



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

11/12/2015

Misty Briggs
1118 Mabel St
Oskaloosa, IA 52577

Dear Child Care Provider,

This letter is in regards to the 11/05/2015 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)“a” The home shall have a nonpay, working land-line or mobile telephone with emergency numbers posted for police, fire, ambulance, and the poison information center. The number for each child’s parent, for a responsible person who can be reached when the parent cannot, and for the child’s physician shall be written on paper and readily accessible by the telephone. The home must prominently display all emergency information, and all travel vehicles must have a paper copy of emergency parent contact information

Provider needs to have a posting of emergency numbers, including fire, ambulance, police, and poison control. The posting also must have child specific information for parent contacts, one other emergency contact adult other than parents, and doctor contacts posted. This must be posted in an easily accessible and viewable location. This information also should be present in printed form in vehicle Provider transports children in, or with Provider when leaving the daycare home with children.

****It is noted the Emergency Number Form was sent to Provider via email 11/12/2015.**

441 IAC 110.5(1)“b” All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child

Provider is currently keeping cleaning supplies under the kitchen sink in an unlocked cabinet. Some medications were also found in a low drawer in the bathroom which was also not locked.

All toxic items, including poisons, household cleaning supplies, medications, ect should be kept in an area which is unaccessible to daycare children by either keeping the items on high shelved/cabinet areas which are not in reach of children, or having locks on lower cabinet drawers.

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

Provider currently has no outlets capped in the home. All outlets need to have child proof safety caps or tamper prove coverings on them at all times the outlet is not in use.

Please assure all outlets in the home are child safe.

441 IAC 110.5(1)“j” Emergency plans in case of man-made or natural disaster shall be written and posted by the primary and secondary exits. The plans shall clearly map building evacuation routes and tornado and flood shelter areas.

There are no fire and tornado maps and plans wrote in the home.

Provider needs to have a fire and tornado plan wrote up and posted at all entries to the home.

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

Provider is currently not practicing fire and tornado drills.

Provider must practice fire and tornado drills at a minimum of one time per month, and assure all practices are documented for confirmation of occurrence.

****It is noted the Emergency Drill Record was sent to Provider via email 11/12/2015 for documentation of practices.**

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

Provider needs to test all fire alarms a minimum of one time per month. Provider shared Provider is not testing them on a schedule, just as they go off while cooking, which is fairly frequently. Provider also needs to document a minimum of one fire alarm testing occurring each month.

****It is noted it is common for Providers to use the Emergency Drill Record template sheet to document when fire alarms are tested monthly as well.**

441 IAC 110.5(1)“o” Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported. Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home’s hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children.

All signs shall include:

- (1) The telephone number for reporting complaints, and
- (2) The Internet address of the department of public health (www.iowasmokefreeair.gov)

Currently Provider does not have no smoking signs posted at the home. Provider needs no smoking signs on all entries to the home.

Provider can request signs from CCRR or go to the above website which have several signs to print off.

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.

Provider needs to have an ill child policy written and provided to each parent.

- Example of this could be:

PLAN FOR MANAGING INFECTIOUS DISEASE

Staff will take extra special precautions when children who are ill are diagnosed at the Center and when children who are mildly ill remain at the Center. Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory and skin or direct contact infections, may be excluded from the Center if it is determined that any of the following exist:

the illness prevents the child from participating in the program activities or from resting comfortably; the illness results in greater care need that the child care staff can provide without compromising the health and safety of the other children; the child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of serious illness;

- diarrhea;
- vomiting two or more times in the previous 24 hours at home or once at the center;
- mouth sores, unless the physician states that the child is non-infectious;
- Rash with a fever or behavior change until physician has determined that the illness is not a communicable disease.
- Purulent conjunctivitis (defined as pink eye or red conductive with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for re-admission, with or without treatment;
- Tuberculosis, until the child is non-infectious;
- Impetigo, until 24 hours after treatment has started or all the sores are covered;
- Head lice, free of all nits or scabies and free of all mites;
- Strep infection, until 24 hours after treatment and the child has been without fever for 24 hours;
- Many types of hepatitis are caused by viruses. The symptoms are so alike that blood tests are needed to tell them apart. In the U.S. the most common types of hepatitis are A, B, and C. Types B and C are spread through blood and other body fluids. Type A, is

spread through contaminated food and water or stool (feces). Fact sheets are available from the state Department of Public health. www.state.ma.us/dph

- Chicken pox, until last blister has healed over.

A child who has been excluded from child care may return after being evaluated by a physician, physician's assistant or nurse practitioner, and it has been determined that he/she is considered to pose no serious health risk to him or her or to the other children. Nevertheless, the day care center may make the final decision concerning the inclusion or exclusion of the child.

If a child has already been admitted to the Center and shows signs of illness (for example: a fever equal to or greater than 100.5 degrees by the oral or auxiliary route, a rash, reduced activity level, diarrhea, etc.), he/she will be offered their mat, cot, or other comfortable spot in which to lie down. If the child manifests any of the symptoms requiring exclusion (as listed above) or it is determined that it is in the best interests of the child that he/she be taken home, his/her parent will be contacted immediately and asked to pick the child up as soon as possible.

When a communicable disease has been introduced into the Center, parents will be notified immediately, and in writing by the Provider. Whenever possible, information regarding the communicable disease shall be made available to parents.

441 IAC 110.5(1)“v” The provider shall have written policy and procedures for responding to health-related emergencies

Provider needs to have a written policy for responding to health related emergencies provided to each parent.

- An example of this could be:

Medical Emergency

In case of emergency, the following steps will be taken:

- 1. Provide emergency first aid/cpr if necessary. (Provider is certified in both practices)**
- 1. Call 911 (if the situation warrants it).**
- 2. Attempt to contact parent/guardian.**
- 3. Attempt to contact doctor listed on child information card.**
- 4. Attempt to contact persons listed as emergency contacts.**

Parents will receive written notification of any minor accidents or incidents that occur with your child while present at the daycare. These reports are to be signed and returned to Provider for placement in your child's file. Provider is certified by the American Red Cross in Children, Infant and Adult CPR and First Aid.

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.

A Physical is needed for all household members which is filled out, signed, and dated by a medical professional. The physical must be repeated at a minimum of every three years.

No person in the household has a physical on file. Please have a medical provider fill out, sign, and date the provider physical form for the file.

****It is noted the Child Care Physical Examination Report was sent to Provider via email 11/12/2015.**

441 IAC 110.5(2)“b”(2) Documentation from the department confirming the record checks required under 441 IAC 110.7(3) have been completed and authorizing or conditionally limiting the person’s involvement with child care.

Provider must have the letter sent by the Department confirming record checks have been completed and approved for all members of the household who are age fourteen and older.

Provider can call 866-448-4605 to obtain a copy of this letter for Provider’s file.

441 IAC110.5(2)“c” An individual file is maintained for each staff assistant and contains:

(1) Documentation from the department confirming the record checks required under subrule 110.7(3) have been completed and authorizing or conditionally limiting the person’s involvement with child care

(2) A completed 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 approval to assist or be a household member; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years.

(3) 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.

Provider has Kenzie Van Helten as an approved assistant through the Department systems. Provider does not have a file for Kenzie. Provider should consider either removing Kenzie from the daycare assistant list, or maintain a complete file for Kenzie including: the record check confirmation

letter sent by the Department (can also be obtained by calling the above number), a medical physical examination completed and filled out by a medical provider at a minimum of every three years, and active certification in mandatory reporting.

441 IAC 110.5(2)“d” An individual file is maintained for each substitute and contains:

(1) Documentation from the department confirming the record checks required under 441 IAC 110.7(3) have been completed and authorizing or conditionally limiting the person’s involvement with child care.

(2) A completed 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 approval to assist or be a household member; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years.

(3) 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.

(4) 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.

Provider has Kenzie Van Helten as an approved substitute through the Department systems. Provider does not have a file for Kenzie. Provider should consider either removing Kenzie from the daycare substitution list, or maintain a complete file for Kenzie including: the record check confirmation letter sent by the Department (can also be obtained by calling the above number), a medical physical examination completed and filled out by a medical provider at a minimum of every three years, and active certification in mandatory reporting, as well as CPR / First Aid training certification.

Provider also is using Lance Fox as a substitute while running errands. Any person who is assisting in direct care of children needs to be approved as an assistant, and any person who is left alone in a caretaker role at any time with the children must be an approved substitute. If Lance is continued to be left alone with the children at any time, for any length of time, he will need prior approval from the Department to be involved in this way, as well as a complete substitute file.

CHILDREN FILES:

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:

Provider must have all files for children updated annually by having parents review all authorizations, consents, and intake information annually, re-signing and re-dating the forms.

Provider currently has a total of five children in care.

Provider does not have a file for one child in care, with the initials of SS.

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.

Each child in care needs to have child's identifying information, special needs, and parent contact information. This information is generally located on the Child Intake Information Form. This form must be reviewed annually, and re-signed and re-dated.

One child needs this form in the file: SS

Three children in care need this form to be reviewed, re-signed, and re-dated for this year: NN, MN, MN.

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.

Each child in care needs to have emergency contact information, including one other adult who is not a parent to the child, as well as the child's medical provider's contact information present in the file. This information is generally located on the Child Intake Information Form.

One child in care needs this information in the file: SS.

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

Each child in care needs a medical consent form signed and by the parent. This form also needs to be reviewed, re-signed, and re-dated annually.

One child in care needs this form updated: NN

Three children in care needs this form in the file: MN, MN, SS

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

Each child in care needs a physical completed, signed, and dated by a medical provider prior to attending daycare on the first day. The physical must have been completed within the last twelve months prior to the initiation of daycare. It is noted for children age five AND in Kindergarten or higher, the parent can sign and date the health statement in place of the medical provider's signature.

Three children in care need a physical on file: NN, MN, MN

****It is noted the Child Health Examination Form was sent to provider via email 11/12/2015.**

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.

Each child in care needs an updated physical signed and dated by a medical provider every year in the file. It is noted for children age five AND in Kindergarten or higher, the parent can sign and date the health statement in place of the medical provider's signature.

Three children in care need an updated annual physical on the file: NN, MN, MN.

****It is noted the Child Health Examination Form was sent to provider via email 11/12/2015.**

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.

The children in care who are age five years old AND in Kindergarten or high must have a medical evaluation signed and dated by a medical provider at the time of initiation of school, or after.

Two of two school age children in care need a medical physical on file signed and dated by the physician: MN, MN.

****It is noted the Child Health Examination Form was sent to provider via email 11/12/2015.**

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.

All children in care need a signed and dated current immunization in the child's file.

Four children in care need this in the file: NN, MN, MN, SS

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.

Each child in care needs to have a list of adults authorized to pick the child up from daycare. This information is generally located on the Child Intake Information Form.

One child in care needs this information in the file: SS.

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 children in care need a generic permission slip to attend activities outside of the daycare home. The generic permission slip needs to include the locations the children may frequently attend during daycare hours. If a trip is planned outside of the locations on the permission slip, a permission slip specific to the one event must be made separate.

The generic permission slip must be reviewed, re-signed, and re-dated annually.

Three children in care need their generic permission slip in the file: LS, SS, NN.

Two children in care need their generic permission slip to be reviewed, re-signed, and re-dated for this year: MN, MN.

441 IAC 110.5(9) The provider shall meet the following requirements:

- d. Be present at all times except when emergencies occur or an absence is planned, at which time care shall be provided by a department-approved substitute. When an absence is planned, the provider shall give parents at least 24 hours' prior notice.

Provider also is using Lance Fox as a substitute while running errands. Any person who is assisting in direct care of children needs to be approved as an assistant, and any person who is left alone in a caretaker role at any time with the children must be an approved substitute. If Lance is continued to be left alone with the children at any time, for any length of time, he will need prior approval from the Department to be involved in this way, as well as a complete substitute file.

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, you will be required to have a recheck or follow up visit to your home.

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: 12/28/2015

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 3rd St SE
Ste 400
Cedar Rapids, IA 52401
319-892-6858
lplants@dhs.state.ia.us

Karen Evans
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 [Heather Miller; \(641\) 670-1533; hmillier@orchardplace.org](mailto:hmillier@orchardplace.org).

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).