



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

10/05/15

Victoria Early
6623 Fox Run Dr
Cedar Rapids IA 52404

Dear Child Care Provider,

This letter is in regards to the 09/23/15 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:

FINDINGS: *Identify FINDINGS in each area of non-compliance.*

- 441 IAC 110.5(1) Conditions in the home are safe, sanitary, and free of hazards
You had prescription medication sitting in the front room. When noted it was put away, you said you had just called in refills.
- 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.
You need caps on most outlets. All outlets should be checked for caps every day to ensure child safety.
- 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. **Need to do drills and document monthly.**
- 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. **Need to actually install the smoke detector. One was sitting on a waist high shelf in the living room. It needs to be installed as per manufactor directions. You also need to find your documentation that you are testing all of them monthly.**
- 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. **Yours were on your computer but you could not find them. You said you would redo them. Many providers put this information in their contract.**

441 IAC 110.5(1)“v” The provider shall have written policy and procedures for responding to health-related emergencies. **Yours were on your computer but you could not find them. You said you would redo them. Many providers put this information in their contract.**

Items “u and v” address the need to have written policy on children who are mildly ill and 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, 54 for children who are mildly ill and page 53 for health related emergency policies. You should prepare something similar to these to address the rules/policies of your program. Many providers use what the local school uses for ill policies. 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.

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. **Need now every 3 years and on the new form, 470-5152 which I left a copy for your use.**

441 IAC 110.5(2)“b” (1) Certificates or training verification and record check documentation. Within the first three months of registration : **You could not find the certificate.**

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.

Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. The provider shall maintain a valid certificate indicating the date of first-aid training and the expiration date.**You could not find the certificate. Need the training. For assistance in finding training call CCRR at 866-324-3236 x 1410.**

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: **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.**

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. **You state you are closing at the end of the week. In the future and if you do drop in care, you need this information on all children, before you provide care.**

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. . **You state you are closing at the end of the week. In the future and if you do drop in care, you need this information on all children, before you provide care.**

441 IAC 110.5(8) “c”. A signed medical consent from the parent authorizing emergency treatment. . **You state you are closing at the end of the week. In the future and if you do drop in care, you need this information on all children, before you provide care.**

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 . **You state you are closing at the end of the week. In the future and if you do drop in care, you need this information on all children, before you provide 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. **You state you are closing at the end of the week. In the future and if you do drop in care, you need this information on all children, before you provide care.**

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. . **You state you are closing at the end of the week. In the future and if you do drop in care, you need this information on all children, before you provide care.**

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. . **You state you are closing at the end of the week. In the future and if you do drop in care, you need this information on all children, before you provide care.**

Suggestions for Improvement:

If you are doing drop in care, you will still need a current file documenting the emergency numbers and the child’s health on each child in your care. You will need to develop those before you care for 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: 45 days from 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,

Lisa Westbrook

Lisa Westbrook
Social Worker II

Karen Andrew

Karen Andrew
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://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).