IOWA | Health and Human Services

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Child Care Centers and Preschools

Licensing Standards and Procedures

Iowa Department of Health and Human Services

Page

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Welcome

This handbook provides information on the process to obtain a license to operate a child care center or preschool in Iowa and -the federal and state regulations that centers must follow. Additional information is offered to provide guidance on implementation of these standards.

Role of the HHS Child Care Consultant

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

Role of the HHS Child Care Nurse Consultant

Child Care Nurse Consultants (CCNCs) are registered nurses who have early childhood training and are experts in child health, child care, and child safety. CCNC services are available statewide and are part of the Healthy Child Care Iowa program. ECE providers may call or email questions to their local CCNC about health and safety policies, health records, health resources, and specific child health or safety concerns. To contact your local CCNC go to https://hhs.iowa.gov/programs/programs-and-services/child-care/hcci and click on the "CCNC Local Services Map"

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

Role of Child Care Resource and Referral Agencies

Care Resource & Referral (CCR&R) Agencies play a vital role in supporting the quality of child care across Iowa by offering both on-site and virtual consultation services to licensed preschools, Child Care Centers, nonregistered Child Care Home providers and registered Child Development Home (CDH) providers. CCR&R agencies assist providers in complying with state regulations by offering expert consultation, training, and professional development opportunities to enhance the quality of care they provide. A key focus is supporting providers in achieving high performance within the Iowa Quality for Kids (IQ4K®) system https://hhs.iowa.gov/programs/programs-and-services/child-care/iq4k, which aims to improve child care quality across the state. In addition to supporting providers, CCR&R agencies also offer parent referral services and consumer education, helping families navigate the child care system and find quality care options.

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

Iowa Child Care Complaint Hotline

This hotline serves as a centralized location for parents, the community, and others to report concerns they may have regarding child care facilities. The hotline can be reached at 1-866-448-4605.

If you need to report child abuse, please contact the child abuse hotline at 1-800-362-2178.

Definitions

Legal reference: Iowa Code Section 237A.1 and 441 IAC 109.1(237A)

"Adult" means a person aged 18 or older.

"Child" means either of the following:

1. A person 12 years of age or younger.
2. A person 13 years of age or older but younger than 19 years of age who has a developmental disability, as defined under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public law No. 106-402, codified in 42 U.S.C. 15002(8).

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

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

"Coaching" means a relationship-based process led by an expert to build capacity for specific professional dispositions, skills and behaviors and is focused on performance-based outcomes.

"Department" means the Department of Health and Human Services.

"Education" means formal coursework offered through a state-approved accredited secondary school, college or university.

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

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

"Involvement with child care" means licensed or registered under Chapter 237A, employed in a child care facility, residing in a child care facility, receiving pubic funding for providing child care, or providing child care as a child care home provider, or residing in a child care home.

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

“Parent” means parent or legal guardian.

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

"Professional Development” means a continuum of learning activities designed to prepare and support individuals for work with children and families; including, coaching, education, and training.

“Regulatory fee” means the amount payable to the department for licensure of a child care center based on the capacity of the center.

“Requesting Entity” means an entity covered by these rules that is requesting an evaluation to determine if the person being evaluated can have involvement with child care. The requesting entity must be a child care facility as defined in Iowa Code section 237A.1.pdf

“Serious injury” means any of the following:

a. Disabling mental illness.

b. Bodily injury which does any of the following:

   1. Creates a substantial risk of death
   2. Causes serious permanent disfigurement
   3. Causes protracted loss or impairment of the function of any bodily member or organ

c. Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia.

Serious injury includes but is not limited to skill fractures, rib fractures, and metaphyseal fracture of the long bones of children under the age of four years.

“Training” means a learning experience that addresses a specific topic of professional relevance that builds or enhances knowledge.

Licensing Authority

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

- The child care center minimum requirements are found, in their entirety, in 441 Iowa Administrative Code, Chapter 109.

- The Iowa Department of Health and Human Services also establishes the immunization requirements for child care centers in 641 Iowa Administrative Code, Chapter 7, and is responsible for enforcement of the requirements.
- The State Fire Marshal establishes the fire safety requirements and is responsible for enforcement of the requirements.
- Be aware that local building codes and zoning laws may apply to your business as well. Contact your city officials for additional information.

Licensing Requirements

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

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

Applying for a License to Operate a Child Care Center

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

a. Any adult or agency has the right to apply for a license. The application for a license must be made to the department on a department-provided application for a license to operate a child care center.

b. Requested reports, including the fire marshal's report and other information relevant to the licensing determination, will be furnished to the department upon application and renewal.

c. A center must submit all required fingerprints to the department of public safety before the issuance or renewal of the center's license.

d. When a center makes a sufficient application for an initial license, the center may operate for a period of up to 120 calendar days from the date of issuance of the form granting permission to open without a license, pending a final licensing decision. A center has made a sufficient application when it has had an on-site visit and has submitted the following to the department:

   (1) An application for a license.

   (2) An approved fire certificate.

   (3) A floor plan indicating room descriptions and dimensions, including location of windows and doors.

   (4) Information sufficient to determine that the center director meets minimum personnel qualifications.

e. Applicants must submit the regulatory fee as specified in subrule 109.2(5) to the department.

f. Applicants must be notified of approval or denial of initial applications within 120 days from the date the application is submitted.

(1) If the applicant has been issued a form granting permission to open without a license, the applicant must be notified of approval or denial within 120 calendar days of the date of issuance of the form.

(2) No full or provisional license will be issued before payment of the applicable regulatory fee as determined pursuant to subrule 109.2(5).

g. The department will not act on a licensing application for 12 months after an applicant's child care center license has been denied or revoked.

h. When the department has denied or revoked a license, the applicant or person is prohibited from involvement with child care unless the department specifically permits involvement through a record check evaluation decision.

Additional Information:

Preliminary Step: Prior to doing anything else, please review all content contained on the licensing portal. https://ccmis.dhs.state.ia.us/providerportal/LicensedProviderInfo.aspx Taking your time to review this document thoroughly will pay off. Make a list of questions and consider consulting with CCR&R (https://iowaccrr.org/staff/) or your HHS Licensing Consultant (see portal link earlier in this paragraph).

STEP 1: Secure Approval to use the building for child care

- Secure Building Code Review Approval.

  Note: Architectural plans are required. Please review:

  - https://dial.iowa.gov/i-need/licenses/building/plan-review
  - https://dial.iowa.gov/i-need/licenses/building/how-do-i-submit-construction-plan-review
  - https://dial.iowa.gov/media/7493/download?inline
  - For questions, please contact David Ruffcorn @ david.ruffcorn@dia.iowa.gov. bcinfo@dps.state.ia.us

- Secure an Approved Fire Certificate. After gaining Building Code approval a Fire Inspector must inspect the property. Click the link to request a fire inspection: https://stateofiowa.seamlessdocs.com/f/DIAL_Fire_Inspection_Inquiries
  - Select form the drop down "I need to speak to my fire inspector"
  - Then drop down "inspector area" and click next

Step 2: Submit a Floor Plan to your Child Care Licensing Consultant. A center must submit a drawing of the floor plan to the child care consultant when making an initial application and when the location or floor plan is changed. The floor plan must include all measurements and location of windows, doors, and exits. The floor plan should designate

the type of room (i.e., classroom, office, bathroom, etc.) and should indicate the location of all sinks and toilets.

Step 3: Submit Qualifications of Director (and On-Site Supervisor, if applicable)

Prior to hiring a director speak with your licensing consultant to get a preliminary approval. If the candidate is reasonably likely to get approved the candidate should complete their i-PoWeR profile to officially gain approval for this role.

The purpose of this step is to document the education, experience, and training required to qualify for employment of these positions. A copy of this worksheet can be found in the portal (see "preliminary step" above). To begin the formal submission of credentials for the position of Director (and On-Site Supervisor, if applicable) please use i-PoWeR at https://secureapp.dhs.state.ia.us/TrainingRegistry/TrainingRegistry/Public/

Step 4: When Steps 1-3 are completed, alert your licensing consultant. The unit clerk will send you an application and instructions for paying the licensing fee. Complete the application and submit payment (instructions will be included).

Regulatory Fee (109.2(5))

The regulatory fee is based upon center capacity and is determined by dividing the amount of usable space by the amount of space required per child. Payment is due within 60 days from the date of the invoice and are non-refundable and non-transferable.

Center Capacity	Fee Amount
0 to 20 children	$50
21 to 50 children	$75
51 to 100 children	$100
101 to 150 children	$125
151 or more children	$150

Step 5: Upon receipt of the application and payment, the unit clerk will identify your Licensing # (also known as a KT# or KinderTrack #). Use your KT # to establish a SING account (see record check instructions from the licensing portal).

Step 6: Complete State and National record checks on all employees.

The HHS Child Care Licensing Consultant will make one or more on-site visits to the center, including a visit made before issuing "permission to open" or a full or provisional license and no less than annually after the program is in operation. A center that has submitted a sufficient application for a license to the child care consultant may operate for a period of up to 120 days, pending the final licensing decision.

Submitting a Renewal Application

The Unit Clerk sends out an application form to renew the license approximately 60 days in advance of each center's licensed renewal date. Directors must sign and submit form **470-4834, Child Care Center Licensing Application and Invoice** (instructions will be provided with the new form).

An approved fire certificate is valid for up to 3 years however some municipalities inspect centers annually. The program director is expected to know the frequency and meet local jurisdictions.

A center must obtain a new licensing certificate when:

- it expands or remodels to change licensed capacity. If plan to remodel the center or expand the capacity of the center, contact the State Fire Marshal, Department of Inspections, Appeals, and Licensing Building Code and your HHS licensing consultant for a list of items that you must submit for approval. (See Submitting a New Application section for more information)
- another person or agency assumes ownership or legal responsibility for the center or if the center moves to a new location. The items that must be submitted are listed under the section "Submitting an Initial Application to Operate a Child Care Center."

Directors may not move the center without prior approval. Before this is permitted another building code assessment, fire inspection, floor plan and an HHS pre-visit must occur.

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

Licensing Decision

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

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

Approval for a Full License

The Department will issue a license to a center if it has determined the center **complies** with the minimum requirements as defined in state laws and rules governing the standards for child care centers. An applicant in compliance with the laws and rules governing child care centers will be issued a license for 24 months.

Approval for a Provisional License

The Department may issue a provisional license at time of new application, renewal, or any time within a licensing period when the center does not sufficiently meet licensing laws and rules. A provisional license may be in effect for up to one year. All provisional licenses will require a corrective action plan to bring the center into compliance with the standard, giving specific dates for completion of work, to be submitted and approved by the Department. **A center cannot receive a provisional license for more than two years in a row for being out of compliance with the same licensing standards.**

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

Denial

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

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

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

Suspension and Revocation

The Department may initiate an action to **suspend** a license to address an issue of noncompliance that may be temporary.

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

The Department will suspend or revoke a license if corrective action has not been taken when:

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

Right to Appeal Adverse Action

Any center receiving a notice indicating that the Department has initiated an action to deny, suspend, or revoke the license will be informed of its right to appeal and the procedures to file an appeal under procedures outlined in 441 IAC 7.

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

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

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

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

State Inspection and Evaluation

Legal reference: Iowa Code Section 237A.4 and 441 IAC 109.3

The department will conduct an unannounced on-site visit in order to make a licensing recommendation for all initial and renewal applications for licensure and will determine compliance with licensing standards imposed by licensing laws and these rules when a valid complaint is received.

Department of Health and Human Services

At least one unannounced on-site visit will be conducted each calendar year.

After each visit and valid complaint, the department will document whether a center was in compliance with center licensing standards imposed by licensing laws and these rules.

The written documentation of the department's conclusion as to whether a center was in compliance with licensing standards for all licensing visits and valid complaints will be available to the public. However, the identity of the complainant will be withheld unless expressly waived by the Complainant.

Departments of Public Health

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

Iowa Department of Inspections, Appeals, & Licensing (DIAL)

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

Records

Legal reference: Iowa Code Section 237A.7 and 441 IAC 109.4(237A)

Confidential Information

Under state law, information about a person in a child care center or the relative of a person in a child care center is confidential. Anyone who acquires such information through the operation of a child care center may not disclose it, directly or indirectly, except upon inquiry before a court of law or with the written consent of the person. In the

case of a child, written consent must be obtained from the parent or guardian or as otherwise specifically required or allowed by law.

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

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

Licensing File

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

The Department licensing file is a public record and is subject to review by parents and other interested parties.

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

Licensing reports and valid complaints can be found online at:
https://secureapp.dhs.state.ia.us/dhs_titan_public/Child care/ComplianceReport

Administration

Legal reference: 441 IAC 441.109.4(1)

Required Written Policies: The child care center owner, board, or director shall:

a. Develop and implement policies for enrollment and discharge of children, field trips, and non-center activities, discipline/behavior, nutrition, health and safety policies and, if transporting children, transportation policy.

- A copy of all the center's policies shall be available to the parents and notice of availability, publicly posted.
- You shall have policies that outline the expectation for **parent authorizations** for:
  - Participation in center-sponsored field trips.

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

▪ You shall have defined criteria for permanently discharging a child from the program. The decision to discharge a child should be made only after defined attempts to resolve problems, with the knowledge and support of the child's parents, have been unsuccessful. Document attempts to resolve the problems, including communications with the child's parent

b. Develop a curriculum or program structure that uses developmentally appropriate practices and an activity program appropriate to the development level and needs of the children.

c. Develop and implement a written plan for staff orientation to the center's policies and the provisions of this chapter.

d. Make available for review a copy of the center policies and programs to all staff at the time of employment and each parent at the time a child is admitted to the center. A copy of the fee policies and financial agreements shall be provided to each parent at the time a child is admitted to the center.

e. When serving children under the age of three, develop and implement a policy for responding to incidents of biting.

▪ Include how the center will respond to both individual biting incidents and ongoing biting problems, how the center will assess caregiver supervision at the times of the incidents, how the center will respond to the child who was bitten, when to seek medical attention, and the parent notification process and how incidents will be documented.

▪ The child care licensing consultant, the child care nurse consultant, Child Care Resource and Referral/Behavioral Health Specialists, and staff at the area education agency can provide assistance or information on proper interventions with biting.

f. Develop and implement a policy to ensure that people do not have unauthorized access to children at the center. The policy shall be subject to review for minimum safety standards by the licensing consultant.

The policy shall include, but is not limited to, the following:

▪ The center's criteria for allowing people to be on the property of the facility when children are present.

▪ A description of how center staff will supervise and monitor people who are permitted on the property of the center when children are present, but who have not been cleared for involvement with child care through the formal record check process.

- A description of how responsibility for supervision and monitoring of people in the center will be delegated to center staff, which includes provisions that address conflicts of interest.
- A description of how the policy will be shared with parents, guardians, and custodians of all children who are enrolled at the center.

g. Develop and implement a policy for protection of each child's confidentiality.

h. Develop and implement procedures for medical and dental emergencies and ensure through orientation and training that all staff are knowledgeable of and able to implement the procedures.

In an effort to protect children's confidentiality, consider a social media policy

> Consider having a policy if there is an activity with an associated risk but not covered in your policies. Example-having the child walk home by themselves.
>
> Helping staff understand the importance of active supervision, documentation and communicating with parents. Example-not knowing how a child was injured or bitten.

For example procedures and policies can be found at Child Care Center & Preschools - Iowa CCR&R

Required Postings and Implementation

Legal reference: 441 IAC 109.4(2)

Required Postings and Implementation: The following postings shall be conspicuously posted in an area frequented by parents or the public:

(a) Certificate of license at the main entrance of the center.

(b) Notice of exposure of children to a communicable disease. The notice of exposure of children to a communicable disease will include the symptoms and the period of communicability

(c) Notice of decision to deny, suspend, or revoke the center's license or reduce the center's license to a provisional status, if applicable.

(d) Mandatory reporter requirements.

(e) Notice of availability of the handbook "Child Care Centers and Preschools Licensing Standards and Procedures (August 1, 2024)."

(f) Name and contact information of the department's child care licensing consultant.

(g) Program activities and menu

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

Letters from the Department giving notice of action to suspend or revoke a license MUST be posted in the format in which they are received.

Mandatory Reporters and Implementation

Legal reference: 441IAC 109.4(3)

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

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

Parental Participation

Legal reference: 441IAC 109.5

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

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

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

Personnel and Implementation

Legal reference: 441IAC 109.6

Personnel: The director of the center must develop policies for hiring and maintaining staff that demonstrate competence in working with children and that meet the following minimum standards:

109.6(1) Center Director requirements: Centers that have multiple sites must have a center director or on-site supervisor in each center. The center director is responsible for the overall functions of the center, including supervising staff, designing curriculum and program administration. The director must ensure services are provided for the children within the framework of the licensing requirements. The center director must have overall responsibility for carrying out the program and ensuring the safety and protection of the children. The following minimum qualifications must be submitted to the child care consultant for final approval prior to the start of employment. The center director:

a. Is at least 21 years of age.

b. Has obtained a high school diploma or passed a general education development test.

c. Has completed at least one course in business administration or 12 contact hours in administrative-related training related to personnel, supervision, recordkeeping, or budgeting, or has one year of administrative-related experience.

d. Has certification in pediatric cardiopulmonary resuscitation (CPR); pediatric first aid; and Iowa's training for the mandatory reporting of child abuse.

e. Has achieved a total of 100 points obtained through a combination of education, experience, and child development-related training as outlined in the following chart:

Education		**Experience** (Points multiplied by years of experience)		**Child Development-Related Training**
Bachelor's or higher degree in early childhood, child development, or elementary education	75	Full-time (20 hours or more per week) in a child care center or preschool setting	25	One point per contact hour of training
Associate's degree in child development or bachelor's degree in a child-related field	60	Part-time (less than 20 hours per week) in a child care center or preschool setting	10	

Education		Experience (Points multiplied by years of experience)		Child Development-Related Training
Child development associate (CDA) or one-year diploma in child development from a community college or technical school	45	Full-time (20 hours or more per week) child development-related experience	10	
Bachelor's degree or higher in a non-child-related field	40	Part-time (less than 20 hours per week) child development-related experience	5	
Associate's degree in a non-child-related field or completion of at least two years of a four-year degree	25	Registered child development home provider	10	
		Nonregistered family home provider	5	

(1) In obtaining the total of 100 points, a minimum of two categories must be used, no more than 75 points may be achieved in any one category, and at least 20 points shall be obtained from the experience category.

(2) Points obtained in the child development-related training category shall have been taken within the past five years.

(3) For directors in center predominantly serving children with special needs, the directors may substitute a disabilities-related or nursing degree for the bachelor's degree in early childhood, child development or elementary education in determining point totals. In addition, experience in working with children with special needs in an administrative or direct care capacity shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

109.6(2) On–site supervisor: The on-site supervisor is required to be present when the program as multiple sites or when a director is not routinely present for six hours daily. The center director must identify a person in charge during the on-site supervisor's absence. The on-site supervisor is responsible for the daily supervision of the center and must be on site daily either during the hours of operation that children are present or at a minimum of six hours of the center's hours of operation. The following minimum qualifications will be submitted to the child care licensing consultant for final approval prior to the start of employment. The on-site supervisor:

a. Is at least 18 years of age.

b. Has obtained a high school diploma or passed a general education development test.

c. Has certification in pediatric CPR; pediatric first aid; and Iowa's mandatory reporting of child abuse.

d. Has achieved a total of 75 points obtained through a combination of education, experience, and child development-related training as outlined in the chart and calculation described in subrule 109.6(1). A minimum of two categories must be used, no more than 50 points may be achieved in any one category, and at least 10 points must be obtained from the experience category.

Additional Information:

Understanding the point chart

The point chart is used to determine if directors are qualified on a combination of post-secondary education, experience, and training. One continuing education unit (CEU) is equivalent to 10 contact hours.

The following experience does not count for points toward becoming a director or on-site supervisor: babysitting, nanny, foster parenting, respite provider, parenting, experience gained prior to the age of 16, coaching, HS/College teacher, camp counselor, para-educator for middle or high school, food service personnel, internships are not counted as "child development-related experience" if they were required to obtain a degree.

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

Point structures

75 points (Bachelor or higher)

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

60 points (Associate's degree in child development or Bachelor in "child related" field)

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

- Human Development and Family Studies (child option)
- Early Childhood Administration

40 points (Non-related Bachelor, master's or other advanced degree)

Center director and on-site supervisors shall enter their credentials in I-PoWeR. https://secureapp.dhs.state.ia.us/TrainingRegistry/TrainingRegistry/Public/

See also the **Center Director Qualifications Worksheet**.

Programs with multiple locations should also consider the overall number of programs that a person has oversight of, to ensure that each location has sufficient oversight and the Director is not stretched over too many programs. Directors may use the Business Fundamentals course or training from Child Care Collaborative of Iowa for their 12 contact hours.

109.6(3) Volunteers: A volunteer must be at least 16 years of age. All volunteers shall:

a. Sign a statement indicating whether or not they have one of the following:

(1) A conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.

(2) A communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.

b. Sign a statement indicating the volunteer has been informed of the volunteer's responsibilities as a mandatory reporter.

Volunteers are deemed an employee for purposes of being a mandatory reporter of child abuse.

c. Undergo the record check process when any of the following criteria are met:

(1) The volunteer is included in meeting the required child-to-staff ratio;
(2) The volunteer has direct responsibility for a child or children; or
(3) The volunteer has access to a child or children with no other staff present.

d. Have on file at the facility a record containing the statements required in paragraphs 109.6(3) "a" and "b" and documentation of any record check process. The record must be maintained as required in paragraph 19.9(1) "a."

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

109.6(4) Record Checks and implementation:

a. **Criminal and child abuse record checks**. Criminal and child abuse record checks shall be conducted for:

(1) Each owner, director, staff member, volunteer, or subcontracted staff person with direct responsibility for child care or with access to a child when the child is alone.

(2) Anyone living in the child care facility who is 14 years of age or older.

b. **Authorization***:* A requesting entity shall request a record check evaluation prior to the employment of a person subject to record checks. The person subject to record checks shall complete the department's criminal history record check form and any other forms required by the department of public safety to authorize the release of records.

The Department may use form 470-3301, Authorization for Release of Child and Dependent Adult Abuse Information, and DCI-77, Criminal History Record Check Request Form, or any other form required for criminal and child abuse record checks. The Department may also conduct criminal and child abuse record checks in other states and may conduct dependent adult abuse, sex offender, and other public or civil offense record checks in Iowa or in other states.

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

(1) The child care center may access the single-contact repository (SING) as necessary to conduct a criminal and child abuse record check of the person in Iowa. If the results of the check indicate a potential transgression, the center will send a copy of the results to the department for determination of whether or not the person may be involved with child care, regardless of the person's status with the center.

(2) Unless a record check has already been conducted in accordance with subparagraph 109.6(4)"c"(1), the department must conduct a criminal and child abuse record check in Iowa for a person who is subject to a record check. The department may access SING to conduct the record check. The department may also conduct dependent adult abuse, sex offender, and other public or civil offense record checks in Iowa for a person who is subject to a record check.

d. **National criminal history checks**. National criminal history checks based on fingerprints are required for all persons subject to record checks. The national criminal history check must be repeated for each person every four years and when the department or center becomes aware of any new transgressions committed by that person in another state. The department is not responsible for the cost of conducting the national criminal history check.

(1) The child care center is responsible for obtaining the fingerprints of all persons subject to record checks.

Fingerprints may be taken by law enforcement agencies, by agencies or companies that specialize in taking fingerprints, or by center staff or subcontractors who have received appropriate training in the taking of fingerprints.

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

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

(3) The child care center will provide fingerprints to the department of public safety prior to a person's involvement with child care at the center. The center will submit the fingerprints on forms or in a manner allowed by the Department of Public Safety.

(4) Centers that are required to submit fingerprint-based checks of the FBI national criminal database to comply with federal regulations may seek a waiver to substitute that record check for the procedure required in this subrule. Requests for a waiver must be submitted on a form prescribed by the department to the address listed on the form. When the licensing support staff requests an employee with a history of a transgression complete and return the **Record Check Evaluation, form 470-2310**, the form must be returned in 10 days. Failure to do so can result in denial of employment.

(5) A center considering involvement of a person who has had a national criminal history check at another center may request information from that center. That center may provide that information in writing upon a center's request, using a form prescribed by the department. If the person being considered for employment has not had involvement with child care in the past six months, a new national criminal history check must be completed.

The responding center may provide information in writing upon a center's request, using form 470-4896, National Criminal History Check Confirmation.

(6) If the results of the national criminal history check indicate that the person has committed a transgression, the center, if interested in continuing the person's involvement in child care, must send a copy of the results to the department for evaluation. The department will determine whether or not the person may be involved with child care.

e. **Mandatory and mandatory time-limited prohibition.** A person with any convictions or founded abuse reports as defined in Iowa Code section 237A.5(2)"i" is prohibited from involvement with child care.

f. **Evaluation required.** For all other transgressions, and as requested under 109.6(4)"e", the department will notify the requesting entity that an evaluation shall be conducted to determine whether prohibition of the person's involvement with child care is warranted.

(1) The person with the transgression must complete the record check evaluation form. The requesting entity must provide the form and any other documents to the department within 10 calendar days of the date on the form. The department will use the information the person with the transgression provides on this form to assist in the evaluation. Failure of the person with the transgression to complete and the requesting entity to

return this form by the specified date will result in denial or revocation of the license or denial of employment. The department will not process evaluations that are not signed by the person subject to an evaluation.

(2) The department may use information from the department's case records in performing the evaluation.

(3) The requesting entity may provide, or the department may request from the person subject to an evaluation or from the requesting entity, information to assist in performance of the evaluation.

(4) Any person or agency that might have pertinent information regarding criminal or abuse history and rehabilitation of the prospective employee may be contacted.

(5) In an evaluation, the department will consider all of the factors established in Iowa Code section 237A.5(2)"h."

(6) When a person subject to a record check has a transgression that has been determined in a previous evaluation not to warrant prohibition of the person's involvement with child care and has no subsequent transgressions, an exemption from reevaluation of the latest record check is authorized. The person may commence employment with another child care facility in accordance with the department's previous evaluation. The exemption is subject to all of the provisions established in Iowa Code section 237A.(5)2"g."

g. **Evaluation decision**. Within 30 days of receipt of a completed record check evaluation, the department will make a decision on the person's involvement with child care. The department has final authority in determining whether prohibition of the person's involvement with child care is warranted and in developing any conditional requirements and corrective action plan under this paragraph.

(1) The department will mail to the requesting entity and the person on whom the evaluation was completed the record check decision that explains the decision reached regarding the evaluation on transgression.

(2) If the department determines through an evaluation of a person's transgressions that the person's prohibition of involvement with child care is warranted, the person will be prohibited from involvement with child care. The department may identify a period of time after which the person may request that another record check and evaluation be performed.

(3) The department may permit a person who is evaluated to maintain involvement with child care if the person complies with the department's conditions and corrective action plan relating to the person's involvement with child care.

(4) The department will send a letter to the employer that informs the employer whether the person subject to an evaluation has been approved or denied involvement with child care. If the person has been approved, the letter will inform the employer of any conditions and corrective action plan relating to the person's involvement with child care.

h. **Notice to parents.** The department will provide notification of founded child abuse committed by an owner, director, or staff member of the child care center pursuant to Iowa Code section 237.A5(2)"k." The center must cooperate with the department in providing the names and addresses of the parents, guardians, and legal custodians of each child for whom the facility provides child care.

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

Law requires the Department to notify parents in writing of founded child abuse that occurred in the center The notice sent to parents does NOT identify the name of the perpetrator or the child, or the specific circumstances of the abuse. The letter indicates to parents that:

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

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

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

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

Additional information:

Follow record check guidance located at http://ccmis.dhs.state.ia.us/providerportal/LicensedProviderDocuments.aspx.

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

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

109.6(5) Use of controlled substances and medications.

All owners, personnel, and volunteers must be free of the use of illegal drugs and not be under the influence of alcohol or of any prescription or nonprescription drug that could impair their ability to function.

Professional Growth and Development and Implementation

Legal reference 441IAC 109.7

Professional growth and development: Professional development will supplement the educational and experience requirements in rule 441-109(237A) and shall enhance the staff's skill in working with the development and cultural characteristics of the children served. The center director, on-site supervisor, and staff counted as part of the staff ratio must meet the following minimum staff training requirements:

109.7(1) Required training within the first three months of employment.

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

a. Iowa's training for mandatory reporting of child abuse.

b. At least one hour of training regarding universal precautions.

   Universal Precautions is the federal Occupational Safety and Health Administration's (OSHA) required method of control to prevent and protect workers from exposure to human blood and other potential infectious material.

c. Certification in pediatric CPR. A valid certificate indicating the date of the training and expiration date will be maintained.

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

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

   Allowable trainings for CPR use a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, American Safety and Health Institute, Pro Trainings, or MEDIC First Aid or an equivalent certification approved by the Department

   Pediatric CPR includes certification in infant, child and adult CPR.

d. Certification of pediatric first aid. A valid certificate indicating the date of the training and expiration date will be maintained.

Allowable trainings First Aid use a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, American Safety and Health Institute, Pro Trainings, or MEDIC First Aid or an equivalent certification approved by the Department

e. Essentials child care pre-service or equivalent minimum health and safety training approved by the department in the following areas:

(1) Prevention and control of infectious disease, including immunizations.

(2) Prevention of sudden infant death syndrome and use of safe sleep practices.

(3) Administration of medication, consistent with standards for parental consent.

(4) Prevention of and response to emergencies due to food and allergic reactions.

(5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic.

(6) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

(7) Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event.

(8) Handling and storage of hazardous materials and the appropriate disposal of biocontaminants.

(9) Precautions in transporting children.

(10) Child development.

Essentials child care pre-service or equivalent minimum health and safety training may be required if content has significant changes that warrant that the training be renewed. Child care staff employed in programs that only serve children over the age of three are exempt from taking health and safety trainings under subparagraphs 109.7(1)”e”(2) and 109.7(1)”e”(6).

Additional information

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

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

109.7(2) Center directors and all staff

a. During their first year of employment, all center directors and all staff will receive the following training:

(1) Ten contact hours of training from approved subject areas from the Council for Professional Recognition or approved content areas from the National Afterschool Association.

"Contact hours" means the actual hours of training (hour-for-hour). Obtaining more than the required hours in one year does not carry over in the following year. For education, one semester hour is equivalent to 15 hours of training.

(2) Training received for CPR, first aid, mandatory reporting of child abuse, and universal precautions shall not count toward the ten contact hours.

(3) A provider shall not use a specific training or class to meet minimum continuing education requirements more than one time every five years.

b. Following their first year of employment, all center directors and all staff must:

(1) Maintain current certification for Iowa's training for the mandatory reporting of child abuse, pediatric CPR, and pediatric first aid.

(2) Staff must receive six contact hours of professional development annually from one or more of the subject areas under subparagraph 109.7(2)"a"(1).

(3) Center directors and on-site supervisors must receive eight contact hours of training annually from one or more approved subject areas under subparagraph 109.7(2)"a"(1).

Additional information:

People who change jobs, going from one center to a different center, may take their training history with them, and simply continue the hours required for the appropriate year of employment. Training hours should be maintained in i-PoWeR which the employee can access.

109.7(3) Staff employed at centers that operate summer-only programs

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

a. Iowa's training for mandatory reporting of child abuse.

b. At least one hour of training regarding universal precautions.

c. Certification in pediatric CPR. A valid certificate indicating the date of training and expiration date shall be maintained.

d. Certification in pediatric first aid. A valid certificate indicating the date of training and expiration date shall be maintained.

e. Essentials child care pre-service or equivalent minimum health and safety training approved by the department in the following areas:

(1) Prevention and control of infectious disease, including immunizations.

(2) Prevention of sudden infant death syndrome and use of safe sleep practices.

(3) Administration of medication, consistent with standards for parental consent.

(4) Prevention of and response to emergencies due to food and allergic reactions.

(5) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic.

(6) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

(7) Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event.

(8) Handling and storage of hazardous materials and the appropriate disposal of biocontaminants.

(9) Precautions in transporting children.

(10) Child development.

Child care staff employed in programs that only serve children over the age of three are exempt from taking health and safety trainings under subparagraphs 109.7(3)”e”(2) and 109.7(3)”e”(6):

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

109.7(4) Substitution

A provider who submits documentation from a child care resource and referral agency that the provider has completed the Iowa Program for Infant/Toddler Care (IA PITC) (August1, 2024) or Early Childhood Positive Behavior Interventions and Supports (EC-PBIS) training series (August 1, 2024) may use those hours to fulfill a maximum of two years’ professional development requirements, not including preservice, first aid, CPR and mandatory reporter training.

109.7(5) Approved Professional Development

a. Professional development contact hours can be coaching, education, or training provided by a department-approved entity.

b. Coaching contact hours may only be used to meet up to half of an individual’s annual professional development requirement.

c. The department may randomly monitor any state-approved professional development for quality control purposes.

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

e. A professional development organization not approved by the department may submit for review to the department a request for child care training approval. All approvals unless otherwise specified shall be valid for five years. The department will issue its decision within 30 business days of receipt of a complete request.

f. Department-approved entities must provide participants a professional development certificate for approved professional development contact hours.

Additional Information

Coaching contact hours may only be awarded by state-approved professional development entities that have a contract with HHS to provide coaching for child care programs.

A professional development certificate may be digital and maintained in records through i-PoWeR transcripts.

109.7(6) Professional development for supervisors and designees

The director, on-site supervisor, and any person designated as a lead in the absence of supervisory staff must have completed all preservice/orientation training outlined in subrule 1093.7(1).

Staff Ratio Requirements and Implementation

Legal reference 441IAC 109.8

109.8(1) Staff Requirements:

Persons counted as part of the staff ratio must meet the following requirements.

a. Staff persons must be at least 16 years of age.

b. Those staff persons who are under the age of 18 shall meet the following requirements:

(1) May not be the sole provider on the premises of a child care facility.

(2) Shall not provide transportation to children in care.

(3) If staff persons under the age of 18 are providing child care services without an adult, they shall only provide care to school-aged children.

(4) May be utilized for brief periods of absence as identified in paragraph 109.8(2)”g” and scheduled nap periods for children over two years of age as identified in paragraph 109.8(2)”h”.

109.8(2) Staff Ratio

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

Age of children	Minimum ratio of staff to children
Two weeks to two years	One to every 4 children
Two years	One to every 7 children
Three years	One to every 10 children
Four years	One to every 12 children
Five years to ten years	One to every 15 children
Ten years and over	One to every 20 children

a. Combinations of age groupings for children four years of age and older may be allowed and may have staff ratio determined on the age of the majority of the children in the group.

b. Combinations of age groupings for children three, four, and five years of age may be allowed with a ratio of one staff member to every 12 children.

c. Children between 18 months and three years of age may be combined, if appropriate to the developmental needs of the child. If a child under two years of age is in a combined age group, the staff ratio of one to seven will be maintained. Otherwise, staff ratio may be determined by the age of the majority of the children in the group.

d. Combinations of age groupings that do not meet paragraphs 109.8(2)“a” through “c” may be approved by a child care licensing consultant when a program can show developmentally appropriate curriculum for all age groups and can provide sufficient supervision.

   The HHS licensing consultant is not required to allow additional combinations of age groupings however may do so when the facility layout requires it. If centers are approved by their HHS licensing consultant to combine age groupings outside of what is outlined, continue to consider developmentally appropriate activities and ways to separate age groupings within the space being utilized.

e. Combinations of age groupings for children five years of age and older must have a ratio consistent with the age of majority.

f. Upon the recommendation of a child’s physician or the area education agency serving the child, a child who is two years of age or older with a disability that results in significant developmental delays in physical and cognitive functioning who does not pose a threat to the safety of the infants may, if appropriate and for a limited time approved by the department, remain in the infant area.

g. Every child-occupied program room must have supervision present in the room. Brief absences of a staff member may be allowed for no more than five minutes when another staff person is present.

   Brief absences do not include completing routine or anticipated tasks.

h. During nap time, at least one staff member must be present in every room where children are resting. Staff ratio requirements may be reduced to one staff member per room where children are resting and staff ratio coverage can be maintained in the center. The staff ratio must always be maintained for children under two years of age.

While staff ratio may be reduced to one during nap time, this is not permitted in the infant area. An infant is defined as under 24 months of age. Children at this age do not typically have a solidified and predictable afternoon nap schedule yet.

i. When more than eight children are present on the licensed premises, at least two staff members shall be present.

j. For a period of two hours or less at the beginning and end of the center's hours of operation, one staff member may care for eight or fewer children, provided no more than four of the children are under two years of age and there are no more than eight children in the center.

k. When more than eight children are being transported in one vehicle, at least two staff members must be present, one of which is over 18 years of age.

(1) Only one adult is required when a center is transporting children in a center-owned vehicle with parent authorization for the sole purpose of transporting children to and from school.

(2) When a center contracts with another entity to provide transportation other than for the purpose of transporting children to or from school, at least one adult staff in addition to the driver must be present if at least eight children provided care by the center are transported.

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

l. Any child care center-sponsored program activity involving six or more children conducted away from the licensed facility shall provide a minimum of one additional staff over the required staff ratio for the protection of the children. At least one staff present on field trips must be over 18 years of age.

m. For centers serving school-age children, the ratio for school-age children may be exceeded for a period of no more than four hours during a day when school classes start late or are dismissed early or canceled due to inclement weather or structural damage provided the children are already enrolled at the center and the center does not exceed the licensed capacity.

The four-hour window allows you time to contact staff to come into work. This accommodation is **not** intended to apply to **scheduled** events that result in school closings, late starts, or early dismissals (such as parent-teacher conferences or teacher in-service days).

Additional information

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

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

109.8(3) Group size.

Group size is determined in collaboration with the state fire marshal and will be assigned based on the review of health and safety requirements. Maximum capacity allowed shall be included on the certificate of license. Group sizes by age must be included in annual inspection reports.

Records and Implementation

Legal reference 441IAC 109.9

109.9(1) Personnel records:

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

a. Copies of all record checks kept in accordance with state and federal law regarding confidentiality of record checks. These records shall include:

   (1) A copy of a department criminal history record check form or any other permission form approved by the department of public safety for conducting an Iowa or national criminal history record check.

   (2) A copy of a request for child abuse information form, when applicable.

   (3) Copies of the results of Iowa record checks conducted through the SING for review by the department upon request.

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

   (4) Copies of national criminal history check results.

   (5) Any department-issued documents sent to the center related to a record check, regardless of findings.

b. A physical examination report within the first six months of employment. As required in Iowa Code section 237A.5(1), personnel shall have good health as evidenced by a physical examination. Acceptable physical examinations shall be documented on a form prescribed by the department. The examination shall be performed within six months prior to beginning employment, within six months of employment, and shall be repeated at least every three years. A physical examination may be requested if the employer has reason to believe an employee would not be able to perform a job successfully or safely due to a medical condition.

You are encouraged to have employees get physicals as soon as possible and create a tracking system to ensure all staff have physicals within six months of hire.

See **Child Care Provider Physical Examination Report**.

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

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

Assessing for current symptoms of active TB disease.

Screening for risk factors associated with TB.

- Those individuals identified as belonging to a defined high-risk group or who have signs or symptoms consistent with TB disease shall be evaluated for TB infection and TB disease.

c. Documentation showing the minimum staff training requirements as outlined in rule 441-109.7(237A) are met, including current certifications in first aid and CPR and Iowa's training for the mandatory reporting of child abuse.

d. A photocopy of a valid driver's license if the staff will be involved in the transportation of children.

109.9(2) Child Files and Implementation.

Centers must maintain current and sufficient information in a file for each child that includes:

a. Child enrollment information, including name, age, date of birth, and address.
b. Parent/guardian contact information.
c. Emergency contacts and persons who can pick up the child as authorized by the parent.

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

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

Home and work locations.

- Home, work or cell phone numbers.

- Relationship of the emergency contact to the child (grandparent, friend, neighbor, etc.).

  Maintain a list of all persons authorized by the parent to ensure that children are released only to these persons. The authorization should include a signature by the parent verifying the accuracy of the information.

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

d. Contact information and authorization of emergency medical and dental services.

   The parent needs to authorize a doctor and hospital within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency. Obtain the phone number and location of all emergency services. If the family does not have a dentist, or the parent has not yet secured a dentist for the child, the parent needs to authorize a dental office within the proximity of the center (within the community or nearby town) that can be contacted in the event of an emergency.

e. Health and medical needs of a child, including any allergies or special health needs, a written emergency plan and prescribed treatment

f. Incident reports of injuries, accidents, or other incidents, as applicable.

g. Parent authorization for a child to attend center-sponsored field trips and non-center activities.

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

h. Signed and dated valid Certificate of Immunization, Certificate of Immunization Exemption, or Provisional Certificate of Immunization, provided by the department must be on file for each child enrolled as required in 641—Chapter 7.

   A Certificate of Immunization provides information as to the child's current immunizations. However, there are individual circumstances in which a child may not have all required immunizations, such as a provisional certificate of immunizations.

   An Iowa HHS Provisional Certificate of Immunization is completed and signed by the child's Physician (MD or DO), Physician Assistant, Nurse, or Certified Medical Assistant for a child for one of the following reasons:

   - Child has received at least one dose of each of the required vaccines but has not completed all the required immunizations or;
   - Is a transfer student from another school system. A transfer student is an applicant seeking enrollment from one U.S. domestic elementary or secondary school to another.

   The amount of time allowed for provisional enrollment in child care or school shall not exceed 60 calendar days from the date the certificate is signed.

   Allowable Exemptions:

- Religious exemption form can be found here https://iris.iowa.gov/docs/Certificate_of_Immunization_Exemption_Religious.pdf
- A medical exemption form can be found here https://iris.iowa.gov/docs/Certificate_of_Immunization_Exemption_Medical.pdf

You **must** have a mechanism in place that alerts all parents to the allowable exemptions for immunizations. This can be in your handbook, on your website or other avenues of communication with parents and potential parents.

Documentation of a valid Certificate of Immunization Exemption (Religious or Medical) or Provisional Certificate of Immunization may be submitted in lieu of a Certificate of Immunization.

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

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

i. For each child not yet enrolled in kindergarten, the child care center must require a physical examination submitted at enrollment but no later than within four weeks of admission.

The physical should include a health history and status of present health, including allergies, medications, acute or chronic conditions, and care plan when needed. The physical should be completed and signed by the child's primary health care provider (MD, DO, chiropractor, PA, or ARNP). The date of the physical examination shall be no more than 12 months prior to the first day of admission and annually thereafter until kindergarten entry.

j. For school-aged children, the child care center must have a statement of health signed by the parent indicating the child's health status, allergies, medications, acute or chronic conditions and care plan when needed.

School-based centers may want to develop a standard immunization statement for parents of school-aged children to use to indicate that the required immunizations are up-to-date and the information is available in the school file. See 441 IAC 109.10(1) for more information.

k. For a child who has a special health need, there must be a written care plan completed and signed by the child's primary health care provider (MD, DO, chiropractor, PA, or ARNP) or parent or guardian. The care plan should include the care needed, when the care is to be given, and any possible complications or side effects, including required interventions. Documentation of special needs provided should be in a manner similar to documentation for medication administration.

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

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

Additional information

It is recommended that you include treatment plans, IEP, or behavioral plans in the child's file.

Required and recommended forms for child files can be found at https://iowaccrr.org/providers/ccc or https://hhs.iowa.gov/programs/programs-and-services/child-care/hcci

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

Comment: The term "homeless," "homeless individual," and "homeless person" means:

- An individual or family who lacks a fixed, regular, and adequate nighttime residence;
- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- Or an individual or family who will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations and has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing;
- And unaccompanied youth and homeless families with children and youth defined as homeless under other federal statutes who have experienced a long term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic

violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

Children in foster care

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

Foster parents, through the Reasonable and Prudent Parenting Law, IAC 441-202, allows for foster parents to give permission for children placed in their home through the department for normal childhood activities. This includes enrollment paperwork for child care and permission for field trips. Foster parents will reach out to the biological family or HHS for signatures if needed. Foster parents are not allowed to give medical consent for treatment of a child.

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

109.9(3) Daily activities and implementation.

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

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

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

Health and Safety Policies and Implementation

Legal reference: 441IAC 109.10

Health and Safety Policies. The child care center will establish definite health policies, including the criteria for excluding a sick child from the center. The child care center may be

provided guidance from the child care center's child care nurse consultant or the department regarding exclusion of an exposed child or staff during a communicable disease outbreak.

109.10(1) Medications and implementation:

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

a. Staff must be over 18 to administer medication.

b. All medications must be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so the medications are inaccessible to children and the public. Nonprescription medication must be labeled with the child's name.

   Medications must be stored completely inaccessible to children in their original containers in an upright position so that they cannot contaminate or spill.

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

   For emergency medications, staff must be able to easily access the medication, therefore it should not be locked. However, it must remain inaccessible to children. Staff should be able to access the medication quickly. Staff should know where the emergency medication is located and have a plan if a medical emergency should arise.

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

c. For every day an authorization for medication is in effect and the child is in attendance, there shall be a notation of administration, including the name of the medicine, date, time, dosage given or applied, and the initials of the person administering the medication or the reason the medication was not given.

   In administering medications, be sure to follow the six rights of medication administration: right child, right medication, right dose, right time, right route, and right documentation. Before giving any medication to a child be sure to check the six rights at the following times: as you remove the medication from storage, immediately before preparing the medication, and right before giving the medication to the child.

   To avoid the possibility of overdosing or failing to provide medications, you may want to designate specific staff who will administer all medications in a given program area. Careful recording when the medication is administered reduces the likelihood of overmedicating a child.

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

   - A child is absent for a day during the period when a medication is to be administered.
   - A parent picks up a child earlier than normal and a medication is not administered.

- A parent forgets to bring the medication and therefore no medicine can be administered.
- The child experiences any side effect or negative reaction to the medications.

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

d. In the case of medications that are administered on an ongoing, long-term basis, authorization must be obtained for a period not to exceed the duration of the prescription.

e. A child care staff member shall not provide medications to a child if the staff member has not completed preservice/orientation training that includes medication administration.

Additional information:

Over-the-counter (OTC) medications, such as acetaminophen and ibuprofen should not be stocked at the child care center but should follow all medication standards for individual children.

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

A Medication Form is available on the Healthy Child Care Iowa website https://hhs.iowa.gov/programs/programs-and-services/child-care/hcci

109.10(2) Daily contact and implementation

Each child shall have direct contact with a staff person upon arrival for early detection of apparent illness, communicable disease, or unusual condition of behavior that may adversely affect the child or the group.

Touching the child's forehead, observing the child's eyes and nose for redness or drainage or dark circles under the eyes, and checking for odor which may be symptomatic of diarrhea are all simple strategies.

You should post information as soon as the staff becomes aware of a child's exposure to a communicable disease. **Required Postings and Implementation:**

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

109.10(3) Infectious disease control and implementation

Centers must establish policies and procedures related to infectious disease control and the use of universal precautions with the handling of any bodily fluids that include blood, bodily excrement or discharge. Soiled diapers shall be stored in containers separate from other waste. Sanitation and safety procedures for the center are developed and implemented to reduce the risk of injury or harm to children and reduce the transmission of disease.

“Universal precautions”, 109.7(1), is an approach to infection control. All blood and bodily fluids are treated as if know to be infectious for HIV, hepatitis B, or other blood-borne pathogens. Illness is spread in a variety of ways, such as coughing, sneezing, skin-to-skin- contact, or touching a contaminated surface. Infectious agents may be contained in urine, feces, saliva, eye and nasal discharge, discharge at the site of a wound or injury, and of course, blood.

Many people who are infected with a communicable disease show no symptoms or are contagious before they display symptoms. Therefore, routine daily sanitation and disinfecting are essential to significantly reduce the occurrence and spread of illness in a child care center. Handwashing is essential to reduce the spread of disease. OSHA requires that bags with infectious waste be labeled as “biohazard material” and be handled separately from other trash. However, due to the small amount of infectious waste in a child care center, we recommend that you treat potentially hazardous waste, especially in infant rooms, as “first-aid waste.” Double-bag and tie the plastic bags used to contain articles that are contaminated with blood, feces, or other potentially infectious material.

Wearing single-use, disposable gloves is the most fundamental precaution staff can take.

Additional Information

For more information on how to prevent the spread of illness in a child care center, child care providers should review Caring for Our Children, National Health and Safety Performance Standards, current edition https://nrckids.org/CFOC

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

109.10(4) Quiet area for ill or injured and implementation

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

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

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

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

Additional Information

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

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

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

Reportable Communicable Diseases and Infectious Conditions can be found here: Reportable Communicable Diseases and Infectious Conditions | Health & Human Services

109.10(5) Staff hand washing and implementation

The center must ensure that staff demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease.

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

- Upon arrival at the center.
- Immediately before eating or participating in any food service activity.
- After diapering a child.
- Before leaving the rest room either with a child or by themselves.

- Before and after administering nonemergency first aid to a child if gloves are not worn.
- After handling animals and cleaning cages.

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

109.10(6) Children's hand washing and implementation

The center shall ensure that staff assist children in personal hygiene sufficient to prevent or minimize the transmission of illness or disease. For each infant or child with a disability, a separate cloth for washing, one for rinsing, and one for drying may be used in place of running water.

Children's hands shall be washed at the following times:

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

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

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

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

109.10(7) First-aid kit and implementation

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

The **master** first aid kit must contain the following items:

- Plastic bags for disposal of materials used in handling blood
- First aid guide
- Cotton tipped swabs
- Cell phone
- Cold pack
- Non latex gloves
- Emergency medication needed for children with special needs
- Emergency phone numbers:
  - Parent's home and work phone numbers
  - Poison Control Center phone number (18002221222)
  - EMS
- Eye patch pad
- Flexible roller gauze
- Alcohol based Hand sanitizer
- Thermometer to measure a child's temperature
- Pen or pencil and note pad
- Rescue breathing (CPR) mouthpiece
- Safety pins
- Scissors
- Liquid hand soap
- Antiseptic wipes
- Sterile gauze pads
- Triangular-bandages
- Tweezers
- Water

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

The center may have additional first aid kits available throughout the center with sufficient supplies to treat minor injuries or trauma.

109.10(8) Recording incidents and implementation

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

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

   - Experiences a sudden change in self-care (ambulatory child suddenly stops walking or stops self-toileting; child who stands in crib suddenly only bears weight on one leg, etc.)
   - Experiences a change in level of consciousness (child goes from alert to lethargic, is difficult to arouse from sleep, or sleeps longer than usual)

- Whimpers, cries or exhibits gestures of pain or discomfort and can't be consoled or relieved, etc.

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

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

b. Incidents resulting in a serious injury, as defined in Iowa Code section 702.18, to a child in the child care facility or in the care of a child care facility staff or incidents resulting in a significant change in the health status of a child must be verbally reported to the parents, guardians, and legal custodians immediately.

(1) Serious injuries must be reported to the department within 24 hours of the incident.

(2) Serious injuries must be documented and information maintained in the child's file as required by subrule 109.9(2).

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.

c. The parents, guardians, and legal custodians of any child included in incidents involving in appropriate, sexually acting-out behavior must be notified immediately after the incident. A written report fully documenting every incident will be provided to the parent or person authorized to remove the child from the center. The written report shall be prepared by the staff member who observed the incident, and a copy will be retained in the child's file.

All reports to the Department must be completed on **470-0121, Child Care Injury/Incident Report Form** and submitted to ccsid@dhs.state.ia.us within 24 hours of the incident.

109.10(9) Smoking and implementation

Smoking and the use of tobacco products must be prohibited and nonsmoking signs must be posted pursuant to Iowa Code chapter 142D.

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

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

Additional Information

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

Information about the policy can be found on https://hhs.iowa.gov/programs/mental-health/tobacco-use-prevention-control or by calling 888-944-2247.

109.10(10) Transportation and implementation

Children must be transported pursuant to Iowa Code section 321.446.
https://www.legis.iowa.gov/docs/code/321.446.pdf

Additional Information: Is Your Vehicle a School Bus?

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

Iowa Code Chapter 321.1 states:

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

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

Child care providers are exempt from the school bus and driver requirements if the vehicle is "**privately owned and not operated for compensation**." Vehicles owned by a child care center are determined to be "privately owned." **If you do not charge a**

separate and discernible fee to parents for the specific service of transporting their children to or from school, but rather incorporate the expenses incurred in transportation into your overall operating costs and parent fee schedules, then the vehicle is “not operated for compensation.”

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

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

109.10(11) Field Trips

Emergency telephone numbers and emergency health plans, as applicable, for each child must be taken by staff when transporting children to and from school and on field trips and non-center sponsored activities away from the premises.

109.10(12) Pets and implementation

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

Make sure parents are aware of the presence of any pets in the center and obtain a statement from the parent if access to a pet should be denied.

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

If hatching baby chickens and ducks are brought into the child care environment for science, access by children to these animals must be restricted due to concerns of disease.

CACFP requires all eggs must be federally inspected which does not allow for fresh chicken eggs to be served at the child care center. **109.13 Food Service**.

Children should not have exposure to animal waste. If you are considering a pet, consult with the National Caring for Our Children website for recommendations as well as with your HHS Licensing Consultant.

109.10(13) Emergency plans and implementation.

a. The center shall have written emergency plans and diagrams for responding to fire, tornado, and flood (if area is susceptible to flood) and plans for responding to intoxicated parents and lost or abducted children. Emergency plans must include written procedures, including plans for the following:

   (1) Evacuation to safely leave the facility.

   (2) Relocation to a common, safe location after evacuation.

   (3) Shelter-in-place to take immediate shelter when the current location is unsafe to leave due to the emergency issue.

   (4) Lockdown to protect children and providers from an external situation.

   (5) Communication and reunification with parents or other adults responsible for the children that includes emergency telephone numbers.

   (6) Continuity of operations.

   (7) To address the needs of individual children, including those with functional or access needs.

b. Emergency instructions, telephone numbers; and diagrams for fire, tornado, and flood (if area is susceptible to floods) must be visibly posted by all program and outdoor exits. Emergency plan procedures must be practiced and documented at least once a month for fire and for tornado. Records on the practice of fire and tornado drills must be maintained for the current and previous year.

   Fire drills shall be completed monthly and the children must exit the building. During colder months it is permitted to allow a brief pause to gather warm gear so that children are not at risk during the drill. Children are not required to wear shoes at all times to diminish risk associated with evacuation.

c. The center must develop procedures for annual staff and volunteer training on these emergency plans and include information on responding to fire, tornadoes, intruders, intoxicated parents, and lost of abducted children in the orientation provided to new employees and volunteers.

d. The center must conduct a daily check to ensure that all exits and unobstructed.

Additional information

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

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

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

For details on how best to develop emergency preparedness plans, please see the Emergency Preparedness and Response Planning Guide for Child Care 200 EP Plan Guide.pdf

109.10(14) Supervision and access

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

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

c. A parent who is a registered sex offender under Iowa Code chapter 692A cannot be present upon the property of a child care center except for the time reasonably necessary to transport the offender's own minor child or ward to and from the center. Under limited circumstances, a center director may give written permission to be on the property. Before giving written permission, the center director will consult with the center licensing consultant. The written permission must be signed and dated by the center director and the sex offender and kept on file for review by the center licensing consultant.

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

109.11 Physical facilities

109.1(1) Room size

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

109.11(2) Play equipment, materials and furniture and implementation.

a. The center will provide sufficient and safe indoor play equipment, materials, and furniture that conform with the standards or recommendations of the Consumer Product Safety Commission (CPSC) (August 1, 2024) or the American Society for Testing and Materials (ASTM) (August 1, 2024) for juvenile products. Play equipment, materials, and furniture must meet the developmental, activity, and special needs of the children.

b. Rooms must be arranged so as not to obstruct the direct observation of children by staff. Individual covered mats, beds, or cots and appropriate bedding will be provided for all children who nap. The center will develop procedures to ensure that all equipment and materials are maintained in a sanitary manner. Sufficient spacing must be maintained. The center shall provide sufficient toilet articles for each child for hand washing.

   Assess the safety of furniture and equipment regularly to ensure that there are no loose or hazardous materials and are free from damage that may increase risk of injury.

   - Rooms shall be arranged in a way that allows for sufficient supervision of all children in the classroom. Sufficient spacing shall be maintained between equipment to reduce the transmission of disease, to allow ease of movement and participation by children and to allow staff sufficient space to attend to the needs of the children during routine care and emergency procedures.
   - All children must have their own bed, cot, or mat and bedding that is appropriate for the comfort of the child. Each bed, cot or mat must have a washable covering that allows for sanitation through washing. Provide blankets, sheets, and pillows for each child appropriate to the season.
   - All bedding and coverings should be washed at least weekly, or more often if the material becomes soiled or wet while rest mats, cots and bed frames should be wiped down and disinfected weekly.
   - Bedding and bed and cot frames should be cleaned and disinfected more frequently if a child is ill or a particular illness has spread through the center.
   - Please see requirements for infant sleeping under 109.12(4)e

   All beds and cots must be assessed to ensure that they do not pose an entrapment hazard for small children. Beds, cots and mats should be placed at a minimum of three feet apart to reduce the transmission of respiratory or other illness.

Cleaning and sanitizing/disinfecting and safety:

Keeping objects and surfaces clean and free of disease-causing germs is an important part of the daily routine in the child care environment.

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

Cleaning, sanitizing, and disinfecting products should not be used in close proximity to children. Adequate ventilation should be maintained during any cleaning, sanitizing, or

disinfecting procedure to prevent children, caregivers, and teachers from inhaling potentially toxic fumes.

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

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

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

109.11(3) Indoor facility requirements and implementation

The center shall ensure that:

(1) The facility and premises are sanitary, safe, and hazard-free.

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

Centers should also take precautions with art materials and use only materials labeled "non-toxic."

Hazards are the most frequent violation cited and it's likely the greatest liability and easiest to fix. It's recommended that you have purposeful daily inspection of each program room to look for hazards. Purses and cleaning products being accessible, broken items and toppling hazards are discovered too often. Water temperature should not exceed 120 degrees.

(2) The facility has sufficient:

1. **Lighting.** All areas of the facility should have natural and/or artificial lighting that provides adequate illumination and comfort for facility activities. During rest time, adequate lighting must be maintained for staff to effectively supervise children.
2. **Ventilation.** Centers can ventilate the facility by means of windows, air conditioning units, or mechanical ventilation systems. A center with noticeable air drafts at floor level does not mean a well-ventilated center. Bathrooms and kitchens without windows should have mechanical ventilation, such as that provided by exhaust fans. Program rooms that use paints, glues, or other materials that have toxic fumes should also have natural or mechanical ventilation.

   If windows are the means of ventilation, they should be child-safe in that they are either inaccessible to children, cannot be fully opened, or can be opened no more than 6 inches. Windows should be covered with screens to prevent them from being used as exits by children, to allow for the free-flow of air, and to prevent insects from entering

the center. Screens that are made of 16-mesh wire or smaller will keep out the majority of insects.

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

3. Heating and Cooling.

Heating: The temperature should be monitored by means of a thermometer and maintained at a temperature of 65-75 degrees Fahrenheit when the temperature outdoors falls below 65 degrees

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

(3) Equipment placed in a program area is maintained so as not to result in injury to children.

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

Electrical or gas equipment: Ensure that all cords are inaccessible to children. Centers that serve children under the age of five should have all unused electrical outlets covered with outlet covers or “shock stops” (i.e., plastic electrical plugs).

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

109.11(4) Outdoor facility requirements and implementation.

a. Centers must have a safe outdoor program area adjacent to the center, with sufficient square footage to accommodate at least 30 percent of the enrollment capacity at any one time at 75 square feet per child. The outdoor area must:

(1) Be free from litter and unsafe materials and free from contamination by the drainage or ponding of sewage or storm water.

The play area should be designed to provide for supervision of the children at all times. It should be constructed so as not to allow ponding of water and should be located away from electrical hazards, such as high voltage lines, electric substations, or air conditioning units.

(2) Include safe play equipment and an area of shade.

Because of the dangers of excessive exposure to sun, the outdoor play area must have shade, whether naturally from trees or man-made by awning, tent, or a structural aspect of the building that providers for shade.

(3) Include fencing to protect from bodies of water and vehicular traffic.

If located near hazards such as railroad tracks, streets, or water hazards, the center should enclose the play area with a fence or other barrier at least four feet high.

b. The director or designated person must complete and keep record of at least monthly inspections of the outdoor play area and equipment for the purpose of assessing and rectifying potential safety hazards. If the outdoor play area is not used for a period of time during to the inclement weather conditions, the center shall document the reason why the monthly inspection did not occur and must complete and document an inspection prior to resuming use of the area.

c. Approval may be given by the department to waive the outdoor space requirement for programs of three hours or less, provided there is suitable substitute space and equipment available.

d. Approval may be given by the department for centers operating in a densely developed area to use alternative outdoor play areas in lieu of adjacent outdoor play areas.

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

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

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

Additional information

The outdoor play space provides an opportunity for children to develop gross motor, intellectual, emotional and social skills. Children should have an opportunity for outdoor play at a minimum of once a day, with at least twice a day being preferred during full day programming.

You can obtain a weather chart indicating when caution should be observed for outdoor play due to either heat index or wind chill by contacting your child care nurse consultant or this is available at https://hhs.iowa.gov/programs/programs-and-services/child-care/hcci

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

equipment, head entrapments in openings in equipment, and equipment tip-over or structural failure.

Refer to the Consumer Product Safety Commission Handbook for Public Playground Safety or the National Program for Playground Safety (NPPS) https://playgroundsafety.uni.edu/ for more information on playground safety. Both NPPS and NPPAS have additional information, publications, and videos available. https://playgroundsafety.uni.edu/. Your child care nurse consultant is available for questions and consultation on playground equipment, fall surfacing, and safety.

109.11(5) Bathroom facilities and implementation.

At least one functioning toilet and one sink per 15 children two years of age and older must be provided in a room with natural or artificial ventilation. New construction after November 1, 1995, must provide for at least one sink in the same area as the toilet and, for centers serving children two weeks to two years of age, shall provide for at least one sink in the central diapering area. At least one sink must be provided in program rooms for infants and toddlers or in an adjacent area other than the kitchen. New construction after April 1, 1998, shall have at least one sink provided in the program rooms for infants and toddlers.

Confer with city building codes to determine if local ordinance requires the toilet and sink to be co-located. Child-sized toilets, step-aids, or modified toilet seats are encouraged. When they are not available, “potty chairs” are appropriate, ensure proper disinfection to reduce the transmission of disease through contact with urine or feces. If training seats are used, the toilet-sink arrangement should allow for these to be cleaned without having to carry them any significant distance from the toilet area

Cloth diapering is not prohibited in child care facilities however, centers should have a detailed policy to manage soiled clothing to assure appropriate hygiene in the facility.

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

109.11(6) Telephone.

A working nonpay telephone must be available in the center with emergency telephone numbers for police or 911, ambulance, and poison control center posted in a conspicuous area. The street address and telephone number of the center must be included in the posting. A separate file or listing of emergency telephone numbers for each child shall be maintained.

109.11(7) Kitchen appliances and implementation.

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

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

Heating breastmilk or infant formula in the microwave is no longer recommended due to “hot spots” that can scald an infant’s mouth and throat. If you choose to warm the bottles, hold the bottle under warm (not hot) running water or place in a bowl of warm water

109.11(8) Environmental hazards and implementation.

a. Within one year of being issued an initial or renewal license, centers operating in facilities built prior to 1978 shall conduct a visual assessment for lead hazards that exist in the form of peeling, cracking or chipping paint or paint surfaces in need of repair. If these lead hazards are found, it shall be assumed that lead-based paint is present on the surfaces, and the surfaces shall be repaired by an Iowa certified lead-safe renovator before a full license will be issued.

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

b. Within one year of being issued an initial or renewal license, centers operating in facilities that are at ground level, use a basement area as program space, or have a basement beneath the program area shall have radon testing following the National Consensus Standards as outlined in 641-Chapter 43.

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

   Test kits can be purchased, depending on number needed, from some local health departments, big box home improvement stores (Lowe’s, Home Depot, Menards, etc.), hardware stores or by calling the Iowa Radon Hotline at 1-800-383-5994 or online at www.lung.org/radon

   What if the test is above 4.0 pCi/L?

   If a childcare center has a test reading above 4.0 from a short-term test-kit, it is recommended to conduct additional testing.

   Options for retesting:

- If the result of the initial test is 4.0-7.9 pCi/L, it is recommended to conduct a long-term test using a testing device such as a alpha track detector.
- If the result of the initial test is greater than or equal to 8.0 pCi/L, it is recommended to conduct a follow-up short-term test.

If the center has multiple classrooms and only a few results are above 4.0pCi/L, only those rooms with radon levels above 4.0 piC/L need to be re-tested.

NOTE: The decision to mitigate should *not* be made based on one elevated result. Follow-up testing should always be done prior to installing a mitigation system.

If testing indicates radon levels at 4 pCi/L or greater fix the building. The higher the radon concentration, the more quickly action should be taken to reduce the concentrations.

c. To reduce the risk of carbon monoxide poisoning, all centers shall, on an annual basis, have a professional inspect all fuel-burning appliances, including oil and gas furnaces, gas water heaters, gas ranges and overs, and gas dryers, to ensure the appliances are in good working order with proper ventilation. All centers shall install one carbon monoxide detector on each floor of the center that is listed with Underwriters Laboratory (UL) as conforming to UL Standard 2034 (August 7, 2024).

Carbon Monoxide is produced whenever any fuel such as gas, oil, kerosene, wood, or charcoal is burned, such as that used in gas and oil-burning appliances and furnaces.

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

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

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

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

109.12 Activity program requirements and implementation.

109.12(1) Activities. The center shall have a written curriculum that uses developmentally appropriate practices and a written program of activities planned according to the developmental level of the children. The center shall post a schedule of the program in a

visible place. The child care program shall complement but not duplicate the school curriculum. The program shall be designed to provide children with:

a. curriculum or program of activities that supports development of self-esteem, self-regulation, positive social interactions, communication skills, curiosity, problem-solving, creative expression, and gross motor and fine motor development.

b. A balance of active and quiet activities, individual and group activities, indoor and outdoor activities, and staff-initiated and child-initiated activities.

c. Experiences in harmony with the ethnic and cultural backgrounds of the children.

d. A supervised nap or quiet time for all children under six years of age not enrolled in school who are present at the center for five or more hours.

The importance of developmentally appropriate practices during the first three years of life for learning and social development is critical. Centers must develop activity plans for **all** age groups.

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

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

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

Children of any age should never be forced to sleep but may be encouraged to lie quietly for a period of time. The length of time children need for rest varies by child. For children that do not nap, you may want to consider options for quiet play activities.

109.12(2) Discipline and implementation.

The center shall have a written policy that shall be provided to staff at the start of employment and to parents at the time of admission. The center shall not use as a form of discipline:

a. Corporal punishment, including spanking, shaking, and slapping.

b. Punishment that is humiliating or frightening or that causes pain to the child. Children shall never be locked in a room or closet.

c. When restraints are part of a treatment plan for a child with a disability authorized by the parent and a psychologist or psychiatrist, staff shall receive training on the safe and appropriate use of the restraint.

d. Punishment or threat of punishment associated with a child's illness, lack of progress in toilet training, or in connection with food or rest.

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

Additional Information

Discipline should include positive guidance, redirection, and the setting of clear-cut limits that assist the child in developing socially acceptable, behavioral and emotional controls. Discipline practices should be consistent, a logical consequence to the action of the child, and appropriate to the age and circumstances of the child.

The need for discipline can often be reduced by:

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

Corporal punishment is expressly forbidden in child care centers, regardless of the practices of the parents at home.

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

Children should not be yelled at in close proximity or across a room, grabbed or shoved. Using derogatory language when addressing a child is prohibited.

Appropriate alternatives to corporal punishment for young children include:

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

A general rule of thumb is one minute of time-out for the age of the child. Young children do not have a concept of large spans of time and do not benefit from long periods of exclusion. Any "time-out" intervention for any age of child should be brief, infrequent in use, and still

provide for constant observation of the child. For school-aged children, denial of privileges may be an effective alternative.

As required in 441 IAC 441.109.4(1) “a”, You should have written discipline policies that include all the interventions that will be used in the center and that can be shared with parents and staff. All staff should have the tools and resources to manage difficult behaviors so they don’t resort to inappropriate, including physical, discipline. Placing hands on children in response to managing behaviors is a last resort and highly discouraged. The policies should outline the positive guidance and interventions that will be used for discipline relative to the ages or special needs of the children, as well as policies for responding to difficult and common behaviors of preschoolers, such as biting and hitting. You may want to obtain parental permission for all interventions that will be used. Include cultural considerations in the development of discipline policies.

109.12(3) Children requiring special accommodations and implementation.

Reasonable accommodations, based on the special needs of the child, must be made in providing care to a child with a disability.

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

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

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

109.12(4) Infant environment and implementation.

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

b. Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.

   If you are going to use cloth diapers, you should develop policies regarding their use, storage, and laundering, and staff hand washing, etc. The use of cloth diapers increases the likelihood of contamination of surface areas and staff’s hands with fecal matter and body fluids. Increased vigilance in disposal and disinfecting is required.

Diapering stations or changing tables should have a nonabsorbent surface that may be covered with a disposable paper sheet. The surface should be cleaned and disinfected after each and any paper covering disposed of in the diaper receptacle. Staff should not hold infants when cleaning the changing table. Diapering stations should never be used for food preparation areas or to hold food or food service items.

All diaper changing materials should be kept within arm's reach of the table, so that staff never leave a child unattended. A lined and covered diaper receptacle should be kept beside the changing table, so staff do not have to walk with a soiled diaper. Hands-free receptacles are preferred to prevent staff from touching a repeatedly soiled lid.

c. Highchairs or hook-on seats shall be equipped with a safety strap that shall be engaged when the chair is in use and shall be constructed so the chair will not topple.

You should have enough highchairs or hook-on seats to allow all toddlers to eat based on their own schedule and not the availability of a seat. Assess highchairs to ensure that:

- They do not have sharp edges.
- The locking device is in working order.
- The tray can be engaged and disengaged without pinching the child.
- The design does not pose an entrapment hazard to a child.

Should a chair's safety strap of become inoperable, do not use a "bungee cord" or other strap as an alternative. The original strap needs to be repaired or the chair replaced.

The Juvenile Products Manufactures Association (of the American Society for Testing and Materials) has a testing and certification program for high chairs, play yards, carriages, strollers, gates, and expandable enclosures. You can look for labeling that certifies that these products meet the standards when purchasing new equipment.

d. Safe, washable toys, large enough so they cannot be swallowed and with no removable parts, shall be provided. All hard-surface toys used by children shall be sanitized daily.

Because children are inclined to place items in their mouths from infancy through the preschool years, you need to exercise extreme caution and supervision in the purchase and use of toys. Toys that do not meet the federal small parts standards are generally labeled "intended for children ages 3 and up."

You should ensure that the following toys or objects are not available to children under 3 years:

- Items that have diameters of less than 1 1/4 inches or are less than 2 1/4 inches long.
- Balls and toys with spherical or egg shaped that are smaller than 1 ¾ inches in diameter
- Objects with removable parts that have diameters of less than 1 1/4 inches.
- Toys with sharp points and edges.
- Plastic bags, rubber bands, balloons, marbles, small high powered magnets and styrofoam
- Electronic toys with button batteries that are not secured with a screw to prevent falling out

To prevent the spread of germs from infant to infant, toys that have been mouthed by an infant should be removed from use until disinfected. You may want to keep a small basket specifically for soiled toys in each infant room.

e. The provider shall follow safe sleep practices for infants under one year of age.

(1) Infants shall always be placed on their backs for sleep.

(2) Infants shall be placed in a firm mattress with a tight fitted sheet that meets U.S. Consumer Product Safety Commission (August 1, 2024) and ASTM federal standards (August 1, 2024).

(3) Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child shall be allowed to sleep in any item not designed for infant sleeping, including but not limited to an infant seat, car seat, swing, or bouncy seat.

(4) No toys, soft objects, stuffed animals, pillows, bumper pads, or loose bedding shall be allowed in the sleeping area with the infant.

(5) No co-sleeping shall be allowed.

(6) Sleeping infants shall be actively observed by sight and sound.

(7) If an alternate sleeping position is needed, a signed physician or physician assistant authorization with statement of medical reason is required with an expiration date.

f. A crib or crib-like furniture that has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and that meets the current standards or recommendations from the U.S. Consumer Product Safety Commission (August 1, 2024) or ASTM International (August 1, 2024) for juvenile products shall be provided for each child under two years of age if developmentally appropriate. Crib railings shall be fully raised and secured when the child is in the crib. A crib or crib-like furniture shall be provided for the number of children present at any one time. The center shall develop procedures for maintaining all cribs or crib-like furniture and bedding in a clean and sanitary manner. There shall be no restraining devices of any type used in cribs.

Cribs should not be placed end to end, as this still allows for children to reach over the “wall” into another child’s space, risking the likelihood of the transmission of illness. If the child care consultant approves the placement of cribs end to end for exceptional spacing considerations, the cribs should be used only for infants who are not yet able to pull themselves to a standing position. Staff must still have full access to a child located anywhere in the crib.

You must provide a crib and bedding for each child under two. The rule requires a crib or crib-like furniture for all children under two, if developmentally appropriate. If a child nearing age two **is developmentally ready**, you may substitute a cot or mat for the crib.

All cribs should have a waterproof plastic mattress cover, a sheet over the cover, and bedding that allows the infant to be comfortable and warm. Infants should never be placed directly on a plastic mattress cover, and the cover should be a thin sheet and taut enough so as not to pose a suffocation hazard.

Crib-like devices include portable, nylon-mesh-sided nursery equipment, such as playpens, play yards, and travel yards. Because of their size, portability, and storage capabilities, they provide flexibility for providers in having crib space available for every infant. The same bedding and sanitation requirements apply to these devices.

The Consumer Product Safety Commission maintains a toll free telephone hotline and website to provide information about recalled products and information on what to look for when buying products. The Commission can provide contact information for companies regarding obtaining replacement parts and refunds. You can reach the hotline at 1-800-638-2772 or visit the website at http://www.cpsc.gov.

g. Infant walkers cannot be used.

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

Additional information

The importance of the first three years of life in brain development has been documented in research. Children greatly benefit in cognitive development from being talked and read to even in infancy. Additionally, children develop stronger and more trusting social and emotional relationships from being held, touched, and soothed. Children also benefit from the continuity of reliable and affectionate care from the same caregiver. Some centers have developed staffing patterns to allow the same caregiver to remain with the child throughout the first three years.

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, which enhances upon the minimum requirements outlined in Iowa Administrative Rules. 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.
- Avoid exposure to smoke (including vaping) and nicotine for infants and children.

- 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 overheating and head covering in infants.
- Swaddling is not recommended past 6-8 weeks of age and 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 on the clean floor or a mat for tummy time while awake and directly 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 providers endorse and model safe infant sleep guidelines.

For more information go to https://safetosleep.nichd.nih.gov/

Tummy Time: The time an infant spends on his/her stomach (tummy) throughout the day. Tummy time is only for when the infant is awake, alert and being **directly supervised**. Infants should not be placed on a pillow, foam, bean bag, or boppy pillow for tummy time due to the risk of suffocation. Infants should have supervised tummy time every day when they are awake. If an infant falls asleep during tummy time, they should be moved at once and placed on their back in their crib. Beginning on the first day at the early care and education program, caregivers/teachers should interact with an awake infant on his/her tummy for short periods (3–5 minutes), increasing the amount of time as the infant shows he/she enjoys the activity.

109.13 Food Service.

Centers participating in the USDA Child and Adult Care Food Program (CACFP) may have requirements that differ from those outlined in this rule in obtaining CACFP reimbursement and shall consult with a state CACFP consultant.

109.13(1) Nationally balanced meals or snacks and implementation.

The center shall serve each child a full, nutritionally balanced meal or snack as defined by the CACFP guidelines (August 1, 2024) and shall ensure that staff provide supervision at the table

during snacks and meals. Children remaining at the center two hours or longer shall be offered food at intervals of not less than two hours or more than three hours apart unless the child is asleep.

Throughout the day, including at meal times, water should be made available to children to drink upon their request, but does not have to be available for children to self-serve. While drinking water must be made available to children during meal times, it is not part of the reimbursable meal and may not be served in lieu of fluid milk.

Intervals of meals and snacks: Children who are cared for more than two hours a day must receive a meal or snack every two to three hours. Examples:

- Children arrive at center at 7:00 a.m. Either breakfast or snack should be provided no later than 10:30. If breakfast is provided at 7:30, a snack could be provided at 9:30 with lunch to follow after 11:30 and before 12:30.
- Children arrive at center at 6:30 a.m. Either breakfast or snack should be provided no later than 9:30.

Additional Information:

The Child and Adult Care Food Program is a program of the United States Department of Agriculture designed to provide partial cash reimbursement for food costs to child care centers to assist them in meeting the nutritional needs of children.

Centers may receive reimbursement for two meals and one snack, or two snacks and one meal. Children under the age of 12 (or under 15 if an eligible child of a migrant family or a child with a developmental disability) are eligible. The Child and Adult Care Food Program is available to early childhood programs and to before- and after-school programs. In Iowa, staff at the Department of Education administers the program.

To participate in the Child and Adult Care Food Program, centers must be licensed. Regardless of whether or not the center chooses to participate in the reimbursement program, all centers program guidelines for creditable foods and serving sizes based on age for meals and snacks must be followed.

If participating in the Child and Adult Care Food Program, and you have a child that needs to avoid certain foods for a medical reason, a prescribed licensed medical professional must document the diet modification. A copy of the Diet Modification Request Form is in Part IV Tools.

If appropriate to the age of the children served, staff are encouraged to sit at the table with the children in a family-style fashion and eat the same foods. Doing so not only provides for more prompt responses in the event of a choking emergency but also allows staff to prevent unsafe eating practices, such as children overstuffing their mouths, feeding each other, fighting over food, etc. In addition, meal times offer an opportunity to discuss exploration of new foods,

engage children in social conversation, teach serving and eating techniques, and model appropriate table manners.

109.13(2) Menu planning and implementation.

The center shall follow the minimum CACFP menu patterns for meals and snacks and serving sizes for children aged infant to 13 years (August 1, 2024). Menus shall be made available to parents and kept on file at the center. Substitutions in the menu, including substitutions made for infants, shall be noted and kept on file. Foods with a high incident rate of causing choking in young children should not be served per CACFP FNS-877 (August 1, 2024). Exceptions shall be allowed for special diets because of medical reasons in accordance with the child's needs and written instructions of a licensed physician or health care provider.

Children with special needs may require additional planning and accommodations. Some children may experience difficulty in feeding, including delays in chewing, swallowing, and independent feeding skills. Utensils, equipment and furniture may have to be adapted to meet the developmental and physical needs of children.

You should determine at time of admission if the child has food allergies, exhibits tongue thrusting, is medically fragile, requires special positioning, or requires nasogastric or gastrostomy feeding. Your child care nurse consultant can provide consultation.

If a child has a medical exception for a food item otherwise recommended by the Child and Adult Care Food Program, you and the parent should establish a list of foods that present a problem. Note why (allergy, choking hazard, etc.), indicate allowable substitutions, and establish a date to reevaluate the child's needs.

Additional Information:

Foods that are known to result in a high incident rate of choking if not modified include: hot dogs, dry meat, hard candies, gum drops, chewing gum, carrots, raw peas, celery, whole grapes, apples, raisins, dried fruit, nuts and seeds, pretzels, potato chips, popcorn, marshmallows, cookies, bread, and spoonfuls of peanut butter. If any of these items are served, they should be cut into small pieces (not round). Always remove any bones from meat and seeds or pits from fruit before serving to small children.

The most common food allergies are to milk, egg, soy, peanut, tree nut, wheat, and shellfish. Written instructions from the child's parents or physician are recommended. Depending on the level of sensitivity, center staff may need to more carefully plan menus, prepare foods, read labels, and limit to snacks provided by parents to avoid exposing a child to the allergen. An emergency plan, treatment kit and related staff training may be necessary as well.

As a potential choking hazard, styrofoam cups and plates should not be used with preschool children. For younger school-aged children, extra care should be provided to ensure that children do not chew on the styrofoam. When catered meals are provided on styrofoam trays, be vigilant in supervision at mealtime to ensure children do not chew off a piece of the foam.

109.13(3) Feeding of children under two years of age and implementation.

a. All children under 12 months of age shall be fed on demand unless the parents provide other written instructions. Meals and snacks provided by the center shall follow the CACFP infant menu patterns (August 1, 2024). Foods shall be appropriate for the infant's nutritional requirements and eating abilities. Special formulas prescribed by a physician or health care provider shall be given to a child who has a feeding problem.

   Infants do not benefit from rigid feeding schedules for a variety of reasons. In the first year of life, they are in their most rapid growth stage. Both their developmental and emotional needs for security are met when staff attend to their individual cues or demands for food.

b. Bottles or containers of infant foods should be warmed under running, warm tap water or by placing them in a container of water that is no warmer than 120° (49°C). Bottles and infant foods should never be warmed in a microwave oven.

c. All children under six months of age shall be held or placed in a sitting-up position sufficient to prevent aspiration during feeding. No bottles shall be propped for children of any age. A child shall not be placed in a crib or cot with a bottle or any other food item or left sleeping with a bottle or food item. Spoon feeding shall be adapted to the developmental capabilities of the child.

   Infants benefit from being held during feeding. Not only does this allow a time of emotional connecting for the infant, being fed while held or in a sitting up position helps to reduce the likelihood of aspiration, choking, tooth decay, and ear infections. Breast milk, whole milk, formula, and water should be served in a bottle. By the age of seven or eight months, many children can be offered these beverages in developmentally sized cups.

   Infants should not have their bottle "propped" (the practice of placing a bottle against an item next to an infant to allow it to self-feed unattended) or be left in a crib with a bottle. Both practices increase the likelihood of the child choking or aspirating. The practice also promotes tooth decay, orthodontic problems, speech disorders, and inner ear infections.

d. Single-service, ready-to-feed formulas, concentrated or powdered formula following the manufacturer's instructions or breast milk shall be used for children 12 months of age or younger unless ordered by a parent or physician.

e. Whole milk for children under two years of age who are not on formula or breast milk unless otherwise directed by a physician shall be used.

   Children under two who are no longer on formula or breast milk must be provided whole milk as milk with a reduced fat content does not provide enough calories or nutrients for rapidly growing and active children. The Child and Adult Care Food Program allows breast milk to be used up to age two, if this is the desire of the parent.

f. Cleaned and sanitized bottles and nipples shall be used for bottles prepared on site. Prepared bottles shall be kept under refrigeration when not in use.

Additional information

Breast milk must be kept refrigerated or frozen and should be labeled with the child's name and date. Freshly expressed or pumped breast milk can be stored in the refrigerator up to 4

days. Thawed, previously frozen breast milk can be stored in the refrigerator for 24 hours. When a feeding is over, what is left in the bottle must be fed within 2 hours after the baby has finished feeding or it should be discarded.

For more information on handling, storage, and preparation of breastmilk, see https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

You are encouraged to provide a private area where a nursing mother can come to the center and nurse her infant.

In general, do not prepare more breast milk or formula in a bottle than you think the baby will consume in one feeding. Prepared formula must be kept refrigerated and should be labeled with the child's name and date prepared.

As a child nears six months of age, solid foods may be introduced to the child if the child is developmentally ready. As children can experience difficulty if solid foods are introduced prematurely, any change in the meal or nutrition patterns of infants must be discussed with and approved by the parent. Introducing one food at a time allows for an opportunity to observe if the child has an allergy to a particular food.

109.13(4) Food brought from home and implementation.

a. The center shall establish policies regarding food brought from home for children under five years of age who are not enrolled in school. A copy of the written policy shall be given to the parent at admission. Food brought from home for children under five years of age who are not enrolled in school shall be monitored and supplemented if necessary to ensure CACFP guidelines (August 1, 2024) are maintained.

b. The center may not restrict a parent from providing meals brought from home for school-age children or apply nutritional standards to the meals.

c. Perishable foods brought from home shall be maintained to avoid contamination or spoilage.

d. Snacks that may not meet CACFP nutritional guidelines (August 1, 2024) may be provided by parents for special occasions such as birthdays or holidays.

   Non-approved snacks may be sent home with the child or served as extra food in addition to the creditable snack. In these instances, you should communicate with the parents (either in a separate communication or noted on the menu) that a non-approved snack will be provided.

109.13(5) Food preparation, storage, and sanitation and implementation.

Centers shall ensure that food preparation and storage procedures are consistent with the recommendations of the CACFP's (August 1, 2024) and provide:

a. Sufficient refrigeration appropriate to the perishable food to prevent spoilage or the growth of bacteria.

To prevent the growth of bacteria that can lead to salmonella or other gastrointestinal illness, the temperature of the refrigerator should be maintained at 40 degrees Fahrenheit or lower. As food should not be allowed to freeze, the temperature in all storage areas of the refrigerator should ideally be between 33 and 40 degrees Fahrenheit.

Freezer sections should maintain food at a temperature of 0 degrees Fahrenheit or lower. Frozen foods should be thawed in the refrigerator. Food should not be thawed and then refrozen. A thermometer should be kept in all refrigerator and freezer areas and checked regularly to verify the temperature. Some centers lack sufficient refrigerator space to accommodate school-aged children who bring their lunch from home. If a thermos-type cooler must be used to store children's lunches, cover the items with a sealed bag of ice and use a thermometer to verify that the temperature remains in the "safe zone."

b. Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent the transmission of disease, infestation of insects and rodents, and the spoilage of food. Staff preparing food who have injuries on their hands shall wear protective gloves. Staff serving food shall have clean hands or wear protective gloves and use clean serving utensils.

Food Preparation: Whether the food is prepared on site, catered in, or brought in from home, the temperature of the food is critical for food safety. Initial cooking or rewarming of food should occur at a temperature of 165 degrees or higher.

The kitchen, utensils, and food preparation areas should be maintained in a sanitary manner. Clean and sanitize food preparation and surface areas before and after use. All dining tables and feeding trays should be cleaned and sanitized before and after each meal. Periodic sanitizing should also occur with appliances such as the stove, cabinets, and microwave.

Cleaning agents should indicate that they are safe for kitchen or food service use. Sanitizing agents should indicate on the label that they are approved for food contact surfaces. To prevent accidental ingestion, poisoning, or contamination, cleaning supplies should not be stored in any cabinet or storage area that contains food or food service items, be stored above food items, or be accessible to children.

Food code states that hair should be effectively restrained. For service staff, tying hair back may be sufficient.

Food Storage:

To prevent contamination by insects and rodents, food and food service items should not be stored on the floor. Storage areas for food items should be dry and well ventilated to prevent mold and other contamination.

Foods should not be retained if they show any signs of spoilage or contamination. They should be stored in their original containers or in spill-proof, tightly covered containers. Do not recycle plastic containers of other items for direct food contact storage.

Catered meals:

If you have meals catered in to the center, remain mindful of the same food safety considerations as if you were preparing the food on-site. Staff should still ensure that proper food temperatures are maintained, sanitation practices are followed, and food items are properly covered

c. Sanitary methods for dishwashing techniques sufficient to prevent the transmission of disease.

Heat sanitizing occurs when water temperature of 160 degrees Fahrenheit has contact with dishware. It is recommended that large centers consider using commercial grade dishwashers. Adding bleach to the dishwashing cycle will not accomplish disinfecting, as chlorine breaks down in hot water.

If washing dishes by hand:

- Clean and sanitize dishes, small wares, and utensils using proper dishwashing procedures.
- Follow the manufacturer's instructions regarding the use and cleaning of equipment.
- Follow the manufacturer's instructions regarding use of chemicals for cleaning and sanitizing.
- Refer to the Safety Data Sheet (SDS) provided by the manufacturer if you have questions about the use of specific chemicals.

Set-up and use the three-compartment sink in the following manner (https://chfs.ky.gov/agencies/dph/dphps/fsb/Documents/PotSink.pdf)

d. Sanitary methods for garbage disposal sufficient to prevent the transmission of disease and infestation of insects and rodents.

Using a liner in garbage containers may facilitate removal of garbage without contaminating the floor or container. Items that are chipped, cracked, or rusty should be discarded to prevent injury to staff or children. Knives should be kept inaccessible to children.

Additional information

Resources for types of thermometers and how to use and calibrate, as well as other training resources is available at Food Safety | Iowa State University Extension and Outreach Health and Human Sciences

You should establish and follow a routine cleaning schedule. Cleaning schedule template can be found at Standard Operating Procedures (SOPs) | Iowa State University Extension and Outreach Health and Human Sciences

109.13(6) Water supply and implementation.

The center shall ensure that suitable water and sanitary drinking facilities are available and accessible to children. Centers that serve infants and toddlers shall provide individual cups for drinking in addition to drinking fountains that may be available in the center.

a. Private water supplies shall be of satisfactory bacteriological quality as shown by an annual laboratory analysis. Water for the analysis shall be drawn between May 1 and June 30 of each year. When the center provides care for children under two years of age, a nitrate analysis shall also be obtained.

b. When public or private water supplies are determined unsuitable for drinking, commercially bottled water certified as chemically and bacteriologically potable or water treated through a process approved by the health department or designee shall be provided.

Additional Information

Because of spring run-off from fields and streams, testing private well water in May and June yields a more accurate reading. The water analysis tests for coliform and fecal coliform bacteria. If infants and toddlers are cared for, the testing will check for nitrates.

The child care consultant can provide information as to how to obtain an analysis of a private water supply. The county health department and extension office can provide consultation on structural changes that can be made to remedy surface or groundwater impacting the center's water supply.

109.14 Extended Evening Care.

A center providing extended evening care between the hours of 9 p.m. And 5 a.m. shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter, with the additional requirements set forth below.

109.14(1) Facility requirements and implementation.

a. The center shall ensure that sufficient cribs, beds, cots, and bedding are provided appropriate to the child's age and that sufficient furniture, lighting, and activity materials are available for the children. Equipment and materials shall be maintained in a safe and sanitary manner.

b. The center shall ensure that a separate space is maintained for school-age boys and girls to provide privacy during bathroom and bedtime activities. Bathroom doors used by children shall be nonlockable.

c. The center shall ensure that parents have provided the personal effects needed to meet their child's personal hygiene and prepare for sleep. The center shall supplement those items needed for personal hygiene that the parent does not provide. The center shall obtain written information from the parent regarding the child's snacking, toileting, personal hygiene and bedtime routines.

109.14(2) Activities.

a. Evening activities shall be primarily self-selected by the child.

b. Every child-occupied room except those rooms used only by school-aged children for sleeping shall have adult supervision present in the room. Staff counted for purposes of meeting child-to-staff ratios shall be present and awake at all times. In rooms where only school-aged children are sleeping, visual monitoring equipment may be used. If a visual monitor is used, the monitoring must allow for all children to be visible at all times. Staff

shall be present in the room with the monitor and shall enter the room used for sleeping to conduct a check of the children every 15 minutes.

109.15 School-based before-and-after school and summer programs.

A building owned or leased by a school district or accredited nonpublic school that complies with rules adopted by the state fire marshal for school buildings is considered appropriate for use by a child care facility. Centers that operate in a school building shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter with the following considerations.

109.15(1)

Infant-specific regulations outlined in paragraph 109.12(4)”e” and subrule 109.13(3) are not applicable.

109.15(2)

Centers may receive limited exemption from a facility requirement at subrule 109.11(3), particularly relating to ventilation and bathroom facilities, if complying with the requirement would require a structural or mechanical change to the school building.

109.15(3)

Centers shall ensure that the indoor and outdoor space occupied by the center is sanitary, safe, and hazard-free. Outdoor space used for recreation during the school day is sufficient for use by the child care program.

109.15(4)

Centers that serve only school-age children and that operate in a school building are exempted from testing for lead and carbon monoxide.

109.15(5) Personnel

For director requirements set forth in subrule 109.6(1), for centers serving predominantly school-age children, the directors may substitute a degree in secondary education, physical education, recreation or related fields for the bachelor’s degree in early childhood, child development or elementary education in determining point totals. In addition, child-related experience working with school-age children shall be equivalent to full-time experience in a child care center or preschool in determining point totals.

109.15(6) Child’s file

All requirements under subrule 109.9(2) must be followed, but for a center serving school-age children that operates in the same school facility in which the child attends school,

documentation shall include a statement signed by the parent that the immunization information is available in the school file.

441—109.16(237A) Get-well center. A get-well center shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter with the additional requirements and exceptions set forth below.

109.16(1) Staff requirements.

a. The center shall have a medical advisor for the center's health policy. The medical advisor shall be a medical doctor or a doctor of osteopathy currently in pediatrics or family practice.

b. A center shall have a licensed LPN or RN on duty at all times that children are present. If the nurse on duty is an LPN, the medical advisor or an RN shall be available in the proximate area as defined in rule 655—6.3(152).

Additional information

A "get-well center" is a child care center that provides care for children who are experiencing an acute illness of a short duration that precludes their ability to be in their regular care arrangements.

Children in child-care settings are at an increased risk for acquiring infectious disease or illness. Children with mild illness, can and in most cases should, continue in their regular care arrangements. When appropriate, continuity of care benefits not only the child but the family as well.

Some illnesses, such as diarrhea, chicken pox, upper respiratory infections and inner ear infections with accompanying fever, may preclude a child from attending the regular care setting for a short period of time. During these illnesses, regardless of whether care is continued in an isolated "get-well" arrangement of a center or in a separate facility for mildly ill children, it is important that all health and sanitation measures be strictly followed to prevent further spread of illness.

For those centers employing a licensed practical nurse, the center must have a detailed set of procedures for consulting with the medical advisor or registered nurse **immediately** upon a child's arrival at the center. The licensed practical nurse will need to communicate the child's presenting symptoms, health history, and planned course of treatment and care.

The medical advisor or registered nurse can then have the opportunity to support or make recommendations to the treatment plan, make an on-site visit, or request the child see a physician. Depending upon the type of illness, periodic consultation with the medical advisor or registered nurse may be required throughout the day.

109.16(2) Health policies

a. The center shall have a written health policy, consistent with the National Health and Safety Performance Standards (August 1, 2024), approved and signed by the owner or the chair

of the board and by the medical advisor before the center can begin operations. Changes in the health policy shall be approved by the medical advisor and submitted in writing to the department. A written summary of the health policy shall be given to the parent when a child is enrolled in the center. The center's health policy at a minimum shall address procedures in the following areas:

(1) Medical consultation, medical emergencies, triage policies, storage and administration of medications, dietary considerations, sanitation and infection control, categorization of illness, length of enrollment periods, exclusion policy, and employee health policy.

(2) Reportable disease policies as required by the department.

b. The child shall be given a brief evaluation by an LPN or RN upon each arrival at the center.

c. The parent shall receive a brief written summary when the child is picked up at the end of the day. The summary must include:

(1) Admitting symptoms.
(2) Medications administered and time they were administered.
(3) Nutritional intake.
(4) Rest periods.
(5) Output.
(6) Temperature.

109.16(3) Exceptions and implementation.

The following exceptions to this chapter shall be applied to get-well centers:

a. A center shall maintain a minimum staff ratio of one-to-four for infants and one-to-five for children over two years of age.

b. All staff that have contact with children shall have a minimum of ten clock hours of special training in caring for mildly ill children.

c. There shall be 40 square feet of program space per child.

d. Outdoor space may be waived with the approval of the department if the program is in an area adjacent to the pediatrics unit of a hospital.

e. Grouping of children shall be allowed by categorization of illness or by transmission route without regard to age and shall be in separate rooms with full walls and doors.

These rules are intended to implement Iowa Code section 232.69 and chapter 237A.

Additional Information

Children who are ill may require more personalized or intensive care, and staff need to be able to respond to emergency and evacuation situations. You may want to provide care at more stringent ratios, depending on the number and types of illnesses presented.

The child care nurse consultant can provide resources, materials and information on health-related training opportunities.

Required forms

470-4834 Child Care Center Licensing Application and Invoice

470-0602 Notice of Decision: Services

Director Points Worksheet

470-3301 Authorization for Release of Child and Dependent Adult Abuse Information

DCI-77 Criminal History Record Check Request Form

470-2310 Record Check Evaluation

470-4896 National Criminal History Check Confirmation

470-5152, Child Care Provider Physical Examination Report

470-0121, Child care injury/Incident Report and submitted to ccsid@hhs.iowa.gov

Religious Immunization Exemption

Medical Immunization Exemption

Recommended forms

Medication Authorization and Record

Emergency Preparedness and Response Planning Guide for Child Care

Diet Modification Request Form

Helpful Links

Child Care Nurse Consultant **https://hhs.iowa.gov/programs/programs-and-services/child-care/hcci**

Iowa Quality for Kids (IQ4K) **https://hhs.iowa.gov/programs/programs-and-services/child-care/iq4k**

Child Care Resource and Referral **https://iowaccrr.org/**

i-PoWeR **https://secureapp.dhs.state.ia.us/TrainingRegistry/TrainingRegistry/Public/**

Licensing reports and valid complaints
https://secureapp.dhs.state.ia.us/dhs_titan_public/Child care/ComplianceReport

Example procedures and policies **https://iowaccrr.org/providers/ccc/**

Record Check guidance
http://ccmis.dhs.state.ia.us/providerportal/LicensedProviderDocuments.aspx.

Caring for Our Children **https://nrckids.org/CFOC**

Reportable Communicable Diseases and Infectious Conditions **https://hhs.iowa.gov/center-acute-disease-epidemiology/reportable-communicable-diseases-and-infectious-conditions**

Smokefree air **https://smokefreeair.iowa.gov/** and **https://hhs.iowa.gov/programs/mental-health/tobacco-use-prevention-control**

National Program for Playground Safety **https://playgroundsafety.uni.edu**

Radon testing protocols **https://hhs.iowa.gov/public-health/radiological-health/radon.**

Consumer Product Safety Commission **http://www.cpsc.gov**

Safe Sleep **https://safetosleep.nichd.nih.gov/**

Breastmilk handling, storage and preparation
https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Food Safety **https://www.extension.iastate.edu/humansciences/foodsafety**