



# Iowa Department of Human Services

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Governor

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Director

11/13/2015

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Dear Child Care Provider,

This letter is in regards to the 11/10/2015 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)“e” Electrical wiring shall be maintained, and all accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped. Electrical cords shall be properly used. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous

**There are several outlets not capped throughout Provider’s home. Provider shared Provider’s older children often will un-cap outlets to plug in various electronics, then forget to re-plug the outlets.**

**Provider needs to assure during daycare hours all outlets have child/tamper proof plugs on the outlets.**

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 shares Provider is practicing fire and tornado drills monthly, however, Provider often forgets to document these tests. Provider’s 2015 documentation sheet has only two months filled out.**

**Provider needs to document all fire and tornado drills, which need to be completed at a minimum of one time per month during daycare hours.**

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 has children sleeping in two bedrooms upstairs today. In a third bedroom upstairs, Provider shared children usually sleep in, however it was not available today. Provider does not have smoke alarms in any of these bedrooms. Every child-occupied room in the home must have a smoke alarm installed in it.**

**Provider shared Provider is testing smoke alarms monthly during fire drills, however, Provider is not documenting these tests.**

**\*\*Please install a smoke alarm in the three upstairs bedrooms used at times for child napping. If these rooms are not going to be used for nap time any longer, this is not needed.**

**\*\*Provider must document a minimum of one time per month when smoke detectors are testing to assure proper working condition and battery condition.**

441 IAC 110.5(1)“p” Children under the age of one year shall be placed on their backs when sleeping unless otherwise authorized in writing by a physician.

**Provider shared with SWII Lacey Plants Provider is having infant children sleep in the living room in things such as car seats and/or on the couch. SWII Plants discussed this is not an approved, safe, or appropriate sleeping location and position for infants. Provider shared feeling uncomfortable with infants sleeping in separate rooms than Provider, which is why she arranges their sleep like this. Provider shared she is in the same room with the infants during sleep, so Provider can watch them carefully. The safety concerns were again discussed with Provider. Provider shared understanding these are the Department’s concerns, however, she was going to continue to sleep infants in this manner due to Provider’s own safety feelings. SWII Plants discussed this in detail with Provider and discussed this is something that cannot continue due to safety concerns, and discussed consequences of this sleeping arrangement in detail with Provider. Provider agreed to have infant children nap on the floor in the living room which is flat, hard, and Provider will have no loose clothing/toys/other objects near the child during sleep.**

**\*\*It is noted the Child Care Provider’s Guide to Safe Sleep brochure was provided to Provider via email 11/13/2015.**

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 has illness policies in Provider’s policy handbook for parents, however, the handbook was on Provider’s computer, therefore currently not available today. Provider agreed to email the policies to SWII Plants, however, at the time of this letter SWII Plants has not yet been sent the 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](http://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 has a health emergency policy in Provider’s policy handbook for parents, however, the handbook was on Provider’s computer, therefore currently not available today. Provider agreed to email the policies to SWII Plants, however, at the time of this letter SWII Plants has not yet been sent the policies.**

**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.**

### 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:

**All children must have individual files, which are reviewed, with forms being re-signed and re-dated, annually to assure accuracy of information.**

**Provider is currently caring for seven children ongoing and also has two temporary children in care, totaling nine children being provided care by Provider currently.**

**Provider needs a full file for the two temporary children in care.**

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 children in care needs the child’s identifying information, special needs, as well as parent contact information available. This information is commonly found on the Child Intake Information Form. This form must be reviewed, re-signed and re-dated each year.**

**Five children in care need this form updated for this year: EB, AV, CP, MG, JM.**

**Two children in care need this form present: two temporary children.**

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.

**Each child in care must have contacts available in the event of an emergency. This includes all emergency contacts for parents, at least one other adult not a parent to the child, and the child’s medical provider. This information is commonly found on the Child intake Form.**

**This information is needed for: two temporary children.**

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

**All children in care must have a medical consent authorization in the child’s file. This consent must be reviewed, re-signed, and re-dated annually for updates.**

**Five children in care need this form updated for this year: EB, AV, CP, MG, JM.**

**Two children in care need this form present: two temporary children.**

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 must have a physical completed, signed, and dated by a medical provider prior to attending the first day of daycare. This physical must have taken place within twelve months of beginning daycare. If the child is age five AND in Kindergarten or higher, the child’s parent is able to sign a child health statement in place of the medical provider completing this.**

**Six children in care need an admission physical on file: EB, AV, CP, AE, two temporary children.**

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 must have physicals annually, filled out, signed, and dated by a medical provider. If this child is age five AND in Kindergarten or higher, the child's parent is able to sign a child health statement in place of the medical provider completing this.**

**Five children in care need an annual physical update: EB, AV, CP, MG, JM.**

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.

**Each child in care must have an updated immunization record on file.**

**Three children in care need an immunization record on file: AE, two temporary children.**

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 in care must a list of other adults other than the child's parents who are authorized to pick the child up from daycare. This information is commonly found on the Child intake Form.**

**This information is needed for: two temporary children.**

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

**Each child in care must have a generic permission slip in order to attend activities outside of the daycare home, such as car trips or walks. This permission slip must be reviewed, re-signed, and re-dated annually for accuracy.**

**Five children in care must have their permission slips updated for this year: EB, AV, CP, MG, JM.**

**This information is needed for: two temporary children.**

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: 12/28/2015

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 3<sup>rd</sup> St SE  
Ste 400  
Cedar Rapids, IA 52401  
319-892-6858  
lplants@dhs.state.ia.us

*Karen Evans*  
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 [Brenda O'Halloran](mailto:bohallowan@orchardplace.org); ([bohallowan@orchardplace.org](mailto:bohallowan@orchardplace.org)); (641) 820-1923.

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](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).