

## Iowa Department of Health And Human Services

### Checklist for Child Development Home Registration

|                                    |                                                  |                                |                   |
|------------------------------------|--------------------------------------------------|--------------------------------|-------------------|
| Name<br>Louise Lawson              | Telephone Number<br>3196100510                   | Date Of Inspection<br>2/3/2026 |                   |
| Street Address<br>409 Blue Bell CT | City<br>Hudson                                   | State<br>IA                    | Zip Code<br>50643 |
| Date of Initial Registration       | Date of Initial Registration at Current Category |                                |                   |

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code Chapter 110 that must be met by a registered child development home. 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 a requirement does not apply to this particular home, enter “NA” for not applicable in the “yes” box.

#### Section 1.

| Yes                                 | No                       | NA                                  | REF. #         | RULE                                                                                                                                                                             |
|-------------------------------------|--------------------------|-------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                | All areas of the residence were observed during inspection. If not, please note rationale in Comment section.                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.5          | 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. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.6          | No more children are in care than the number authorized on the registration certificate.                                                                                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.7(1)       | The provider meets the following requirements:                                                                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.7 (1)<br>a | Gives careful supervision at all times.                                                                                                                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.7 (1)<br>b | Frequently exchanges information with the parent of each child to enhance the quality of care.                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.7 (1)<br>c | Gives consistent, dependable care.                                                                                                                                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                | Is capable of handling emergencies.                                                                                                                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.7 (1)<br>d | Is present at all times, except if emergencies occur or an absence is planned.                                                                                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                | If absence is planned, care is provided by a DHS-approved substitute.                                                                                                            |

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| Yes                                 | No                       | NA                                  | REF. #         | RULE                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------|--------------------------|-------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                | If absence is planned, the parents are given at least 24 hours prior notice.                                                                                                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.7 (1)<br>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.                                                                                                                                                                             |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.7(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.                                        |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.7 (2)<br>a | All standards regarding supervision and care of children apply to substitutes.                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.7 (2)<br>b | Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.7 (2)<br>c | The substitute must be 18 years of age or older.                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.7 (2)<br>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. |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.7 (2)<br>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.                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8          | Conditions in the home shall be safe, sanitary, and free from hazards.                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1)<br>a | Has a non-pay working telephone. A cell phone can be the primary phone.                                                                                                                                                                                                                                                                                                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                | Emergency numbers posted for police, fire, ambulance, and poison information center.                                                                                                                                                                                                                                                                                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                | 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.                                                                                                                                                                                                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                | All travel vehicles must have a paper copy of emergency parent contact information.                                                                                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1)<br>b | Electrical wiring shall be maintained.                                                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                | All accessible electrical outlets are safely capped or are tamper-resistant electrical outlets.                                                                                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                | All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.                                                                                                                                                                                                                                                                   |

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|-------------------------------------|--------------------------|-------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) c | Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) d | Safety barriers are at stairways and doors as needed.                                                                                                                                                                                                                              |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.8 (1) e | An annual laboratory analysis shows satisfactory bacteriological quality if a private water supply is used. Nitrate analysis when children under 2.                                                                                                                                |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |             | If water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.                                                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) f | A safety barrier surrounds any heating stove or heating element, in order to prevent burns.                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) g | Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor.                                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) 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.                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |             | Each smoke detector has been installed according to manufacturer's recommendations.                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |             | Each smoke detector is tested monthly, and a record is kept for inspection purposes.                                                                                                                                                                                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) 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.                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |             | 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> .                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.8 (1) j | Homes served by private sewage disposal systems shall be operated and maintained in a sanitary manner. Discharge of untreated waste water is prohibited.                                                                                                                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) 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.                                                                                                                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.8 (1) 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.                                                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) n | Providers inform parents of the presence of any pet in the child development home.                                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |             | 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 ecto parasites.<br><br>Form 470-5153, <i>Pet Health Examination Veterinary Health Certificate</i> , is on file. |

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| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       | 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.                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       | Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | All animal waste is immediately removed from the children's areas and properly disposed of.                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | Children shall not perform any feeding or care of pets or cleanup of pet waste.                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) 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. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) p           | The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) q           | The provider has written policies about responding to health-related emergencies.                                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) r           | Certificate of registration is displayed in a conspicuous place.                                                                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (1) s           | Serious injuries and deaths are reported within 24 hours.                                                                                                                                          |
| 110.8(2)                            |                          |                                     | <b>Outdoor space.</b> |                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (2) a           | A safe outdoor play area is maintained in good condition throughout the year.                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | Play area has a fence when located on a busy thoroughfare or near a hazard.                                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | Has both sunshine and shade areas.                                                                                                                                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | Is kept free from litter, rubbish, and flammable materials.                                                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                       | Is free from contamination by drainage or ponding of sewage, household waste, or storm water.                                                                                                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.8 (2) b           | When a swimming pool or wading pool is on the premises:                                                                                                                                            |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       | Wading pools are drained daily and are inaccessible to children when not in use.                                                                                                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       | If not fenced, both in and above-ground pools must have a cover that meets or exceeds ASTM standards when not in use.                                                                              |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       | Fence for above-ground pool is four feet high and non-climbable.                                                                                                                                   |

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| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                            | Fence for in-ground pool is flush with ground, non-climbable, and at least four feet high.                                                                             |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.8 (2)<br>c                             | If children use above-ground or in-ground swimming pools:                                                                                                              |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                            | Written permission from the parents is on file.                                                                                                                        |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                            | Equipment needed to rescue a child or adult is accessible.                                                                                                             |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                            | The provider accompanies and provides constant supervision while the children use the pool.                                                                            |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                            | The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.                                     |
| 110.8(3)                            |                          |                                     | <b>Medications and hazardous material.</b> |                                                                                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (3)<br>a                             | All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (3)<br>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.                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                            | The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (3)<br>c                             | Medicines are given only with written authorization from the doctor or parent.                                                                                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                            | Prescribed medicines are accompanied by a doctor's or a pharmacist's direction.                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                            | All medicines are in original containers with directions intact and labeled with the child's name.                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                            | Medicines are stored properly including refrigeration in a separate covered container.                                                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                            | Medicines are inaccessible to children.                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                            | Any medication provided to a child shall be recorded indicating the name of the medication, date, time, and amount given.                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (3)<br>d                             | Medications are not provided if the provider has not completed pre-service orientation that includes medication administration.                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (3)<br>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. |
| 110.8(4)                            |                          |                                     | <b>Emergency plans.</b>                    |                                                                                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 110.8 (4)<br>a                             | Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.                                                               |

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|-------------------------------------|-------------------------------------|--------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                    | The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                    | Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 110.8 (4)<br>b     | <p>Procedures are in place for:</p> <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> </ul> <p>Procedures to address the needs of individual children, including those with functional or access needs.</p> |
| 110.8(5)                            |                                     |                          | <b>Safe sleep.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.8 (5)<br>a     | Provider shall follow safe sleep practices as recommended by AAP for infants under one year of age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                    | Infants are placed on back to sleep.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                    | Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                    | Infants shall not be allowed to sleep on bed, sofa, air mattress, or other soft surface.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                    | No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding is allowed in sleeping area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                    | Co-sleeping is not allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                    | Sleeping infants will be actively observed by sight and sound.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                    | If an alternative sleeping position is needed, a signed physician or physician assistant authorization with state of medical reason is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.8 (5)<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.8 (5)<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.8 (5)<br>d     | Items used for sleeping are used in compliance with manufacturing standards for age and weight of the child.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 110.8(6)                            |                                     |                          | <b>Discipline</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (6)<br>a          | Corporal punishment including spanking, shaking, and slapping is not used.                                                                                                                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (6)<br>b          | No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.                                                                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (6)<br>c          | No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | No punishment or threat of punishment is associated with food or rest.                                                                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (6)<br>d          | No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (6)<br>e          | Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.                                                                                  |
| 110.8(7)                            |                          |                          | <b>Meals and snacks</b> |                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (7)<br>a          | Regular meals, midmorning snacks and/or mid-afternoon snacks shall be provided and be well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (7)<br>b          | Children may bring food to the child care home, but are not required to provide their own food.                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (7)<br>c          | Clean, sanitary drinking water shall be readily available to children in indoor and outdoor areas, throughout the day.                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8(8)                | Activity program. There is an activity program that promotes self-esteem and exploration that:                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (8)<br>a          | Includes active play.                                                                                                                                                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (8)<br>b          | Includes quiet play.                                                                                                                                                                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (8)<br>c          | Includes activities for large muscle development, such as running, climbing, riding toys, etc.                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (8)<br>d          | Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc.                                                                                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.8 (8)<br>e          | All play equipment and materials are in a safe condition, for both indoor and outdoor activities.                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | All activities are developmentally appropriate for the ages of the children present.                                                                                                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                         | All equipment and materials are adequate for the number of children present.                                                                                                                       |
| 110.9                               |                          |                          | <b>Files.</b>           |                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9(1)                | A provider file is maintained and contains:                                                                                                                                                        |

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| Yes                                 | No                       | NA                       | REF. #         | RULE                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------|--------------------------|--------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9 (1)<br>a | Within six months of becoming registered, a physical exam report documented on form 470-5152, Child Care Provider Physical Examination Report, for all household members over the age of 18. Physical exams should be repeated every three years.                                                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                | <p>Within six months of becoming registered, children 18 years of age or younger residing in the household must have:</p> <ul style="list-style-type: none"> <li>• Admission physical exam report.</li> <li>• Immunization certificate.</li> </ul> <p>For school age: Documentation of physical exam completed at time of school enrollment or since that time.</p> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9 (1)<br>b | Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9(2)       | An individual file is maintained for each staff assistant:                                                                                                                                                                                                                                                                                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9 (2)<br>a | Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9 (2)<br>b | Within six months of approval, a Physical exam report documented on form 470-5152, Child Care Provider Physical Examination Report, which is repeated at least every three years.                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9 (2)<br>c | Certification of two hours of approved training relating to identification and reporting of child abuse within six months of employment.                                                                                                                                                                                                                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9(3)       | An individual file is maintained for each substitute and contains:                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9 (3)<br>a | Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9 (3)<br>b | Within six months of approval, a Physical exam report documented on form 470-5152, Child Care Provider Physical Examination Report, which is repeated at least every three years.                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9 (3)<br>c | Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment.                                                                                                                                                                                                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9 (3)<br>d | <p>Certification in infant and child first-aid that includes mouth-to-mouth resuscitation.</p> <p>If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.</p>                                                                                                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9 (3)<br>e | Certification or other documentation that minimum health and safety training as identified in 110.10(1)" a" has been completed within three months or prior to providing substitute care, whichever occurs first.                                                                                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.9(4)       | An individual file is maintained for each child and updated annually or when there are changes. Each file contains:                                                                                                                                                                                                                                                 |

## Iowa Department of Health And Human Services

### Checklist for Child Development Home Registration

| Yes                                 | No                                  | NA                       | REF. #      | RULE                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------|-------------------------------------|--------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.9 (4) 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.                                                                                                                                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.9 (4) 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.                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.9 (4) c | A signed medical consent from the parent authorizing emergency treatment.                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 110.9 (4) d | For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |             | For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian or admission physical examination that is not more than 12 months from the child's first day.                                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.9 (4) e | For infants and preschoolers: A statement of health signed by a physician submitted annually.                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |             | For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of statement of health or admission physical.                                                                                                                                                                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.9 (4) f | For each school-age child, record of a physical exam completed at the time of school enrollment or since.                                                                                                                                                                                                                                          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 110.9 (4) g | A signed and dated immunization certificate provided by the state Department of Public Health.                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.9 (4) h | Written emergency plans for children with allergies. Must accompany child if away from facility.                                                                                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.9 (4) i | Documentation signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.9 (4) j | Written permission from the parent(s) for their child to attend activities away from the child development home.                                                                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.9 (4) k | Injury report forms to document injuries requiring first aid or medical care.                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 110.9 (4) l | If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.                                                                                                                                                                                                                              |

Checklist for Child Development Home Registration

Section 2.

| Yes                      | No                       | NA                                  | REF. #                                                        | RULE                                                                                                           |
|--------------------------|--------------------------|-------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 110.13(1)                |                          |                                     | SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A" |                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.13 (1)<br>a                                               | Not more than six preschool children present at any one time including infants.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.13 (1)<br>b                                               | Of these 6 children, not more than 4 children who are 24 months of age or younger are present at any one time. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                               | Of the 4 children 24 months of age or younger, no more than 3 may be 12 months of age or younger.              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.13 (1)<br>c                                               | Not more than two additional school-age children                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.13 (1)<br>d                                               | Not more than eight children present when the emergency school closing exception is in effect.                 |

Checklist for Child Development Home Registration

Section 3.

| Yes                                 | No                       | NA                       | REF. #                                                               | RULE                                                                                                                                                                                                 |
|-------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 110.14(1)                           |                          |                          | <b>SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"</b> |                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.14 (1)<br>a                                                      | Not more than eight preschool children present at any one time including infants.                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.14 (1)<br>b                                                      | Of these 8 children, not more than 4 children who are 24 months of age or younger are present at any one time.                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                      | Of the 4 children 24 months of age or younger, no more than 3 may be 12 months of age or younger.                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.14 (1)<br>c                                                      | Not more than four additional school-age children.                                                                                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.14 (1)<br>d                                                      | Not more than 12 children present when the emergency school closing exception is in effect.                                                                                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.14 (1)<br>e                                                      | When more than 8 children are present for more than 2 hours, a DHS-approved assistant at least 14 years old is present. unless extra children are present as a result of an emergency school closing |
| 110.14(3)                           |                          |                          | <b>Facility requirements.</b>                                        |                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.14 (3)<br>a                                                      | There is a minimum of 35 square feet of child use floor space indoors for each child in care.                                                                                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                      | There is a minimum of 50 square feet outdoors per child in care.                                                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.14 (3)<br>b                                                      | There is a separate quiet area for sick children.                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 110.14 (3)<br>c                                                      | Minimum of two direct exits to the outside from the main floor.                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                      | All exits terminate at grade level with permanent steps.                                                                                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                      | If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                      | If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.                                                                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                      | The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.                                                                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                      | The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                      | Child care is not provided above the second floor.                                                                                                                                                   |

## Iowa Department of Health And Human Services

### Checklist for Child Development Home Registration

#### Section 4.

| Yes                      | No                       | NA                                  | REF. #                                                               | RULE                                                                                                                                                                                    |
|--------------------------|--------------------------|-------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 110.15(1)                |                          |                                     | <b>SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"</b> |                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.15 (1)<br>a                                                      | When both providers are present, not more than 14 preschool children are present at any one time, including infants.                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.15 (1)<br>b                                                      | When both approved providers are present, not more than 4 children 12 months of age or younger are present and no more than 6 of the 14 children are 24 months of age or younger.       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.15 (1)<br>c                                                      | When both approved providers are present, not more than two additional school-age children are present                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.15 (1)<br>d                                                      | Not more than 16 children are present when an emergency school closing exception is in effect.                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.15 (1)<br>e                                                      | If only one approved provider is present, not more than eight children are present.                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                      | If only one approved provider is present, not more than 4 of the 8 children may be 24 months of age or younger and of these 4 children, no more than 3 are 12 months of age or younger. |
| 110.15(3)                |                          |                                     | <b>Facility requirements.</b>                                        |                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.15 (3)<br>a                                                      | There is a minimum of 35 square feet of child use floor space indoors for each child in care.                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                      | There is a minimum of 50 square feet outdoors for each child in care.                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.15 (3)<br>b                                                      | There is a separate quiet area for sick children.                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110.15 (3)<br>c                                                      | Has a minimum of two direct exits to the outside from the main floor.                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                      | All exits terminate at grade level with permanent steps.                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                      | If the second story or basement is used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                      | If a basement window is used as an exit, the window is able to be opened from the inside without the use of tools.                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                      | The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                      | The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                      | Child care is not provided above the second floor.                                                                                                                                      |



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**Checklist for Child Development Home Registration**

|                                                        |               |                  |
|--------------------------------------------------------|---------------|------------------|
| Signature of person completing form<br>Christine Weber | Agency<br>HHS | Date<br>2/3/2026 |
|--------------------------------------------------------|---------------|------------------|

|                                        |                                             |                  |
|----------------------------------------|---------------------------------------------|------------------|
| Signature of Provider<br>Louise Lawson | Co-Provider (Child Development Home C only) | Date<br>2/3/2026 |
|----------------------------------------|---------------------------------------------|------------------|