



## Health, Safety, and Fire Standards Checklist for Child Care Homes with a Child Care Assistance Provider Agreement

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

Date of entering into a provider agreement \_\_\_\_\_

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

For each requirement, check the “yes” box if the home meets the requirements, or the “no” box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found, how many “items” were missing (such as children’s files, immunization cards, etc.) or what the problem was. If a requirement does not apply to this particular home, enter “NA” for not applicable in the “yes” box.

YES	NO	REF. #	RULE	COMMENT
			<b>A provider’s own infants and preschoolers are counted. A provider’s own school-age children are not counted. A relative’s children are counted, regardless of age.</b>	
		120.5	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	
		120.6	No more than five children shall receive care at any one time. May have a sixth child if one is school aged	
		120.7(1)	The provider meets the following requirements:	
		a	Gives careful supervision at all times.	
		b	Frequently exchanges information with the parent of each child to enhance the quality of care.	
		c	Gives consistent, dependable care.	
			Is capable of handling emergencies.	
		d	Is present at all times, except if emergencies occur or an absence is planned.	
			If absence is planned, care is provided by a DHS-approved substitute.	
			If absence is planned, the parents are given at least 24 hours prior notice.	

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		e	Shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or non-prescription drug that could impair their ability to give careful supervision.	
		f	Be at least 18 years of age.	
		120.7(2)	Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.	
		a	All standards regarding supervision and care of children apply to substitutes.	
		b	Except in emergency situations, the provider must 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 is limited to: <ul style="list-style-type: none"> <li>• No more than 25 hours per month.</li> <li>• An additional period of up to two weeks in a 12-month period.</li> </ul> These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.	
		e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	
		120.8	Conditions in the home shall be safe, sanitary, and free from hazards.	
		120.8(1)a	Has a non-pay working telephone. A cell phone can be the primary phone.	
			Emergency numbers posted for police, fire, ambulance, and poison information center.	
			Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone.	

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			All travel vehicles must have a paper copy of emergency parent contact information.	
		b	Electrical wiring shall be maintained.	
			All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets.	
			All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
		c	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.	
		d	Safety barriers are at stairways and doors as needed.	
		e	An annual laboratory analysis shows satisfactory bacteriological quality <u>if</u> a private water supply is used. Nitrate analysis when children under 2.	
			<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	
		f	A safety barrier surrounds any heating stove or heating element, in order to prevent burns.	
		g	Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on <b>each</b> child-occupied floor.	
		h	Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
			Each smoke detector has been installed according to manufacturer's recommendations.	
			Each smoke detector is tested monthly, and a record is kept for inspection purposes.	
		i	Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.	

YES	NO	REF. #	RULE	COMMENT
			Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and <a href="http://www.iowasmokefreeair.gov">www.iowasmokefreeair.gov</a> .	
		j	Homes served by private sewage disposal systems shall be operated and maintained in a sanitary manner. Discharge of untreated waste water is prohibited..	
		k	For homes built prior to 1978, provider must review for chipping, peeling, cracking paint. If repair is required, this is completed by a lead-safe renovator.	
		l	The child care home shall be located in a single-family residence that is owned, rented, or leased by the provider.	
		m	Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized.	
		n	Providers inform parents of the presence of any pet in the child development home.	
			All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ectoparasites. Form 470-5153, <i>Veterinary Health Certificate</i> , is on file.	
			Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.	
			Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
			All animal waste is immediately removed from the children's areas and properly disposed of.	
			No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.	
			Children shall not perform any feeding or care of pets or cleanup of pet waste.	

YES	NO	REF. #	RULE	COMMENT
		o	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents, and copies are in the child's file.	
		p	Serious injuries and deaths are reported within 24 hours.	
120.8(2) Outdoor space.				
		a	A safe outdoor play area is maintained in good condition throughout the year.	
			Play area has a fence when located on a busy thoroughfare or near a hazard.	
			Has both sunshine and shade areas.	
			Is kept free from litter, rubbish, and flammable materials.	
			Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	
		b	When a swimming pool or wading pool is on the premises:	
			Wading pools are drained daily and are inaccessible to children when not in use.	
			<u>If not fenced</u> , both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use.	
			Fence for above-ground pool is four feet high and non-climbable.	
			Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high.	
		c	If children use above-ground or in-ground swimming pools:	
			Written permission from the parents is on file.	
			Equipment needed to rescue a child or adult is accessible.	
			The provider accompanies and provides constant supervision while the children use the pool.	
			The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	

YES	NO	REF. #	RULE	COMMENT
120.8(3) Medications and hazardous material.				
		a	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
		b	First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.	
			The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.	
		c	Medicines are given only with written authorization from the doctor or parent.	
			Prescribed medicines are accompanied by a doctor's or a pharmacist's direction.	
			All medicines are in original containers with directions intact and labeled with the child's name.	
			Medicines are stored properly including refrigeration in a separate covered container.	
			Medicines are inaccessible to children.	
			Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given.	
		d	Medications are not provided if the provider has not completed pre-service orientation that includes medication administration.	
		e	Provider has procedures related to infectious disease and handling of bodily fluids including blood. Soiled diapers are stored in containers separate from other waste.	
120.8(4) Emergency plans.				
		a	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
			The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.	
			Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.	

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		b	Procedures are in place for: <ul style="list-style-type: none"> <li>• Evacuation to safely leave the facility,</li> <li>• Relocation to a common, safe location after evacuation,</li> <li>• Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue,</li> <li>• Lock down to protect children and providers from an external situation,</li> <li>• Communication and reunification with families,</li> <li>• Continuity of operations, and</li> <li>• Procedures to address the needs of individual children, including those with functional or access needs.</li> </ul>	
120.8(5) Safe sleep.				
		a	Provider must follow safe sleep practices as recommended by AAP for infants under one year of age.	
		(1)	Infants are placed on back to sleep.	
		(2)	Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.	
		(3)	Infants are not allowed to sleep on bed, sofa, air mattress, or other soft surface.	
		(4)	No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area.	
		(5)	Co-sleeping is not allowed.	
		(6)	Sleeping infants will be actively observed by sight and sound.	
		(7)	If an alternative sleeping position is needed, a signed physician or physician assistant authorization with state of medical reason is required.	
		b	No child is allowed to sleep in items not designed for sleeping, including but not limited to, infant seat, car seat, swing, bouncy seat.	
		c	Crib or crib-like furniture, waterproof mattress covering, and sufficient bedding that meets CPSC or ASTM standards is provided for each child under two years of age. No restraining devices are used.	

YES	NO	REF. #	RULE	COMMENT
		d	Items used for sleeping are used in compliance with manufacturing standards for age and weight of the child.	
120.8(6) Discipline.				
		a	Corporal punishment including spanking, shaking, and slapping is not used.	
		b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	
		c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	
			No punishment or threat of punishment is associated with food or rest.	
		d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	
		e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	
120.8(7) Meals and snacks.				
		a	Regular meals and snacks that are well-balanced and nourishing shall be provided.	
		b	Children may bring food to the child care home, but are not required to provide their own food.	
		c	Clean, sanitary drinking water shall be readily available in indoor and outdoor areas, throughout the day.	
120.9 Children's files.				
		120.9(1)	An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
		120.9(2)a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	
		b	Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child's regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.	



YES	NO	REF. #	RULE	COMMENT
		c	A signed medical consent from the parent authorizing emergency medical and dental treatment.	
		d	An admission physical examination report signed by physician or clinic designee.	
		e	A statement of health signed by a physician submitted annually.	
			For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.	
		f	Documentation signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	
		g	A signed and dated immunization certificate provided by the state Department of Public Health.	
		h	Written emergency plan for children with allergies. Must accompany child if away from facility.	
		i	Written permission from the parent(s) for their child to attend activities away from the child development home.	
		j	If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.	
120.10 Professional development.				
		120.10(1)	Prior to provider agreement minimum health and safety training.	
		120.10(2)	Prior to issuance of a provider agreement, the provider shall complete two hours of Iowa's training for mandatory reporting of child abuse.	
		120.10(3)	Provider shall have first aid training and CPR and maintain valid certification.	
		120.10(5)	Substitutes must complete preservice/ orientation training within three months or prior to providing substitute care, whichever occurs first.	
		120.10(6)	During each two year agreement period six hours of approved training.	

Signature of person completing form	Agency	Date
Signature of provider	Co-Provider (Child Development Home C only)	Date