



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

October 7, 2015

Sue Black
1353 N. 14th Street
Fort Dodge, IA 50501

Dear Child Care Provider,

This letter is in regards to the 10-5-2015 compliance check of your Level C, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

- 441 IAC 110.5(1)"j" Emergency plans in case of man-made or natural disaster shall be written and posted by the primary and secondary exits. The plans shall clearly map building evacuation routes and tornado and flood shelter areas. (secondary exit)
- 441 IAC 110.5(1)"n" The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes (Needs one in living area)
- 441 IAC 110.5(1)"o" Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children.
All signs shall include:
 - (1) The telephone number for reporting complaints, and
 - (2) The Internet address of the department of public health (www.iowasmokefreeair.gov)
- 441 IAC 110.5(2)"c" An individual file is maintained for each staff assistant and contains: (SARAH, TATUM)
 - (1) Documentation from the department confirming the record checks required under subrule 110.7(3) have been completed and authorizing or conditionally limiting the person's involvement with child care (TATUM)
 - (2) A completed Form 470-5152, Child Care Provider Physical Examination Report. The examination shall include any necessary testing for communicable diseases; a discussion of recommended vaccinations; completed no more than six months prior to approval to assist or

be a household member; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years. (TATUM)

(3) Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years. (SARAH, TATUM)

441 IAC 110.5(2) "d" An individual file is maintained for each substitute and contains: (JORDAN)

(2) A completed Form 470-5152, Child Care Provider Physical Examination Report. The examination shall include any necessary testing for communicable diseases; a discussion of recommended vaccinations; completed no more than six months prior to approval to assist or be a household member; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years.

(3) Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years. (took at college – will get certificate)

441 IAC 110.5(8) Children's Files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains: (HARPER)

441 IAC 110.5(8) "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. (HARPER)

441 IAC 110.5 (8) "b". Emergency information including, at a minimum, where the parent can be reached, the name, street address, city and telephone number of the child's regular source of health care, and the name, telephone number, and relationship to the child of another adult available in case of emergency. (HARPER)

441 IAC 110.5(8) "c". A signed medical consent from the parent authorizing emergency treatment. (HARPER)

441 IAC 110.5(8) "d". An admission physical examination report signed by a licensed physician or designee in a clinic supervised by a licensed physician (HARPER)

(1) The date of the physical examination shall not be more than 12 months before the child's first day of attendance at the child development home.

(2) The written report shall include past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary.

(3) For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physical examination report.

(4) The examination report or statement of health status shall be on file before the child's first day of care

441 IAC 110.5(8) "e". A statement of health condition signed by a physician or designee submitted annually from the date of the admission physical. For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physician statement. (LIAM, CASEY, BRYNLIE) (ALIVIA, ADDYLIN< PARKER, RILEY, LONDON, LANDON, ASHTON)

Suggestions for Improvement:

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations.**

Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home.

Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: November 19, 2015

X _____
Signature Date

Please do not hesitate to contact me at DHS at 515-573-1640 if you have any questions regarding this letter.

Sincerely,



Social Worker II



Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Jami Huster with Child Care Resource and Referral at 515-573-0029.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).