

441—110.5(237A) Standards. The provider shall certify that the child development home meets the following standards and also the standards in either rule 110.8(237A), 110.9(237A), or 110.10(237A), specific to the category of home for which the provider requests registration.

110.5(1) Health and safety. Conditions in the home shall be safe, sanitary, and free of hazards.

a. The home shall have a non-pay, working telephone with emergency numbers posted for police, fire, ambulance, and the poison information center. A cell phone shall not be used as the primary phone. The number for each child's parent, for a responsible person who can be reached when the parent cannot, and for the child's physician shall be readily accessible by the telephone.

b. All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child.

c. A first-aid kit shall be available and easily accessible whenever children are in the child development home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children.

d. Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are inaccessible to children.

e. Electrical wiring shall be maintained with all accessible electrical outlets safely capped and electrical cords properly used. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous.

f. Combustible materials shall be kept away from furnaces, stoves, water heaters, and gas dryers.

g. Approved safety gates at stairways and doors shall be provided and used as needed.

h. A safe outdoor play area shall be maintained in good condition throughout the year. The play area shall be fenced off when located on a busy thoroughfare or near a hazard which may be injurious to a child, and shall have both sunshine and shade areas. The play area shall be kept free from litter, rubbish, and flammable materials and shall be free from contamination by drainage or ponding of sewage, household waste, or storm water.

i. Annual laboratory analysis of a private water supply shall be conducted to show satisfactory bacteriological quality. When children under the age of two are to be cared for, the analysis shall include a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially bottled water or water treated through a process approved by the health department or designee shall be provided.

j. Emergency plans in case of man-made or natural disaster shall be written and posted by the primary and secondary exits. The plans shall clearly map building evacuation routes and tornado and flood shelter areas.

k. Fire and tornado drills shall be practiced monthly and the provider shall keep documentation evidencing compliance with monthly practice on file.

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

m. The home shall have at least one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

n. The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.

o. Smoking and the use of tobacco products shall be prohibited in areas that may be used by children receiving care in the home, in the outdoor play area, and in any vehicle in which children receiving care in the home are transported during the home's hours of operation.

p. Children under the age of one year shall be placed on their backs when sleeping unless otherwise authorized in writing by a physician.

q. Providers shall inform parents of the presence of any pet in the home.

(1) Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian and be issued a veterinary health certificate. This certificate shall verify that the animal's routine immunizations, particularly rabies, are current and that the animal is free of endoparasites (e.g., roundworms, hookworms, whipworms) and ectoparasites (e.g., fleas, mites, ticks, lice).

(2) Each pet bird in the household shall be purchased from a dealer licensed by the Iowa department of agriculture and land stewardship and shall be examined by a veterinarian to verify that it is free of infectious diseases. Children shall not handle pet birds.

(3) Aquariums shall be well maintained and installed in a manner that prevents children from accessing the water or pulling over a tank.

(4) All animal waste shall be immediately removed from the children's areas and properly disposed of. Children shall not perform any feeding or care of pets or cleanup of pet waste.

(5) No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times.

r. When there is a swimming or wading pool on the premises:

(1) A wading pool shall be drained daily and shall be inaccessible to children when it is not in use.

(2) An aboveground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use. The cover shall meet or exceed the standards of the American Society for Testing and Materials.

(3) An uncovered aboveground swimming pool shall be enclosed with an approved fence that is four feet above the side walls.

(4) An uncovered in-ground swimming pool shall be enclosed with a fence that is at least four feet high and flush with the ground.

s. If children are allowed to use an aboveground or in-ground swimming pool:

(1) Written permission from parents shall be available for review.

(2) Equipment needed to rescue a child or adult shall be readily accessible.

(3) The child care provider shall accompany the children and provide constant supervision while the children use the pool.

(4) The child care provider shall complete training in cardiopulmonary resuscitation for infants, toddlers, and children, according to the criteria of the American Red Cross or the American Heart Association.

t. Homes served by private sewer systems shall be compliant with environmental protection commission rules on wastewater treatment and disposal systems at 567—Chapter 69. Compliance shall be verified by the local board of health within 12 months of renewal or new registration.

u. The provider shall have written policies regarding the care of mildly ill children and exclusion of children due to illness and shall inform parents of these policies.

v. The provider shall have written policy and procedures for responding to health-related emergencies.

w. The provider shall document all injuries that require first aid or medical care using an injury report form. The form shall be completed on the date of occurrence, shared with the parent, and maintained in the child's file.

110.5(2) Provider files. A provider file shall be maintained and shall contain the following:

a. A physician's signed statement that the provider and members of the provider's household are free of diseases or disabilities that would prevent good child care. This statement shall:

(1) Be obtained at the time of the first registration and at least every two years thereafter on all members of the provider's household that may be present when children are in the home.

(2) Include immunization or immune status for measles, mumps, rubella, diphtheria, tetanus, and polio. Providers may consult with their physician regarding recommendations for varicella, influenza, pneumonia, hepatitis A, and hepatitis B immunizations.

b. Certificates or other documentation verifying the following required training:

(1) The provider shall receive two hours of approved child abuse and neglect mandatory reporter training during the first three months of registration as a child development home and every five years thereafter.

(2) The provider shall maintain a valid certificate indicating the date of first-aid training and expiration date. The provider shall obtain first-aid training within the first three months of registration as a child development home. This training shall be provided by a nationally recognized training organization, such as the American Red Cross, the American Heart Association, the National Safety Council, or Emergency Medical Planning (Medic First Aid) or an equivalent trainer and curriculum approved by the department.

Effective January 1, 2004, the provider shall receive certification in infant and child first aid that includes management of a blocked airway and mouth-to-mouth resuscitation. Until January 1, 2004, a provider who is unable to obtain first-aid training that includes management of a blocked airway and mouth-to-mouth resuscitation shall also obtain certification in cardiopulmonary resuscitation.

(3) During the first year of registration, the provider shall receive a minimum of 12 hours of training. Two hours of the training must be in the area of health and safety.

(4) During the second year of registration and each succeeding year as a child development home, the provider shall receive a minimum of 12 hours of training chosen from the following categories:

1. Health, safety, and nutrition.
2. Child growth and development.
3. Child observation and assessment.
4. Interactions with children.
5. Learning experiences and environment.
6. Families and communities.
7. Program management.
8. Professional development.

The provider shall receive at least six of the hours of training in a sponsored group setting. The provider may receive the remaining hours in self-study using a training package approved by the department.

(5) A provider who submits documentation from a child care resource and referral agency that the provider has completed the ChildNet training series may use those hours to fulfill a maximum of two years' training requirements, not including first-aid and mandatory reporter training.

c. An individual file for each staff assistant that contains:

- (1) A completed Form 595-1396, DHS Criminal History Record Check.
- (2) A completed Form 470-0643, Request for Child Abuse Information.
- (3) A physician's signed statement that meets the requirements of paragraph 110.5(2) "a."

(4) Certification of a minimum of two hours of approved training relating to the identification and reporting of child abuse completed within six months of employment and every five years thereafter, as required by Iowa Code section 232.69.

d. An individual file for each substitute that contains:

- (1) A completed Form 595-1396, DHS Criminal History Record Check.
- (2) A completed Form 470-0643, Request for Child Abuse Information.
- (3) A physician's signed statement that meets the requirements of paragraph 110.5(2) "a."

(4) Certification of a minimum of two hours of approved training relating to the identification and reporting of child abuse completed within six months of employment and every five years thereafter, as required by Iowa Code section 232.69.

(5) Certification in first aid that meets the requirements of subparagraph 110.5(2) "b"(2).

110.5(3) Activity program. There shall be an activity program which promotes self-esteem and exploration and includes:

- a.* Active play.
- b.* Quiet play.
- c.* Activities for large muscle development.
- d.* Activities for small muscle development.

e. Play equipment and materials in a safe condition, for both indoor and outdoor activities which are developmentally appropriate for the ages and number of children present.

110.5(4) The certificate of registration shall be displayed in a conspicuous place.

110.5(5) Parental access. Parents shall be afforded unlimited access to their children and to the people caring for their children during the normal hours of operation or whenever their children are in the care of the child development home, unless parental contact is prohibited by court order.

110.5(6) Discipline. Discipline shall conform to the following standards:

- a.* Corporal punishment including spanking, shaking and slapping shall not be used.
- b.* Punishment which is humiliating or frightening or which causes pain or discomfort to the child shall not be used.
- c.* Punishment shall not be administered because of a child's illness, or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- d.* No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.
- e.* Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.

110.5(7) Meals. Regular meals and midmorning and midafternoon snacks shall be provided which are well-balanced, nourishing, and in appropriate amounts as defined by the USDA Child and Adult Care Food Program. Children may bring food to the child development home for their own consumption, but shall not be required to provide their own food.

110.5(8) Children's files. An individual file shall be maintained for each child and updated annually or when the provider becomes aware of changes. The file shall contain:

- a.* Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.
- b.* Emergency information including, at a minimum, where the parent can be reached, the name, street address, city and telephone number of the child's regular source of health care, and the name, telephone number, and relationship to the child of another adult available in case of emergency.
- c.* A signed medical consent from the parent authorizing emergency treatment.
- d.* An admission physical examination report signed by a licensed physician or designee in a clinic supervised by a licensed physician.
 - (1) The date of the physical examination shall not be more than 12 months before the child's first day of attendance at the child development home.
 - (2) The written report shall include past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary.
 - (3) For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physical examination report.
 - (4) The examination report or statement of health status shall be on file before the child's first day of care.
- e.* A statement of health condition signed by a physician or designee submitted annually from the date of the admission physical. For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physician statement.
- f.* A list signed by the parent which names persons authorized to pick up the child. The authorization shall include the name, telephone number, and relationship of the authorized person to the child.
- g.* A signed and dated immunization certificate provided by the state department of public health. For the school-age child, a copy of the most recent immunization record shall be acceptable.
- h.* For each school-age child, on the first day of attendance, documentation of a physical examination that was completed at the time of school enrollment or since.
- i.* Written permission from the parent for the child to attend activities away from the child development home. The permission shall include:

- (1) Times of departure and arrival.
- (2) Destination.
- (3) Persons who will be responsible for the child.

j. Injury report forms documenting injuries requiring first aid or medical care.

110.5(9) Provider. The provider shall meet the following requirements:

- a.* Give careful supervision at all times.
- b.* Exchange information with the parent of each child frequently to enhance the quality of care.
- c.* Give consistent, dependable care and be capable of handling emergencies.
- d.* Be present at all times except when emergencies occur or an absence is planned, at which time care shall be provided by a department-approved substitute. When an absence is planned, the provider shall give parents at least 24 hours' prior notice.

110.5(10) Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.

- a.* All standards in this chapter regarding supervision and care of children shall apply to substitutes.
- b.* Except in emergency situations, the provider shall inform parents in advance of the planned use of a substitute.
- c.* The substitute must be 18 years of age or older.
- d.* Use of a substitute shall be limited to:
 - (1) No more than 25 hours per month.
 - (2) An additional period of up to two weeks in a 12-month period.
- e.* The provider shall maintain a written record of the number of hours substitute care is provided, including the date and the name of the substitute.

110.5(11) to 110.5(13) Rescinded IAB 10/30/02, effective 12/1/02.