# Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

11-12-15

Martha Hulshof
4510 Fig Ave.
Ireton, IA 51027

Dear Child Care Provider,

This letter is in regards to the 10-23-15 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:

☐ 441 IAC 110.5(1)"o" 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) 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.

☐ 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 Each file contains: **Childrens files were either outdated or missing information.**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.

☐ 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.

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

☐ 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

☐ 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.

☐ 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.

☐ 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.

☐ 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.

☐ 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

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.

☒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: 12-31-15**

X_____ _____
Signature Date

Please do not hesitate to contact me at DHS at 712-255-2913 ex 2083 if you have any questions regarding this letter.

Sincerely,

Jana Drew,
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 Child Care Resource and Referral at 1-877-216-8481.

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).