

**IOWA DEPARTMENT OF HUMAN SERVICES
MEMORANDUM OF AGREEMENT
TEMPORARY EMERGENCY CHILDCARE: PANDEMIC RESPONSE**

PROGRAM NAME _____

PROGRAM STREET ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

POINT OF CONTACT/SUPERVISOR

Name _____

Phone _____

Email Address _____

**AGE GROUPS SERVED AND
REQUESTED CAPACITY**

Temporary emergency childcare sites are not permitted to serve infants age 0 to 24 months.

2 years _____

3 years _____

4 years _____

5+ years _____

HOURS OF OPERATION

Mon. _____

Tue. _____

Wed. _____

Thu. _____

Fri. _____

Sat. _____

Sun. _____

I understand that a temporary Emergency Childcare Center as a pandemic response may only operate until the Governor of Iowa rescinds the State of Emergency. I further understand that this center may only provide child care services to parents identified as Emergency Service Personnel as defined by the Director of the Iowa Department of Human Services.

ESSENTIAL SERVICE PERSONNEL ARE IDENTIFIED AS THE FOLLOWING:

- ▶ All hospital staff;
- ▶ All healthcare providers in private practice and all direct care staff;
- ▶ Staff who provide critical government infrastructure: examples include: social services, child protection services, public health officials, tax collection, corrections and other public safety;
- ▶ Emergency responders;
- ▶ Food service workers, including grocery store staff and limited restaurant staff to include supporting take-away options

COVID-19

All staff and children served by the program will follow Centers for Disease Control and Iowa Department of Public Health recommendations regarding COVID-19. Including:

- ▶ Staff who develop symptoms of COVID-19 while on-site must immediately depart
- ▶ If a child develops symptoms of COVID-19 while on-site parents or designated approved persons must be called immediately to pick-up the child.
- ▶ Follow Environmental Cleaning and Disinfection Recommendations from the CDC <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

CHILD ENROLLMENT

- ▶ Each child enrolled in the facility must have an enrollment form that includes the following
 - Parent contact information
 - Emergency Contacts
 - Known allergies or health conditions
 - List of approved persons to pick up the child from the premises
- ▶ Each parent/caretaker will utilize a sign in/sign out log

THE PROGRAM AGREES TO ABIDE BY THE FOLLOWING STAFF-TO-CHILD RATIOS

Age	Adult to Child Ratio
2 years of age	1:8
3 years of age	1:10 (not more than 10)
4 years of age	1:10 (not more than 10)
5+ years of age	1:10 (not more than 10)

(Continued)

PHYSICAL PREMISES REQUIREMENTS

- ▶ Operations must be in buildings generally intended for people to gather such as community centers, school buildings, libraries, recreational facilities. Operation will not be permitted in Morton buildings, warehouses, garages or spaces generally not intended for people to gather.
- ▶ The building must have accessible, onsite restroom facilities with toilets and sinks.
- ▶ The building must have 35 square feet per child of indoor space available to the children to use.
- ▶ The building must have a designated quiet area for ill or injured. The quiet area must be under supervision for a child who appears to be ill or injured. The parents or a designated person shall be notified of the child's status in the event of a serious illness or emergency. Any child displaying illness shall be picked up from the facility as soon as possible.

STAFF REQUIREMENTS

- ▶ All staff that will work in the temporary emergency child care must have Iowa Background checks completed before starting to work. These background checks include Iowa criminal history, Sex Offender Registry, and Iowa Child Abuse and Neglect and Dependent Adult Abuse Registry
- ▶ The use of child care staff from other facilities, teachers, para-educators, and any other personnel with these completed record checks are not required to have record checks completed again.
- ▶ The child care program must submit DCI-77 Criminal History Record Check Request Form <https://dhs.iowa.gov/sites/default/files/DCI-77.pdf?031920201918> and the Authorization for Release of Child and Dependent Adult Abuse Information <https://dhs.iowa.gov/sites/default/files/470-3301.pdf?070520191428> for each requested employee
- ▶ The Department of Human Services will conduct the record check upon receive of the requested forms and provide approval or denial of the employee.
- ▶ There must be a Director/Supervisor who is responsible for daily supervision of center operations and all staff. This person must be at least 21 years of age and has a High School Diploma or GED and.
- ▶ There must be at least one person on site at all times that has the following (does not have to be the same person)
 - CPR and First Aid Training
 - Mandatory Child Abuse Reporter Training

OPERATIONAL REQUIREMENTS

- ▶ Every child-occupied room shall have adult supervision present in the room.
- ▶ Age appropriate activities for children served including availability of age appropriate materials
- ▶ Children must be served food at intervals of not less than two hours or more than three hours apart unless the child is asleep. Parents may bring meals/snacks or the program may provide the food.

DISCIPLINARY REQUIREMENTS

- ▶ The center shall not use as a form of discipline:
 - Corporal punishment including spanking, shaking, and slapping.
 - Punishment which is humiliating or frightening or which causes pain or discomfort to the child. Children shall never be locked in a room, closet, box or other device.
 - Punishment or threat of punishment associated with a child's illness, lack of progress in toilet training, or in connection with food or rest.
 - No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family

(Continued)

OTHER PROVIDER REQUIREMENTS

Nondiscrimination: I will not discriminate because of race, color, national origin, sex, sexual orientation, religion, age, disability, or political belief against any person seeking services.

AGREEMENT TERMINATION

Non-compliance with any of the provisions of this Agreement may result in termination of this Agreement upon ten days written notice from the Department.

By signing this form, I agree to participate as a temporary emergency child care and assure the Department that I will comply with the provisions in this agreement. I attest that the physical location of the temporary emergency child care program is safe, sanitary, and free from hazards.

Signature

Date