatory that you be registered if you want to provide child care in your home, regardless of the number of children you wish to care for.

## **Emergency School Closing Exceptions**

Additional school-age children may be cared for, **only** when school is canceled due to an emergency, for example, inclement weather, physical plant failure, structural damage, or public health emergency. For specific number of children allowed in care, refer to "number of children allowed in care" chart. This exception does **not** apply for in-service days, vacations, conferences, etc. Both of the following conditions must be met:

- ◆ Each parent or guardian of children normally in attendance gives written prior approval to have the extra school-agers in care if there is an emergency school closing.
- ◆ Each extra school-aged child either:
  - Is normally enrolled in your home for periods less than two hours, **or**
  - Would be unattended if not in your home, **or**
  - Is a brother or sister of a child your home regularly cares for.

## **Limitations to Total Numbers**

A child development home may be registered if the provider is qualified, even though the amount of space required to be available for maximum number of children authorized for that category exceeds the actual amount of space available in that home.

The total number of children authorized for the child development home at that level of registration is limited by the amount of space available per child. The basic number of children permitted for each age group may not be exceeded.

Mrs. M requests registration as a Category C provider. She meets all of the provider and training requirements. However, the area in her home that she will use for child care totals 300 square feet. She may register as a Category C provider, but will be authorized to care for only eight children (300 square feet divided by 35 square feet required per child).

## **Additional Recommendations to Consider**

The minimum requirements are basic in providing quality child care in child development homes. The following recommendations are **not** requirements, but they are suggestions for improving the quality of child care programs and for improving the child care home administration.

- ◆ Give orientation to new staff assistants and substitutes. Include not only their child caring responsibilities, but also information on your own methods of child care, the special needs of particular children, and plans for emergencies such as fire, injuries, a sick child, etc.
- ◆ Educate all staff about recognizing and reporting child abuse, and about their own vulnerability, as caretakers, to becoming the alleged perpetrator in a child abuse case.
- ◆ Use training or educational opportunities to increase your child care skills, especially in the areas of first-aid principles, child development, program activities, and managing a business.
- ◆ Discuss liability and medical insurance with your insurance agent. Insurance is a safeguard for all concerned with child care.

- ◆ Use a parent/provider agreement form or contract with parents. It promotes mutual understanding and provides protection.
- ◆ Provide parents with a copy of your policies.
- ◆ Discuss possible consultation and referral with parents who have children with special needs.
- ◆ Install working carbon monoxide detectors in the child development home.
- ◆ Provide for napping in areas separate from other ongoing activities for all children not yet attending school.
- ◆ Limit TV viewing and use only in balance with other suitable enriching and active experiences.
- ◆ Inform parents of any weapons in the home and consider the use of child protective devices on any firearms. Weapons should be inaccessible and under lock and key in an area that is not accessible to children.
- ◆ Consider radon testing: Radon is a naturally occurring, radioactive gas that is the second leading cause of lung cancer. Radon can seep into your home through very small openings in basement walls or floors. Iowa has the highest portion of homes with elevated radon in the United States.
- ◆ Consider a policy regarding second hand smoke. Secondhand smoke in the air and on clothing increases the chances of Sudden infant Death Syndrome, lower respiratory infections, middle ear infections, and asthma.
- ◆ Trampolines are not recommended as they are not developmentally appropriate for children under 5 (National Program for Playground Safety) and there is a high risk of injury. If trampolines are used:
  - ◆ Allow only one person on the trampoline at a time.
  - ◆ Do not attempt or allow somersaults.
  - ◆ Use shock-absorbing pads that completely cover the springs, hooks, and the frame.
  - ◆ Place the trampoline away from structures and other play areas.
  - ◆ Ladders should not be used. They provide unsupervised access by small children.
  - ◆ Children under age six should not use a full-sized trampoline.
  - ◆ Always supervise children who use a trampoline.

**COMMENTS:** For further information regarding trampoline safety, contact the National Program for Playground Safety at 800-554-PLAY located at the University of Northern Iowa. The Consumer Product Safety Commission also has information about trampoline use at 1-800-638-2772 or online at <http://www.cpsc.gov>.

**Required DHS Forms**



## Pre-Inspection Checklist for Child Development Home Registration

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

Date of registration application

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code Chapter 110 that must be reviewed during pre-inspection for child development home applicants. For each requirement, check the “yes” box if the home meets the requirements, or the “no” box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found or what the problem was. If a requirement does not apply to this particular home, enter “NA” for not applicable in the “yes” box.

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

### SECTION 1.

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>		All areas of the residence were observed during inspection. If not, please note rationale in Comment Section.	
			<b>For all categories, a provider’s own infants and preschoolers are counted. A provider’s own school-age children are not counted. A relative’s children are counted, regardless of age.</b>	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
For child development homes Category A complete Sections 1 and 2. For child development homes Category B complete Sections 1 and 3. For child development homes Category C complete Sections 1 and 4.				
		110.5	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		110.6	No more children are in care than the number authorized on the registration certificate.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
<input type="checkbox"/>	<input type="checkbox"/>	110.7(1)	The provider meets the following requirements:	
		a	Gives careful supervision at all times.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	Frequently exchanges information with the parent of each child to enhance the quality of care.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>



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

YES	NO	REF. #	RULE	COMMENT
		e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
<input type="checkbox"/>	<input type="checkbox"/>	110.8	Conditions in the home shall be safe, sanitary, and free from hazards.	
<input type="checkbox"/>	<input type="checkbox"/>	110.8(1)a	Has a non-pay working telephone. A cell phone can be the primary phone.	
<input type="checkbox"/>	<input type="checkbox"/>		Emergency numbers posted for police, fire, ambulance, and poison information center.	
			Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			All travel vehicles must have a paper copy of emergency parent contact information.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
<input type="checkbox"/>	<input type="checkbox"/>	b	Electrical wiring shall be maintained.	
<input type="checkbox"/>	<input type="checkbox"/>		All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets.	
<input type="checkbox"/>	<input type="checkbox"/>		All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.	
<input type="checkbox"/>	<input type="checkbox"/>	d	Safety barriers are at stairways and doors as needed.	
<input type="checkbox"/>	<input type="checkbox"/>	e	An annual laboratory analysis shows satisfactory bacteriological quality <u>if</u> a private water supply is used. Nitrate analysis when children under 2.	
<input type="checkbox"/>	<input type="checkbox"/>		<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	
<input type="checkbox"/>	<input type="checkbox"/>	f	A safety barrier surrounds any heating stove or heating element, in order to prevent burns.	
<input type="checkbox"/>	<input type="checkbox"/>	g	Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on <b>each</b> child-occupied floor.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	h	Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
<input type="checkbox"/>	<input type="checkbox"/>		Each smoke detector has been installed according to manufacturer's recommendations.	
			Each smoke detector is tested monthly, and a record is kept for inspection purposes.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
<input type="checkbox"/>	<input type="checkbox"/>	i	Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.	
<input type="checkbox"/>	<input type="checkbox"/>		Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and <a href="http://www.iowasmokefreeair.gov/">www.iowasmokefreeair.gov/</a> .	
<input type="checkbox"/>	<input type="checkbox"/>	j	Homes served by private sewage disposal systems shall be operated and maintained. Discharge of untreated waste water is prohibited.	
<input type="checkbox"/>	<input type="checkbox"/>	k	For homes built prior to 1978, provider must review for chipping, peeling, cracking paint. If repair is required, this is completed by a lead-safe renovator.	
		l	The child development home shall be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home's certificate of registration.	<b>Determined prior to inspection</b>
		m	Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
<input type="checkbox"/>	<input type="checkbox"/>	n	Providers inform parents of the presence of any pet in the child development home.	
<input type="checkbox"/>	<input type="checkbox"/>		All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. Form 470-5153, <i>Pet Health Examination Veterinary Health Certificate</i> , is on file.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>		Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.	
<input type="checkbox"/>	<input type="checkbox"/>		Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
			All animal waste is immediately removed from the children's areas and properly disposed of.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Children shall not perform any feeding or care of pets or cleanup of pet waste.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			o Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents, and copies are in the child's file.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			p The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			q The provider has written policies about responding to health-related emergencies.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			r Certificate of registration is displayed in a conspicuous place.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			s Serious injuries and deaths are reported within 24 hours.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		110.8(2)	Outdoor space.	
<input type="checkbox"/>	<input type="checkbox"/>	a	A safe outdoor play area is maintained in good condition throughout the year.	
<input type="checkbox"/>	<input type="checkbox"/>		Play area has a fence when located on a busy thoroughfare or near a hazard.	
<input type="checkbox"/>	<input type="checkbox"/>		Has both sunshine and shade areas.	
<input type="checkbox"/>	<input type="checkbox"/>		Is kept free from litter, rubbish, and flammable materials.	
<input type="checkbox"/>	<input type="checkbox"/>		Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	

YES	NO	REF. #	RULE	COMMENT
		b	When a swimming pool or wading pool is on the premises:	
			Wading pools are drained daily and are inaccessible to children when not in use.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
<input type="checkbox"/>	<input type="checkbox"/>		<u>If not fenced</u> , both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use.	
<input type="checkbox"/>	<input type="checkbox"/>		Fence for above-ground pool is four feet high and non-climbable.	
<input type="checkbox"/>	<input type="checkbox"/>		Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high.	
		c	If children use above-ground or in-ground swimming pools:	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Written permission from the parents is on file.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Equipment needed to rescue a child or adult is accessible.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			The provider accompanies and provides constant supervision while the children use the pool.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	<b>Determined prior to inspection</b>
		110.8(3)	Medications and hazardous material.	
<input type="checkbox"/>	<input type="checkbox"/>	a	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
<input type="checkbox"/>	<input type="checkbox"/>	b	First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.	
<input type="checkbox"/>	<input type="checkbox"/>		The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.	
		c	Medicines are given only with written authorization from the doctor or parent.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Prescribed medicines are accompanied by a doctor's or a pharmacist's direction.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>

YES	NO	REF. #	RULE	COMMENT
			All medicines are in original containers with directions intact and labeled with the child's name.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Medicines are stored properly including refrigeration in a separate covered container.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Medicines are inaccessible to children.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		d	Medications are not provided if the provider has not completed pre-service orientation that includes medication administration.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
<input type="checkbox"/>	<input type="checkbox"/>	e.	Provider has procedures related to infectious disease and handling of bodily fluids including blood. Soiled diapers are stored in containers separate from other waste.	
		110.8(4)	Emergency plans.	
<input type="checkbox"/>	<input type="checkbox"/>	a	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
<input type="checkbox"/>	<input type="checkbox"/>		The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.	
			Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
<input type="checkbox"/>	<input type="checkbox"/>	b	Procedures are in place for: <ul style="list-style-type: none"> <li>• Evacuation to safely leave the facility,</li> <li>• Relocation to a common, safe location after evacuation,</li> <li>• Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue,</li> <li>• Lock down to protect children and providers from an external situation,</li> <li>• Communication and reunification with families,</li> <li>• Continuity of operations, and</li> <li>• Procedures to address the needs of individual children, including those with functional or access needs.</li> </ul>	

YES	NO	REF. #	RULE	COMMENT
		110.8(5)	Safe sleep.	
		a	Provider shall follow safe sleep practices as recommended by AAP for infants under one year of age.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Infants are placed on back to sleep.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
<input type="checkbox"/>	<input type="checkbox"/>		Infants shall not be allowed to sleep on bed, sofa, air mattress, or other soft surface.	
<input type="checkbox"/>	<input type="checkbox"/>		No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area.	
			Co-sleeping is not allowed.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Sleeping infants will be actively observed by sight and sound.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			If an alternative sleeping position is needed, a signed physician or physician assistant authorization with state of medical reason is required.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	No child is allowed to sleep in items not designed for sleeping, including but not limited to, infant seat, car seat, swing, bouncy seat.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		c	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. No restraining devices are used.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		d	Items used for sleeping are used in compliance with manufacturing standards for age and weight of the child.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		110.8(6)	Discipline.	
		a	Corporal punishment including spanking, shaking, and slapping is not used.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>

YES	NO	REF. #	RULE	COMMENT
			No punishment or threat of punishment is associated with food or rest.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		110.8(7)	Meals and snacks.	
		a	Regular meals, midmorning snacks and/or mid-afternoon snacks shall be provided and be well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	Children may bring food to the child care home, but are not required to provide their own food.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		c	Clean, sanitary drinking water shall be readily available in indoor and outdoor areas, throughout the day.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		110.8(8)	Activity program. There is an activity program that promotes self-esteem and exploration that:	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		a	Includes active play.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	Includes quiet play.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		c	Includes activities for large muscle development, such as running, climbing, riding toys, etc.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		d	Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		e	All play equipment and materials are in a safe condition, for both indoor and outdoor activities.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			All activities are developmentally appropriate for the ages of the children present.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			All equipment and materials are adequate for the number of children present.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>



YES	NO	REF. #	RULE	COMMENT
		110.9	Files.	
		110.9(1)	A provider file is maintained and contains:	
<input type="checkbox"/>	<input type="checkbox"/>	a	A physical exam report documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> , for all household members over the age of 18. Physical exams should be repeated every three years.	
<input type="checkbox"/>	<input type="checkbox"/>		Children 18 years of age or younger residing in the household must have: <ul style="list-style-type: none"> <li>• Admission physical exam report.</li> <li>• Immunization certificate.</li> </ul> For school age: Documentation of physical exam completed at time of school enrollment or since that time.	
		b(1)	Certificates or training verification documentation for:	
			Approved Health and Safety training obtained prior to registration.	<b>Determined prior to inspection</b>
			Two hours of approved child abuse and neglect mandatory reporter training.	<b>Determined prior to inspection</b>
			Certification by an approved trainer/ organization in infant and child first-aid and CPR.	<b>Determined prior to inspection</b>
			During each two year registration period: 24 hours of approved training.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b(2)	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		110.9(2)	An individual file is maintained for each staff assistant:	
		a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	Physical exam report documented on form 470-5152, <i>Child Care Provider Physical Exam Report</i> , which is repeated at least every three years.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		c	Certification of two hours of approved training relating to identification and reporting of child abuse within six months of employment.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>

YES	NO	REF. #	RULE	COMMENT
		110.9(3)	An individual file is maintained for each substitute and contains:	
		a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	Physical exam report documented on form 470-5152, <i>Child Care Provider Physical Exam Report</i> , which is repeated at least every three years.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		c	Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		d	Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		e	Certification or other documentation that minimum health and safety training as identified in 110.10(1)"a" has been completed within three months or prior to providing substitute care, whichever occurs first.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		110.9(4)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
		a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child's regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		c	A signed medical consent from the parent authorizing emergency treatment.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>

YES	NO	REF. #	RULE	COMMENT
		d	For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian or admission physical examination that is not more than 12 months from the child's first day.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		e	For infants and preschoolers: A statement of health signed by a physician submitted annually.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of statement of health or admission physical.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		f	For each school-age child, record of a physical exam completed at the time of school enrollment or since.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		g	A signed and dated immunization certificate provided by the state Department of Public Health.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		h	Written emergency plans for children with allergies. Must accompany child if away from facility.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		i	Documentation signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		j	Written permission from the parent(s) for their child to attend activities away from the child development home.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		k	Injury report forms to document injuries requiring first aid or medical care.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		l	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>

## SECTION 2.

YES	NO	REF. #	RULE	COMMENT
		<b>110.13(1)</b>	<b>SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A"</b>	
		a	Not more than six preschool children present at any one time including infants.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Of the 4 children 24 months of age or younger, no more than 3 may be 12 months of age or younger.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		c	Not more than two additional school-age children	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		d	Not more than eight children present when the emergency school closing exception is in effect.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>

## SECTION 3.

YES	NO	REF. #	RULE	COMMENT
		<b>110.14(1)</b>	<b>SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"</b>	
		a	Not more than eight preschool children present at any one time including infants.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	Of these 8 children, not more than 4 children who are 24 months of age or younger are present at any one time.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			Of the 4 children 24 months of age or younger, no more than 3 may be 12 months of age or younger.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		c	Not more than four additional school-age children.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		d	Not more than 12 children present when the emergency school closing exception is in effect.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		e	When more than 8 children are present for more than 2 hours, a DHS-approved assistant at least 14 years old is present unless extra children are present as a result of an emergency school closing	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>

YES	NO	REF. #	RULE	COMMENT
		110.14(3)	Facility requirements.	
<input type="checkbox"/>	<input type="checkbox"/>	a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
<input type="checkbox"/>	<input type="checkbox"/>		There is a minimum of 50 square feet outdoors per child in care.	
<input type="checkbox"/>	<input type="checkbox"/>	b	There is a separate quiet area for sick children.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Minimum of two direct exits to the outside from the main floor.	
<input type="checkbox"/>	<input type="checkbox"/>		All exits terminate at grade level with permanent steps.	
<input type="checkbox"/>	<input type="checkbox"/>		If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
<input type="checkbox"/>	<input type="checkbox"/>		If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
<input type="checkbox"/>	<input type="checkbox"/>		The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
<input type="checkbox"/>	<input type="checkbox"/>		The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
<input type="checkbox"/>	<input type="checkbox"/>		Child care is not provided above the second floor.	

#### SECTION 4.

YES	NO	REF. #	RULE	COMMENT
		110.15(1)	<b>SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"</b>	
		a	When both providers are present, not more than 14 preschool children are present at any one time, including infants.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		b	When both approved providers are present, not more than 4 children 12 months of age or younger are present and no more than 6 of the 14 children are 24 months of age or younger.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		c	When both approved providers are present, not more than two additional school-age children are present	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>

YES	NO	REF. #	RULE	COMMENT
		d	Not more than 16 children are present when an emergency school closing exception is in effect,	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		e	If only one approved provider is present, not more than eight children are present.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
			If only one approved provider is present, not more than 6 of the 8 children may be 24 months of age or younger and of these 6 children, no more than 3 are 12 months of age or younger.	<b>Not Applicable at Pre-Inspection; will be reviewed at annual inspection</b>
		110.15(3)	Facility requirements.	
<input type="checkbox"/>	<input type="checkbox"/>	a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
<input type="checkbox"/>	<input type="checkbox"/>		There is a minimum of 50 square feet outdoors for each child in care.	
<input type="checkbox"/>	<input type="checkbox"/>	b	There is a separate quiet area for sick children.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Has a minimum of two direct exits to the outside from the main floor.	
<input type="checkbox"/>	<input type="checkbox"/>		All exits terminate at grade level with permanent steps.	
<input type="checkbox"/>	<input type="checkbox"/>		If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
<input type="checkbox"/>	<input type="checkbox"/>		If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
<input type="checkbox"/>	<input type="checkbox"/>		The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
<input type="checkbox"/>	<input type="checkbox"/>		The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
<input type="checkbox"/>	<input type="checkbox"/>		Child care is not provided above the second floor.	

Signature of person completing form	Agency	Date
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Signature of provider	Co-Provider (Child Development Home C only)	Date
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## Checklist for Child Development Home Registration

Name	Telephone Number	Date of Inspection	
Street Address	City	State	Zip Code
Date of Initial Registration	Date of Registration at Current Category		

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code Chapter 110 that must be met by a registered child development home. For each requirement, check the “yes” box if the home meets the requirements, or the “no” box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found or what the problem was. If a requirement does not apply to this particular home, enter “NA” for not applicable in the “yes” box.

### SECTION 1.

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>		All areas of the residence were observed during inspection. If not, please note rationale in Comment section.	
<input type="checkbox"/>	<input type="checkbox"/>		<b>For all categories, a provider’s own infants and preschoolers are counted. A provider’s own school-age children are not counted. A relative’s children are counted, regardless of age.</b>	
For child development homes Category A complete Sections 1 and 2. For child development homes Category B complete Sections 1 and 3. For child development homes Category C complete Sections 1 and 4.				
<input type="checkbox"/>	<input type="checkbox"/>	110.5	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	
<input type="checkbox"/>	<input type="checkbox"/>	110.6	No more children are in care than the number authorized on the registration certificate.	
<input type="checkbox"/>	<input type="checkbox"/>	110.7(1)	The provider meets the following requirements:	
<input type="checkbox"/>	<input type="checkbox"/>	a	Gives careful supervision at all times.	
<input type="checkbox"/>	<input type="checkbox"/>	b	Frequently exchanges information with the parent of each child to enhance the quality of care.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Gives consistent, dependable care.	
<input type="checkbox"/>	<input type="checkbox"/>		Is capable of handling emergencies.	
<input type="checkbox"/>	<input type="checkbox"/>	d	Is present at all times, except if emergencies occur or an absence is planned.	
<input type="checkbox"/>	<input type="checkbox"/>		If absence is planned, care is provided by a DHS-approved substitute.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>		If absence is planned, the parents are given at least 24 hours prior notice.	
<input type="checkbox"/>	<input type="checkbox"/>	e	Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision.	
<input type="checkbox"/>	<input type="checkbox"/>	110.7(2)	Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.	
<input type="checkbox"/>	<input type="checkbox"/>	a	All standards regarding supervision and care of children apply to substitutes.	
<input type="checkbox"/>	<input type="checkbox"/>	b	Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.	
<input type="checkbox"/>	<input type="checkbox"/>	c	The substitute must be 18 years of age or older.	
<input type="checkbox"/>	<input type="checkbox"/>	d	Use of a substitute is limited to: <ul style="list-style-type: none"> <li>• No more than 25 hours per month.</li> <li>• An additional period of up to two weeks in a 12-month period.</li> </ul> These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.	
<input type="checkbox"/>	<input type="checkbox"/>	e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	
<input type="checkbox"/>	<input type="checkbox"/>	110.8	Conditions in the home shall be safe, sanitary, and free from hazards.	
<input type="checkbox"/>	<input type="checkbox"/>	110.8(1)a	Has a non-pay working telephone. A cell phone can be the primary phone.	
<input type="checkbox"/>	<input type="checkbox"/>		Emergency numbers posted for police, fire, ambulance, and poison information center.	
<input type="checkbox"/>	<input type="checkbox"/>		Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone.	
<input type="checkbox"/>	<input type="checkbox"/>		All travel vehicles must have a paper copy of emergency parent contact information.	



YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	b	Electrical wiring shall be maintained.	
<input type="checkbox"/>	<input type="checkbox"/>		All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets.	
<input type="checkbox"/>	<input type="checkbox"/>		All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.	
<input type="checkbox"/>	<input type="checkbox"/>	d	Safety barriers are at stairways and doors as needed.	
<input type="checkbox"/>	<input type="checkbox"/>	e	An annual laboratory analysis shows satisfactory bacteriological quality <u>if</u> a private water supply is used. Nitrate analysis when children under 2.	
<input type="checkbox"/>	<input type="checkbox"/>		<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	
<input type="checkbox"/>	<input type="checkbox"/>	f	A safety barrier surrounds any heating stove or heating element, in order to prevent burns.	
<input type="checkbox"/>	<input type="checkbox"/>	g	Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on <b>each</b> child-occupied floor.	
<input type="checkbox"/>	<input type="checkbox"/>	h	Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
<input type="checkbox"/>	<input type="checkbox"/>		Each smoke detector has been installed according to manufacturer's recommendations.	
<input type="checkbox"/>	<input type="checkbox"/>		Each smoke detector is tested monthly, and a record is kept for inspection purposes.	
<input type="checkbox"/>	<input type="checkbox"/>	i	Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.	
<input type="checkbox"/>	<input type="checkbox"/>		Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and <a href="http://www.iowasmokefreeair.gov">www.iowasmokefreeair.gov</a> .	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	j	Homes served by private sewage disposal systems shall be operated and maintained in a sanitary manner. Discharge of untreated waste water is prohibited.	
<input type="checkbox"/>	<input type="checkbox"/>	k	For homes built prior to 1978, provider must review for chipping, peeling, cracking paint. If repair is required, this is completed by a lead-safe renovator.	
<input type="checkbox"/>	<input type="checkbox"/>	l	The child development home shall be located in a single-family residence that is owned, rented, or leased by the person or, for dual registrations, at least one of the persons who is named on the child development home's certificate of registration.	
<input type="checkbox"/>	<input type="checkbox"/>	m	Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized.	
<input type="checkbox"/>	<input type="checkbox"/>	n	Providers inform parents of the presence of any pet in the child development home.	
<input type="checkbox"/>	<input type="checkbox"/>		All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. Form 470-5153, <i>Pet Health Examination Veterinary Health Certificate</i> , is on file.	
<input type="checkbox"/>	<input type="checkbox"/>		Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.	
<input type="checkbox"/>	<input type="checkbox"/>		Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
<input type="checkbox"/>	<input type="checkbox"/>		All animal waste is immediately removed from the children's areas and properly disposed of.	
<input type="checkbox"/>	<input type="checkbox"/>		No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.	
<input type="checkbox"/>	<input type="checkbox"/>		Children shall not perform any feeding or care of pets or cleanup of pet waste.	
<input type="checkbox"/>	<input type="checkbox"/>	o	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents, and copies are in the child's file.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	p	The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.	
<input type="checkbox"/>	<input type="checkbox"/>	q	The provider has written policies about responding to health-related emergencies.	
<input type="checkbox"/>	<input type="checkbox"/>	r	Certificate of registration is displayed in a conspicuous place	
<input type="checkbox"/>	<input type="checkbox"/>	s	Serious injuries and deaths are reported within 24 hours.	
110.8(2) Outdoor space.				
<input type="checkbox"/>	<input type="checkbox"/>	a	A safe outdoor play area is maintained in good condition throughout the year.	
<input type="checkbox"/>	<input type="checkbox"/>		Play area has a fence when located on a busy thoroughfare or near a hazard.	
<input type="checkbox"/>	<input type="checkbox"/>		Has both sunshine and shade areas.	
<input type="checkbox"/>	<input type="checkbox"/>		Is kept free from litter, rubbish, and flammable materials.	
<input type="checkbox"/>	<input type="checkbox"/>		Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	
		b	When a swimming pool or wading pool is on the premises:	
<input type="checkbox"/>	<input type="checkbox"/>		Wading pools are drained daily and are inaccessible to children when not in use.	
<input type="checkbox"/>	<input type="checkbox"/>		<u>If not fenced</u> , both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use.	
<input type="checkbox"/>	<input type="checkbox"/>		Fence for above-ground pool is four feet high and non-climbable.	
<input type="checkbox"/>	<input type="checkbox"/>		Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high.	
		c	If children use above-ground or in-ground swimming pools:	
<input type="checkbox"/>	<input type="checkbox"/>		Written permission from the parents is on file.	
<input type="checkbox"/>	<input type="checkbox"/>		Equipment needed to rescue a child or adult is accessible.	
<input type="checkbox"/>	<input type="checkbox"/>		The provider accompanies and provides constant supervision while the children use the pool.	
<input type="checkbox"/>	<input type="checkbox"/>		The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	

YES	NO	REF. #	RULE	COMMENT
110.8(3) Medications and hazardous material.				
<input type="checkbox"/>	<input type="checkbox"/>	a	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
<input type="checkbox"/>	<input type="checkbox"/>	b	First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.	
<input type="checkbox"/>	<input type="checkbox"/>		The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Medicines are given only with written authorization from the doctor or parent.	
<input type="checkbox"/>	<input type="checkbox"/>		Prescribed medicines are accompanied by a doctor's or a pharmacist's direction.	
<input type="checkbox"/>	<input type="checkbox"/>		All medicines are in original containers with directions intact and labeled with the child's name.	
<input type="checkbox"/>	<input type="checkbox"/>		Medicines are stored properly including refrigeration in a separate covered container.	
<input type="checkbox"/>	<input type="checkbox"/>		Medicines are inaccessible to children.	
<input type="checkbox"/>	<input type="checkbox"/>		Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given.	
<input type="checkbox"/>	<input type="checkbox"/>	d	Medications are not provided if the provider has not completed pre-service orientation that includes medication administration.	
<input type="checkbox"/>	<input type="checkbox"/>	e	Provider has procedures related to infectious disease and handling of bodily fluids including blood Soiled diapers are stored in containers separate from other waste.	
110.8(4) Emergency plans.				
<input type="checkbox"/>	<input type="checkbox"/>	a	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
<input type="checkbox"/>	<input type="checkbox"/>		The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.	
<input type="checkbox"/>	<input type="checkbox"/>		Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.	

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

YES	NO	REF. #	RULE	COMMENT
110.8(6) Discipline.				
<input type="checkbox"/>	<input type="checkbox"/>	a	Corporal punishment including spanking, shaking, and slapping is not used.	
<input type="checkbox"/>	<input type="checkbox"/>	b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	
<input type="checkbox"/>	<input type="checkbox"/>	c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	
<input type="checkbox"/>	<input type="checkbox"/>		No punishment or threat of punishment is associated with food or rest.	
<input type="checkbox"/>	<input type="checkbox"/>	d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	
<input type="checkbox"/>	<input type="checkbox"/>	e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	
110.8(7) Meals and snacks.				
<input type="checkbox"/>	<input type="checkbox"/>	a	Regular meals, midmorning snacks and/or mid-afternoon snacks shall be provided and be well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program.	
<input type="checkbox"/>	<input type="checkbox"/>	b	Children may bring food to the child care home, but are not required to provide their own food.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Clean, sanitary drinking water shall be readily available to children in indoor and outdoor areas, throughout the day.	
		110.8(8)	Activity program. There is an activity program that promotes self-esteem and exploration that:	
<input type="checkbox"/>	<input type="checkbox"/>	a	Includes active play.	
<input type="checkbox"/>	<input type="checkbox"/>	b	Includes quiet play.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Includes activities for large muscle development, such as running, climbing, riding toys, etc.	
<input type="checkbox"/>	<input type="checkbox"/>	d	Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc.	
<input type="checkbox"/>	<input type="checkbox"/>	e	All play equipment and materials are in a safe condition, for both indoor and outdoor activities.	
<input type="checkbox"/>	<input type="checkbox"/>		All activities are developmentally appropriate for the ages of the children present.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>		All equipment and materials are adequate for the number of children present.	
110.9 Files.				
<input type="checkbox"/>	<input type="checkbox"/>	110.9(1)	A provider file is maintained and contains:	
<input type="checkbox"/>	<input type="checkbox"/>	a	A physical exam report documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> , for all household members over the age of 18. Physical exams should be repeated every three years.	
<input type="checkbox"/>	<input type="checkbox"/>		Children 18 years of age or younger residing in the household must have: <ul style="list-style-type: none"> <li>• Admission physical exam report.</li> <li>• Immunization certificate.</li> </ul> For school age: Documentation of physical exam completed at time of school enrollment or since that time.	
		b(1)	Certificates or training verification documentation for:	
<input type="checkbox"/>	<input type="checkbox"/>		Approved Health and Safety training obtained prior to registration.	
<input type="checkbox"/>	<input type="checkbox"/>		Two hours of approved child abuse and neglect mandatory reporter training.	
<input type="checkbox"/>	<input type="checkbox"/>		Certification by an approved trainer/ organization in infant and child first-aid and CPR.	
<input type="checkbox"/>	<input type="checkbox"/>		During each two year registration period: 24 hours of approved training.	
<input type="checkbox"/>	<input type="checkbox"/>	b(2)	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	
<input type="checkbox"/>	<input type="checkbox"/>	110.9(2)	An individual file is maintained for each staff assistant:	
<input type="checkbox"/>	<input type="checkbox"/>	a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	
<input type="checkbox"/>	<input type="checkbox"/>	b	Physical exam report documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> , which is repeated at least every three years.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Certification of two hours of approved training relating to identification and reporting of child abuse within six months of employment.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	110.9(3)	An individual file is maintained for each substitute and contains:	
<input type="checkbox"/>	<input type="checkbox"/>	a	Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.	
<input type="checkbox"/>	<input type="checkbox"/>	b	Physical exam report documented on form 470-5152, <i>Child Care Provider Physical Examination Report</i> , which is repeated at least every three years.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment.	
<input type="checkbox"/>	<input type="checkbox"/>	d	Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	
<input type="checkbox"/>	<input type="checkbox"/>	e	Certification or other documentation that minimum health and safety training as identified in 110.10(1)"a" has been completed within three months or prior to providing substitute care, whichever occurs first.	
<input type="checkbox"/>	<input type="checkbox"/>	110.9(4)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
<input type="checkbox"/>	<input type="checkbox"/>	a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	
<input type="checkbox"/>	<input type="checkbox"/>	b	Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child's regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.	
<input type="checkbox"/>	<input type="checkbox"/>	c	A signed medical consent from the parent authorizing emergency treatment.	
<input type="checkbox"/>	<input type="checkbox"/>	d	For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.	



YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>		For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian or admission physical examination that is not more than 12 months from the child's first day.	
<input type="checkbox"/>	<input type="checkbox"/>	e	For infants and preschoolers: A statement of health signed by a physician submitted annually.	
<input type="checkbox"/>	<input type="checkbox"/>		For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of statement of health or admission physical.	
<input type="checkbox"/>	<input type="checkbox"/>	f	For each school-age child, record of a physical exam completed at the time of school enrollment or since.	
<input type="checkbox"/>	<input type="checkbox"/>	g	A signed and dated immunization certificate provided by the state Department of Public Health.	
<input type="checkbox"/>	<input type="checkbox"/>	h	Written emergency plans for children with allergies. Must accompany child if away from facility.	
<input type="checkbox"/>	<input type="checkbox"/>	i	Documentation signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	
<input type="checkbox"/>	<input type="checkbox"/>	j	Written permission from the parent(s) for their child to attend activities away from the child development home.	
<input type="checkbox"/>	<input type="checkbox"/>	k	Injury report forms to document injuries requiring first aid or medical care.	
<input type="checkbox"/>	<input type="checkbox"/>	l	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	

## SECTION 2.

YES	NO	REF. #	RULE	COMMENT
		<b>110.13(1)</b>	<b>SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A"</b>	
<input type="checkbox"/>	<input type="checkbox"/>	a	Not more than six preschool children present at any one time including infants.	
<input type="checkbox"/>	<input type="checkbox"/>	b	Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>		Of the 4 children 24 months of age or younger, no more than 3 may be 12 months of age or younger.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Not more than two additional school-age children	
<input type="checkbox"/>	<input type="checkbox"/>	d	Not more than eight children present when the emergency school closing exception is in effect.	

### SECTION 3.

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	<b>110.14(1)</b>	<b>SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"</b>	
<input type="checkbox"/>	<input type="checkbox"/>		a Not more than eight preschool children present at any one time including infants.	
<input type="checkbox"/>	<input type="checkbox"/>		b Of these 8 children, not more than 4 children who are 24 months of age or younger are present at any one time.	
<input type="checkbox"/>	<input type="checkbox"/>		Of the 4 children 24 months of age or younger, no more than 3 may be 12 months of age or younger.	
<input type="checkbox"/>	<input type="checkbox"/>	c	Not more than four additional school-age children.	
<input type="checkbox"/>	<input type="checkbox"/>	d	Not more than 12 children present when the emergency school closing exception is in effect.	
<input type="checkbox"/>	<input type="checkbox"/>	e	When more than 8 children are present for more than 2 hours, a DHS-approved assistant at least 14 years old is present. unless extra children are present as a result of an emergency school closing	
110.14(3) Facility requirements.				
<input type="checkbox"/>	<input type="checkbox"/>		a There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
<input type="checkbox"/>	<input type="checkbox"/>		There is a minimum of 50 square feet outdoors per child in care.	
<input type="checkbox"/>	<input type="checkbox"/>		b There is a separate quiet area for sick children.	
<input type="checkbox"/>	<input type="checkbox"/>		c Minimum of two direct exits to the outside from the main floor.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>		All exits terminate at grade level with permanent steps.	
<input type="checkbox"/>	<input type="checkbox"/>		If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
<input type="checkbox"/>	<input type="checkbox"/>		If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
<input type="checkbox"/>	<input type="checkbox"/>		The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
<input type="checkbox"/>	<input type="checkbox"/>		The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
<input type="checkbox"/>	<input type="checkbox"/>		Child care is not provided above the second floor.	

#### SECTION 4.

YES	NO	REF. #	RULE	COMMENT
		<b>110.15(1)</b>	<b>SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"</b>	
<input type="checkbox"/>	<input type="checkbox"/>		a) When both providers are present, not more than 14 preschool children are present at any one time, including infants.	
<input type="checkbox"/>	<input type="checkbox"/>		b) When both approved providers are present, not more than 4 children 12 months of age or younger are present and no more than 6 of the 14 children are 24 months of age or younger.	
<input type="checkbox"/>	<input type="checkbox"/>		c) When both approved providers are present, not more than two additional school-age children are present	
<input type="checkbox"/>	<input type="checkbox"/>		d)	
<input type="checkbox"/>	<input type="checkbox"/>		d) Not more than 16 children are present when an emergency school closing exception is in effect,	
<input type="checkbox"/>	<input type="checkbox"/>		e) If only one approved provider is present, not more than eight children are present.	
<input type="checkbox"/>	<input type="checkbox"/>		If only one approved provider is present, not more than 6 of the 8 children may be 24 months of age or younger and of these 6 children, no more than 3 are 12 months of age or younger.	

YES	NO	REF. #	RULE	COMMENT
110.15(3) Facility requirements.				
<input type="checkbox"/>	<input type="checkbox"/>		a There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
<input type="checkbox"/>	<input type="checkbox"/>		There is a minimum of 50 square feet outdoors for each child in care.	
<input type="checkbox"/>	<input type="checkbox"/>		b There is a separate quiet area for sick children.	
<input type="checkbox"/>	<input type="checkbox"/>		c Has a minimum of two direct exits to the outside from the main floor.	
<input type="checkbox"/>	<input type="checkbox"/>		All exits terminate at grade level with permanent steps.	
<input type="checkbox"/>	<input type="checkbox"/>		If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.	
<input type="checkbox"/>	<input type="checkbox"/>		If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.	
<input type="checkbox"/>	<input type="checkbox"/>		The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
<input type="checkbox"/>	<input type="checkbox"/>		The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
<input type="checkbox"/>	<input type="checkbox"/>		Child care is not provided above the second floor.	

Signature of person completing form	Agency	Date
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Signature of provider	Co-Provider (Child Development Home C only)	Date
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**Instructions for**

**Application for Child Development Home Registration**

Iowa's child development homes are divided into three categories. The category that you qualify for is determined by your age, experience in child care, and child care education. Please determine which category you wish to apply for, then go through that column and check the boxes that apply to you. **All boxes in the column must be checked for you to qualify for that category.** All child development homes must be located in a single-family residence that is owned, rented, or leased by at least one of the persons who is named on the child development home's certificate of registration. Single-family residence includes: an apartment, condo, townhouse, or other individual unit within a multiple unit residential dwelling, but does not include a commercial or industrial building that is primarily used for purposes other than a residence.

Child Development Home Category A	Child Development Home Category B	Child Development Home Category C
<input type="checkbox"/> at least 18 years old	<input type="checkbox"/> at least 20 years old	<input type="checkbox"/> at least 21 years old
<input type="checkbox"/> * 3 letters of reference (no relatives) *	<input type="checkbox"/> * High school diploma or GED *	<input type="checkbox"/> * High school diploma or GED *
	<input type="checkbox"/> * 2 years of experience as child care home provider OR CDA or 2 or 4 year degree in child care related field and 1 year of experience as a child care home provider *	<input type="checkbox"/> * 5 years experience as a child care home provider OR CDA or 2 or 4 year degree in a child care related field and 4 years of experience as a child care home provider *
	<input type="checkbox"/> 35 square feet per child indoors	<input type="checkbox"/> 35 square feet per child indoors
	<input type="checkbox"/> 50 square feet per child outdoors	<input type="checkbox"/> 50 square feet per child outdoors
	<input type="checkbox"/> quiet area for sick children	<input type="checkbox"/> quiet area for sick children
<input type="checkbox"/> fire extinguisher	<input type="checkbox"/> fire extinguisher	<input type="checkbox"/> fire extinguisher
<input type="checkbox"/> smoke detectors in each child occupied room	<input type="checkbox"/> smoke detectors in each child occupied room	<input type="checkbox"/> smoke detectors in each child occupied room
	<input type="checkbox"/> two direct exits on floor where child care is given	<input type="checkbox"/> two direct exits on floor where child care is given
		<input type="checkbox"/> one provider <input type="checkbox"/> two providers Note: If two providers <u>with differing qualifications</u> , the provider with Category C qualifications must be present at all times if the second provider only meets the qualifications of Category B.





## Application for Child Development Home Registration

- Check one:     New             Renewal             Change  
 I request registration for (check one):
- Child Development Home Category A
  - Child Development Home Category B
  - Child Development Home Category C (1 provider–capacity 8)
  - Child Development Home Category C (2 providers–capacity 16)

Last	First	Middle	Birth date
Maiden name or any other name used			Last four digits of SS #
Home address (city, state, zip code)			Telephone number (      )
Mailing address, if different from home (city, state, zip code)			County
Name of child care business		Address & phone # where you will be doing business, if different from home	
Email address		Other states you have resided	
Days and hours of your child care business		Languages you speak	Will you transport children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Assistant/substitute name (indicate whether substitute or assistant or both)			Birth date
Address		Telephone number	Other states they may have resided
Co-provider name, if applying for Category C (2 providers)			Birth date
Address		Telephone number	Other states they may have resided

Add below the names of other adults and children in the home where you will be doing care. If more space is needed, please use a separate sheet of paper and attach it to the application.

Print full name	Any other state they may have resided in	Birth date	Attending school? Y/N	Last four digits of social security number	Relationship to you

1. I will comply with the minimum requirements for a child development home found in 441 Iowa Administrative Code, Chapter 110 in accordance with Iowa Code section 237A.4.
2. I understand the Department of Human Services will make necessary inspections of the facility in order to determine our conformity to these minimum requirements.
3. I certify that any information I give is and will be true and correct to the best of my knowledge. Further, I am aware that if I make a false report to the Department of Human Services regarding the operation of my child development home, the *Certificate of Registration* may be revoked and state payments may be recouped.
4. I understand that, subject to the provisions of Iowa Code section 237A, the Central Abuse Registry and the Department of Public Safety will check on all members of my household for all new applications and may recheck for re-applications.
5. I will inform the Department of Human Services of any changes that may affect my child care registration eligibility within 10 days.
6. I agree to disclose all criminal convictions and founded child abuse that I, or anyone else residing or working in this household, have received in this state or in any other state.

Signature of applicant	Date
Signature of co-applicant (for Child Development Home Category C, if applicable)	Date

## You Have the Right to Appeal

### What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

### How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

### How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision **or**
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

### Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice **or**
- Before the date a decision goes into effect.

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

### How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

### Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

## Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email [contactdhs@dhs.state.ia.us](mailto:contactdhs@dhs.state.ia.us)





# 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: <input type="checkbox"/> M <input type="checkbox"/> 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.

<u>Location where incident occurred:</u>	<input type="checkbox"/> Classroom	<input type="checkbox"/> Dining room	<input type="checkbox"/> Gym	<input type="checkbox"/> Hall
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Office	<input type="checkbox"/> Playground	<input type="checkbox"/> Restroom
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify): _____			

<u>Equipment/product involved (check all the apply):</u>	<input type="checkbox"/> Climber	<input type="checkbox"/> Motor vehicle
<input type="checkbox"/> Playground surface	<input type="checkbox"/> Sandbox	<input type="checkbox"/> Slide
<input type="checkbox"/> Swing	<input type="checkbox"/> Tricycle/bike/riding toy	
<input type="checkbox"/> Toy (specify): _____	Other equipment (specify): _____	
<input type="checkbox"/> Reported equipment/product involved in the injury to the Consumer Product Safety Commission (CPSC) <a href="https://www.cpsc.gov">https://www.cpsc.gov</a>		

\*\*\*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](mailto:ccsid@dhs.state.ia.us) within 24 hours of the incident.\*\*\*

HCCI04252017

Cause of injury/incident (check all the apply):

<input type="checkbox"/> Child bite	<input type="checkbox"/> Choking	<input type="checkbox"/> Cold/heat over exposure	<input type="checkbox"/> Animal bite	<input type="checkbox"/> Child behavior-related
<input type="checkbox"/> Fall to surface: Estimated height of fall _____ feet	Type of surface: _____			
<input type="checkbox"/> Hit or pushed by another child	<input type="checkbox"/> Injured by object	<input type="checkbox"/> Medication error		
<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Sting, insect, bee, spider or tick bite		
<input type="checkbox"/> 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 in 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](mailto:ccsid@dhs.state.ia.us) within 24 hours of the incident.\*\*\*

HCCI04252017



# Child Care Provider Physical Examination Report

Child Care Center Personnel ♦ Child Development Home Providers

Name:	Date of Exam:
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### 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:  


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### 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 Public Health, Tuberculosis Control Program at 515-281-8636 or 515-281-7504.



Iowa Department of Human Services

# Child Care Provider Physical Examination Report

Child Care Center Personnel ♦ Child Development Home Providers

### 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

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### 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

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May use stamp

**Health Care Provider Signature** \_\_\_\_\_

Circle the Provider Type: **MD DO PA ARNP**

Address:

Telephone:



## Pet Health Examination Veterinary Health Certificate

### Child Care Provider Pet Information

Name of Pet Owner

Address

Name of Pet

Species

Breed

Sex

Date of Birth

Date of Exam

Rabies Vaccination: Date Given

Date Expires

### Veterinary Provider Information

Name of Veterinarian

Veterinarian's License Number

Address of Veterinarian

Phone Number of Veterinarian

### Dogs and Cats

- On the above date I completed a health examination on the dog or cat listed above. At that time I certify that the animal in question was healthy. The animal is current on all recommended core vaccinations, *including rabies*, and there was no evidence of endoparasites (roundworms, hookworms, whipworms) or ectoparasites (fleas, mites, ticks, lice) found in or on the animal.

### Birds

- On the above date I completed a health examination on the bird listed above. At that time I certify that the animal in question was healthy and free of infectious diseases.

Veterinarian's Signature

Date

**Sample Provider Forms**

## 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: \_\_\_\_\_



## Emergency Medical Treatment Authorization

Permission for medical care in parental absence.

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name child answers to: \_\_\_\_\_

I, \_\_\_\_\_ parent or guardian of the child named above give my permission to \_\_\_\_\_, child care home provider, to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the Provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

**NOTE: Every effort will be made to notify parents immediately in case of emergency.** In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Preferred Hospital to Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons to be contacted in emergency if the parents are unavailable:

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Relationship</u>

Present medication(s): \_\_\_\_\_

Known allergies: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Insurance: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Infant, Toddler, Preschool Age – Child Health Form

**HEALTH PROFESSIONAL COMPLETE THIS PAGE –**  
OR PROVIDE COPY OF WELL CHILD PHYSICAL

Date of Exam: \_\_\_\_\_

Height/Length: \_\_\_\_\_ Weight: \_\_\_\_\_

BMI– starting at age 24 mo. \_\_\_\_\_

Head Circumference- age 2 yr. and under: \_\_\_\_\_

Blood Pressure-start @ age 3 yr.: \_\_\_\_\_

Hgb or Hct- @ 12 mo.: \_\_\_\_\_

Lead Risk Assessment: \_\_\_\_\_

Blood Lead Level: date \_\_\_\_\_ results \_\_\_\_\_

### Sensory Screening:

Vision Assessment: \_\_\_\_\_

Vision Acuity: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

Hearing Assessment: Right ear \_\_\_\_\_ Left ear \_\_\_\_\_

Tympanometry (may attach results)

### Developmental Screening/Surveillance:

*(n = normal limits) otherwise describe*

Developmental screening results:

Autism screening results:

Psychosocial/behavioral results

Developmental Referral Made Today:  Yes  No

### Exam Results: *(n = normal limits) otherwise describe*

HEENT

Oral/Teeth Date of Dental exam \_\_\_\_\_

Oral Health/Dental Referral Made Today:  Yes  No

Heart

Lungs

Stomach/Abdomen

Genitalia

Extremities, Joints, Muscles, Spine

Skin, Lymph Nodes

Neurological

### Allergies

Environmental:
Medication:
Food:
Insects:
Other:

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Immunization and TB Testing: (check as indicated)

IDPH Certificate of Immunization reviewed and signed

TB testing completed (only for high-risk child)

**Medication:** Health professional authorizes the child may receive the following medications while at the child care facility: *(include over-the-counter and prescribed)*

<u>Medication Name</u>	<u>Dosage</u>
------------------------	---------------

Diaper crème:

Fever or Pain reliever:

Sunscreen:

Other

Other Medication should be listed with written instructions for use in child care. Medication forms available at [www.idph.iowa.gov/hcci/products](http://www.idph.iowa.gov/hcci/products)

### Additional Referrals made:

\_\_\_\_\_

\_\_\_\_\_

### Health Provider Assessment Statement:

The child may participate in developmentally appropriate early care/learning with **NO** health-related restrictions.

The child may participate in developmentally appropriate early care/learning **with restrictions** (see comments).

The child has a special needs care plan

Type of plan \_\_\_\_\_

*(Please complete and give to parent for child care)*

Comments:

May use stamp

**Signature** \_\_\_\_\_

Circle the Provider Type: **MD DO PA ARNP**

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (Bright Futures March 2021) [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)

**PARENT/GUARDIAN COMPLETE THIS PAGE** Child's Name: \_\_\_\_\_

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

**Growth**

I am concerned about my child's growth.

**Appetite**

I am concerned about my child's eating/feeding habits or appetite.

**Rest -**

I am concerned about the amount of sleep my child needs.

**Illness/Surgery/Injury - My child**

had a serious illness, injury, or surgery.

Please describe:

**Physical Activity - My child**

must restrict physical activity.

Please describe:

**Development and Learning**

I am concerned about my child's behavior, development, or learning.

Please describe:

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

Please describe:

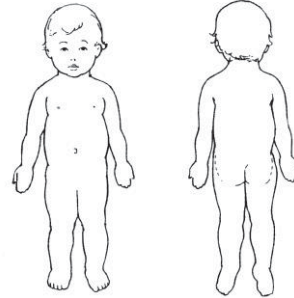
**Special Needs Care Plan** – My child has a special need and needs a care plan for child care. Please discuss with your health care provider.

**Body Health - My child has problems with**

Skin, birthmarks, Mongolian spots, hair, fingernails or toenails.

Map and describe color/shape of skin markings

birthmarks, scars, moles



- Eyes \ vision, glasses
- Ears \ hearing, hearing aids or device, ear-aches, tubes in ears
- Nose problems, nosebleeds, runny nose
- Mouth, teething, gums, tongue, sores in mouth or on lips, mouth-breathing, snoring
- Frequent sore throats or tonsillitis
- Breathing problems, asthma, cough, croup
- Heart, heart murmur
- Stomach aches, upset stomach, spitting-up
- Using toilet, toilet training, urinating
- Bones, muscles, movement, pain when moving, uses assistive equipment.
- Nervous system, headaches, seizures, or nervous habits (like twitches)
- Needs special equipment.

List equipment:

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

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

Parent/Guardian Signature

Date:

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

## Bright Futures/American Academy of Pediatrics

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

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

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

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

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

## Footnotes for Recommendations for Preventive Pediatric Health Care

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement “The Prenatal Visit” (<http://pediatrics.aappublications.org/content/124/4/1227.full>).
3. Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement “Breastfeeding and the Use of Human Milk” (<http://pediatrics.aappublications.org/content/129/3/e827.full>). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement “Hospital Stay for Healthy Term Newborns” (<http://pediatrics.aappublications.org/content/125/2/405.full>).
5. Screen, per the 2007 AAP statement “Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report” ([http://pediatrics.aappublications.org/content/120/Supplement\\_4/S164.full](http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full)).
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3 year olds. Instrument based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See 2016 AAP statement, “Visual System Assessment in Infants, Children, and Young Adults by Pediatricians” (<http://pediatrics.aappublications.org/content/137/1/1.51>) and “Procedures for Evaluation of the Visual System by Pediatricians” (<http://pediatrics.aappublications.org/content/137/1/1.52>).
8. All newborns should be screened, per the AAP statement “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (<http://pediatrics.aappublications.org/content/120/4/898.full>).
9. See 2006 AAP statement “Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” (<http://pediatrics.aappublications.org/content/118/1/405.full>).
10. Screening should occur per the 2007 AAP statement “Identification and Evaluation of Children with Autism Spectrum Disorders” (<http://pediatrics.aappublications.org/content/120/5/1183.full>).
11. A recommended screening tool is available at <http://www.ceasar-boston.org/CRAFFT/index.php>.
12. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at [http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH\\_ScreeningChart.pdf](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf).
13. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See 2011 AAP statement “Use of Chaperones During the Physical Examination of the Pediatric Patient” (<http://pediatrics.aappublications.org/content/127/5/991.full>).
14. These may be modified, depending on entry point into schedule and individual need.
15. The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>), as determined by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdorders.pdf>), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

16. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (<http://pediatrics.aappublications.org/content/129/1/190.full>).
17. Schedules, per the AAP Committee on Infectious Diseases, are available at: <http://aapredbook.aappublications.org/site/resources/izschedules.xhtml>. Every visit should be an opportunity to update and complete a child’s immunizations.
18. See 2010 AAP statement “Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)” (<http://pediatrics.aappublications.org/content/126/5/1040.full>).
19. For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).
20. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
21. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.
22. See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” ([http://www.nhlbi.nih.gov/guidelines/cvd\\_ped/index.htm](http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm)).
23. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the AAP statement (<http://pediatrics.aappublications.org/content/128/5/1023.full>) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
24. See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspsscerv.htm>). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (<http://pediatrics.aappublications.org/content/126/3/583.full>).
25. Assess if the child has a dental home. If no dental home is identified, perform a risk assessment (<http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf>) and refer to a dental home. If primary water source is deficient in fluoride, consider oral fluoride supplementation. Recommend brushing with fluoride toothpaste in the proper dosage for age. See 2009 AAP statement “Oral Health Risk Assessment Timing and Establishment of the Dental Home” (<http://pediatrics.aappublications.org/content/111/5/1113.full>), 2014 clinical report “Fluoride Use in Caries Prevention in the Primary Care Setting” (<http://pediatrics.aappublications.org/content/134/3/626>), and 2014 AAP statement “Maintaining and Improving the Oral Health of Young Children” (<http://pediatrics.aappublications.org/content/134/6/1224.full>).
26. See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspstdnch.htm>). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report “Fluoride Use in Caries Prevention in the Primary Care Setting” (<http://pediatrics.aappublications.org/content/134/3/626>).

## School-Age Child Health Form/Parent Statement of Health

HEALTH PROFESSIONAL COMPLETE PAGE -  
OR PROVIDE COPY OF WELL CHILD PHYSICAL

Date of Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Body Mass Index: \_\_\_\_\_

There are weight concerns

Referral made to \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

### Laboratory Screening:

Blood Lead Level: Date \_\_\_\_\_  venous  capillary (for child under age 6 yr.) Results \_\_\_\_\_

Hgb. / Hct: \_\_\_\_\_

Urinalysis: \_\_\_\_\_

### Sensory Screening

Vision Acuity: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

Hearing: Right ear \_\_\_\_\_ Left ear \_\_\_\_\_

Tympanometry: Right ear \_\_\_\_\_ Left ear \_\_\_\_\_

**Exam Results** (*N = normal limits*) otherwise describe

**Skin:**

**HEENT:**

**Teeth/Oral health:**

Date of Dentist Exam: \_\_\_\_\_ or  none to date.

Dental Referral Made Today  Yes  No

**Heart:**

**Lungs:**

**Stomach/Abdomen:**

**Genitalia:**

**Extremities, Joints, Muscles, Spine:**

**Neurological:**

**Psychosocial/Behavioral Assessment** (Depression screening starting at age 11)

**Allergies:**

Environmental
Medication
Food
Insects
Other

American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (Bright Futures March 2021) [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Immunization and TB Testing: (check as indicated)

IDPH Certificate of Immunization reviewed/signed

TB testing completed (only for high-risk child)

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

Medication Name	Dosage
<input type="checkbox"/> Fever/Pain reliever:	
<input type="checkbox"/> Sunscreen:	
<input type="checkbox"/> Cough medication:	
<input type="checkbox"/> Other - list all	

**Other Medication should be listed with written instructions for use in child care.** Medication forms available at [www.idph.iowa.gov/hcci/products](http://www.idph.iowa.gov/hcci/products)

**Additional Referrals made:**

\_\_\_\_\_

\_\_\_\_\_

**Health Provider Statement:**

The child may **fully participate** with **NO** health-related restrictions.

The child has the following **health-related restrictions** to participation: (please specify)

The child has a special needs care plan  
Type of plan \_\_\_\_\_  
(Please complete and give to parent for child care)

**Health Care Provider Comments:**

May use stamp

**Signature** \_\_\_\_\_

Circle the Provider Type: **MD DO PA ARNP**

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



## School-Age Child Health Form/Parent Statement of Health

Parent/Guardian complete this page

Child name: \_\_\_\_\_

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

Date of child's last physical exam: \_\_\_\_\_

Date of last dental appointment: \_\_\_\_\_

### Growth

I am concerned about child's growth.

### Appetite

I am concerned about child's eating habits.

### Rest

My child needs to rest after school.

### Illness/Surgery/Injury

My child had a serious illness, surgery, or injury. Please describe:

### Physical Activity - My child

Must restrict physical activity or needs special equipment to be active. Please describe:

### Play with friends - My child

- Plays well in groups with other children.  
 Will play only with one or two other children.  
 Prefers to play alone.  
 Fights with other children.  
 I am concerned about my child's play activity with other children. Please describe:

### School and Learning - My child

- Is doing well at school.  
 Is having difficulty in some classes.  
 Does not want to go to school.  
 Frequently misses or is late for school.  
 I am concerned about how my child is doing in school. Please describe:

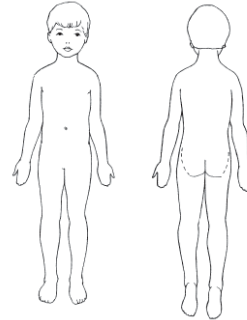
**Allergy** - My child has allergies (Medicine, food, dust, mold, pollen, insects, animals, etc.). List allergies:

**Special Needs Care Plan** –My child has a special need and needs a care plan for child care. Please discuss with your health care provider.

### Body Health - My child has problems with

Skin, hair, fingernails or toenails.

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



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

**Medication<sup>1</sup>** - My child takes medication.

Medication Name      Time Given      Reason for giving medication

**Child has Epipen, inhaler, or other emergency medication.**

Yes     No

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> Parents: Please review the child care program's policies about the use of medication at child care.



# Recommendations for Preventive Pediatric Health Care – School-Age Child

## Bright Futures/American Academy of Pediatrics

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

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

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

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

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

See pages 131 and 132 for footnotes.

## Phone Numbers

Police \_\_\_\_\_

Poison Control \_\_\_\_\_

Fire \_\_\_\_\_

Paramedics \_\_\_\_\_

Child's Name	Birthdate	Parents			Doctor	School	Emergency Contact	
		Name	Home	Work			Name	Phone
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						

Home Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

## Monthly Medicine Record

Child Name: \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

**Child Known Allergies:**

**Parent Permission to give medicine:** I give my permission for the child care business to give the following medicine(s) to my child.

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care: <sup>1</sup>	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine: <sup>2</sup>		
					Beginning date for medicine: _____		
					Ending date for medicine: _____		

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care: <sup>1</sup>	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine: <sup>2</sup>		
					Beginning date for medicine: _____		
					Ending date for medicine: _____		

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care: <sup>1</sup>	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed:			Special instructions for giving medicine: <sup>2</sup>		
					Beginning date for medicine: _____		
					Ending date for medicine: _____		

**Parent permission to contact pharmacy and physician:** I give my permission for the child care business to contact my child's pharmacy and physician should questions arise or a situation occur that involves my child and the medication.

Parent Name (print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup>The time of day for the medicine needs to be consistent between home, child care and other programs where the child is located like school. Ask the parent when the medicine is given at home so medicine doses may be evenly spaced for maximum benefit.  
<sup>2</sup>The medicine may need to be given before meals, after meals, with food, with a specific liquid (water or milk). All instructions should be written on the medicine label or instructions. When in doubt, call the pharmacy where the prescription medicine was dispensed.

# Monthly Medicine Record

Attach  
Child  
Photo  
Here

Child Name: \_\_\_\_\_

Month _____ Year _____		Day of Month																														
Medicine, Dose and Route ↓	Time of Day ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Example: Amoxicillin 250 mg., 1 teaspoon, orally	10 am	*																														

\*Place your initials in the box showing the medicine was given. Use an "A" when a child is absent. Use an "O" when medication is *not given* for any reason. Document the reason the medication was not given and document that the parent was informed.

**Instructions for using Medicine Record:**

- First Column: Record the medicine name, dosage, and route.
- Second Column: Record the time(s) of day the medicine is to be given at child care. If the medicine is given more than one time a day, use a separate row for each time of day the medicine is to be given.
- Third – Last Column: The person who measures and gives the medicine must place the person's initials in the appropriate **row** (for time) and **column** (for date) that the medicine was given. Use columns numbered from 1-31 for the date. The person who measures the medicine dosage is the only person allowed to give the medicine.

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

Iowa Poison Control Center: 1-800-222-1222

## 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: \_\_\_\_\_

<b><i>Drill Objectives</i></b>	
<b><i>What Went Well?</i></b>	
<b><i>What Did Not Go Well?</i></b>	
<b><i>Lessons Learned and Recommended Changes to the Emergency Plan</i></b>	

Date Emergency Plan Changes Completed: \_\_\_\_\_

Signature of Owner/Director: \_\_\_\_\_

