



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

5/6/15

Yvonne Lindsey
1105 Pine St.
Iowa City, Iowa 52240

Dear Yvonne,

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 5/1/15. 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:

110.5(1)a Numbers for police, fire, ambulance, poison information posted by phone.

Need numbers posted in your home. Also need numbers for in vehicle now if you travel with children outside of your program.

110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.

Need numbers posted in your home, also now need numbers for all in your vehicle if you travel off grounds.

110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits. **Need at the following exits: secondary .**

110.5(1)l A safety barrier surrounds any heating stove or heating element. **Need the safety barrier.**

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

110.5(2)a A physician's signed **statement of health and immunization status** on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. **Need now every 3 years and on the new form which I left a copy for your use.**

110.5(2)b Certificates or training verification documentation for:

110.5(2)b Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.)

I am including the web site to obtain the mandatory reporter training for free. This web site is sponsored by the Iowa Department of Public Health. If there are any problems with using it or obtaining a certificate you will need to call the number on the web site.

WHO: This training is designed for child care providers

WHAT: Mandatory Child Abuse Reporter Training for Child Care Providers

WHERE: On-Line, start at this link <http://dhs.training-source.org> You must register by entering your provider number

WHEN: Any time day or night, this is a self-study course. Your certificate will be made available for you to print upon successful completion of the course. I believe it takes 2 – 3 weeks to obtain the link to print the certificate after you successfully complete the course.

110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

Need the training. For assistance in finding training call CCRR at 866-324-3236 x 1410

110.5(8) Children's Files

110.5(8) 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.**

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 for: AM and JM.**

110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency. **Need for: AM and JM .**

110.5(8)c A signed medical consent from the parent authorizing emergency treatment. **Need for: JA, OA, AM and JM .**

110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. **Need for: JA and OA.**

110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. **Need for: JA and OA .**

110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. **Need for: AM and JM .**

110.5(8)g A signed and dated immunization certificate provided by the state department of public health. **Need for: JA, AM, and JM.**

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 within the next 45 days.

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 of 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,



Cheryl Sytsma-Sellner
Social Worker II



Irene Holzwarth
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://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf and you can sign up for training at <http://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).