



Iowa Department of Human Services

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10/02/2015

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641-660-7772

Dear Child Care Provider,

This letter is in regards to the 09/25/2015 compliance check of your Level B, 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:

FINDINGS: *Identify FINDINGS in each area of non-compliance.*

441 IAC 110.5(1)"a" The home shall have a nonpay, working land-line or mobile telephone with emergency numbers posted for police, fire, ambulance, and the poison information center. The number for each child's parent, for a responsible person who can be reached when the parent cannot, and for the child's physician shall be written on paper and readily accessible by the telephone. The home must prominently display all emergency information, and all travel vehicles must have a paper copy of emergency parent contact information

Provider is to have a posting of emergency contact information in an easily accessible location in the home. This needs to include: fire, police, ambulance, and poison control information, as well as all of the parental contact information, medical provider information, and one emergency contact for each child.

This list also must be taken with Provider whenever Provider and children leave the family home or yard area.

****It is noted a template of an example of this form (Emergency Number Form) was sent to Provider via mail 10/02/2015.**

442 IAC 110.5(1)"d" Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are inaccessible to children. Any medication administered to a child shall be recorded, and the record shall indicate the name of the medication, the date and time of administration, and the amount given

Provider is not keeping documentation or written authorization of medication provided to children. Provider shared Provider does text the parent to tell them if/when things such as Tylenol is being provided, however, there is no other documentation or authorizations for medications in a file.

Provider should be receiving written authorization for all medications provided to the children. Provider also must document all medications provided and this should be in the child's file.

****It is noted a medication log template was sent to Provider via mail 10/02/2015.**

441 IAC 110.5(1)"k" Fire and tornado drills shall be practiced monthly and the provider shall keep documentation evidencing compliance with monthly practice on file

Provider shared Provider is not completing drills and is not documenting them. Provider shared the last fire/tornado drill Provider has available is from 2014. This drill log had no practices filled out.

Provider needs to practice fire and tornado drills a minimum of one time per month. This should be documented each month.

****It is noted a template of the Emergncy Drill Record was sent to Provider via mail 10/02/2015.**

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

Provider is not testing smoke alarms monthly. Provider did show SWII Lacey Plants her fire / tornado drill log from 2014, on which the only documentation was one smoke alarm testing/change throughout that year.

All smoke alarms in the home are to be testing monthly, and documentation of this kept.

****It is noted most Providers use the Emergncy Drill Record sent to you via mail 10/02/2015 as a means to document fire alarm tests as well.**

441 IAC 110.5(1)"s" If children are allowed to use an aboveground or in-ground swimming pool:

- (1) Written permission from parents shall be available for review.**
- (2) Equipment needed to rescue a child or adult shall be readily accessible.**
- (3) The child care provider shall accompany the children and provide constant supervision while the children use the pool.**
- (4) The child care provider shall complete training in cardiopulmonary resuscitation for infants, toddlers, and children, according to the criteria of the American Red Cross or the American Heart Association.**

Provider has a temporary above ground pool at the family home. During this compliance check, the pool was taken down for this season. It is noted, however, Provider shared the daycare children do, at times, swim in this pool during the summer months. Provider shared all of the children's parents have provided permission for the children to do this, and if any parents shared a particular child cannot swim, Provider does not allow that child to swim. This is all via verbal approval/disapproval by parents.

Provider should have written consent for the children to swim in the pool signed and dated annually by the parent.

****It is noted an example of a Consents and Releases was sent to Provider via mail 10/02/2015.**

441 IAC 110.5(1)"t" Homes with private sewer systems or waste water are tested for efficient functioning and improper leakage. Compliance shall be verified by the local board of health within 12 months of renewal or new registration

441 IAC 110.5(1)"u" The provider shall have written policies regarding the care of mildly ill children and exclusion of children due to illness and shall inform parents of these policies.

Provider needs to have an ill child policy written and provided to each parent.

- Example of this could be:

PLAN FOR MANAGING INFECTIOUS DISEASE

Staff will take extra special precautions when children who are ill are diagnosed at the Center and when children who are mildly ill remain at the Center. Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory and skin or direct contact infections, may be excluded from the Center if it is determined that any of the following exist:

the illness prevents the child from participating in the program activities or from resting comfortably; the illness results in greater care need that the child care staff can provide without compromising the health and safety of the other children; the child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of serious illness;

- diarrhea;
- vomiting two or more times in the previous 24 hours at home or once at the center;
- mouth sores, unless the physician states that the child is non-infectious;
- Rash with a fever or behavior change until physician has determined that the illness is not a communicable disease.
- Purulent conjunctivitis (defined as pink eye or red conductive with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for re-admission, with or without treatment;
- Tuberculosis, until the child is non-infectious;
- Impetigo, until 24 hours after treatment has started or all the sores are covered;
- Head lice, free of all nits or scabies and free of all mites;

- Strep infection, until 24 hours after treatment and the child has been without fever for 24 hours;
- Many types of hepatitis are caused by viruses. The symptoms are so alike that blood tests are needed to tell them apart. In the U.S. the most common types of hepatitis are A, B, and C. Types B and C are spread through blood and other body fluids. Type A, is spread through contaminated food and water or stool (feces). Fact sheets are available from the state Department of Public health. www.state.ma.us/dph
- Chicken pox, until last blister has healed over.

A child who has been excluded from child care may return after being evaluated by a physician, physician's assistant or nurse practitioner, and it has been determined that he/she is considered to pose no serious health risk to him or her or to the other children. Nevertheless, the day care center may make the final decision concerning the inclusion or exclusion of the child.

If a child has already been admitted to the Center and shows signs of illness (for example: a fever equal to or greater than 100.5 degrees by the oral or auxiliary route, a rash, reduced activity level, diarrhea, etc.), he/she will be offered their mat, cot, or other comfortable spot in which to lie down. If the child manifests any of the symptoms requiring exclusion (as listed above) or it is determined that it is in the best interests of the child that he/she be taken home, his/her parent will be contacted immediately and asked to pick the child up as soon as possible.

When a communicable disease has been introduced into the Center, parents will be notified immediately, and in writing by the Provider. Whenever possible, information regarding the communicable disease shall be made available to parents.

441 IAC 110.5(1)"v" The provider shall have written policy and procedures for responding to health-related emergencies

Provider needs to have a written policy for responding to health-related emergencies provided to each parent.

- An example of this could be:

Medical Emergency

In case of emergency, the following steps will be taken:

1. Provide emergency first aid/cpr if necessary. (Provider is certified in both practices)
1. Call 911 (if the situation warrants it).
2. Attempt to contact parent/guardian.
3. Attempt to contact doctor listed on child information card.
4. Attempt to contact persons listed as emergency contacts.

Parents will receive written notification of any minor accidents or incidents that occur with your child while present at the daycare. These reports are to be signed and returned to Provider for placement in your child's file. Provider is certified by the American Red Cross in Children, Infant and Adult CPR and First Aid.

441 IAC 110.5(1)“x” A provider operating in a facility built before 1960 shall assess and control lead hazards before being issued an initial child development home registration or a renewal of the registration. To comply with this requirement, the provider shall:

- (1) Conduct a visual assessment of the facility for lead hazards that exist in the form of peeling or chipping paint;
- (2) Apply interim controls on any chipping or peeling paint found, using lead-safe work methods in accordance with and as defined by department of public health rules at 641—Chapters 69 and 70, unless a certified inspector as defined in 641—Chapter 70 determines that the paint is not lead-based paint; and
- (3) Submit Form 470-4755, Lead Assessment and Control, as verification of the visual assessment and completion of interim controls, if necessary.

Provider shared provider has not completed any lead-based paperwork to determine if there is lead paint/peeling or chipping paint in the home or outside of the home.

Provider needs to complete form 470-4755 (sent with this letter) and submit this to Registration, keeping a copy in Provider’s file for reference.

If lead paint is found or suspected during inspection, Provider needs to take the actions to correct this.

PROVIDER FILE:

441 IAC 110.5(2)“a” A physician’s examination report for the provider and all members of the household . Acceptable physical examinations shall be documented on 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 initial registration; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years.

Provider and all people who live in the provider household need physical examinations at a minimum of every three years. Provider and Provider’s children reside in the home (Izaya and Myles).

Provider does not have physicals for Provider’s self, Myles, or Izaya. Please complete this and keep the physical forms in the Provider file.

****It is noted the correct physical form (Child Care Provider Physical Examination Report) was sent to Provider via mail 10/02/2015.**

441 IAC 110.5(2)“b” (1) Certificates or training verification and record check documentation.

Within the first three months of registration :

Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.)

Provider needs to have taken mandatory reporter training at a minimum of ever five years. Provider shared Provider had taken this course online and had not printed out the certificate. Provider was unsure exactly when the training at taken plan, and did not have a certificate to verify completion date. Provider needs to either find the original certificate of completion, or print it off from online for Provider's file, or re-take this training, printing off verification of completion, and keeping this in Provider's file.

441 IAC 110.5(2)"b"(2) Documentation from the department confirming the record checks required under 441 IAC 110.7(3) have been completed and authorizing or conditionally limiting the person's involvement with child care.

Provider shared Provider does not have the letter from the Department verifying all record checks were completed and approved for all members of the household age fourteen or older.

Provider shared feeling it was redundant to keep this in Provider's file as Provider sent this information to registration, therefore, why does it have to remain in the file. This was thoroughly discussed with Provider and the reasoning behind this.

Provider can contact 866-448-4605 to have a copy of this letter re-sent to Provider for Provider's file at home.

CHILDREN FILES:

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:

Provider does not have files for the children. Provider is currently keeping the children's paperwork all together in a stack. Provider had to go through several various types of papers in order to locate the children's information for SWII Lacey Plants.

Two children, initials of LS, WR, did not have any paperwork at all.

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.

Each child in care should have a form with identifying information, including the child's name, birth date, parent's name and contact information. This form is commonly referred to as Child Intake Information.

This form needs to be reviewed annually by parents to assure all information is accurate, re-signed, and re-dated each year by the parent.

This form needs to be in the file for children with the initials of: LS, WR.

This form needs annual update for children with the initials of: CT, TM, PM, AC.

****It is noted the Child Intake Information form was sent to Provider via mail 10/02/2015.**

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.

Children with the initials of LS, WR need emergency information provided in the child's file, including the child's medical provider and contact information, parent emergency contact information, and a minimum of one emergency contact person other than the child's parent.

****It is noted it is common for this information to be provided on the Child Intake Information form.**

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

Each child in care needs a signed medical consent form. This form needs to be re-viewed for accuracy annually, then re-signed and re-dated by the parent each year. It should be remembered this form is only active for one year, such as a release of information would be.

****It is noted this form (Emergency Medical Treatment Authorization) was sent to Provider via mail on 10/02/2015.**

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

- (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

Each child in care needs a physical signed and dated by a medical provider which has been completed at least within twelve months of starting daycare.

An admission physical is needed for the following children with the initials of: CT, JW, LS, WR, AC, PM

****It is noted the Child Health Exam form was sent to the Provider via mail on 10/02/2015.**

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.

Each child in care needs to have annual physical examinations and records of this on file. If a child is age five AND in Kindergarten or higher, the child's parent is able to sign a parent health statement in place of the physical.

A physical examination / parent health statement is needed for the following children with the initials of: AC, PM.

****It is noted the Child Health Exam form was sent to the Provider via mail on 10/02/2015.**

441 IAC 110.5(8) "h". For each school-age child, on the first day of attendance, documentation of a physical examination that was completed at the time of school enrollment or since.

Children who are age five AND in Kindergarten or higher need to have a physical examination completed by a medical provider prior to beginning school. Children with the initials of: PM need a physical examination completed and in the child's file.

****It is noted the Child Health Exam form was sent to the Provider via mail on 10/02/2015.**

441 IAC 110.5(8) "g". A signed and dated immunization certificate provided by the state department of public health. For the school-age child, a copy of the most recent immunization record shall be acceptable.

Children in care all need the most updated immunization records in the child's file.

Children with the initials of JW, LS, WR, PM, AC need immunization records in the child's file.

****It is noted children who have medical concerns or religious beliefs which causes the parent to not provide immunizations are able to have this requirement waived, but having a Certificate of Immunization Exemption filled out and placed in the child's file. This form was sent to the Provider via mail on 10/02/2015.**

441 IAC 110.5(8) "f". A list signed by the parent which names persons authorized to pick up the child. The authorization shall include the name, telephone number, and relationship of the authorized person to the child.

Each child should have a list of people who is allowed to pick the child up from daycare other than the child's parent. Children with the initials of CT, JW, LS, WR, TM, PM, AC need this in the file.

****It is noted it is common for this information to be provided on the Child Intake Information form.**

441 IAC 110.5(8) "i". Written permission from the parent for the child to attend activities away from the child development home. The permission shall include:

- (1) Times of departure and arrival.
- (2) Destination.
- (3) Persons who will be responsible for the child

A generic permission slip should be signed and dated by all parents for each child, and placed in that child's file, which provides permission for the Provider to take the children on walks, in a vehicle

(if applicable), and to any other designated place which the Provider often take the children to. This consent needs to signed annually to remain active.

****It is noted an example of a Consents and Releases was sent to Provider via mail 10/02/2015.**

Suggestions for Improvement:

Provider has been very clear with not having interest in completing registration and compliance requirements during this visit, stating multiple times these things do not keep the children in Provider's care safe, therefore there is no reason she should have to worry about it. Provider should be aware the State of Iowa has provided a checklist of minimum requires to assure the safety of Iowa children attending in home daycares, and these requires are expected to be followed through in the fullest extent by all in home daycare providers.

Please contact myself or you counties CCRR Provider (Heather Miller ((641) 670-1533 hmiller@orchardplace.org) with concerns or questions regarding this.

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: 11/23/2015

X _____
Signature Date

Please do not hesitate to contact me at DHS at 319-892-6858 if you have any questions regarding this letter.

Sincerely,

Lacey L. Plants
Social Worker II
411 3rd St SE
Floor 4
Cedar Rapids, IA 52401
319-892-6858



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 Child Care Resource and Referral at (641) 670-1533.

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).