



Iowa Department of Human Services  
**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.



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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)