Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

April 15, 2015

Kandi Jameson-Altman
2406 9th Ave S
Fort Dodge, IA 50501

Dear Child Care Provider,

This letter is in regards to the 4-13-2015 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:

☐110.5(1)n 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. (front play room)

☐110.5(1)s The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file. (taking 4-14-2015)

☐110.5(2) A provider file is maintained and contains:

☐110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. 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. (taking 4-14-2015)

☐110.5(8) Children's Files

☐110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains: (Riker, Kayden)

☐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. (Riker, Kayden)

☐110.5(8)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 number, telephone number, and relationship to the child of another adult available in case of emergency. (Riker, Kayden)

☐110.5(8)c A signed medical consent from the parent authorizing emergency treatment. (Riker, Kayden)

☐110.5(8)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. (Riker, Kayden, Nahla)

☐110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. (Dralon)

☐110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical. (Mylee, Talasia, Taymir, Aavae, Mason, Madison)

☐110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. (Riker, Kayden)

☐110.5(8)g A signed and dated immunization certificate provided by the state department of public health. (riker, Kayden, Dralon, Aavae)

☐110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child. (Riker, Kayden)

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 within the next 45 days.**

☒Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

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: 5-31-2015

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

Natalie Clapp

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 515-573-0038.

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).