

441—170.4(237A) Elements of service provision.

170.4(1) Case file. The child welfare case file shall document the eligibility for service under 170.2(2)“b”(3).

170.4(2) Fees. Fees for services received shall be charged to clients according to the schedules in this subrule, except that fees shall not be charged to clients receiving services without regard to income. For families whose eligibility is established in subparagraphs 170.2(1)“a”(1) and 170.2(1)“a”(2), the fee is a per-unit charge that is applied to the child in the family who receives the largest number of units of service. The fee shall be charged for only one child in the family, regardless of how many children receive assistance. For families whose eligibility is established in subparagraph 170.2(1)“a”(3), the fee is a percentage of the cost of child care for each child in the family who receives service.

a. Sliding fee schedule.

(1) For families whose eligibility is established in subparagraphs 170.2(1)“a”(1) and 170.2(1)“a”(2), the child care assistance (CCA) and CCA plus programs fee schedule, dated July 2024, found on the department’s website is effective for eligibility determinations made on or after July 1, 2024.

(2) For families whose eligibility is established in subparagraph 170.2(1)“a”(3), the CCA exit program fee schedule, dated July 2024, found on the department’s website is effective for eligibility determinations made on or after July 1, 2024.

b. Collection. The provider shall collect fees from clients.

(1) The provider shall maintain records of fees collected. These records shall be available for audit by the department or its representative.

(2) When a client does not pay the fee, the provider shall demonstrate that a reasonable effort has been made to collect the fee. “Reasonable effort to collect” means an original billing and two follow-up notices of nonpayment.

c. Inability of client to pay fees. Child care assistance may be continued without a fee, or with a reduced fee, when a client reports in writing the inability to pay the assessed fee due to the existence of one or more of the conditions set forth below. Before reducing the fee, the worker shall assess the case to verify that the condition exists and to determine whether a reduced fee can be charged. The reduced fee shall then be charged until the condition justifying the reduced fee no longer exists. Reduced fees may be justified by:

(1) Extensive medical bills for which there is no payment through insurance coverage or other assistance.

(2) Shelter costs that exceed 30 percent of the household income.

(3) Utility costs not including the cost of a telephone that exceed 15 percent of the household income.

(4) Additional expenses for food resulting from diets prescribed by a physician.

170.4(3) Method of provision. Parents shall be allowed to exercise their choice for in-home care, except when the parent meets the need for service under subparagraph 170.2(2)“b”(3), as long as the conditions in paragraph 170.4(7)“d” are met. When the child meets the need for service under 170.2(2)“b”(3), parents shall be allowed to exercise their choice of licensed, registered, or nonregistered child care provider except when the department service worker determines it is not in the best interest of the child. The provider must meet one of the applicable requirements set forth below.

a. Licensed child care center. A child care center shall be licensed by the department to meet the requirements set forth in 441—Chapter 109 and shall have a current Form 470-0618.

b. Registered child development home. A child development home shall meet the requirements for registration set forth in 441—Chapter 110 and shall have a current Form 470-3498.

c. Out-of-state provider. A child care provider who is not located in Iowa may be selected by the parent so long as the out-of-state child care provider verifies that the provider meets all of the requirements to be a provider in the state in which the provider operates.

d. Relative care. Rescinded IAB 2/6/02, effective 4/1/02.

e. In-home care. The adult provider selected by the parent to provide care in the child’s own home shall be sent Form 470-2890 or 470-2890(S). The provider shall complete and sign Form 470-2890 or 470-2890(S) and return the form to the department before payment may be made. An identifiable application is an application that contains a legible name and address and that has been signed. Signature

on the form certifies the provider's understanding of and compliance with the conditions and requirements for nonregistered in-home care providers that include:

(1) Professional development. The provider shall complete:

1. Prior to provider agreement and every five years thereafter, minimum health and safety trainings, approved by the department, in the following content areas:

- Prevention and control of infectious disease, including immunizations.
- Prevention of sudden infant death syndrome and use of safe sleep practices.
- Administration of medication, consistent with standards for parental consent.
- Prevention of and response to emergencies due to food and allergic reactions.
- Building and physical-premises safety, including identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic.
- Prevention of shaken baby syndrome and abusive head trauma.
- Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event.
- Handling and storage of hazardous materials and appropriate disposal of biocontaminants.
- Precautions in transporting children.

Minimum health and safety training may be required prior to the five-year period if content has significant changes which warrant that the training be renewed.

2. Prior to provider agreement, two hours of Iowa's training for mandatory reporting of child abuse.

3. Prior to provider agreement, first-aid and cardiopulmonary resuscitation (CPR) training meeting the following requirements:

- Training shall be provided by a nationally recognized training organization, such as the American Red Cross, American Heart Association, National Safety Council, American Safety and Health Institute or MEDIC First Aid or by an equivalent trainer using curriculum approved by the department.
- First-aid training shall include certification in infant and child first aid.
- The provider shall maintain a valid certificate indicating the date of first-aid training and the expiration date.
- The provider shall maintain a valid certificate indicating the date of CPR training and the expiration date.

(2) Limits on the number of children for whom care may be provided.

(3) Unlimited parental access to the child or children during hours when care is provided, unless prohibited by court order.

(4) Conditions that warrant nonpayment.

f. Nonregistered family child care home. A nonregistered child care home shall meet the requirements set forth in 441—Chapter 120.

g. Iowa records checks for in-home care. If a person who provides in-home care applies to receive public funds as reimbursement for providing child care for eligible clients, the provider shall complete and submit the required authorization form(s) to the department. The department shall use the form(s) to conduct Iowa criminal history record and child abuse record checks.

(1) The purpose of these checks is to determine whether the person has committed a transgression that prohibits or limits the person's involvement with child care.

(2) The department may also conduct criminal and child abuse record checks in other states and may conduct dependent adult abuse, sex offender registry, and other public or civil offense record checks in Iowa or in other states.

(3) Records checks shall be repeated every two years and when the department or provider becomes aware of any new transgressions.

h. National criminal history record checks for in-home care. If a person who provides in-home care applies to receive public funds as reimbursement for providing child care for eligible clients, the provider shall complete Form DCI-45 and Form FD-258.

(1) The provider subject to this check shall submit any other forms required by the department of public safety to authorize the release of records.

(2) The provider subject to this check is responsible for any costs associated with obtaining the fingerprints and for submitting the prints to the department.

(3) Fingerprints may be taken (rolled) by law enforcement agencies or by agencies or companies that specialize in taking fingerprints.

(4) The national criminal history record check shall be repeated for each person subject to the check every four years and when the department or provider becomes aware of any new transgressions committed by that person in another state.

(5) The department may rely on the results of previously conducted national criminal history record checks when a person subject to a record check in one child development home or child care home submits a request for involvement with child care in another child care home, so long as the person's national criminal history record check is within the allowable four-year time frame. All initial or new applications shall require a new national criminal history record check.

i. Transgressions. If any person subject to the record checks in paragraph 170.4(3)“g” or 170.4(3)“h” has a record of founded child abuse, dependent adult abuse, a criminal conviction, or placement on the sex offender registry, the department shall follow the process for prohibition or evaluation defined at 441—subrule 120.11(3).

(1) If any person would be prohibited from registration, employment, or residence, the person shall not provide child care and is not eligible to receive public funds to do so. The department's designee shall notify the applicant.

(2) A person who continues to provide child care in violation of this rule is subject to penalty and injunction under Iowa Code chapter 237A.

170.4(4) Components of service program. Every child eligible for child care services shall receive supervision, food services, and program and activities, and may receive transportation.

170.4(5) Levels of service according to age. Rescinded IAB 9/30/92, effective 10/1/92.

170.4(6) Provider's individual program plan. Rescinded IAB 2/10/10, effective 3/1/10.

170.4(7) Payment. The department shall make payment for child care provided to an eligible family when the family reports their choice of provider to the department and the provider has a completed Form 470-3871 or 470-3871(S) on file with the department. Both the child care provider and the department worker shall sign this form.

a. Rate of payment. The rate of payment for child care services, except for in-home care, which shall be paid in accordance with paragraph 170.4(7)“d,” shall be the actual rate charged by the provider for a private individual, not to exceed the maximum rates shown below. When a provider does not have a half-day rate in effect, a rate is established by dividing the provider's declared full-day rate by 2. When a provider has neither a half-day nor a full-day rate, a rate is established by multiplying the provider's declared hourly rate by 4.5. Payment shall not exceed the rate applicable to the provider type and age group as shown in the tables below. To be eligible for the special-needs rate, the provider must submit documentation to the child's service worker that the child needing services has been assessed by a qualified professional and meets the definition for “child with special needs,” and a description of the child's special needs, including but not limited to adaptive equipment, more careful supervision, or special staff training.

Table 1								
Half-Day Rate Ceilings for (Licensed Center)								
	No Quality Rating		Quality Rating 1 or 2		Quality Rating 3 or 4		Quality Rating 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	\$25.66	\$51.94	\$25.66	\$51.94	\$25.66	\$51.94	\$27.00	\$51.94
Preschool	\$19.50	\$30.43	\$20.25	\$30.43	\$21.50	\$30.43	\$22.97	\$30.43
School Age	\$16.50	\$30.34	\$17.10	\$30.34	\$17.50	\$30.34	\$18.50	\$30.34

Table 2				
Half-Day Rate Ceilings for (Child Development Home A/B)				
	No Quality Rating		Quality Rating 1 or 2	Quality Rating 3 or 4
				Quality Rating 5

Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	\$16.63	\$24.95	\$16.63	\$24.95	\$16.63	\$24.95	\$17.50	\$26.25
Preschool	\$15.00	\$22.50	\$15.50	\$23.25	\$16.00	\$24.00	\$17.00	\$25.50
School Age	\$15.00	\$22.50	\$15.25	\$22.88	\$15.50	\$23.25	\$15.75	\$23.63

Table 3 Half-Day Rate Ceilings for (Child Development Home C)								
	No Quality Rating		Quality Rating 1 or 2		Quality Rating 3 or 4		Quality Rating 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	\$18.00	\$27.00	\$18.00	\$27.00	\$18.00	\$27.00	\$18.50	\$27.75
Preschool	\$16.28	\$24.42	\$17.00	\$25.50	\$17.50	\$26.25	\$18.50	\$27.75
School Age	\$15.00	\$22.50	\$15.75	\$23.63	\$16.44	\$24.66	\$17.50	\$26.25

Table 4 Half-Day Rate Ceilings for Child Care Home (Not Registered)		
Age Group	Basic	Special Needs
Infant and Toddler	\$16.63	\$24.95
Preschool	\$15.00	\$22.50
School Age	\$15.00	\$22.50

The following definitions apply in the use of the rate tables:

(1) “Licensed center” shall mean those providers as defined in 170.4(3)“a.” “Child development home A/B” or “child development home C” shall mean those providers as defined in 170.4(3)“b.” “Child care home (not registered)” shall mean those providers as defined in 441—Chapter 120.

(2) Under age group, “infant and toddler” shall mean age two weeks to three years; “preschool” shall mean three years to school age; “school age” shall mean a child in attendance in full-day or half-day classes.

(3) “No Quality Rating” shall mean a provider who does not have a current quality rating.

(4) A provider who is rated under the quality rating system shall be paid according to the corresponding quality rating payment level in the tables above only during the period the rating is valid as defined in 441—Chapter 118. If the provider’s quality rating expires, the provider shall be paid according to the “No Quality Rating” payment level. Programs whose quality rating has expired shall not receive backdated payments once a new rating is awarded.

(5) For a provider rated “Quality Rating 1” through “Quality Rating 4,” if the rating period expires before a new quality level is approved, the provider will be paid according to the “No Quality Rating” payment level until the new quality level is approved.

(6) For a provider rated “Quality Rating 5,” if a renewal application is received before the current rating period expires, the provider will continue to be paid according to the “Quality Rating 5” payment level until a decision is made on the provider’s application.

(7) “Quality Rating 1 or 2” shall mean a provider who has achieved a rating of Level 1 or Level 2 under the quality rating system.

(8) “Quality Rating 3 or 4” shall mean a provider who has achieved a rating of Level 3 or Level 4 under the quality rating system.

(9) “Quality Rating 5” shall mean a provider who has achieved a rating of Level 5 under the quality rating system.

b. Payment for days of absence. Payment may be made to a child care provider defined in subrule 170.4(3) for an individual child not in attendance at a child care facility not to exceed four days per calendar month providing that the child is regularly scheduled on those days and the provider also charges a private individual for days of absence.

c. *Payment for multiple children in a family.* When a provider reduces the charges for the second and any subsequent children in a family with multiple children whose care is unsubsidized, the rate of payment made by the department for a family with multiple children shall be similarly reduced.

d. *Payment for in-home care.* Payment may be made for in-home care when there are three or more children in a family who require child care services. The rate of payment for in-home care shall be the minimum wage amount.

e. *Limitations on payment.* Payment shall not be made for therapeutic services that are provided in the care setting and include, but are not limited to, services such as speech, hearing, physical and other therapies, individual or group counseling, therapeutic recreation, and crisis intervention.

f. *Review of the calculation of the rate of payment.* Maximum rate ceilings are not appealable. A provider who is in disagreement with the calculation of the half-day rate as set forth in 170.4(7) "a" may request a review. The procedure for review is as follows:

(1) Within 15 calendar days of notification of the rate in question, the provider shall send a written request for review to the service area manager. The request shall identify the specific rate in question and the methodology used to calculate the rate. The service manager shall provide a written response within 15 calendar days of receipt of the request for review.

(2) When dissatisfied with the response, the provider may, within 15 calendar days of the response, request a review by the bureau of child care services chief. The provider shall submit to the bureau chief the original request, the response received, and any additional information desired. The bureau chief shall render a decision in writing within 15 calendar days of receipt of the request.

(3) The provider may appeal the decision to the director of the department or the director's designee within 15 calendar days of the decision. The director or director's designee shall issue the final department decision within 15 calendar days of receipt of the request.

g. *Submission of claims.* The department shall issue payment when the provider submits correctly completed documentation of attendance and charges. The department shall pay for no more than the number of units of service authorized in the notice of decision issued pursuant to subrule 170.3(3). Providers shall submit a claim in one of the following ways:

(1) Using Form 470-4534; or

(2) Using an electronic request for payment submitted through the KinderTrack system. Providers using this method shall print Form 470-4535 to be signed by the provider and the parent. The provider shall keep the signed Form 470-4535 for a period of five years after the billing date.

[ARC 7837B, IAB 6/3/09, effective 7/1/09; ARC 8506B, IAB 2/10/10, effective 3/1/10; ARC 9490B, IAB 5/4/11, effective 7/1/11; ARC 9651B, IAB 8/10/11, effective 10/1/11; ARC 0152C, IAB 6/13/12, effective 7/18/12; ARC 0546C, IAB 1/9/13, effective 1/1/13; ARC 0715C, IAB 5/1/13, effective 7/1/13; ARC 0825C, IAB 7/10/13, effective 7/1/13; ARC 0854C, IAB 7/24/13, effective 7/1/13; ARC 1063C, IAB 10/2/13, effective 11/6/13; ARC 1446C, IAB 4/30/14, effective 7/1/14; ARC 1978C, IAB 4/29/15, effective 7/1/15; ARC 2169C, IAB 9/30/15, effective 1/1/16; ARC 2555C, IAB 6/8/16, effective 7/1/16; ARC 2556C, IAB 6/8/16, effective 7/1/16; ARC 2649C, IAB 8/3/16, effective 10/1/16; ARC 3092C, IAB 6/7/17, effective 7/1/17; ARC 3791C, IAB 5/9/18, effective 7/1/18; ARC 4115C, IAB 11/7/18, effective 1/1/19; ARC 4470C, IAB 6/5/19, effective 7/1/19; ARC 5035C, IAB 5/6/20, effective 7/1/20; ARC 5675C, IAB 6/16/21, effective 7/1/21; ARC 5731C, IAB 6/30/21, effective 7/1/21; ARC 5891C, IAB 9/8/21, effective 11/1/21; ARC 6309C, IAB 5/4/22, effective 7/1/22; ARC 6965C, IAB 4/5/23, effective 6/1/23; ARC 8741C, IAB 1/8/25, effective 2/12/25]