

Iowa Department of Human Services – Child Care Licensing Standards and associated Head Start Program Performance Standards

This document was prepared by the Iowa Head Start State Collaboration Office and is intended for guidance only, especially to assist Head Start and child care programs to explore commonalities and encourage partnerships. It may also be useful to Head Start programs to realize how addressing licensing standards helps fulfill Head Start requirements and vice versa. The chart below includes the Iowa Child Care Licensing and associated Head Start regulation. The language in the licensing standards is not complete or exact, but is used to approximate the meaning and intention of the regulation. Copies of the Licensing Standards are available at: <https://ccmis.dhs.state.ia.us/providerportal/DocumentsandForms.aspx>. The Head Start Program Performance Standard can be accessed at <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>. Users are encouraged to refer back to original documents for a more complete understanding of the similarities and differences between the bodies of regulation. *Two important clarifications:* 1) while this document demonstrates consistent overlap in requirements and guidance between the two sets of standards, specific requirements vary especially in areas of specificity. For example, where Head Start requires assurances of a safe environment, the licensing standards spell out what requirements are necessary to assure safety. And 2) what is **not** included here are all the Head Start Program Performance Standards which do not have an associated regulation. In other words, it is an alignment of licensing standards to Head Start but not Head Start to licensing because many Head Start requirements are not addressed in licensing. For example, while licensing may require a written curriculum (109.12(1)), it does not require training on that curriculum or coaching.

I want to acknowledge the help of Ryan Page from Iowa Department of Human Services and Mary McAtee from Drake University Head Start for their help in developing this document.

Tom Rendon, HSSCO Coordinator, April 2019

Regulations	Licensing Standards & Procedures	Head Start Program Performance Standards
Head Start Performance Standards require grantees to meet state licensing standards for facilities even in cases where licensing is exempt (see 1302.21(d)(1); see also 1302.47(b)(1)(i)).		
441-109.4(237A)	Administration	UNLESS OTHERWISE INDICATED ALL HEAD START PROGRAM PERFORMANCE STANDARDS (HSPPS) ARE 45 CFR
109.4(1)	Purpose and Objectives	

Version: April 3, 2019

Regulations	Licensing Standards & Procedures	Head Start Program Performance Standards
	Incorporated and unincorporated centers shall submit a written statement of purpose and objectives.	1302.100, 101(b) & 102(a) HS Act Sec. 636
109.4(2)	<p>Required written policies</p> <ul style="list-style-type: none"> a. Develop fee policies and financial agreements, b. Policies for enrollment and discharge of children, field trips and non-center activities, transportation, discipline, nutrition, and health and safety policies. c. Curriculum or program structure that uses developmentally appropriate practices, d. Written plan for staff orientation to center's policies e. Written plan for ongoing training and staff development in compliance with 441-109.7(237A) f. Make available for review a copy of the center policies and program to all staff at time of employment and each parent at the time a child is admitted. g. Develop and implement a policy for responding to incidents of biting h. Develop a policy to ensure that people do not have unauthorized access to children at the center. i. i. develop and implement a policy for protection of child's confidentiality 	<p>On written policies: 1304.50(g)</p> <ul style="list-style-type: none"> a. Not Applicable b. Enrollment-1302.15; Transportation- 1302.47(b)(4)(i)(I), 1303.70 to 1303.75; Discipline- 1302.32(b)(1)(ii) & (iv), 1302.45(a)(1), 1302.90(c); Nutrition-1302.44; Health-1304.42, 43, 45 & 46; Safety-1302.47 c. 1302.32 d. 1302.4(b)(4)(i); 1302.92(a) e. 1302.92(b); HS Act 648(f) f. 1302.92(a); access for parents implied in 1302.50(b)(2) and 1302.52(b). See also 45 CFR Part 75-75.364. g. 1302.47(a) & (b); Per 45 CFR 1302.47(a), <i>Caring for our Children Basics</i> (CFOC Basics) is a recommended resource to develop and implement adequate safety practices, including 9.2.4.1; h. 1302.90(c)(1)(v); 1302.47(a), (b)(3), (b)(4)(1) & (b)(5)(iii)-(iv);

Regulations	Licensing Standards & Procedures	Head Start Program Performance Standards
109.4(3)	<p>Required postings</p> <ul style="list-style-type: none"> a. Certificate of license, notice of exposure of children to a communicable disease and notice of decisions to deny, suspend, or revoke the center’s license or reduce the center’s license to a provisional status b. Mandatory report requirements, the notice of availability of the handbook required in subrule 109.4(5), and program activities 	<p>1302.90(b); 1302.94(b).</p> <p>Postings or other required communication addressed in 1304.51(c),(d) & (e); policies regarding:</p> <ul style="list-style-type: none"> a. License-1302.21(d); diseases: 1302.47(b)(7)(iii); Per 45 CFR 1302.47(a), CFOC BASICS is a recommended resource to develop and implement adequate safety practices, including 10.4.2.1; b. mandatory reporting (posting not required)- 1302.47(b)(5)(i); 1302.47(b)(4)(K); 1302.92(b)(2)
109.4(4)	<p>Mandatory Reports</p> <p>Requirements and procedures for mandatory reporting of suspected child abuse as defined in Iowa Code section 232.69 shall be posted where they can be read by staff and parents. Methods of identifying and reporting suspected child abuse and neglect shall be discussed with all staff within 30 days of employment.</p>	<p>1301.31 (posting not required); 1302.47(b)(4)(i)(K); 1302.92(b)(2)</p>
109.4(5)	<p>Handbook</p> <p>A copy of form SS-0711, Child Care Centers and Preschools Licensing Standards and Procedures, shall be available in the center, and a notice stating that a copy is available for review upon request from the center director shall be conspicuously posted. The name, office mailing address and telephone number of the child care consultant shall be included in the notice.</p>	<p>No related requirements, but 1302.21(d) may apply.</p>
109.4(6)	<p>Certificate of license</p> <p>The child care license shall be posted in a conspicuous place and shall state the particular premises in which child care may be offered and the number of children who may be cared for at any one time.</p>	<p>No related requirements, but 1302.21(d) may apply.</p>
441-109.5(237A)	Parental participation	

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109.5(1)	<p>Unlimited access</p> <p>Parents shall 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 is prohibited by court order.</p>	1302.34(b)(1)
109.5(2)	<p>Parental evaluation</p> <p>If requested by the Department, centers shall assist the Department in conducting an annual survey of parents being served by their center</p>	HSPS do not explicitly require a parent evaluation but it is implied in the governance (1301.3 and 1301.4) and overall family engagement requirements (1302.50).
441-109.6(237A)	Personnel	
109.6(1)	<p>Center director requirements</p> <p>Centers shall have a center director or on-site supervisor in each center. Center director is responsible for the overall functions of the center including supervising staff, designing curriculum and administering programs. Director shall ensure services are provided for the children within licensing requirements and the center's statement of purpose and objectives. Center director shall have overall responsibility for carrying out the program and ensuring the safety and protection of the children. Director must meet following minimum qualifications:</p> <ol style="list-style-type: none"> a. Is at least 21 years of age. b. Obtained a high school diploma or passed a general education development test. c. Completed at least one course in business administration or 12 contact hours in administrative-related training related to personnel, supervision, record keeping, or budgeting or has one year of administrative-related experience. d. Certification in infant, child, and adult cardiopulmonary resuscitation (CPR), first aid and training for Iowa's mandatory reporting of child abuse. e. Achieved 100 points through a combination of education, experience, and child development-related training as outlined: <ol style="list-style-type: none"> (1) In obtaining a 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 centers predominantly serving children with special needs, the directors may substitute a disabilities-related or nursing degree for the bachelor's degree in early 	1302.91(a), (b) & (d) Ensuring services-1302.101(a)

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	<p>childhood, child development or elementary education in determining point totals. In addition, experience 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.</p> <p>(4) For directors in 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 experiences working with school-age children shall be equivalent to full-time experience in a child care center or preschool in determining point totals.</p> <table border="1" data-bbox="346 659 1570 1382"> <thead> <tr> <th colspan="2">EDUCATION</th> <th colspan="2">EXPERIENCE (Points multiplied by Years of experience)</th> <th>CHILD DEVELOPMENT-RELATED TRAINING</th> </tr> </thead> <tbody> <tr> <td>Bachelor’s or higher degree in early childhood, child development, or elementary education</td> <td>75</td> <td>Full-time (20 hours or more per week) in a child care center or preschool setting.</td> <td>20</td> <td>One point per contract hour of training</td> </tr> <tr> <td>Associate’s degree in child development or bachelor’s degree in a child-related field</td> <td>50</td> <td>Part-time (less than 20 hours per week) in a child care center or preschool setting</td> <td>10</td> <td></td> </tr> <tr> <td>Child development associate (CDA) or one year diploma in child development from a community college or technical school</td> <td>40</td> <td>Full-time (20 hours or more per week) child development-related experience</td> <td>10</td> <td></td> </tr> <tr> <td>Bachelor’s degree or higher in a non-child-related field</td> <td>40</td> <td>Part-time (less than 20 hours per week) child development-related experience</td> <td>5</td> <td></td> </tr> <tr> <td>Associate’s degree in a non-child-related field or completion of at least two years of a four year degree</td> <td>20</td> <td>Registered child development home provider</td> <td>10</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Nonregistered family home provider</td> <td>5</td> <td></td> </tr> </tbody> </table>	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.	20	One point per contract hour of training	Associate’s degree in child development or bachelor’s degree in a child-related field	50	Part-time (less than 20 hours per week) in a child care center or preschool setting	10		Child development associate (CDA) or one year diploma in child development from a community college or technical school	40	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	20	Registered child development home provider	10				Nonregistered family home provider	5		
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109.6(2)	<p>On-site supervisor 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 a minimum of eight hours of the</p>	<p>1302.91(a), (b) & (d) On-site supervision- 1302.101(a)(2)</p>																																			

Regulations	Licensing Standards & Procedures				Head Start Program Performance Standards
	<p>center’s hours of operation. Information shall be submitted in writing to the child care consultant before the start of employment. Final determination shall be made by the Department. Information shall be submitted sufficient to determine that the on-site supervisor meets the following minimum qualifications:</p> <ul style="list-style-type: none"> a. Is an adult. b. Has obtained a high school diploma or passed a general education development test. c. Has certification in infant, child, and adult cardiopulmonary resuscitation (CPR), 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: <ul style="list-style-type: none"> (1) Obtaining the total of 75 points, 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 shall be obtained from the experience category. (2) Points obtained in the child development-related training category shall be been taken within the past five years. (3) For on-site supervisors in centers predominantly serving children with special needs, the on-site supervisor 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 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. (4) For on-site supervisors in centers serving predominantly school-age children, the on-site supervisor 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 experiences working with school-age children shall be equivalent to full-time experience in a child care center or preschool in determining point totals. 				
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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.	20	One point per contract hour of training	
Associate’s degree in child	50	Part-time (less than 20 hours	10		

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	development or bachelor's degree in a child-related field		per week) in a child care center or preschool setting			
	Child development associate (CDA) or one year diploma in child development from a community college or technical school	40	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		
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109.6(3)	<p>Director and on-site supervisor functions combined</p> <p>In a center where the functions of the center director and the on-site supervisor are accomplished by the same person, the educational and experience requirements for a center director shall apply. If the center director is serving in the role of the on-site supervisor, the director shall be on site daily either during the hours of operation or a minimum of at least eight hours of the center hours of operation.</p>					1302.101(a)(2)
109.6(5)	<p>Volunteers and substitutes shall be 16</p> <p>a. All volunteers and substitutes shall sign a statement indicating whether or not they have one of the following:</p> <p>(1) A conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.</p> <p>(2) A communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children.</p> <p>b. The center shall have the volunteer or substitute complete required forms</p>					<p>1302.90(c)(1) 1302.94(a)</p> <p>Signing statement not required.</p>
109.6(6)	<p>Record checks and evaluations</p> <p>The Department shall conduct criminal and child abuse record checks in Iowa for each owner, director, staff member, or subcontracted staff person with direct responsibility for child care or with access to a child when the child is alone and for anyone living in the child care facility who is 14 years of age or</p>					<p>1302.47(b)(3) 1302.90(b)</p>

Regulations	Licensing Standards & Procedures	Head Start Program Performance Standards
	older.	
441-109.7(237A)	Professional growth and development	
109.7(1)	<p>Required training within the first three months of employment</p> <p>The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum training requirements within the first six months of employment:</p> <ul style="list-style-type: none"> a. Two hours of Iowa’s training for mandatory reporting of child abuse. b. At least one hour of training regarding universal precautions and infectious disease control. c. Certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained. d. Certification in infant, child, and adult first aid that uses 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, and Emergency Medical Planning (Medic First Aid) or an equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained. e. minimum health and safety trainings, approved by the Department, in the following areas and every five years thereafter: <ul style="list-style-type: none"> (1) Prevention and control of infectious disease, including immunizations (2) Prevention of sudden infant death syndrome and use of safe sleeping 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 and abusive head trauma (7)Emergency preparedness and response planning for emergencies resulted from natural disaster or a man-caused event (8)Handling and storage of hazardous materials and the appropriate disposal of biocontaminants (9)Precautions in transporting children 	<p>1302.47(b)(4)(i) 1302.90(a)</p> <ul style="list-style-type: none"> a. Mandatory reporting- 1302.47(b)(4)(i)(K); 1302.90(b)(2) b. Universal Precautions/Infectious Diseases- 1302.47(b)(4)(i)(A); per 45 CFR 1302.47(a), CFOC BASICS is a recommended resource to develop and implement adequate safety practices, including 1.4.1.1/1.4.2.3. c. 1302.47(b)(4)(i)(J); per 45 CFR 1302.47(a), CFOC BASICS is a recommended resource to develop and implement adequate safety practices, including 1.4.3.1 d. 1302.47(b)(4)(i)(J) e. 1302.47(b)(4)(i)(A) – (I)
109.7(2)	<p>The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum training requirements.</p> <ul style="list-style-type: none"> a. During their first year of employment: <ul style="list-style-type: none"> (1) Ten contact hours of training from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, 	<p>1302.92(b); see also 1302.90(d)</p> <p>DHS recognizes Head Start as an approved training entity</p>

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	<p>health and safety, communication skills, professionalism, business practices, and cross-cultural competence.</p> <p>b. Following their first year of employment, all staff shall:</p> <ul style="list-style-type: none"> (1) Maintain current certification for Iowa’s training for the mandatory reporting of child abuse; infant, child and adult CPR; and infant, child and adult first aid. (2) Receive six contact hours of training annually from one or more of the following topical areas: child development, guidance and discipline, developmentally appropriate practices, nutrition, health and safety, communication skills, professionalism, business practices, and cross-cultural competence. (3) Center directors and on-site supervisors shall receive eight contact hours of training annually from the topical areas. 	<p>(see IAC 441-107(6)(a)(13)).</p>
		<p>See above</p>
<p>109.7(3)</p>	<p>Staff employed in centers that operate summer-only programs The center director, on-site supervisor, and staff counted as part of the staff ratio shall meet the following minimum staff training requirements:</p> <ul style="list-style-type: none"> a. Two hours of Iowa’s training for mandatory reporting of child abuse. b. At least one hour of training regarding universal precautions and infectious disease control. c. certification in American Red Cross or American Heart Association infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. d. certification in infant, child and adult first aid that uses a nationally recognized training organization including the American Red Cross, American Heart Association, the National Safety Council, and Emergency Medical Planning (Medic First Aid) or an equivalent certification approved by the Department. e. Minimum health and safety trainings, approved by the department, in the following areas: <ul style="list-style-type: none"> (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 and abusive head trauma. 	<p>See above.</p>

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	<p>(7) Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event.</p> <p>(8) Handling and storage of hazardous materials and the appropriate disposal of biocontaminants.</p> <p>(9) Precautions in transporting children</p>															
109.7(4)	<p>Training plans Training shall supplement educational and experience requirements in rule 441—109.6(237A) and shall enhance the staff’s skill in working with the developmental and cultural characteristics of the children served.</p>	<p>1302.92(b) Head Start Act Sec.648A(f)</p>														
441-109.8(237A)	Staff ratio requirements															
109.8(1)	<p>Staff requirements Persons counted as part of the staff ratio shall meet the following requirements:</p> <ul style="list-style-type: none"> a. Be at least 16 years of age. If less than 18 years of age, the staff shall be under the direct supervision of an adult. b. Be involved with children in programming activities. c. At least one staff person on duty in the center and outdoor play area when children are present and present on field trips shall be over the age of 18 and hold current certification in first aid and cardiopulmonary resuscitation (CPR). 	<p>Education requirements: 1302.91 Emergency preparedness: 1302.47(b)(4)(i)(G) Supervision of children: 1302.47(5)(iii) CPR and training: 1302.47(b)(4)(i)(J)</p>														
109.8(2)	<p>Staff ratio The staff-to-child ratio shall be as follows:</p> <table border="1" data-bbox="346 1057 1570 1352"> <thead> <tr> <th data-bbox="346 1057 961 1125"><u>Age of Children</u></th> <th data-bbox="961 1057 1570 1125"><u>Minimum Ratio of Staff to Children</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="346 1125 961 1157">Two weeks to two years</td> <td data-bbox="961 1125 1570 1157">One to every 4 children</td> </tr> <tr> <td data-bbox="346 1157 961 1190">Two years</td> <td data-bbox="961 1157 1570 1190">One to every 6 children</td> </tr> <tr> <td data-bbox="346 1190 961 1222">Three years</td> <td data-bbox="961 1190 1570 1222">One to every 8 children</td> </tr> <tr> <td data-bbox="346 1222 961 1255">Four years</td> <td data-bbox="961 1222 1570 1255">One to every 12 children</td> </tr> <tr> <td data-bbox="346 1255 961 1287">Five years to ten years</td> <td data-bbox="961 1255 1570 1287">One to every 15 children</td> </tr> <tr> <td data-bbox="346 1287 961 1352">Ten years and over</td> <td data-bbox="961 1287 1570 1352">One to every 20 children</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 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. If a child between the ages of 18 and 24 months is placed outside the infant area, as defined at subrule 109.11(2), the staff ratio of 1 to 4 shall be maintained as would otherwise be required 	<u>Age of Children</u>	<u>Minimum Ratio of Staff to Children</u>	Two weeks to two years	One to every 4 children	Two years	One to every 6 children	Three years	One to every 8 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	<p>1302.21(b)</p>
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	<p>for the group until the child reaches the age of two.</p> <ul style="list-style-type: none"> c. Every child-occupied program room shall have adult supervision present in the room. d. During nap time, at least one staff shall be present in every room where children are resting. Staff ratio requirements may be reduced to one staff per room where children are resting for a period of time not to exceed one hour provided staff ratio coverage can be maintained in the center. The staff ratio shall always be maintained in the infant area. e. The minimum staff ratio shall be maintained at mealtimes and for any outdoor activities. f. When seven or more children under the age of three are present on the licensed premises or are being transported in one vehicle, at least two adult staff shall be present. g. Any child care center-sponsored program activity involving five 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. h. For a period of two hours or less at the beginning or end of the center’s hours of operation, one staff may care for six children or less, provided no more than two of the children are under the age of two years and there are no more thansix children in the center. i. For centers or preschools 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 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. 	
<p>441-109.9(237A)</p>	<p>Records</p>	
<p>109.9(1)</p>	<p>Personnel records The center shall 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 shall contain at a minimum, the following:</p> <ul style="list-style-type: none"> a. A statement signed by each individual indicating whether or not the individual has any conviction by any law of any state or if the individual has any record of founded child abuse or dependent adult abuse. b. A copy of DHS Criminal History Record Check, c. A copy of Request for Child Abuse Information. d. A physical examination report. Personnel shall have a pre-employment examination, including testing for communicable diseases which shall including testing for tuberculosis, performed within six months before beginning employment by a licensed medical doctor, doctor of osteopathy, physician’s assistant or advanced registered nurse practitioner and repeated at least every three years after initial employment. 	<p>Per 1302.101(a)(4) and 1302.102(b)(1)(i), requires record-keeping system. The emphasis in the HSPS is on collecting and maintain data for compliance monitoring and oversight. Recommendations around recordkeeping as part of a “key management system” includes following “Generally Accepted Recordkeeping Principles.” Specific requirements for personnel include:</p>

Regulations	Licensing Standards & Procedures	Head Start Program Performance Standards
	<p>e. Documentation showing the minimum staff training requirements as outlined at rule 441—109.7(237A) are met, including current certifications in first aid and cardiopulmonary resuscitation (CPR) And Iowa’s training for the mandatory reporting of child abuse.</p> <p>f. A photocopy of a valid driver’s license if the staff will be involved in the transportation of children.</p>	<p>a. 1302.90(b) b. 1302.90(b) c. 1302.90(b) d. 1302.93(a) e. 1302.92 f. 1303.72(b)(1)</p>
109.9(2)	<p>Child’s file Centers shall maintain sufficient information in a file for each child, which shall be updated at least annually or when the parent notifies the center of a change or the center becomes aware of a change, to ensure that:</p> <p>a. A parent or an emergency contact authorized by the parent can be contacted at any time the child is in the care of the center.</p> <p>b. Appropriate emergency medical and dental services can be secured for the child while in the center’s care.</p> <p>c. Information is available in the center regarding the specific health and medical needs of a child including information regarding any professionally prescribed treatment. Information shall include a physical examination report as required at subrule 109.10(1)</p> <p>d. A child is released only to authorized persons.</p> <p>e. Documentation of injuries, accidents, or other incidents involving the child is maintained.</p> <p>f. Parent authorization is obtained for a child to attend center-sponsored field trips and non-center activities.</p>	<p>Per 1302.101(a)(4) and 1302.102(b)(1)(i), requires record-keeping system. The emphasis in the HSPS is on collecting and maintain data for compliance monitoring and oversight. Recommendations around recordkeeping as part of a “key management system” includes following <u>“Generally Accepted Recordkeeping Principles.”</u></p> <p>Child recordkeeping implied in 1302.71(c)(2) and 1303.24.</p> <p>Specific requirements for child and family information:</p> <p>a. Recommendations around 1302.47(b)(4)(i)(G) include family emergency contact information. See also implied contact information necessary for 1302.41(b)(2).</p> <p>b. 1302.47(b)(4)(i)(G); 1302.42(a) to (c)</p>

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		<p>c. 1302.42(a) to (c)</p> <p>d. 1302.47(b)(7)(v); ACF-IM-HS-15-05; Per 45 CFR 1302.47(a), CFOC BASICS is a recommended resource to develop and implement adequate safety practices, including 9.2.4.8.</p> <p>e. 1302.102(d)(1)(ii); ACF-IM-HS-15-05</p> <p>f. No direct standard, but parent involvement in activities and curriculum clearly indicated in 1302.4(b)(1) and 1302.34(b)(2)</p>
109.9(3)	<p>Immunization certificates</p> <p>Signed and dated Iowa immunization certificates, provided by the state Department of Public Health, shall be on file for each child enrolled as prescribed by the Department of Public Health at 641— Chapter 7.</p>	<p>1302.42(b)(1)(i), 1302.42(c)(1)</p> <p>Does not include immunization certificate in each file.</p>
109.9(4)	<p>Daily activities</p> <p>For each child under two years of age, the center shall make a daily written record. At the end of the child’s day at the center, the daily written record shall be provide1302.d verbally or in writing to the parent or the person who removed the child from the center. The record shall contain information on each of these areas:</p> <ul style="list-style-type: none"> 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 patterns. d. The general disposition of the child. e. A general summary of the activities in which the child participated. 	<p>1302.34(b)(2)</p> <p>1302.33(b)(1)</p>
441-109.10(237A)	<p>Health and safety policies</p> <p>The child care center shall establish definite health policies, including the criteria for excluding a sick child from the center. The policies shall be consistent with the recommendations of the National Health and Safety Performance Standards and shall include, but are not limited to:</p>	<p>1302.47</p>

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109.10(1)	<p>Physical examination report</p> <p>a. <u>Preschool-age children</u>. For each child five years of age and younger not enrolled in kindergarten, the child care center shall require an admission physical examination report, submitted within 30 days from the date of admission, signed by a licensed medical doctor, doctor of osteopathy, physician’s assistant or advanced registered nurse practitioner.</p> <p>The date of the physical examination shall be no more than 12 months before the first day of attendance at the center and shall include past health history, status of present health including allergies, medications, and acute or chronic conditions, and recommendations for continued care when necessary.</p> <p>Annually thereafter, a statement of health condition, signed by a licensed medical doctor, doctor of osteopathy, physician’s assistant or advanced registered nurse practitioner, shall be submitted that includes any change in functioning, allergies, mediations, or acute or chronic conditions.</p> <p>b. <u>School-age children</u>. For each child five years of age and older and enrolled in school, the child care center shall require, before admission, a statement of health status signed by the parent or legal guardian that certifies that the child is free of communicable disease and that specifies any allergies, medications or acute or chronic conditions. The statement from the parent shall be submitted annually thereafter.</p> <p>c. <u>Religious exemption</u>. Nothing in this rule shall be construed to require medical treatment or immunization for staff or the child of any person who is a member of a church or religious organization which the guidelines governing medical treatment for disease that are contrary to these rules. In these instances, an official statement from the organization shall be incorporated in the personnel or child’s file.</p>	<p>a. 1302.42(b)(1)(i) & (b)(4) [Exams are required as part of EPSDT; exemptions to this for children experiencing homeless per 1302.16(c)]. For monitoring ongoing care, see 1302.42(c). For allergies see 1302.47(b)(7)(vi)</p> <p>b. N/A</p> <p>c. Per 45 CFR 1302.47(a), CFOC BASICS is a recommended resource to develop and implement adequate safety practices, including 7.2.0.2.</p>
109.10(2)	<p>Medical and dental emergencies</p> <p>The center shall have sufficient information and authorization to meet the medical and dental emergencies of children. The center shall have written procedures for medical and dental emergencies and shall ensure, through orientation and training, that all staff are knowledgeable of and able to implement the procedures.</p>	<p>1302.41(b) 1302.47(b)(4)(i)(G)</p>
109.10(3)	<p>Medication</p> <p>The center shall have written procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications, including the following:</p>	<p>1302.47(b)(7)(iv)</p>

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	<p>a. All medications shall be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public. Nonprescription medications shall be labeled with the child's name.</p> <p>b. 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.</p> <p>c. In the case of medications that are administered on an ongoing, long-term basis, authorization shall be obtained for a period not to exceed the duration of the prescription.</p>	
109.10(4)	<p>Daily contact Each child shall have direct contact with a staff person upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior that may adversely affect the child or the group. The center shall post notice at the main entrance to the center where it is visible to parents and the public of exposure of a child receiving care by the center to a communicable disease, the symptoms, and the period of communicability.</p>	<p>1302.42(c)(2) 1302.47(b)(7)(iii)</p>
109.10(5)	<p>Infectious disease control Centers shall establish policies and procedures related to infectious disease control and the use of universal precautions with the handling of any bodily excrement or discharge, including blood and breast milk. Soiled diapers shall be stored in containers separate from other waste.</p>	<p>1302.47(b)(7)(iii) 1302.47(b)(6)(iii)</p>
109.10(6)	<p>Quiet area for ill or injured The center shall provide a quiet area under supervision for a child who appears to be ill or injured. The parents or a designated person shall be notified of the child's status in the event of a serious illness or emergency.</p>	<p>1302.21(d)(1) & (3) 1302.47(b)(1)(i) 1302.47(b)(7)(iii) 1302.41(b)(2)</p>
109.10(7)	<p>Staff hand washing The center shall ensure that staff demonstrates clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease. All staff shall wash their hands at the following times:</p> <ol style="list-style-type: none"> 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. 	<p>1302.47(b)(6)(i)</p> <p>Per 45 CFR 1302.47(a), CFOC BASICS is a recommended resource to develop and implement adequate safety practices, including 3.2.2.1.</p>

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109.10(8)	<p>Children’s hand washing</p> <p>The center shall ensure that staff assists 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 and one for rinsing may be used in place of running water. Children’s hands shall be washed at the following times:</p> <ol style="list-style-type: none"> Immediately before eating or participating in any food service activity. After using the rest room or being diapered. After handling animals. 	<p>1302.31(e)(3)</p> <p>See links in the Head Start Early Learning Outcomes Framework, required in 1302.31(b)(1)(ii), especially P-PMP 4.</p>
109.10(9)	<p>First-aid kit</p> <p>The center shall ensure that a clearly labeled first-aid kit is available and easily accessible to staff at all times whenever children are in the center, in the outdoor play area, 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.</p>	<p>1302.47(b)(1)(vi)</p>
109.10(10)	<p>Recording incidents</p> <p>Incidents involving a child, including minor injuries, minor changes in health status, or behavioral concerns, shall be reported to the parent on the day of the incident. Incidents resulting in an injury to a child shall be reported to the parent on the day of the incident. Incidents resulting in a serious injury to a child or significant change in health status shall be reported immediately to the parent.</p> <p>A written report shall be provided to the parent or person authorized to remove the child from the center. The staff member who observed the incident shall prepare the written report and a copy shall be retained in the child’s file.</p>	<p>1302.47(c) 1302.102(d)(1)(ii) 1302.41(b)(2)</p>
109.10(11)	<p>Smoking</p> <p>Smoking and the use of tobacco products shall be prohibited at all times in the center and every vehicle used to transport the children. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during hours of operation.</p> <p>Post nonsmoking signs at all entrances and in every vehicle used to transport the children. All signs shall include:</p> <ul style="list-style-type: none"> The telephone number for reporting complaints, and The Internet address of the Department of Public Health (www.iowasmokefreeair.gov). 	<p>1302.47(b)(1)(iii)</p> <p>Head Start as a federal contractor must follow Public Law 103227, Part C Environmental Tobacco Smoke: smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children</p>

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		under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee.
109.10(12)	<p>Transportation</p> <p>Iowa Code section 321.446 requires that all children transported in a motor vehicle subject to registration, except a school bus, must be individually secured by a safety belt, safety seat, or harness, in accordance with federal motor vehicle safety standards and the manufacturer's instructions.</p> <ol style="list-style-type: none"> Children under the age of six shall be secured during transit in a federally approved child restraint system. Children under one year of age and weighing less than 20 pounds shall be secured during transit in a rear-facing child restraint system. Children under the age of 12 shall not be located in the front seating section of the vehicle. Drivers of vehicles shall possess a valid driver's license and shall not operate a vehicle while under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair the drivers' ability to operate a motor vehicle. Vehicles that are owned or leased by the center shall receive regular maintenance and inspection according to manufacturer-recommended guidelines for vehicle and tire maintenance and inspection. 	1303.71 & 1303.74
109.10(13)	<p>Field trip emergency numbers</p> <p>Emergency telephone numbers for each child shall be taken by staff when transporting children to and from school and on field trips and non-center-sponsored activities away from the premises.</p>	1302.47(b)(4)(i)(G) 1303.74
109.10(14)	<p>Pets</p> <p>Animals kept on site shall 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 shall be kept on site. Pets shall not be allowed in kitchen or food preparation areas.</p>	1302.47(b)(2)(1), though not specific mention of animals. See also Head Start Health and Safety Screener for safety when pets are present.
109.10(15)	<p>Emergency plans</p> <ol style="list-style-type: none"> The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, intruders within the center, intoxicated parents and lost or abducted children. In addition 	1302.47(b)(8) Per 45 CFR 1302.47(a), CFOC BASICS is a recommended

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	<p>the center shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards.</p> <p>If the center is located within a ten-mile radius of a nuclear power plant or research facility, the center shall also have plans for nuclear evacuations. Emergency plans shall include Plans for the following:</p> <ol style="list-style-type: none"> (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) lock down protocol to protect children and providers from an external situation (5) communication and reunification with parents or other adults responsible for the children which includes emergency telephone numbers (6) continuity of operations (7) procedures to address the needs of individual children, including those with functional or access needs. <p>b. Emergency instructions, telephone numbers, and diagrams for fire, tornado, and flood shall be visibly posted by all program and outdoor exits. Emergency plan procedures shall be practiced and documented at least once a month for fire and for tornado. Records on the practice of fire and tornado drills shall be maintained for the current and previous year.</p> <p>c. The center shall develop procedures for annual staff and volunteer training on these emergency plans and shall include information on responding to fire, tornadoes, intruders, intoxicated parents and lost or abducted children in the orientation provided to new employees. and volunteers</p> <p>d. The center shall conduct a daily check to ensure that all exits are unobstructed.</p>	<p>resource to develop and implement adequate safety practices, including 9.2.4.3/9.2.4.5</p>
441-109.10(16)	<p>109.10(16) Supervision and access.</p> <p>a. The center director and on-site supervisor shall ensure that each staff member, substitute, or volunteer knows the number and names of children assigned to that staff member, substitute, or volunteer for care. Assigned staff, substitutes, and volunteers shall provide careful supervision.</p> <p>b. Any person in the center who is not an owner, staff member, substitute, or volunteer who has a record check and department approval to be involved with child care shall not have unrestricted access to children for whom that person is not the parent, guardian, or custodian.</p> <p>c. Persons who are exempt from the record check process are granted access in accordance with 109.6(6)“a”(2) unless the provisions of paragraph 109.10(16)“d” apply.</p>	<p>a. 1302.47(b)(5)(iii)</p> <p>b. 1302.90(b)(4)</p> <p>c. N/A</p> <p>d. 1302.90(b)(3)</p>

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	<p>d. A sex offender who has been convicted of a sex offense against a minor and who is required to register with the Iowa sex offender registry under the provisions contained in Iowa Code chapter 692A shall not operate, manage, be employed by, or act as a contractor or volunteer at a child care center. The sex offender also shall not be present upon the property of a child care center without the written permission of the center director, except for the time reasonably necessary to transport the offender's own minor child or ward to and from the center.</p> <p>(1) Written permission shall include the conditions under which the sex offender may be present, including:</p> <ol style="list-style-type: none"> 1. The precise location in the center where the sex offender may be present; 2. The reason for the sex offender's presence at the facility; 3. The duration of the sex offender's presence; 4. Description of the supervision that the center staff will provide the sex offender to ensure that no child is alone with the sex offender. <p>(2) Before giving written permission, the center director shall consult with the center licensing consultant. The written permission shall be signed and dated by the center director and the sex offender and kept on file for review by the center licensing consultant.</p>	
441-109.11(237A)(Physical facilities	
109.11(1)	<p>Room size</p> <p>The program room size shall be a minimum of 80 square feet of usable 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 useable floor space, there shall be 40 square feet of floor space per child. Kitchens, bathrooms, halls, lobby area, storage areas and other areas of the center not designed as activity space for children shall not be used as regular program space or counted as useable floor space.</p>	1302.21(d)
109.11(2)	<p>Infants' area</p> <p>An area shall be provided and safely equipped for the use of infant and free from the intrusion of children two years of age and older. Children over 18 months of age may be grouped outside this area if appropriate to the developmental needs of the child.</p>	Per 1302.21(d), state licensing requirements apply. For separation by ages, see 1302.21(d)(3).
109.11(3)	<p>Facility requirements</p> <ol style="list-style-type: none"> a. The center shall ensure that: <ol style="list-style-type: none"> (1) The facility and premises are sanitary, safe and hazard-free. (2) Adequate indoor and outdoor program space that is adjacent to the center is provided. Centers shall have a safe outdoor program area with at least sufficient square footage to accommodate 30 percent of the enrollment capacity at any one time at 75 square feet per 	Per 1302.21(d), state licensing requirements apply. For separation by ages, see 1302.21(d)(3). For items under a: (1) 1302.47(b)(1)(iii)

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	<p>child. The outdoor area shall include safe play equipment and an area of shade.</p> <p>(3) Sufficient program space is provided for dining 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.</p> <p>(4) Sufficient lighting shall be provided to allow children to adequately perform developmental tasks without eye strain.</p> <p>(5) Sufficient ventilation is provided to maintain adequate indoor air quality.</p> <p>(6) Sufficient heating is provided to allow children to perform tasks comfortably without excessive clothing.</p> <p>(7) Sufficient cooling is provided to allow children to perform tasks without being excessively warm or subject to heat exposure.</p> <p>(8) Sufficient bathroom and diapering facilities are provided to attend immediately to children's toileting needs and maintained to reduce the transmission of disease.</p> <p>(9) Equipment, including kitchen appliances, placed in a program area is maintained so as not to result in burns, shock or injury to children.</p> <p>(10) 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.</p> <p>b. 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.</p> <p>c. 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.</p> <p>d. The director or designated person shall complete and keep a record of at least monthly inspections of the outdoor recreation area and equipment for the purpose of assessing and rectifying potential safety hazards.</p> <p>e. Centers that operate in a public school building, 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.</p> <p>Centers shall ensure that the space occupied by the center is sanitary, safe, and hazard-free and shall conduct monthly playground inspection or provide documentation that one has been completed by the public school personnel.</p>	<p>(2) 1302.21(d)(2); 1302.31(d); 1302.47(b)(2)(v); Per 45 CFR 1302.47(a), CFCO BASICS is a recommended resource to develop and implement adequate safety practices, including 3.4.5.1</p> <p>(3) 1302.47(b)(2)(ii)</p> <p>(4) 1302.47(b)(1)(v)</p> <p>(5) 1302.47(b)(1)(iii) & (ix)</p> <p>(6) Defer to state reg. (see 1302.21(d)(1)).</p> <p>(7) Defer to state reg. (see 1302.21(d)(1)).</p> <p>(8) 1302.47(b)(1)</p> <p>(9) 1302.47(b)(1)(iii)</p> <p>(10) 1302.47(b)(1)(iv)</p> <p>b., & c.-N/A</p> <p>d. 1302.47(b); 1302.100</p> <p>e. – Defer to state reg. (see 1302.21(d)(1)).</p>
109.11(4)	<p>Bathroom facilities</p> <p>At least one functioning toilet and one sink for each 15 children shall be provided in a room with natural</p>	<p>1302.47(b)(1)</p> <p>1302.47(b)(1)(viii)</p>

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	or artificial ventilation. Training seats or chairs may be used for children under two years of age. New construction after November 1, 1995, shall provide for at least one sink in the same areas 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.	
109.11(5)	<p>Telephone</p> <p>A working nonpay telephone shall be available in the center with emergency telephone numbers for police or 911, fire, ambulance, and poison information center posted adjacent to the telephone. The street address and telephone number of the center shall be included in the posting. A separate file or listing of emergency telephone numbers for each child shall be maintained near the telephone.</p>	<p>Per 45 CFR 1302.47(a), CFOC BASICS is a recommended resource to develop and implement adequate safety practices, including 5.2.1.12</p>
109.11(6)	<p>Kitchen appliances and microwaves</p> <p>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 shall be sectioned off and shall not be counted as useable floor space for room size.</p> <p>Centers using microwave ovens for warming infant bottles or infant food shall ensure that the formula or food item is not served immediately to the child after being removed from the microwave.</p>	<p>1302.47(b)(1)(iv)</p>
109.11(7)	<p>Environmental hazards</p> <p>a. Within one year of being issued an initial or renewal license, centers operating in facilities built before 1960 shall conduct a visual assessment for lead hazards that exist in the form of peeling or chipping paint.</p> <p>If the presence of peeling or chipping paint is found, the paint shall be presumed to be lead-based paint unless a certified inspector as defined in Department of Public Health rules or 641—Chapter 70 determines that it is not lead-based paint. If the presence of peeling or chipping paint is found, interim controls using safe work methods as defined by the state Department of Public Health shall be accomplished before a full license being issued.</p> <p>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 performed as prescribed by the state Department of Public health at 641—Chapter 43.</p> <p>Testing shall be required if test kits are available from the local Health Department or the Iowa Radon Coalition. Retesting shall be accomplished at least every two years from the date of the initial measurement if test kits are available from the local Health Department or the Iowa Radon Coalition.</p>	<p>1302.47(b)(1)(iii)</p> <p>See also Head Start Health and Safety Screener for lead hazards, radon, and carbon monoxide.</p> <p>Per 45 CFR 1302.47(a), CFOC BASICS is a recommended resource to develop and implement adequate safety practices, including 5.2.9.5.</p>

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	<p>If testing determines confirmed radon gas levels in excess of 4.0 picocuries per liter, a plan using radon mitigation procedures established by the state Department of Public Health shall be developed with and approved by the state Department of Public Health before a full license, being issued.</p> <p>c. To reduce the risk of carbon monoxide poisoning, all centers shall, on an annual basis before the heating season, have a professional inspect all fuel-burning appliances, including oil and gas furnaces, gas water heaters, gas ranges and ovens, 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.</p> <p>d. Centers that operate before and after school programs and summer-only programs that serve only school-age children and that operate in a public school building are exempted from testing for lead, radon, and carbon monoxide.</p>	
441-109.12(237A)	Activity program requirements	
109.12(1)	<p>Activities</p> <p>The center shall have a written curriculum or program structure 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:</p> <ol style="list-style-type: none"> A curriculum or program of activities that promotes self-esteem and positive self-image; social interaction; self-expression and communication skills; creative expression; and problem-solving skills. A balance of active and quiet activities; individual and group activities; indoor and outdoor activities; and staff-initiated and child-initiated activities. Activities which promote both gross and fine motor development. Experiences in harmony with the ethnic and cultural backgrounds of the children. A supervised nap or quiet time for all children under the age of six not enrolled in school who are present at the center for five or more hours. 	<ol style="list-style-type: none"> 1302.32 1302.31(c) 1302.31(c); 1302.32(a)(1)(ii) 1302.30; 1302.31(b)(2)(iii); 1302.33(c)(1) 1302.31(e)(1)
109.12(2)	<p>Discipline</p> <p>The center shall have a written policy on the discipline of children which provides for positive guidance, with direction for resolving conflict and the setting of well-defined limits. The written policy shall be</p>	<p>1302.31(b)(1)(i)</p> <ol style="list-style-type: none"> 1302.90(c)(1)(ii)(A)

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	<p>provided to staff at the start of employment and to parents at time of admission. The center shall not use as a form of discipline:</p> <ul style="list-style-type: none"> a. Corporal punishment including spanking, shaking, and slapping. b. Punishment which is humiliating or frightening or which causes pain or discomfort to the child. Children shall never be locked in a room, closet, box or other device. Mechanical restraints shall never be used as a form of discipline. c. Punishment or threat of punishment associated with a child's illness, lack of progress in toilet training, or in connection 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. 	<p>b. 1302.90(c)(1)(ii)(C) & (F) c. 1302.90(c)(1)(ii)(D) & (E); 1302.31(e)(2) d. 1302.90(c)(1)(ii)(H)</p>
109.12(3)	<p>Policies for children requiring special accommodations</p> <p>Reasonable accommodations, based on the special needs of the child, shall be made in providing care to a child with a disability. Accommodation can be a specific treatment prescribed by a professional or a parent, or a modification of equipment, or removal of physical barriers. The accommodation shall be recorded in the child's file.</p>	<p>1302.60 1302.61 1302.31(d) See also <u>Policy Statement On Inclusion of Children With Disabilities In Early Childhood Programs</u></p>
109.12(4)	<p>Play equipment, materials and furniture</p> <p>The center shall provide sufficient and safe indoor play equipment, materials, and furniture that conform with the standards or recommendations of the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products. Play equipment, materials, and furniture shall meet the developmental, activity, and special needs of the children.</p> <p>Rooms shall be arranged so as not to obstruct the direct observation of children by staff. Individual covered mats, beds, or cots and appropriate bedding shall be provided for all children who nap.</p> <p>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.</p> <p>The center shall provide sufficient toilet articles for each child for hand washing.</p>	<p>1302.31(d) 1302.47(b)(2)(i) & (v) 1302.47(b)(2)(ii) & (iv)</p>
109.12(5)	<p>Infant environment</p> <p>A child care center serving children two weeks to two years old must provide an environment which protects the children from physical harm, but is not so restrictive as to inhibit physical, intellectual,</p>	<p>1302.47(b)(1) 1302.21(d)(2)</p>

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	<p>emotional, and social development.</p> <ul style="list-style-type: none"> a. Stimulation shall be provided to each child through being held, rocked, played with and talked with throughout the time care is provided. Insofar as possible, the same adult should provide complete care for the same child. b. Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Procedures shall be posted and implemented. There shall be at least one changing table for every 15 infants. c. Highchairs or hook-on seats shall be equipped with a safety strap which shall be engaged when the chair is in use and shall be constructed so the chair will not topple. 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. e. The provider shall follow safe sleep practices as recommended by the American Academy of Pediatrics for infants under the age of one. Requirements are as follows: (1) Infants shall always be placed on their backs for sleep. (2) Infants shall be placed on a firm mattress with a tight fitted sheet that meets U.S. Consumer Product Safety Commission federal standards. (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 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, blankets, 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 f. Infant walkers shall not be used. g. For programs operating five hours or less on a daily basis, the center shall have a sufficient number of cribs or crib-like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards or recommendations of the Consumer Product Safety Commission or the American Society for Testing and Materials for juvenile products for children who may nap during the time in attendance. Cribs or crib-like furniture shall be used by only one child at a time and shall be maintained in a clean and sanitary manner. 	<ul style="list-style-type: none"> a. 1302.30; 1302.31(b)(1)(i); 302.21(b)(2); 1302.20(a)(1)(ii); 1302.101(a)(2) b. 1302.47(b) c. 1302.47(b)(2) d. 1302.47(b)(2)(i) e. 1302.47(b)(4)(i)(B) f. 1302.47(b)(2) g. 1302.47(b)(2) h. 1302.47(b)(5)(ii)
441-109.13(237A)	<p>Extended evening care A center providing extended evening care shall comply with the licensing requirements for centers contained in Iowa Code chapter 237A and this chapter, with the additional requirements set forth below.</p>	N/A

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109.13(1)	<p>Facility requirements</p> <ul style="list-style-type: none"> a. The center shall ensure that sufficient cribs, beds, cots and bedding are provided appropriate to the child's age and sufficient furniture, lighting, and activity materials are available for the children. 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 which 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. 	N/A
109.13(2)	<p>Activities</p> <ul style="list-style-type: none"> a. Evening activities shall be primarily self-selected by the child. b. Every child-occupied room except those rooms used only by school-age 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. 	N/A
441-109.14(237A)	<p>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.</p>	N/A
109.14(1)	<p>Staff requirements</p> <ul style="list-style-type: none"> a. The center shall have a medical advisor for the center's health policy. b. A center shall have a licensed LPN or RN on duty at all times that children are present. 	N/A
109.14(2)	<p>Health policies</p> <ul style="list-style-type: none"> a. The center shall have a written health policy, consistent with the National Health and Safety Performance Standards, 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 be 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: <ul style="list-style-type: none"> (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. 	N/A

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	<p>(2) Reportable disease policies as required by the state Department of Public Health.</p> <p>b. The child shall be given a brief evaluation by an LPN or RN upon each arrival at the center.</p> <p>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:</p> <ol style="list-style-type: none"> (1) Admitting symptoms. (2) Medications administered and time they were administered. (3) Nutritional intake. (4) Rest periods. (5) Output. (6) Temperature. 	
109.14(3)	<p>Exceptions</p> <p>The following exceptions to 441—Chapter 109 shall be applied to get-well centers:</p> <ol style="list-style-type: none"> a. A center shall maintain a minimum staff ratio of one-to-four for infants and one-to-five for children over the age of two. b. All staff that have contact with children shall have a minimum of 17 clock hours of special training for caring for mildly ill children. Current certification of training shall be contained in the personnel files. Special training shall be Department-approved and include the following: <ol style="list-style-type: none"> (1) Four hours' training in infant and child cardiopulmonary resuscitation (CPR), four hours' training in pediatric first aid, and one hour of training in infection control within the first month of employment. (2) Six hours' training in care of ill children, and two hours' training in child abuse identification and reporting within the first six months of employment and every five years thereafter. c. There shall be 40 square feet of program space per child. d. There shall be a sink with hot and cold running water in every child-occupied room. e. 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. f. 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. 	N/A
441-109.15(237A)	Food services	
109.15(1)	<p>Nutritionally balanced meals or snacks</p> <p>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.</p>	<p>Per Head Start programs are required to participate in CACFP as per 1302.44(b) and 1302.44(a)(2)(iii).</p>

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	The center shall serve each child a full, nutritionally balanced meal or snack as defined by the USDA Child and Adult Care Food Program (CACFP) guidelines 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.	1302.44(a)(2)(i) & (ii)
109.15(2)	<p>Menu planning</p> <p>The center shall follow the minimum CACFP menu patterns for meals and snacks and serving sizes for children aged infant to 13 years. Menus shall be planned at least one week in advance, made available to parents, and kept on file at the center. Substitutions in the menu shall be noted and kept on file. Foods with a high incident rate of causing choking in young children shall be avoided or modified. 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.</p>	<p>Per Head Start programs are required to participate in CACFP as per 1302.44(b) and 1302.44(a)(2)(iii).</p> <p>1302.44(a)(1)</p>
109.15(3)	<p>Feeding of children under two years of age</p> <ol style="list-style-type: none"> a. All children under 12 months of age shall be fed on demand, unless the parent provides other written instructions. Meals and snacks provided by the center shall follow the CACFP infant menu patterns. Foods shall be appropriate for the infant's nutritional requirements and eating abilities. Menu patterns may be modified according to written instructions from the parent, physician or health care provider. Special formulas prescribed by a physician or health care provider shall be given to a child who has a feeding problem. b. 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 with a bottle or left sleeping with a bottle. Spoon feeding shall be adapted to the developmental capabilities of the child. c. 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 and younger unless otherwise ordered by a parent or physician. d. Whole milk for children under age two who are not on formula or breast milk unless otherwise directed by a physician. e. 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. 	<ol style="list-style-type: none"> a. 1302.44(a)(2)(iv) b. 1302.31(e)(2); 1302.44(a)(2)(v) c. 1302.44(a)(2)(iv) & (viii) d. 1302.44(a)(2)(iv) e. 1302.47(b)(6)(ii)
109.15(4)	<p>Food brought from home</p> <ol style="list-style-type: none"> a. The center shall establish policies regarding food brought from home for children under five 	<p>1302.44(a)(i) 1302.46(a) 1302.46(b)(1)(ii)</p>

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	<p>years of age who are not enrolled in school. A copy of the written policy shall be given to the parent at admission.</p> <ul style="list-style-type: none"> b. Perishable foods brought from home shall be maintained to avoid contamination or spoilage. c. Snacks that may not meet CACFP nutrition guidelines may be provided by parents for special occasions such as birthdays or holidays. 	1302.47(b)(6)(ii)
109.15(5)	<p>Food preparation, storage, and sanitation</p> <p>Centers shall ensure that food preparation and storage procedures are consistent with the recommendations of the National Health and Safety Performance Standards and provide:</p> <ul style="list-style-type: none"> a. Sufficient refrigeration appropriate to the perishable food to prevent spoilage or the growth of bacteria. 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. c. Sanitary methods for dish-washing techniques sufficient to prevent the transmission of disease. d. Sanitary methods for garbage disposal sufficient to prevent the transmission of disease and infestation of insects and rodents. 	<ul style="list-style-type: none"> a. 1302.47(b)(6)(ii). Per 45 CFR 1302.47(a), CFCO BASICS is a recommended resource to develop and implement adequate safety practices, including 4.8.0.1 & 4.9.0.1 b. 1302.47(b)(6)(ii) c. 1302.47(b)(6)(ii) d. 1302.47(b)(6)(ii); 1302.47(b)(1)(ii)
109.15(6)	<p>Water supply</p> <p>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.</p>	1302.44(a)(2)(ix)