

**Iowa Department of Human Services  
Safety Standards Recommended For Children's Centers  
March 2009**

PREAMBLE

**Background**

“Children’s centers” are defined in Iowa Code Chapter 237B. This Code section provides for the Department of Human Services (Department) to establish certification or licensing standards for children’s centers, however administrative rule-making authority is not clearly granted to the Department. This Code section also does not provide authority for the Department or any other state agency to enforce “children’s centers” standards.

Iowa Code Chapter 237B also says that the standards shall be broad facility standards for the protection of children’s safety and that the Department shall not establish program standards or other requirements involving program development or oversight of the programs provided to the children served by “children’s centers” (e.g., requirements related to staff education and training, program curriculum, etc.).

**Department of Human Services Approach to the Recommended Standards**

In response to these Iowa Code provisions, the Department has chosen to implement two courses of action.

First, in light of the lack of clarity whether the Department has rule-making authority, in April 2009 the Department will publish for public notice a set of rules describing broad facility standards that focus on keeping children safe.

Second, the Department has taken input from other state agencies and a service provider to assemble the recommended standards published here. The Department believes these standards would form a solid foundation for certification or licensing-related expectations of “children’s centers” if the current law required certification or licensing, or granted licensing authority to the Department or another state agency.<sup>1</sup>

**Basis for the Recommended Standards**

Numerous Iowa Administrative Code chapters exist today that contain well established and practical policies related to residential programs and the safety of children; e.g., chapters related to foster group care facilities, emergency juvenile shelter, or child care. The Department reviewed those chapters to develop these recommended standards for use by facilities meeting the definition of a children’s center, families, communities with interest, and others.

Like the broad facility standards and rules that will be published in April 2009 for public notice, these additional recommended standards also focus on keeping children safe. Readers will

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<sup>1</sup> It should be noted that these recommended standards are based on the current statute. If there is a law change or other action that gives new authority or responsibility to the Department, these standards will be rewritten to comply with new requirements under the law or new Departmental responsibilities.

notice that these additional recommended standards build on the proposed rules to include additional criteria the Department believes could help better define good practice. This document includes both the Rules proposed for public notice and the Additional standards recommended so the reader can easily see the relationship between the two.

In the event a facility meeting the definition of children's center is subject to licensure, certification, registration or regulation pursuant to another provision of law, the other provision of law shall control and take precedence over these recommended standards. These standards do not supersede or take the place of other applicable regulatory provisions.

The standards below cover the following areas: Definitions; Providing for basic needs; Protection from mistreatment, physical abuse, sexual abuse, and neglect; Record checks; Seclusion and restraints; Health, safety, emergencies, and buildings; and, Application of the standards (including options for implementation and certification or licensing if needed).

## **I. Definitions**

1. "Children" means persons less than eighteen years of age.
2. "Children's center" means a privately funded facility designed to serve seven or more children at any one time who are not under the custody or authority of the Department Of Human Services, juvenile court, or another governmental agency, and that offers one or more of the following services:
  - a. Child Care.
  - b. Child care for children with a chronic illness.
  - c. Respite care.
  - d. Family support services.
  - e. Medical equipment.
  - f. Therapeutic day programming.
  - g. Educational enrichment.
  - h. Housing.
3. "Chemical restraint" means the use of chemical agents including psychotropic drugs as a form of restraint. The therapeutic use of psychotropic medications is not considered chemical restraint.
4. "Control room" means a locked room used for treatment purposes.
5. "Department" means the Department of Human Services or other state agency that may be granted enforcement authority of the standards.
6. "Mechanical restraint" means restriction by the use of a mechanical device of a child's mobility or ability to use the hands, arms, or legs.
7. "Physical restraint" means direct physical contact required on the part of a staff member, volunteer, or others who perform duties under a subcontract with the children's center to prevent a child from hurting self, others, or property.

## **II. Providing for basic needs**

### **Rule proposed for public notice:**

Children's centers shall do the following: offer nourishing food and water; provide opportunities for adequate sleep, exercise, cleanliness, and health maintenance; and, assure adequate shelter for children in its care. A children's center shares responsibility for these things with parents, guardians, or other primary caretakers depending upon the amount of time the child spends in the children's center each day.

### **Additional standards recommended:**

The children's center shall serve each child full, nutritionally balanced meals or snacks – similar to those defined by the United States Department of Agriculture Child and Adult Care Food Program (CACFP) meal patterns or by the National School Lunch Program, unless otherwise indicated by a medical necessity.

## **III. Protection from mistreatment, physical abuse, sexual abuse, and neglect**

### **Rule proposed for public notice:**

Children's centers shall have written policies that prohibit mistreatment, physical abuse, sexual abuse, and neglect of children and specify reporting and enforcement procedures for the children's center.

Children's centers shall have written policies regarding discipline. These policies shall define types of discipline, the reasons they would be used, and be discussed with staff, volunteers, or others who perform duties under a subcontract with the children's center and with parents or guardians before children are admitted to the children's center. The state of Iowa prohibits child abuse (defined in Iowa Code Chapter 232), criminal assault, and other criminal acts of violence and children's centers shall not use discipline that amounts to child abuse or a criminal act of violence.

Children's centers shall not employ or use as a volunteer or subcontractor any person that poses any threat to the children in its care.

Children's Centers shall have written policies related to children's communication with their parents, guardians, and other outside authorities.

Children's Centers shall have written policies related to children's ability to receive visitors that have been approved by their parents or guardians.

Children's Centers shall have written policies related to privacy and confidentiality. Children shall be allowed reasonable privacy. The children's center shall also afford children and their families privacy and confidentiality unless to do so would jeopardize the child's health or safety.

Children's Centers shall have written policies regarding children's ability to keep personal belongings with them, such as clothing, pictures, and other items, that keep them connected to their families and community.

Children's Centers shall have written policies regarding children's ability to participate in normal community activities that have been approved by their parents or guardians.

The children's center shall share their written policies related to communication, visitors, personal belongings, and participation in community activities with children's parents or guardian before a child is admitted to the children's center.

Children's centers shall not impose unreasonable rules and restrictions that prevent communication and connections with parents, guardians, other family members, or authorities.

**Additional standards recommended:**

Children's center staff, volunteers, or others who perform duties under a subcontract with the children's center, shall be trained as mandatory child abuse reporters. Complete information about mandatory reporter requirements may be found in the Child Care Centers and Preschools Licensing Standards and Procedures available from the Department of Human Services.

Alleged violations of policies that prohibit mistreatment, physical abuse, sexual abuse, and neglect of children shall be reported immediately to the Director of the children's center and appropriate law enforcement and Department of Human Services personnel.

No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.

Children's emotional and physical well-being shall be preserved.

Children's centers shall not use as a form of discipline:

- a. Corporal punishment, including spanking by hand or object, shaking, and slapping.
- b. Punishment that is humiliating or frightening or which causes pain or discomfort to a child.
- c. Locking children in a room, closet, box or other device.
- d. Punishment or threat of punishment associated with a child's illness, lack of progress in toilet training, or in connection with food or rest.
- e. Withholding food, clothing, or sleep.

**IV. Record checks**

**Rule proposed for public notice:**

Children's center's shall determine for any owner, director, staff member, volunteer, or others who perform duties under a subcontract with the children's center with direct responsibility for children or with access to a child when the child is alone, and for anyone living in the children's center who is 14 years of age or older, whether they have any founded child abuse reports, founded dependent adult abuse reports, or criminal convictions or have been placed on the sex offender registry. A written, signed and dated statement that discloses any substantiated instances of child abuse, neglect or sexual abuse committed by the person; any substantiated

instances of dependent adult abuse; and, any convictions of crimes involving the mistreatment or exploitation of a child shall be submitted to the children's center. Children's centers may request additional information from the central abuse registry or the Iowa department of public safety.

If a record of criminal conviction or founded child abuse or founded dependent adult abuse exists, the children's center shall evaluate the crime or founded child abuse or dependent adult abuse to determine whether or not the crime or founded child abuse or founded dependent adult abuse merits prohibition of employment or any voluntary or subcontracted position. The evaluation shall consider the nature and seriousness of the crime or founded abuse in relation to the position sought, the time elapsed since the commission of the crime or founded abuse, the circumstances under which the crime or founded abuse was committed, the degree of rehabilitation, and the number of crimes or founded abuses committed by the person involved.

**Additional standards recommended:**

The children's center shall conduct record checks for each owner, director, staff member, volunteer, or others who perform duties under a subcontract with the children's center with direct responsibility for children or with access to a child when the child is alone, and for anyone living in the children's center who is 14 years of age or older, to determine whether they have any founded child abuse reports, founded dependent adult abuse reports or criminal convictions or have been placed on the sex offender registry. The children's center may use the Department's Form 470-0643, Request for Child Abuse Information and Form 595-1396, DHS Criminal History Record Check, Form B, for this purpose.

If a record of criminal conviction or founded child abuse or founded dependent adult abuse exists, the person shall be offered the opportunity to complete and submit Form 470-2310, "Record Check Evaluation" so the Department can determine whether or not the crime or founded child abuse or founded dependent adult abuse merits prohibition of employment or any voluntary or subcontracted position. In its evaluation, the Department shall consider the nature and seriousness of the crime or founded abuse in relation to the position sought, the time elapsed since the commission of the crime or founded abuse, the circumstances under which the crime or founded abuse was committed, the degree of rehabilitation, and the number of crimes or founded abuses committed by the person involved.

**V. Seclusion and restraints**

**Rule proposed for public notice:**

Children's centers shall not physically restrain a child unless it is necessary to protect the child or others from serious harm. Physical restraint must be conducted in a standing position whenever possible. Prone restraint is prohibited. Children's centers shall not put a child into a time-out seclusion for more than one hour and a child shall never be secluded in an area that is locked or out of the view of staff, volunteers, or others who perform duties under a subcontract with the children's center. At no time shall a children's center use a control room, mechanical restraint, or chemical restraint.

**Additional standards recommended:**

Physical restraint shall never be used for more than a few minutes. Anyone using physical restraint must go through training on proper restraint.

The use of physical restraint shall be employed only to prevent behavior extremely disruptive to others or to prevent the child from injury to self, to others, or to property. The rationale and authorization for the use of restraint and staff action and procedures carried out to protect the child and to ensure safety shall be set forth clearly in the child's record by responsible professional staff.

When restraints are part of care or treatment plan for a child with a disability and authorized by the parent and a psychologist, psychiatrist, or other appropriate medical personnel, staff, volunteers, or others who perform duties under a subcontract with the children's center, shall receive training on the safe and appropriate use of the restraint.

Parents or guardians shall be notified as soon as possible and no later than the same day a child is restrained or a time-out seclusion is used.

## **VI. Health, safety, emergencies, and buildings**

### **A. Health**

#### **Rule proposed for public notice:**

Children's centers shall obtain, store, prepare, and serve food and water free from contamination.

Children's centers shall have written health policies that include the criteria for excluding a sick child from the center.

Children's centers shall have written policies and procedures related to disease control and the use of universal precautions with the handling of any bodily excrement or discharge, including blood and breast milk. Children's centers shall take precautions to prevent the spread of infectious and communicable disease.

Children's centers shall seek immediate medical attention for a child when it is necessary to assure that the child remains healthy.

Children's centers shall have written policies and procedures to assure that staff, volunteers, or others who perform duties under a subcontract with the children's center demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease.

Children's centers shall be required to report to public health any reportable diseases.

Children's centers shall have written policies regarding physical examination reports or health status statements for all children in care.

Children's centers shall have written policies and procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications.

Children's centers shall assure that a clearly labeled first-aid kit is available and easily accessible to staff, volunteers, or others who perform duties under a subcontract with the children's center at all times whenever children are in the center, in the outdoor play area, and on field trips. The kit shall be sufficient to address first-aid related to minor injury or trauma and shall be stored in an area inaccessible to children.

Children's centers shall have written policies about reporting illness or injury to parents or guardians and these policies shall be shared with parents or guardians before children are admitted to the children's center. Incidents resulting in a serious injury to a child or significant change in health status shall be reported immediately to the parent or guardian.

Children's centers shall have written policies regarding smoking and tobacco use that comply with Iowa state law.

**Additional standards recommended:**

Children's centers shall take precautions to prevent the spread of infectious and communicable disease and follow the immunization standards defined in Iowa Administrative Code 641, Chapter 7.

Children's center personnel shall complete training on Universal Precaution (blood borne pathogens).

Notice shall be posted in public view when it is known that a child has a communicable disease.

Pets and any outdoor animals accessible to children shall have a current veterinary health certificate that verifies the animal's routine immunizations as required by local ordinances.

The children's center shall keep readily accessible medical information and appropriate signed releases from parents or guardians authorizing medical treatment for each child in its care.

Children's centers shall have written health policies that include the criteria for excluding a sick child from the center and that assure protection from infectious or communicable diseases.

Children's centers shall have written policies and procedures to assure that staff, volunteers, or others who perform duties under a subcontract with the children's center demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease.

Staff, volunteers, and subcontractors' hands shall be washed at the following times:

- a. Upon arrival at the center.
- b. Immediately before eating or participating in any food service activity.
- c. After diapering a child.
- d. Before leaving the rest room either with a child or by themselves.
- e. Before and after administering non-emergency first aid to a child if gloves are not worn.
- f. After handling animals and cleaning cages.

The children's center shall ensure that staff, volunteers, and subcontractors assist children in personal hygiene sufficient to prevent or minimize the transmission of illness or disease. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water.

Children's hands shall be washed at the following times:

- a. Immediately before eating or participating in any food service activity.
- b. After using the rest room or being diapered.
- c. After handling animals.

Children's centers shall have written policies regarding physical examination reports or health status statements for all children in care, submitted within 30 days from the date of admission, signed by a licensed medical doctor, doctor of osteopathy, physician's assistant or advanced registered nurse practitioner. The date of the physical examination shall be no more than 12 months prior to the first day of residence at the center. The written report shall include past health history, status of present health including allergies, medications, and acute or chronic conditions, and recommendations for continued care when necessary. Annually thereafter, a statement of health condition, signed by a licensed medical doctor, doctor of osteopathy, physician's assistant or advanced registered nurse practitioner, shall be submitted that includes any change in functioning, allergies, medications, or acute or chronic conditions.

For each child five years of age and older and enrolled in school, the children's center shall require, prior to admission, a statement of health status signed by the parent or legal guardian that certifies that the child is free of communicable disease and that specifies any allergies, medications, or acute or chronic conditions. The statement from the parent shall be submitted annually thereafter.

Children's centers shall have written policies and procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications.

- a. All medications shall be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public. Nonprescription medications shall be labeled with the child's name.
- b. For every day an authorization for medication is in effect and the child is in attendance, there shall be a notation of administration including the name of the medicine, date, time, dosage given or applied, and the initials of the person administering the medication or the reason the medication was not given.
- c. In the case of medications that are administered on an ongoing, long-term basis, authorization shall be obtained for a period not to exceed the duration of the prescription.

Children's centers shall provide a quiet area under supervision for a child who appears to be ill or injured. The parents or a designated person shall be notified of the child's status in the event of a serious illness or emergency.

## **B. Safety**

### **Rule proposed for public notice:**

Children's centers shall maintain a staff to child ratio and follow safe practices that are based on the age and needs of the children in care to assure adequate supervision and child safety.

All poisonous or caustic drugs or materials shall be plainly labeled, stored separately from other drugs in a specific well-illuminated cabinet, closet, or storeroom, and be accessible only to a children's center's authorized persons. The manner of storage shall prevent accidental or intentional ingestion. Poison control centers' telephone numbers shall be posted in prominent locations and readily available.

Children's centers shall have written policies regarding fishing ponds, lakes, or any bodies of water located on or near the children's center's grounds and accessible to children. All swimming pools shall conform to state and local health and safety regulations and adult supervision shall be provided at all times when children are near or in the water.

Children's centers shall have written policies regarding transportation of a child that assure compliance with Iowa Code section 321.446 regarding child restraint devices. Drivers of vehicles shall possess a valid driver's license and shall not operate a vehicle while under the influence of alcohol, illegal drugs, or prescription or nonprescription drugs that could impair their ability to operate a motor vehicle. All vehicles used for children's center activities must be maintained in safe operating condition.

Animals kept on site shall be in good health with no evidence of disease, be of such disposition as to not pose a safety threat to any person, and be maintained in a clean and sanitary manner.

Offensive or dangerous weapons and ammunition shall be kept under lock and key and inaccessible to children. When these are used, children's centers shall have written policies regarding their purpose, use, and storage.

### **Additional standards recommended:**

Children's centers shall maintain a staff to child ratio and follow safe practices that are based on the age and needs of the children in care to assure adequate supervision and child safety. There shall be a staff to child ratio of no less than 1:8 during the hours children are awake. This ratio should be more staff or volunteer intensive in the cases of caring for infants or toddlers, or for children with greater needs.

## C. Emergencies

### **Rule proposed for public notice:**

Children's centers shall have written emergency plans for responding to evacuations, fire, tornado, flood, blizzards, other weather incidents, power failures, bomb threats, chemical spills, earthquakes, or other natural or man-made disaster that could create structural damage to the children's center or pose health or safety hazards. The plans should also include guidelines for responding to situations involving intruders within the children's center and grounds, intoxicated persons, lost or abducted children, and evacuations. Evacuations shall be practiced yearly.

The emergency plans shall include procedures for annual training to staff, volunteers, or others who perform duties under a subcontract with the children's center, regarding the contents and implementation of the plans.

Children's centers shall have written policies and procedures for medical and dental emergencies. The children's center shall have sufficient information and authorization to meet the medical and dental emergencies of children.

Emergency telephone numbers shall be readily available, including emergency telephone numbers for parents or guardians.

### **Additional standards recommended:**

If the center is located within a ten-mile radius of a nuclear power plant or research facility, the children's center shall also have plans for nuclear evacuations. Emergency plans shall include emergency telephone numbers, diagrams, and specific considerations for immobile children, and written procedures for transporting children and notifying parents and authorities.

Emergency instructions, telephone numbers, and evacuation or procedural diagrams for fire, tornado, and flood shall be visibly posted by all program and outdoor exits. Emergency plan procedures shall be practiced and documented at least once a month for fire and for tornado. Records on the practice of fire and tornado drills shall be maintained for the current and previous year.

Evacuation guidelines shall be provided to all persons in the children's center and evacuations shall be practiced yearly.

Children's centers shall have written policies and procedures for medical and dental emergencies and assure that all staff, volunteers, or others who perform duties under a subcontract with the children's center are able to implement the procedures. The children's center shall have sufficient information and authorization to meet the medical and dental emergencies of children.

Children's centers shall have written policies to assure that incidents involving a child, including minor injuries, minor changes in health status, or behavioral concerns, shall be reported to the parent on the day of the incident. A written report shall be provided to the parent or person authorized to remove the child from the center. The written report shall be prepared by the staff member who observed the incident and a copy shall be retained in the child's file.

## **D. Buildings**

### **Rule proposed for public notice:**

Children's centers shall assure the facility and grounds, playground surfaces and other areas, and all related equipment are safe and free from hazards. The children's center's exits shall be unobstructed at all times.

Children's centers shall comply with requirements established by the fire marshal for the applicable type of occupancy and shall comply with any applicable additional fire safety requirements established by local ordinance, including fire inspections. Smoke detectors shall be installed on all levels of the children's center.

Children's centers shall be equipped with fire extinguishers.

Children's centers shall be structurally sound. Any new facility or existing facility which is extensively renovated shall be constructed in compliance with applicable requirements of the State of Iowa Building Code established pursuant to Iowa Code Chapter 103A and with any local building code in force at the time of construction.

Children's centers located in a building built before 1960 shall conduct a visual assessment for lead hazards that exist in the form of peeling or chipping paint. If the presence of peeling or chipping paint is found, the paint shall be presumed to be lead-based paint unless a certified inspector as defined in department of public health rules at 641—Chapter 70 determines that it is not lead-based paint. In the absence of the determination that it is not lead based paint, children's centers shall use safe work methods as defined by the state department of public health to eliminate human exposure or likely exposure to lead-based paint hazards.

### **Additional standards recommended:**

Facilities should have adequate insurance coverage for liabilities; protection of persons and property of the center; and, persons that visit or provide or receive services.

The facility shall make all hazard inspections that are required of private homes in its community such as, but not limited to, inspections for radon and carbon monoxide.

Children's center sleeping rooms shall be of finished construction and provide a minimum of 60 square feet per child for multiple occupancy, 80 square feet per child for single occupancy, and not sleep more than four children per room.

No child over the age of five years shall occupy a bedroom with a member of the opposite sex.

Children's centers shall be equipped with fire extinguishers and the center's staff, volunteers, or others who perform duties under a subcontract with the children's center, and older children, shall receive instruction on how to use them.

Children's centers with combustion appliances or attached garages shall have a digital read-out carbon monoxide detector installed in the children's center.

## **VII. Application of the standards**

### **Rule proposed for public notice:**

These rules shall apply to all facilities that meet the definition of a children's center pursuant to Iowa Code Chapter 237B. In the event a children's center is also subject to licensure, certification, registration or regulation pursuant to another provision of law, such other legal requirements shall take precedence over these rules.

### **Additional standards recommended:**

Different options may be applied to children's centers if registration, certification, or licensing were required by law and if the law identified the Department of Human Services as the enforcement agency. Following are examples of the processes involved in two possible options.

#### **Option 1 -- Registration**

A children's center shall not be established unless a certificate of registration is obtained from the Department. The Department may issue a certificate upon receipt of a statement from the registrant or upon an inspection conducted by the Department or a designee of the Department verifying that the children's center complies with applicable standards established by the Department.

The certificate of registration shall be posted in a conspicuous place in the children's center and shall state the name of the registrant, the maximum number of children who may reside there, and the address of the children's center.

The registration process for a children's center shall be repeated every twelve months.

#### **Option 2 -- Certification or licensure (The term "certification" is used below)**

1. Application for certification.
  - a. The application for certification shall be made to the Department using the approved form.
  - b. Requested reports relevant to the certification determination shall be furnished to the Department upon application and renewal.
2. Certification.
  - a. The Department shall make the final decision in determining whether or not a children's center is in compliance with the intent of a certification standard. If granted, a certificate will be issued for up to one year.
3. Provisional certification.

- a. A provisional certification may be issued or a previously issued certification may be reduced to a provisional certification when the children's center does not meet all standards imposed by law or rules.
4. Denial. Initial applications or renewals shall be denied when:
    - a. The children's center does not comply with standards in order to qualify for a full or provisional certification.
    - b. The children's center is operating in a manner that the Department determines impairs the safety, health, or well being of children in its care.
    - c. Any of the following with direct responsibility for children's care or with access to a child, and anyone living in the children's center who is over 14 years of age, has one or more convictions of any crime in any state or one or more founded abuse reports that merit prohibition of certification as determined by the Department: the owner, director, staff member, volunteer, or others who perform duties under a subcontract with the children's center.
  5. Revocation and suspension. A certification shall be revoked or suspended if sufficient corrective action has not been taken.
  6. Adverse actions.
    - a. In accordance with 441—Chapter 7, notice of adverse actions for a denial, revocation, or suspension and the right to appeal the certification decision shall be given to applicants or certified person or agencies.
    - b. An applicant or certified person or agency affected by an adverse action may request a hearing by means of a written request directed to the central office of the Department. The request shall be submitted within 30 days after the date the Department mailed the official notice containing the nature of the denial, revocation, or suspension.