



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

11/4/2015

Ophelia Boateng  
907 12 Ave  
Coralville IA 52241

Dear Ophelia ,

This letter is in regards to the compliance check of your Level A, Registered Child Development Home completed on 3/10/15. 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 the March 2015 visit.

The attempt to assist you in getting into compliance has been made on several occasions, including: phone calls with voice messages left at your home on 07/01/2015, 07/17/2015, 08/26/2015, and 09/04/2015; and emails sent to you on 10/15/2015, and 10/29/2015. The letter was also re-attached in the 10/15/2015 email. You contacted me by voice message on 07/20/2015 requesting a new letter to be sent to your home, which was sent to you that same day via mail.

On 09/22/2015, you sent an email to me stating you had miss-placed the letter sent to you in July 2015, but have since found it. You replied to the October 15, 2015 email asking about which children in care need paperwork completed, which I replied back to discussing this and the need to obtain your letter.

I had not received the letter back as of 11/03/2015 at about 4:00 pm, therefore, attempted to make a visit to your home to complete this with you. I was unable to complete this during this visit. You first shared you were upset with me for ringing the doorbell, as it upset the daycare children. You continued to stress this, as well as later adding that I had knocked too loudly on your door. You shared the reason you had not completed the letter was because the CCRR worker was on vacation for one week. I attempted to redirect you multiple times, requesting you to complete the check list with me, at which point I would be able to then leave the home. You continued to stress your upset feelings regarding the doorbell and knocking on the door instead. After several attempts to redirect the attention toward getting the compliance checklist completed without success, I left your home.

There is no way to assure you are within state regulated compliance with your in home daycare, despite several attempts to do so. I am therefore recommending your license be revoked at this time, as the following remain out of compliance:

- 110.5(1)a Numbers for police, fire, ambulance, poison information posted by phone.  
**Need numbers posted by phone or in cell phone. 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 by phone or in cell phone, also now need numbers for all in your vehicle if you travel off grounds.**

110.5(1)e All accessible electrical outlets are safely capped. **Needed caps on outlets in the following locations: upstairs dining room area. All outlets should be checked for caps every day to ensure child safety.**

110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits. **Need plans for both fire and tornado posted at 2 exits .**

110.5(1)j The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas. **Need the required details.**

110.5(1)k Fire and tornado drills are practiced monthly and documentation kept. **Need to do drills and document monthly.**

110.5(1)m Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor. **Need correct size for the upper level.**

110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.

**Need one in the following room: office /nursing room**

110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes. **Need to test and document the testing monthly.**

110.5(1)o Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone # for reporting complaints, and [www.iowasmokefreeair.gov](http://www.iowasmokefreeair.gov). **Need on the following doors: lower level . Suggest you contact CCRR and ask for their window clings.**

110.5(1)v The provider has written policies about responding to health-related emergencies.

**Item “v” addresses the need to have written policy on how you would respond to health related emergencies. Please develop those policies to share with your families. You can see samples of this in the guidebook on page 53 for health related emergency policies. You should prepare something similar to these to address the rules/policies of your program. That makes it easy on both you and the parents because they know those rules usually.**

### *Health Related Emergency Policy ----Sample*

*In the event of a minor health related emergency ( ie: bloody nose, scraped knee, minor cut) I will use my first aid CPR training as needed. I will complete an injury report form and give to the parent at time of pick up along with calling or texting the parent after the child’s needs have been dealt with.*

*In the event of a health related emergency that exceeds my ability, I will call the parent/guardian/ or (emergency contact person if the parent can not be reached) for further directions.*

*In the event of a life threatening health emergency I will call 911 and call the parent as soon as possible. If the child is required to be transported for medical attention they will go via ambulance unless the parent /guardian/ emergency contact has arrived and can make the determination for transportation. I will stay with the other children in care.*

*The above policy illustrates why I must maintain accurate information on all phone numbers and addresses for parents, guardians, and emergency contact persons along with medical providers for your child. Please ensure that is accurate at all times.*

*I maintain a valid CPR and First aid certificate along with a first aid kit to meet the needs for minor injuries.*

*I will complete an injury report form and send a copy home with the family and retain one for the child's file if first aid is applied due to an injury.*

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 for husband and on the new form.**

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, hers has expired in 2013. For assistance in finding training call CCRR at 866-324-3236 x 1410**

110.5(2)b During the first year of registration – 12 hours of approved training. At least six hours shall be in a group setting. Two of the twelve hours must be health and safety training. A specific training shall not be used to meet requirements more than one time every five years. **Has 0 training hours training - need 12 hours for the year.**

110.5(2)b During the second year of registration and each succeeding year, twelve hours of approved training. At least six hours shall be in a group setting. If the provider has documentation of completing the ChildNet, PITC, or Beyond Business Basics series, these hours may be used to fulfill two year's training requirements, not including first aid/CPR and mandatory reporter training. A specific training shall not be used to meet requirements more than one time every five years. . **Has 0 training hours training- need 12 hours for the year.**

110.5(4) The certificate of registration is displayed in a conspicuous place. : **Need, please find the enclosed certificate to post.**

110.5(7) Meals

110.5(7) Regular meals, midmorning snacks and mid-afternoon snacks are well balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program. **Provider needs to have regular meals and snacks and they need to be well balanced and nourishing. Provider was not providing meals to one child in her program. The family had agreed to bring food and then changed their mind. She required them to bring the child's food.**

110.5(7) Children may bring food to the childcare home, but are not required to provide their own food. **Provider was not providing meals to one child in her program. The family had agreed to bring food and then changed their mind. She required them to bring the child's food. That child is no longer in her care and she will no longer require parents to bring food, but allow them to if they wish.**

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.**

**Your children do need an annual update for their records and they needed a physical.**

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 both boys.**

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 both boys.**

110.5(8)c A signed medical consent from the parent authorizing emergency treatment. **Need for both boys.**

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 both boys.**

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

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 both boys.**

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

  
Karen Evans  
Social Work Supervisor

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).

