



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

09/23/15

Lisa Alterbal
215 Miller Ave SW
Cedar Rapids IA 52404

Dear Child Care Provider,

This letter is in regards to the 09/21/15 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) Conditions in the home are safe, sanitary, and free of hazards. **Issues are there is a pallet for the step to the back yard that is broken and a fall hazard . That needs to be corrected.**

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

The rule has changed again and you now again need emergency numbers posted in your home. Also need numbers for in vehicle now if you travel with children outside of your program. So if your mother is approved as a substitute and will take the children to activities the phone numbers will need to be in her car. Most providers take a first aid kit with thea copy of the emergency medical sheets.

441 IAC 110.5(1)"f" Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water heaters, and gas dryers. **Fire marshal states there should be a 3 ft clearance from all gas pilot lights. You needed to move cleaning chemicals from the water heater and that was completed during home visit.**

441 IAC 110.5(1)"q" **(1)** Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary Health Certificate. This examination shall verify that the animal's routine immunizations, particularly rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms, whipworms) and ectoparasites (fleas, mites, ticks, lice). . **Needed annual pet records and need to be on the new form, 470-5153 for all of your pets, which I left a copy of for your use.**

441 IAC 110.5(1)“r” **(1)** A wading pool shall be drained daily and shall be inaccessible to children when it is not in use. **Wading pools are not drained daily. There was standing water when I arrived. You said it was used for the dog. Please discontinue that use. There should never be a wading pool with standing water in it unless you are using it at the time for the children.**

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

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. **Need now every 3 years and on the new form, 470-5152 which I left a copy for your use. Bethany needed her’s on the new form.**

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 could not find her new certificates of training. She said she had taken them and sent to Des Moines. They were expired as of 8/9/15. Please find your new certificates or obtain copies for your files. For assistance in finding training call CCRR at 866-324-3236 x 1410.**

441 IAC 110.5(2)“c” An individual file is maintained for each staff assistant and contains:

(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. **Need for your mother and Bethany’s needs to be updated and on the new form.**

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: **The children’s files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine’s Day, etc. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or re-sign the emergency medical and intake information.**

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. **Need updates for 3 children: TH, KH, and GW .**

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. **Need updates for 3 children: TH, KH, and GW .**

441 IAC 110.5(8) “c”. A signed medical consent from the parent authorizing emergency treatment. **Need updates for 3 children: TH, KH, and GW .**

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 **Need for: MR,AP AND BOTH DB’S .**

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. **Need for all of them but KH**

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. **Need for: school aged children , AB, TH, BG, IP AND JJ.**

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. **Need for: MR, AP, both DB’S AB, BG, IP and JJ.**

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 **Need updates for 3 children: TH, KH, and GW .**

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 **You need written permission every time you leave the premises with children. You and the children discussed times where your mother would take some of the children to the park. When she did this she would have been acting as a substitute**

provider because she was alone with the children, you were not present. She has been approved only as an assistant. The above items must be addressed each time. I suggest you use a general permission request and include trips as noted on the monthly calendar. Any special activities can be added to the calendar for that month. Then have each parent sign off on your monthly calendar with your routine trips, before the activities are completed.

441 IAC 110.5(9) The provider shall meet the following requirements:

a. Gives careful supervision at all times. **You allowed your assistant to care for children alone acting as a substitute provider. You agreed to stop this practice immediately.**

d. Be present at all times except when emergencies occur or an absence is planned, at which time care shall be provided by a department-approved substitute. When an absence is planned, the provider shall give parents at least 24 hours' prior notice. **You were using your mother before they were approved. You can not leave the children with a substitute provider until they have been approved –which means you have the letter from Des Moines stating they are an approved substitute provider.**

441 IAC 110.5(10) Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider. **You have been using your mother as a substitute provider when she has not been approved as a substitute, only as an assistant. You agreed to stop this practice and will complete the process to get her approved as a substitute for the future.**

b. Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.

e. The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute. **Need to document when there is a substitute once you have them approved and again start using substitute hours.**

Suggestions for Improvement:

Complete the paperwork to have a substitute provider and then track their hours. Call CCRR to have them assist you in becoming more organized in your paperwork as it seems every year you do not have the required documentation for the children's files.

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: 45 days from receipt.

X _____
Signature Date

Please do not hesitate to contact me at DHS at 319 892-6826 if you have any questions regarding this letter.

Sincerely,

Lisa Wesbrook
Social Worker II

Karen Andrew
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 866-324-3236.

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).