Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 27, 2015

Lori Kalvik
4701 Crestmoor Drive
Des Moines, IA 50310

Dear Child Care Provider,

This letter is in regards to the January 26, 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:

☐110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites.

You reported you have plans to take your dog to the vet this week. Please use the new pet form on page 26 of the packet left with you at the time of the spot check.

☐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.

Your husbands physical has expired, he will need to have an updated form completed. Please take pages 24 and 25, the new physical forms, to the physician for completion. This form requires a TB test or documentation of a previous test. This form is good for three years, rather than two.

☐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:

You reported that you need some time to organize your children's files and get everything in order. Please see below the list of required documents for each file. You can use the forms provided in the packet to assist you in 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.

See pages 1-2.

☐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.

See Pages 1-2.

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

See page 3.

☐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.

Request from parent(s).

☐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.

See page 4.

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

See page 4.

☐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.

See page 4.

☐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.

See page 1.

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

Request from parent(s).

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

Request from parent(s).

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, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

x☐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: March 16, 15.

X_____ _____
Signature Date

Please do not hesitate to contact me at DHS at 515-993-1742 or mcrawfo@dhs.state.ia.us if you have any questions regarding this letter.

Sincerely,

Melissa Crawford
Social Worker II
C. Mark Chappelle
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 1-800-722-7619.

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).