Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

April 28, 2014

Penny Brooks
2905 Deep Woods Court
Des Moines, IA 50320

Dear Ms Brooks,

This letter is in regards to the April 21, 2014 compliance check of your Category 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:

☐110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary 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.

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 two years.

Please use the new form for yourself and all other's in your household. This form will allow you go get a physical every 3 years instead of every 2. Your children can use school physicals if need be, but will need them every 2 years if the new form is not used.

☐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.)

Print off and add to your file so you have easy access to this record.

☐110.5(2)c An individual file is maintained for each staff assistant and contains:

☐110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter.

☐110.5(2)c Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.

☐110.5(2)d An individual file is maintained for each substitute and contains:

☐110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter.

☐110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. 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.

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:

Please review, update, and organize all your current files. I left a packet of forms with you to assist with this process.

☐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.

☐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.

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

☐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.

☐110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.

☐110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.

☐110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.

☐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.

☐110.5(8)g A signed and dated immunization certificate provided by the state department of public health.

☐110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since.

☐110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.

☐110.5(8)j Injury report forms to document injuries requiring first aid or medical care.

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 on or before June 4, 2014.**

☐Based on the items out of compliance listed above, you will be required to have a re-check or follow-up visit to your home. This visit will occur on or after _____.

x☐Based on the items out of compliance listed above, a re-check or follow-up visit to your home is not necessary. However, it is essential you come into 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: June 4, 2014.

X_____ _____
Signature Date

Please call me if you have any further questions.

Sincerely,

Melissa Crawford
Child Development Home Compliance Checks
DHS, Dallas County
210 N 10th Street

Adel, IA 50003
(515) 993-1742 (ph)
515-725-2899 (fx)
mcrawfo@dhs.state.ia.us

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 (Text field for phone).

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).