

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

10/08/2015

Beatrice Moore
1506 S F St
Oskaloosa, IA 52577
641-673-7789

Dear Child Care Provider,

This letter is in regards to the 10/06/2015 compliance check of your Level A, 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)"k" Fire and tornado drills shall be practiced monthly and the provider shall keep documentation evidencing compliance with monthly practice on file

Provider has shared provider is practicing fire and tornado drills monthly, however, was unable to locate the drill log to confirm this information.

Provider must practice both fire and tornado drills at a minimum of one time per month. Provider will document this practice each month.

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 shared provider also tests the smoke alarms one time per month, during drills, however, was unable to locate the drill log.

Provider must test the smoke alarms monthly and assure this testing is also documented for confirmation it was completed.

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 shared Provider believes Provider has an illness policy in Provider's handout to parents. Provider is unable to locate the hand out for new parents during this visit to confirm this is accurate and all needed information is present in the writing.

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 shared Provider believes Provider has an illness policy in Provider's handout to parents. Provider is unable to locate the hand out for new parents during this visit to confirm this is accurate and all needed information is present in the writing.

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

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 needs a physical examination on file, signed and dated by a medical physician. Provider must have this completed every three years, at a minimum.

****It is noted the Child Care Provider Physical Examination Report was sent to Provider for the doctor to fill out via mail on 10/06/2015.**

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

Within the first three months of registration :

Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. The provider shall maintain a valid certificate indicating the date of first-aid training and the expiration date

Provider was unable to locate the most current CPR certificate while SWII Lacey Plants was at the family home. The certificate the Provider had available expired May 2015. Provider shared Provider has taken the course since then, but just could not locate the certificate.

Provider must have valid CPR Certification.

****It is noted Provider contacted SWII Plants after hours and shared Provider had found the valid card. SWII Plants will go to Provider's home later this week to verify the CPR certification is valid. If this is correct, Provider can mark this box off when receiving this letter in the mail, showing CPR is valid.**

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 was unable to find the letter sent by the Department verifying background checks were completed and approved for Provider.

Provider can contact 866-448-4605 for a copy of this letter to be sent out.

****It is noted Provider contacted SWII Plants after hours and shared Provider had found this letter. SWII Plants will go to Provider's home later this week to verify the letter is present in the file. If this is correct, Provider can mark this box off when receiving this letter in the mail, showing this is in compliance.**

CHILDREN FILES:

An individual file is maintained for each child and updated annually or when there are changes.

Each file contains:

A Reminder all child files need to be updated annually by having parents review all paperwork for accuracy, then re-signing and re-dating all paperwork.

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.

All intake forms must be reviewed by parents annually, re-signed, and re-dated.

Children with the initials of LK, EL, BT, TL, LL, SG, JG need their intake papers to be re-signed and re-dated .

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

All medical consent forms must be reviewed by parents annually, re-signed, and re-dated. Children with the initials of LK, EL, BT, TL, LL, SG, JG need their medical consent form to be re-signed and re-dated .

Child with the initials of ED needs a medical consent for in child's file.

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

All children in care need an admission physical signed and dated by a medical provider prior to attending the first day of daycare. If the child is age five AND in Kindergarten or higher, the parent can sign a parent statement of health in place of a medical provider signing the exam paperwork. The physical must have been completed at least within the past twelve months prior to beginning daycare.

Children with the initials of LK, EL, SG, JG, ED, TL, LL need an admission physical in file.

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.

All children in care need an annual physical signed and dated by a medical provider prior to attending the first day of daycare. If the child is age five AND in Kindergarten or higher, the parent can sign a parent statement of health in place of a medical provider signing the exam paperwork.

Children with the initials of LK, EL, SG, JG, TL, LL, BT need an annual physical in file.

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.

Prior to beginning the first day of school, all children age five AND in Kindergarten or higher in care need a physical signed and dated by a medical provide.

Children with the initials of TL, LL, BT need an annual physical in file.

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 for normal travel locations is needed in each child's file. The permission slip must be reviewed, re-signed, and re-dated annually to remain active. Children with the initials of LK, EL, BT, TL, LL, SG, JG need their permission slips re-signed and re-dated.

Child with the initials of ED needs an active generic permission slip in the Child's file.

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, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates.

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.

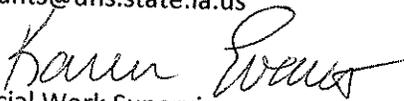
Sincerely,

Lacey L. Plants
Social Worker II
411 3rd St SE
Ste 400

Cedar Rapids, IA 52401

319-892-6858

lplants@dhs.state.ia.us


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 Heather Miller (641) 670-1533
hmiller@orchardplace.org.

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).

