



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

10/01/2015

Leslie Savage  
1914 North Ridge Dr  
Coralville, IA 52241  
319-430-8344

Dear Child Care Provider,

This letter is in regards to the 09/22/2015 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)“q” Providers shall inform parents of the presence of any pet in the home.

(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).

**Provider has one dog and one cat. Cat records last show vet appointment 03/2014. No vet records for dog on file.**

**All cats and dogs in the home need annual health examinations by a vet.**

**\*\*It is noted Provider has shared both cat and dog went to the vet in May 2015, however, Provider has not yet filed the papers from this and is not for sure where they are located today to quickly show SWII Lacey Plants.**

**\*\*It is also noted Provider had not used the correct vet appointment form through the Department during the last vet appointment on file. SWII Plants left the correct form with Provider on this appointment.**

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 and Provider's husband have updated physicals on file for themselves. Provider's own children, however, do not have updated physicals on file.**

**CHILDREN FILES:**

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

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.

**Child identifying information form needs to be reviewed annually, re-signed, and re-dated for each child in care.**

**Children with the initials of CI, WI need their identifying information to be reviewed the parents, re-signed, and re-dated.**

**Child with initials of KM needs this information added to Child's file.**

**\*\*It is noted Provider does not utilize an intake form with this information on the form, but still has the information on various separate forms. SWII Plants did leave an example of a child intake form for Provider to review and use as Provider wishes in order to keep this information all together on one form.**

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.

**Child with the initials of KM does not have this information in the file.**

**\*\*It is noted many Providers will use the intake form to have this information all in one location.**

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

**The medical consent form needs to be reviewed annually, re-signed, and re-dated for each child in care in order to remain valid.**

**Children with the initials of CW, JW, EE, CE, CI, WI need the medical consent form to be reviewed the parents, re-signed, and re-dated.**

**Child with initials of KM needs this information added to 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

**Child with the initials of KM needs an admission physical on 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.

**Children with the initials of CI, WI, and CW need an updated annual physical in file.**

\*\*It is noted, parents are able to **sign and date** a health status statement for their children when their child is age five or more, AND in Kindergarten or high grade.

\*\*This should be kept in the child's file and **updated every year** by the parent.

\*\*FYI - A medical provider should sign the medical provider part of the form one time, at the beginning of school enrollment. After this, only page one and two are needed – filled out by parent – each year.

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.

**Child with the initials of KM needs an immunization certificate in file.**

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.

**Child with the initials of KM does not have this information in the file.**

**\*\*It is noted many Providers will use the intake form to have this information all in one location.**

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

All generic permission slips need to be reviewed, re-signed and re-dated annually by parents in order to remain valid and active.

Children with the initials of CW, JW, EE, CE, CI, WI need their permission slips reviewed, re-signed, and re-dated by their parents.

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: 11/16/2015**

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  
Floor 4

Page 5

Cedar Rapids, IA 52401  
319-892-6858

  
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 319-432-1076.

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).

