

Guidelines for Child Care Homes

With a Child Care Assistance Provider Agreement

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Thank you for providing child care through the use of a Child Care Assistance Provider Agreement. 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 Health and Human Services office or from your local child care resource and referral agency.

This handbook explains the minimum requirements for child care providers that are not registered but have a child care assistance provider agreement. These requirements are outlined in Iowa Code 237A and 441 Iowa Administrative Code, Chapter 120. When you sign the application form, you are certifying that you meet all of these requirements.

Definitions

Legal reference: 441 IAC Chapter 120

“**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,
- Hobby or craft classes or
- Clubs.

“**Child care home**” means a person or program providing child care to either of the following children at any one time that is not registered to provide child care, as authorized under Iowa Code section 237A.3.

- Five or fewer children
- Six or fewer children if at least one of the children is school aged

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

“**Involvement with child care**” means:

- Licensed or registered as a child care facility,
- Employed in a child care facility,
- Residing in a child care facility,
- Receiving public funding for providing child care,
- Providing child care as a child care home provider, or
- Residing in a child care home.

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

“Person subject to an evaluation” means a person who has committed a transgression and who is described by any of the following:

- The person is being considered for registration or is registered.
- The person is being considered by a child care facility for employment involving direct responsibility for a child or with access to a child when the child is alone, or the person is employed with such responsibilities.
- The person will reside or resides in a child care facility.
- The person has applied for or receives public funding for providing child care.
- The person will reside or resides in a child care home that is not registered but that receives public funding for providing child care.

“Relative” means grandparents, great grandparents, aunts, uncles, and siblings living in a separate residence.

“Transgression” means the existence of any of the following in a person’s record:

- Conviction of a crime.
- A record of having committed founded child or dependent adult abuse.
- Listing in the sex offender registry established under Iowa Code Chapter 692A.
- A record of having committed a public or civil offense.
- Department revocation or denial of a child care facility registration or license due to the person’s continued or repeated failure to operate the child care facility in compliance with licensing and registration laws and rules.

Application for a Child Care Assistance Provider Agreement

Legal reference: 441 IAC 120.2(237A.12)

If you want to become a nonregistered child care home provider, you will need to fill out:

- Form 470-2890, Payment Application for Nonregistered Providers, and
- Form 470-3871, Child Care Assistance Provider Agreement.

Also form 470-2890 to inform the Department of any changes in circumstances that would affect your provider agreement. If your household composition changes, you must notify HHS.

Renewal of your provider agreement shall be completed every 24 months.

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)

Record Checks

Legal reference: 441 IAC 120.11(237A.12)

For the protection of children, Iowa Code Chapter 237A requires that 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 care home.
- All staff members, including substitute providers, with direct responsibility for child care.
- Anyone 14 years and older who is living in the child care 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.

Criminal Records Check

Iowa criminal records checks must be completed before a child care assistance provider agreement will be issued. Form DCI-77, *State of Iowa Criminal History Record Check Request Form*, must be completed by:

- Every operator of a child care home.
- All staff members, including substitute providers, with direct responsibility for child care.
- Anyone 14 years and older who is living in the child care 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. State of Iowa record checks are repeated every 24 months and when the Department or registrant becomes aware of any new transgressions committed by that person in another state.

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 a child care assistance provider agreement. 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 care home.
- All staff members, including substitute providers, with direct responsibility for child care.
- Anyone 18 years and older who is living in the child care 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 care home. A child abuse registry check is to be completed on:

- Every operator of a child care home.
- All substitute providers or assistants, with direct responsibility for child care.
- Anyone 14 years and older who is living in the child care 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*.

Absolute Prohibitions

Individuals with the following convictions or founded child abuse reports are prohibited from:

- Being a child care home provider,
- Employment in a child care 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.

The convictions or founded child abuse reports include:

- 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:

- Being a child care home provider,
- Employment in a child care home,
- Living in a child care home,
- Receiving public funding for providing child care, or
- Living in a non-registered child care home that receives public funding.

Individuals are prohibited for five years from the date of conviction or founded abuse report for the following:

- 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 cancelling your child care home *Child Care Assistance Provider Agreement*.

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 or residence in a child care home. Based on the evaluation results, a *Child Care Assistance Provider Agreement* may be approved, denied, or canceled.

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.

Issuance of Child Care Assistance Provider Agreement

Legal reference: 441 IAC 120.8(1)"k"

The Department issues a *Child Care Assistance Provider Agreement* when the applicant meets all health and safety and fire requirements. The Department reserves the right to conduct a pre-inspection to assess compliance with health, safety, and fire requirements for those persons that have a history of non-compliance with regulatory standards.

Compliance Checks

Legal reference: 441 IAC 120.4(237A.12)

An unannounced compliance visit shall be conducted not less than annually for compliance with health, safety, and fire standards. Completed evaluation checklists shall be placed in agency files.

Parental Access

Legal reference: 441 IAC 120.5(237A.12)

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.

Denial or Termination of a Provider Agreement

The Department will deny or terminate a provider agreement if it finds a hazard to the safety and well-being of a child and you cannot 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.

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

If your application 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.

Number of Children

Legal reference: 441 IAC 120.6(237A.12)

The number of children shall conform to the following standards:

- No more than five children that are not enrolled in school shall receive care at any one time. One additional school aged child may also receive care for no more than six total children.
- In determining the number of children cared for at any one time in a child care home, each child present in the child care home shall be considered to be receiving care unless the child is described by one of the following exceptions:
 - The child's parent, guardian, or custodian established or operates the child care home and either the child is attending school or the child receives child care full-time on a regular basis from another person.
 - The child has been present in the child care home for more than 72 consecutive hours and meets the requirements of the exception listed above as though the person who established or operates the child care home is the child's parent, guardian, or custodian.

Provider Standards for All Child Care Homes

Legal reference: 441 IAC 120.7(237A.12)

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 their ability to give careful supervision.
- Be at least 18 years of age.

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 care 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 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 care home, regardless of the number of individuals who may be providing the substitute care.

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

Standards

The next sections state the standards that apply to all child care homes. Conditions in the home shall be safe, sanitary, and free of hazards.

Program Standards for All Child Care Homes

Facility Requirements

Legal reference: 441 IAC 120.8(1)

- 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, and all accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped.
- Electrical cords shall be properly used. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous.
- Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water heaters, and gas dryers.
- Approved safety gates at stairways and doors shall be provided and used as needed.
- A private water supply shall have an annual laboratory analysis conducted to show satisfactory bacteriological quality. When children under the age of two are to be cared for, the analysis shall include a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially bottled water or water treated through a process approved by the health department or designee shall be provided.

COMMENT: If your water is not supplied by a public system, you must have an annual laboratory analysis on file with the Department. You can get forms and a container for a laboratory analysis from the State Hygienic Laboratory in Iowa City, Iowa 52242, or from your local health department. There may be a charge for this analysis. If your water analysis report does not show satisfactory quality, you must provide a statement indicating your alternative plan for a safe water supply.

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

COMMENT: Anything that produces enough heat to burn a small child should have some type of barrier around it to prevent injury to a child. Heat sources could include, but are not limited to, wood-burning stoves, space heaters, fireplaces, radiators, electric baseboard heaters, or steam-producing vaporizers, whenever in operation.
- The home shall have at least one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.
- The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.
- Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children. All signs shall include:
 - The telephone number for reporting complaints, and
 - The Internet address of the department of public health (www.iowasmokefreeair.gov).
- Homes served by private sewage disposal systems shall be operated and maintained to ensure the system is properly treating wastewater and not creating an unsanitary condition in the environment.

COMMENT: If HHS identifies concerns about non-compliance, a referral will be made 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 Care Assistance Provider Agreement* or a renewal of the agreement. To comply with this requirement, the provider shall:

- Determine if painted surfaces on the interior or exterior of the facility are chipping, peeling, cracking, or are in need of repair. Painted surfaces include walls, ceilings, windows, doors, stairs, and woodwork; and
- 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 70The child care home shall be located in a single-family residence that is owned, rented, or leased by the provider.

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 pet in the home:
 - Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian. Acceptable exams shall be documented on form 470-5153, *Pet Health Examination Veterinary Health Certificate*.
 - Each pet bird in the household shall be purchased from a dealer licensed by the Iowa Department of Agriculture and Land Stewardship and shall be examined by a veterinarian to verify that it is free of infectious disease. Acceptable exams shall be documented on form 470-5153, *Pet Health Examination Veterinary Health Certificate*.
 - Aquariums shall be well maintained and installed in a manner that prevents children from accessing water or pulling on the tank.
 - All animal waste must be immediately removed from children’s areas and properly disposed of. Children shall not perform feeding or care of pets or clean-up of pet waste.
 - No animals shall be allowed in food preparation, 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.

- You must document all injuries that require first aid or medical care using an injury report form. The form must include date of occurrence, when it was 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 reports to the Department must be completed on the Healthy Child Care Iowa *Child Injury/Incident Report Form* and submitted to ccsid@dhs.state.ia.us Within 24 hours of the incident.

Outdoor Space

Legal reference: 441 IAC 120.8(2)

- 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 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: 44I IAC 120.8(3)

- 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, and the record shall indicate the name of the medication, the date and time of administration, and the amount given.
- Medications shall not be provided to a child if the provider has not completed pre-service or orientation training that includes medication administration.

COMMENT: Medications include prescription medicines, over-the-counter medicines, salves and lotions, including those for itches, rashes, and diaper rash. Over-the-counter medications should be given only following package directions regarding dosage, length of time given, frequency given, etc. Any instructions beyond those on the labeling should have a doctor's authorization.

- 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; HHS sponsors a free on-line Universal Precautions training. This can be found on i-PoWeR.

Emergency Plans

Legal reference: 44I IAC 120.8(4)

- 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.

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: 44I IAC 120.8(5)

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

- Infants will always be placed on their back for sleep.
- Infants will 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 will be allowed in the sleeping area with the infant.
- No co-sleeping will be allowed.
- Sleeping infants will 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.

Rationale and Recommendations for Implementation

American Academy of Pediatrics (AAP) Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment

Each year in the United States, approximately 3500 infants die of sleep-related infant deaths, including sudden infant death syndrome (SIDS) and accidental suffocation and strangulation in. In June 2022, the AAP updated their recommendations for reducing infant deaths in the sleep environment. The following recommendations should be followed by Iowa child care providers:

- Back to sleep for every sleep.
- Use a firm, flat, noninclined sleep surface to reduce the risk of suffocation or wedging/entrapment.
- Infants should sleep alone, no bed-sharing or crib-sharing.
- Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, and loose bedding, such as blankets and nonfitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment/wedging, and strangulation.
- Consider a policy that only allows infant pacifier use with parent permission. You are discouraged from having anything attached to the pacifier, such as a string, cord, or stuffed toy. Pacifiers should not be attached to infant clothing as these are strangulation hazards.
- Avoid exposure to smoke (including vaping) and nicotine for infants and children.
- Avoid overheating and head covering in infants.
- Swaddling is not recommended in child care. Weighted swaddle clothing or weighted objects within swaddles are not safe and should not be used.
- It is recommended that infants be immunized in accordance with guidelines from the AAP and CDC.
- Do not use products and devices that go against safe sleep guidance, especially those that claim to prevent SIDS and sleep related deaths.
- Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
- Supervised, awake tummy time is recommended to facilitate development and to minimize the risk of positional plagiocephaly. Place the infant in tummy time while awake and supervised for short periods of time beginning soon after birth, increasing incrementally to at least 15 to 30 min total daily by age 7 wk.
- It is essential that child care home providers endorse and model safe infant sleep guidelines.

For more information go to <https://safetosleep.nichd.nih.gov/safesleepbasics/risk/reduce>

For information on infant safe sleep go to <https://www.cpsc.gov/SafeSleep>

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 Code of Federal Regulations (CFR) 1219 for full-size cribs, (CFR) 1221 for play yards or recommendations from the Consumer Product Safety Commission or ASTM International for juvenile products and has not been recalled 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 crib or crib-like furniture mattress should with a tight fitted sheet for infants under one year of age and for older children sufficient bedding to enable a child to rest comfortably. The home shall 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 crib or crib-like furniture. 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 120.8(6)

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 120.8(7)

- Regular meals and snacks which are well balanced and nourishing shall be provided. Children may bring food to the child care 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.

Children's Files

Legal reference: 441 IAC 120.9(237A.12)

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, and 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.

- An admission physical examination report signed by a licensed medical doctor, doctor of osteopathy, chiropractor, physician's assistant or advanced registered nurse practitioner
- A statement of health condition signed by a licensed medical doctor, doctor of osteopathy, chiropractor, physician's assistant or advanced registered nurse practitioner annually from the date of the admission physical. For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the statement of health.
- 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: To see current immunization required by the Department of Public Health, visit <http://idph.iowa.gov/immmtb/immunization/laws>.

Immunization certificates must be signed by a licensed medical doctor, doctor of osteopathy, chiropractor, physician's assistant or advanced registered 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 care 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 child care so that parents know where their child is at and have unlimited access to their child.

- 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.

Documentation Maintenance

While you are not required to maintain a provider file, you are required to maintain the following information, therefore it may be best to have a file accessible with this information.

- Form 470-5153, *Pet Health Examination Veterinary Health Certificate*.
- Certificates or training verification documentation for all required training.
- Documentation from the Department of record check completion on all household members aged 14 and older.

Professional Development

Legal reference: 441 IAC 120.10(237A.12)

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 HHS-approved professional development. To access and enroll for HHS-approved professional development opportunities, please visit: <https://ccmis.dhs.state.ia.us/trainingregistry/>.

Prior to issuance of a provider agreement, you shall complete:

- Minimum health and safety trainings 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 and maintain a valid certificate.

Prior to issuance of a provider agreement:

- First-aid and cardiopulmonary resuscitation (CPR) training:
 - Training shall be provided by a nationally recognized training organization, such as the American Red Cross, the American Heart Association, the National Safety Council, or Emergency Medical Planning (Medic First Aid) or by an equivalent trainer using curriculum approved by the Department.
 - Approved trainings may be found at 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.

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

During each two-year CCA provider agreement period, you shall receive a minimum of six hours of training from one or more of the content areas.

A child care home provider operating under this chapter that meets the definition of “relative” as defined in 441 Iowa Administrative Code 120.10(1) shall be exempt from the six hours of required training.

If you have completed training through a child care resource and referral agency or community college within six months 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 child care. Experience without that training and education actually has been shown to decrease the quality of care.

Mandatory Reporting of Child Abuse

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. You must make both an oral and a written report when there is reason to suspect that the child has suffered child abuse.

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

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

- The name and home address of the child and of the child’s parents or other persons responsible for the child’s care.
- The child’s age.
- The child’s present whereabouts, if not the same as the parent’s or other person’s home address.
- The nature and extent of the child’s injuries, including any evidence of previous injuries.
- The names of other children in the same home.
- Any other information that the person reporting believes might be helpful in establishing the cause of the injury to the child, the identity of the persons responsible for the injury, or the identity of the persons providing assistance to the child.

People who make a child abuse report or cooperate in the investigation of a report have immunity from any civil or criminal liability, if they report or cooperate in good faith. Any mandatory reporter who knowingly fails to report suspected child abuse is civilly liable for damages caused by not reporting. Failure to report is also a misdemeanor offense.

Additional Recommendations to Consider

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 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.

COMMENT: 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>.

Sample HHS Forms

Payment Application for Nonregistered Providers

New Renewal

Instructions

Fill out Section A with information about yourself. Fill out Section B **OR** Section C depending on where you will provide care:

Check the box that applies and fill out the sections indicated:

I will care for children in my home

If you checked this box, fill out section **B**.

I will care for children in their own home

If you checked this box, fill out section **C**.

Read the information in section **D** and sign and date the application.

A. Tell Us About You

Last Name		First Name		Middle Name		Birth Date	
Maiden Name or Other Last Names		Landline Phone Number ()		Cell Phone Number ()		Last four digits of Social Security Number	
Address where care is provided				Mail Address (if different)			
City		State	Zip	City		State	Zip

I will will not provide care only for my great-grandchildren, grandchildren, niece/nephew or siblings.

B. Nonregistered - Tell Us About The People Who Live With You

List the names of other adults and children who live with you. If you need more space, please use another piece of paper and attach it to this.

Last Name	First	Middle	Birth Date	Last four digits of Social Security Number

C. In-Home - Tell Us About The Family for Whom You Will Provide Care

You must care for at least three CCA eligible children to be an In-Home provider. List the names of the parent(s) and the children you will provide care for. If you need more space, please use another piece of paper and attach it to this.

	First Name	Last Name
Parent		
Parent		
Child		

D. Your Signature

As a nonregistered child care home:

1. I will comply with all requirements for a child care home found in 441 Iowa Administrative Code, Chapter 120, in accordance with Iowa Code section 237A.3.
2. I understand the Department of Human Services will make necessary inspections of the home in order to determine conformity to these requirements.
3. 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 reapplications.

As an in-home child care provider:

4. I will comply with all requirements for an in-home provider found in 441 Iowa Administrative Code, Chapter 170.
5. I will care only for the children who live in the family home. I will not provide care to any other children.

I agree that:

6. 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 care home, my *Child Care Assistance Provider Agreement*, form 470-3871, may be revoked and state payments may be recouped.
7. I will inform the Department of Human Services of any changes that may affect my child care assistance eligibility within 10 days.
8. I will disclose all criminal convictions and founded child abuse that I, or anyone else residing or working in my household, have received in this state or in any other state.

Signature of Applicant	Date
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You Have the Right to Appeal

You or the person helping you may request a hearing in writing if you do not agree with any action taken on your case. You may contact your county DHS office about legal services that are available based on your ability to pay. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

You Will Not Be Discriminated Against

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, or disability.

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 – Bureau of Policy Coordination, 1305 E. Walnut, Des Moines IA 50319-0114 or via e-mail contactdhs@dhs.state.ia.us



Iowa Department of Health and Human Services
Health, Safety, and Fire Standards
Checklist for Child Care Homes with a
Child Care Assistance Provider Agreement

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

Date of entering into a provider agreement

The following are requirements contained in Code of Iowa, Chapter 237A or in Iowa Administrative Code Chapter 120 that child care homes with a child care assistance provider agreement must meet.

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, how many “items” were missing (such as children’s files, immunization cards, etc.) or what the problem was. If a requirement does not apply to this particular home, enter “NA” for not applicable in the “yes” box.

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"/>		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.	
<input type="checkbox"/>	<input type="checkbox"/>	120.5	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"/>	120.6	No more than five children shall receive care at any one time. May have a sixth child if one is school aged	
		120.7(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 HHS-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"/>	f	Be at least 18 years of age.	
<input type="checkbox"/>	<input type="checkbox"/>	120.7(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"> • No more than 25 hours per month. • An additional period of up to two weeks in a 12-month period. 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"/>	120.8	Conditions in the home shall be safe, sanitary, and free from hazards.	
<input type="checkbox"/>	<input type="checkbox"/>	120.8(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.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>		All travel vehicles must have a paper copy of emergency parent contact information.	
<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 each 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 www.iowasmokefreeair.gov	

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"/>	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 ectoparasites. Form 470-5153, <i>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.	
<input type="checkbox"/>	<input type="checkbox"/>	p	Serious injuries and deaths are reported within 24 hours.	
120.8(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.	

YES	NO	REF. #	RULE	COMMENT
<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"/>		If not fenced, 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.	
120.8(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.	

YES	NO	REF. #	RULE	COMMENT
<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.	
120.8(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.	
<input type="checkbox"/>	<input type="checkbox"/>	b	Procedures are in place for: <ul style="list-style-type: none"> ▪ Evacuation to safely leave the facility, ▪ Relocation to a common, safe location after evacuation, ▪ Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue, ▪ Lock down to protect children and providers from an external situation, ▪ Communication and reunification with families, ▪ Continuity of operations, and ▪ Procedures to address the needs of individual children, including those with functional or access needs. 	
120.8(5) Safe sleep.				
<input type="checkbox"/>	<input type="checkbox"/>	a	Provider must follow safe sleep practices as recommended by AAP for infants under one year of age.	
<input type="checkbox"/>	<input type="checkbox"/>	(1)	Infants are placed on back to sleep.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	(2)	Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.	
<input type="checkbox"/>	<input type="checkbox"/>	(3)	Infants are not allowed to sleep on bed, sofa, air mattress, or other soft surface.	
<input type="checkbox"/>	<input type="checkbox"/>	(4)	No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area.	
<input type="checkbox"/>	<input type="checkbox"/>	(5)	Co-sleeping is not allowed.	
<input type="checkbox"/>	<input type="checkbox"/>	(6)	Sleeping infants will be actively observed by sight and sound.	
<input type="checkbox"/>	<input type="checkbox"/>	(7)	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.	
120.8(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.	

YES	NO	REF. #	RULE	COMMENT
120.8(7) Meals and snacks.				
<input type="checkbox"/>	<input type="checkbox"/>	a	Regular meals and snacks that are well-balanced and nourishing shall be provided.	
<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 in indoor and outdoor areas, throughout the day.	
120.9 Children's files.				
<input type="checkbox"/>	<input type="checkbox"/>	120.9(1)	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"/>	120.9(2)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 medical and dental treatment.	
<input type="checkbox"/>	<input type="checkbox"/>	d	An admission physical examination report signed by physician or clinic designee.	
<input type="checkbox"/>	<input type="checkbox"/>	e	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 admission physical.	
<input type="checkbox"/>	<input type="checkbox"/>	f	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"/>	g	A signed and dated immunization certificate provided by the state Department of Public Health.	
<input type="checkbox"/>	<input type="checkbox"/>	h	Written emergency plan for children with allergies. Must accompany child if away from facility.	

YES	NO	REF. #	RULE	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	i	Written permission from the parent(s) for their child to attend activities away from the child care home. .	
<input type="checkbox"/>	<input type="checkbox"/>	j	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	
120.10 Professional development.				
<input type="checkbox"/>	<input type="checkbox"/>	120.10(5)	Substitutes must complete preservice/ orientation training within three months or prior to providing substitute care, whichever occurs first.	

Signature of person completing form	Agency	Date
-------------------------------------	--------	------

Signature of provider	Co-Provider (Child Development Home C only)	Date
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Child Care Assistance Provider Agreement

Child Care Provider Information

In order for you to receive payment under the Child Care Assistance Program, you must provide the following information about your legal name and tax ID. Please fill out either Box A **OR** Box B.

Box A Individual					
If you answer Yes to Individual, please provide your Social Security Number (SSN) to use as your tax ID.					
Are you:	Yes	No	SSN		
Individual	<input type="radio"/>	<input type="radio"/>			
If the answer to this question is No, complete Box B.					
Provider Last Name			Provider First Name		
Address Where Care is Provided			Mailing Address (if different)		
City	State	Zip	City	State	Zip
Phone			Phone		

Box B Corporation/Partnership/Government/Sole Proprietor/LLC					
Is your business: (Pick one)	Yes	No	Please provide your Employer Identification Number.		
Corporation	<input type="radio"/>	<input type="radio"/>	EIN		
Partnership	<input type="radio"/>	<input type="radio"/>			
Government	<input type="radio"/>	<input type="radio"/>	NOTE: Your legal business name and tax ID (EIN) must match IRS records.		
Sole Proprietor	<input type="radio"/>	<input type="radio"/>			
Limited Liability Company(LLC)	<input type="radio"/>	<input type="radio"/>			
If LLC, Tax Classification (Pick one): <input type="radio"/> Sole Proprietor <input type="radio"/> Corporation <input type="radio"/> Partnership					
Provider Legal Business Name					
Doing Business As (DBA) Name					
Address Where Care is Provided			Mailing Address (if different)		
City	State	Zip	City	State	Zip
Phone			Phone		

Eligible Provider

I must meet all federal, state, and local standards that pertain to the child care services being provided under this payment Agreement.

I must not assign, transfer, or subcontract any interest in this Agreement. This means that payment for services made under this Agreement can only go to the provider named in this Agreement for care provided at the location named in this Agreement.

Provider Rate Information

Please tell us the rates you charge for child care services (include all rates that you charge).

A ½ day rate is the rate you charge for up to 5 hours of care. A daily rate is the rate you charge for an entire day (up to 10 hours of care). A weekly rate is the rate you charge for an entire week of care.

Rate	Infant/Toddler		Preschool		School Age	
	Basic Rate	Special Needs	Basic Rate	Special Needs	Basic Rate	Special Needs
½ day						
Full day						
Hourly						
Weekly						

If you offer discount rates for second children or employees, or you have special rates for before and after school care, summer, etc., list these charges below:

By signing this form, I agree to participate as a provider of child care services approved by the Iowa Department of Human Services (hereafter 'Department') and/or the PROMISE JOBS program and assure the Department that I will comply with the provisions of this Agreement.

Sign page 1 and return pages 1 through 4. Keep pages 5 through 7 for your records.

Name of Child Care Provider (please print)

Signature of Child Care Provider

Date

This area to be completed by DHS worker only

Provider Type _____ Provider Number _____

Payments made by the Department will be in accordance with the "Approved 1/2 Day Rate" as listed below		
Age Group		Approved 1/2 Day Rate *
Infant/toddler	Basic Rate	
	Special Needs Rate	
Preschool	Basic Rate	
	Special Needs Rate	
School Age	Basic Rate	
	Special Needs Rate	
Other rates: (Second child, before and after school, summer, employee discount, etc.)		
Effective Date		Termination Date

* You will be paid the 1/2 day rate you normally charge or the maximum state reimbursement rate, whichever is less.

⇒ The Department of Human Services shall determine eligibility for services and shall authorize services if eligible. You may appeal through Department appeal procedures if you are dissatisfied with agency decisions.

Signature of Department Representative	Date
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I understand the payment I will receive for providing child care for the Department of Human Services:

1. Will be based on a five-hour unit of service.
2. Will be effective only during the effective period of this Agreement. If I fail to renew this Agreement, any payments made after the termination date may be subject to recoupment.
3. May be re-negotiated before the termination date, with the agreement of all parties.

Client Fees

I understand:

1. I am responsible for collecting all fees assessed to the client, as determined by the Department, directly from the client. The Department can't collect these fees.
2. I will not bill any Child Care Assistance participant more than the required fee for the units of care provided, as stated on the participant's *Notice of Decision*.
3. I must maintain a record of all fees collected from clients and this record shall be available, upon request, for audit by the Department or its representatives.
4. I can't charge the participant any additional fees except for a late fee if the child is not picked up timely, an "activity fee" to cover the cost of field trips, or the cost of care used beyond the units approved on the participant's *Notice of Decision*.

Billing and Payment

I understand:

1. I must provide the service as authorized on the client *Notice of Decision* or *Certificate of Enrollment* before submitting the claim for payment.
2. At the end of each billing period, I will submit a *Child Care Assistance Billing/Attendance*, form 470-4534, to the Department only for the actual hours of child care services that were provided. This form must be signed by the provider and the parent and I must keep a copy of the signed form for my records.
3. I have the option to submit attendance online through the KinderTrack web portal. If I choose to do so, I must print a *Child Care Assistance Billing/Attendance Provider Record*, form 470-4535, which must be signed by the provider and the parent and kept for my records.
4. If I am not able to use form 470-4534 or 470-4535, I must keep adequate attendance records instead. To be considered adequate, attendance records must include the child's name, the dates and daily time in and time out entries for days the child was in care, and the signature of the parent or other adult designee certifying the attendance is accurate.
5. I will be paid only for the hours of care that were authorized by the Department on the *Notice of Decision* or *Certificate of Enrollment*.
6. I cannot bill the Department or PROMISE JOBS more than what I charge other families for the same service.
7. I cannot request or accept additional payment from families, except for the client fees mentioned above.
8. If I exceed the allowed child capacity for my facility based upon the number and ages of children, this Agreement may be terminated and any payments may be recouped.
9. Failure to comply with this Agreement or other Department child care rules may result in recoupment of payments made and termination of this Agreement for up to 36 months.

Payment for Child Absences

I understand:

1. I may bill for up to four days of absences per month (in accordance with the units approved for that day) **only** when a child is scheduled to be in attendance that day but is absent from care.
2. I may not bill for a day of absence if this policy is not applied to private pay families.
3. Holidays may be paid as an absent day **only** when the child care facility is closed for business, the child is normally scheduled to be in attendance on that day and these days are charged to private pay families. Holidays are included in the four days maximum per month.
4. I may not bill for days of absences when I am not available to provide care (vacation or sick).

Record Keeping and Auditing

I understand:

1. I am responsible for keeping accurate records that document times and dates of care provided to each individual child funded by the Department or PROMISE JOBS.
2. These records must be kept for five years.
3. If this case is selected for review or audit authorized by the Department, I will make these records immediately available, upon request, to substantiate the services I provided and received payment from Child Care Assistance funds.
4. Failure to keep accurate attendance records that have been signed by the parent, may result in termination of this Agreement and repayment of funds for time periods that I am unable to provide adequate attendance verification to support the payments I have received.

Protective Child Care

1. I understand that to provide protective child care, I must be a licensed or registered child care provider unless otherwise approved by the Department.
2. I will cooperate with all aspects of the child's/family's Departmental Case Permanency Plan.

Special Needs Child Care

1. Parents are responsible to provide the Department with written documentation that their children meet the definition of "special needs."
2. I understand that in order to receive "special needs" reimbursement rates, I must provide documentation to the Department that I am responding to a child's special needs with (but not limited to) adaptive equipment, more careful supervision, or special staff training.

Other Provider Requirements

Nondiscrimination:

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

Change Reporting:

I am responsible for reporting changes in my household members, substitutes, assistants, address, phone number, criminal convictions, etc. within 10 days of any change. Failure to report these changes may result in recoupment of funds paid to me and termination of this Agreement.

Abuse Reporting:

I understand that as a registered or licensed provider, I am a mandatory reporter regarding suspected child abuse of children in my care and will report any suspected incidents of child abuse to the Department of Human Services immediately by phone and follow up with a written report. The number for reporting suspected child abuse is 800-362-2178.

I have a written policy stating how I will report suspected child abuse.

Confidentiality:

I will respect the privacy of the client and keep the client's relationship with the Department confidential. Personal information about the client may not be shared with anyone but the Department worker and the client. Failure to respect the client's privacy could result in cancellation of this Agreement and legal sanctions, if warranted.

Indemnity:

I understand that I have the status of an independent contractor only and shall in no sense be an agent, employee, or servant of the state of Iowa, the Iowa Department of Human Services, any of its employees, or its clients. I will not hold the state of Iowa, the Iowa Department of Human Services, its employees, or its clients liable, as I shall be responsible for all activity in the delivery of services.

Drug-Free Environment:

I will provide a drug-free child care environment in accordance with Executive Order Number 38.

Audits or Investigations:

I understand that when fraudulent practices are suspected, a referral may be made to an investigative unit, and that I must cooperate with the investigation. I agree to permit federal, state, and local officials to monitor and evaluate my child care facility with or without notice.

Repayment:

I understand that I may have to repay money received in error or as a result of failure to comply with Department rules, failure to report changes, or fraudulent billing.

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. Termination of this Agreement may prevent you from making application for another Agreement. The Department may also refuse to enter into subsequent agreements with you for up to 36 months.

This Agreement may also be terminated upon mutual agreement of the parties.

Both parties agree that except in case of emergencies such as illnesses, death, or fire, ten days advance notice shall be given to allow for the arrangement of alternate service provision for clients.

Agreement Renewal

This Agreement must be renewed every two years from the effective date of this Agreement. Failure to enter into a new Agreement will result in termination.

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: <small>(if different than child)</small>	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):	Email (work):		
Place of work:	Address:		
Parent/Guardian Information (2)			
Name:	Relationship to child:		
Address: <small>(if different than child)</small>	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: _____



Child Care Injury / Incident Report

To be completed any time an injury that requires first aid or medical care which occurs in a child care home, child development home, or licensed child care facility.

Business or Program Name: _____
 Address and Phone Number: _____

Child's Name: _____ Gender: M F Birthdate: _____
 Date and Time of Incident: _____
 Name of Parent/Legal Guardian Notified: _____
 Method of Notification: _____ Time Notified: _____ a.m./p.m.
 Notification by (name of staff person): _____

Serious Injuries must be reported to the Department of Human Services within 24 hours of the incident***.

Serious Injuries include:

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

Did the incident result in a serious injury to a child? Yes No

Did the incident result in death to a child? Yes No

Was EMS (911) or other medical professional notified? Yes No

Time Notified _____ a.m./p.m.

Location where incident occurred: Classroom Dining Room Gym Hall
 Kitchen Motor Vehicle Office Playground Restroom Stairway
 Unknown Other (specify) _____

Equipment/Product involved: (check all that apply) Climber Motor Vehicle
 Playground Surface Sandbox Slide Swing Tricycle/Bike/Riding toy
 Toy (specify): _____ Other Equipment (specify): _____
 Reported equipment/product involved in the injury to the Consumer Product Safety Commission (CPSC) <https://www.cpsc.gov>

If a serious injury or death to a child has occurred in a child care home, child development home, or licensed child care center, please email this incident report form to the Department of Human Services at ccsid@dhs.state.ia.us within 24 hours of the incident.

Cause of Injury / Incident(check all that apply) Animal Bite Child Behavior-related Child Bite Choking Cold/heat over exposure Fall running/tripping Fall to surface: Estimated height of fall ___feet. Type of surface: _____ Hit or pushed by another child Injured by object Medication error Motor vehicle Poisoning Sting, insect, bee, spider or tick bite Other (specify): _____

Describe the injury / incident: Include part(s) of the body injured and the type of injury markings. For medication errors, describe medication and exact circumstances:

Medical / Dental Care Needed Day of Injury / Incident:
 No doctor/dental treatment required
 Treated as an outpatient office or emergency room
 Hospitalized

What First Aid / Treatment given on-site?

Who administered First Aid or Treatment? _____

I have reviewed the above injury report and certify it is true and accurate to the best of my knowledge:

 Child Care Provider Signature Date

I have read the above injury report:

 Parent / Legal Guardian / Authorized Person Signature Date

If a serious injury or death to a child has occurred in a child care home, child development home, or licensed child care center, please email this incident report form to the Department of Human Services at ccsid@dhs.state.ia.us within 24 hours of the incident.

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

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

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.).

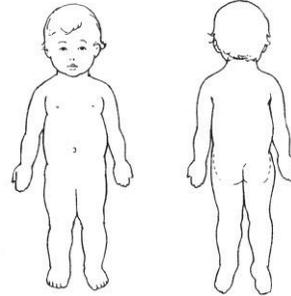
Please describe:

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.

		INFANCY							EARLY CHILDHOOD							
AGE ¹		Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
HISTORY:	Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS:	Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference		●	●	●	●	●	●	●	●	●	●	●			
	Weight for Length		●	●	●	●	●	●	●	●	●	●				
	Body Mass Index ⁵												●	●	●	●
	Blood Pressure ⁶		*	*	*	*	*	*	*	*	*	*	*	*	●	●
SENSORY SCREENING:	Vision ⁷		*	*	*	*	*	*	*	*	*	*	*	*	●	●
	Hearing		● ⁸	*	*	*	*	*	*	*	*	*	*	*	*	●
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:																
	Developmental Screening ⁹								●			●		●		
	Autism Screening ¹⁰											●	●			
	Developmental Surveillance		●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Alcohol and Drug Use Assessment ¹¹															
	Depression Screening ¹²															
	PHYSICAL EXAMINATION¹³		●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹⁴:	Newborn Blood Screening ¹⁵		← ● →													
	Critical Congenital Heart Defect Screening ¹⁶		●													
	Immunization ¹⁷		●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Hematocrit or Hemoglobin ¹⁸						*			●	*	*	*	*	*	*
	Lead Screening ¹⁹							*	*	● or * ²⁰	*	*	● or * ²⁰	*	*	*
	Tuberculosis Testing ²¹				*			*		*			*		*	*
	Dyslipidemia Screening ²²												*			*
	STI/HIV Screening ²³															
	Cervical Dysplasia Screening ²⁴															
	ORAL HEALTH²⁵							*	*	● or *		● or *	● or *	● or *	●	
	Fluoride Varnish ²⁶							← ● →				●				
	ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

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

Footnotes for Recommendations for Preventive Pediatric Health Care

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

16. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (<http://pediatrics.aappublications.org/content/129/1/190.full>).
17. Schedules, per the AAP Committee on Infectious Diseases, are available at: <http://aapredbook.aappublications.org/site/resources/izschedules.xhtml>. Every visit should be an opportunity to update and complete a child’s immunizations.
18. See 2010 AAP statement “Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)” (<http://pediatrics.aappublications.org/content/126/5/1040.full>).
19. For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
20. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
21. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.
22. See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
23. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the AAP statement (<http://pediatrics.aappublications.org/content/128/5/1023.full>) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
24. See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.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/uspsdnch.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

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

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: _____

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

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:

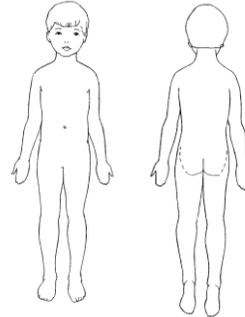
Allergy - My child has allergies (Medicine, food, dust, mold, pollen, insects, animals, etc.). List allergies:

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:

Medication¹ - 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: _____

¹ 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

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

		MIDDLE CHILDHOOD						ADOLESCENCE										
AGE ¹		5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY:	Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS:	Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference																	
	Weight for Length																	
	Body Mass Index ⁵	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Blood Pressure ⁶	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING:	Vision ⁷	●	●	*	●	*	●	*	●	*	*	●	*	*	*	*	*	*
	Hearing	●	●	*	●	*	●	*	*	*	*	*	*	*	*	*	*	*
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT:	Developmental Screening ⁹																	
	Autism Screening ¹⁰																	
	Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Alcohol and Drug Use Assessment ¹¹							*	*	*	*	*	*	*	*	*	*	*
	Depression Screening ¹²							●	●	●	●	●	●	●	●	●	●	●
	PHYSICAL EXAMINATION¹³	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹⁴:	Newborn Blood Screening ¹⁵																	
	Critical Congenital Heart Defect Screening ¹⁶																	
	Immunization ¹⁷	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Hematocrit or Hemoglobin ¹⁸	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	Lead Screening ¹⁹	*	*					*	*	*	*	*	*	*	*	*	*	*
	Tuberculosis Testing ²¹	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	Dyslipidemia Screening ²²		*		*	←	●	→	*	*	*	*	*	*	*	*	●	*
	STI/HIV Screening ²³							*	*	*	*	*	←	●	→	*	*	*
	Cervical Dysplasia Screening ²⁴																	●
	ORAL HEALTH²⁵		●															
	Fluoride Varnish ²⁶	→																
	ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

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

See pages 77 and 78 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						
		M						
		F						

Home Address _____

Telephone Numbers _____

Monthly Medicine Record

Child Name: _____

Month _____ Year _____

Child Known Allergies: _____

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

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

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

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

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

Parent Name (print): _____ Parent Signature: _____ Date: _____

¹The time of day for the medicine needs to be consistent between home, child care and other programs where the child is located like school. Ask the parent when the medicine is given at home so medicine doses may be evenly spaced for maximum benefit.

²The medicine may need to be given before meals, after meals, with food, with a specific liquid (water or milk). All instructions should be written on label or instructions. When in doubt, call the pharmacy where the prescription medicine was dispensed.



Monthly Medicine Record

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: _____

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

Date Emergency Plan Changes Completed: _____

Signature of Owner/Director: _____

Record of Detector, Fire Extinguishers, and Evacuation Equipment Checks

Facility/Program Name: _____ Year: _____

Address: _____ Owner/Director Signature: _____

Smoke Detectors												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
# of Detectors												
Date Detectors Checked & Initials												
Date Batteries Replaced (change twice a year)												

Carbon Monoxide Detectors (required for licensed child care centers and preschools)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
# of Detectors												
Date Detectors Checked & Initials												
Date Batteries Replaced												

Fire Extinguishers												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
# of Fire Extinguishers												
Date Extinguisher Checked & Initials												
Date Fire Extinguishers Purchased												

Evacuation Equipment (if equipment is included in your plan)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Other evacuation equipment (i.e., egress windows, evacuation cribs, etc.) List items below												

Name:	Date of Exam:
-------	---------------

Child Care Providers:

- Have frequent contact with children (infant through school-age) in care.
- Are responsible for children’s physical care and social development day or/and nighttime hours.
- May need to lift children, bend, and stand for long periods of time.

Immunization Status:

All child care employees and providers shall consult with their physician regarding the receipt of age appropriate immunizations in accordance with the current Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule. Individuals involved in the provision of child care often come in contact with very young children, whom may or may not be fully immunized against vaccine-preventable diseases. It is essential every child care employee and provider discuss with their physician the benefits and risks associated with receiving or not receiving all ACIP age appropriate immunizations before becoming involved in a child care setting.

(Physician Must Check One)

- Patient’s immunization history was reviewed and patient is current with all ACIP recommended immunizations.
- Patient received consultation regarding the receipt of age appropriate immunizations in accordance with the current ACIP recommended immunization schedule and declined the following recommended vaccinations:

Tuberculosis Screening:

All child care staff/providers are required to receive a baseline screening for Tuberculosis. Baseline screening shall consist of two components:

1. Assessing for current symptoms of active TB disease.
2. Screening for risk factors associated with TB.
NOTE: ONLY perform a TST or IGRA if the patient has an identified risk factor and/or current symptoms of TB disease. Do not test individuals with previous past positive test results.

(Physician Must Complete - Check And Date)

- TB signs/symptoms assessment and TB risk factor screen completed Date: _____
- TST or IGRA test completed (if indicated) Date: _____

** Tuberculosis medical consultation and TB medications can be accessed by calling the Iowa Department of Health and Human Services, Tuberculosis Control Program at 515-281-8636 or 515-281-7504.

Overall Health Status:

Does the individual have a known communicable disease or other health conditions that poses a threat to the health, safety, or well-being of children?

- Yes (if yes, describe in detail below.) No

Does the child care provider have a condition that limits the provider's ability to safely supervise or evacuate multiple dependent children in case of emergency?

- Yes (if yes, describe in detail below.) No
-
-
-

Conclusion:

- Individual may be involved with child care
- Individual may be involved with child care, with the following accommodations and restrictions (please describe below)
- Individual may not be involved with child care

Necessary Accommodations or Restrictions to Meet the Demands of Providing Child Care

May use stamp

Health Care Provider Signature _____

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

Address:

Telephone:



Iowa Department of Human Services

Child Care Provider

Pet Health Examination Veterinary Health Certificate

Child Care Provider Pet Information

Name of Pet Owner		
Address		
Name of Pet	Species	Breed
Sex	Date of Birth	Date of Exam
Rabies Vaccination: Date Given		Date Expires

Veterinary Provider Information

Name of Veterinarian	Veterinarian's License Number
Address of Veterinarian	Phone Number of Veterinarian

Dogs and Cats

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

Birds

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

Veterinarian's Signature	Date
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