



# STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES  
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September 13, 2013

Amber Silva  
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Dear Child Care Provider,

This letter is in regards to the September 11, 2013 compliance check of your Level A, 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.

CCR will be contacting you as you were out of compliance with entire checklist. As a provider it is your responsibility to follow policy regarding home daycare. Since you are having surgery on 9/13/13, DHS will be back out to the home to ensure full compliance in 45 days. Please be aware that failure to come into compliance will result in revocation of registration. In the event revocation occurs you will not be allowed to operate a registered home daycare for a period of no less than 12 months.

The following areas were out of compliance at the time of my visit:

- 110.5(1) Conditions in the home are safe, sanitary, and free of hazards. *The holes in the ceiling need to be covered with plastic to ensure no debris falls into daycare area.*
- 110.5(1)a Numbers for police, fire, ambulance, poison information posted by phone.
- 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.
- 110.5(1)c First-Aid supplies are available and easily accessible in the home, outdoor play area, any vehicle used to transport children, and on field trips.
- 110.5(1)c The first-aid kit is sufficient to address first aid related to minor injury or trauma and stored in an area not accessible to children.
- 110.5(1)d Medicines are given only with written authorization from the doctor or parent.
- 110.5(1)d Prescribed medicines are accompanied by doctors' or pharmacist's direction.
- 110.5(1)d All medicines are in original containers with directions intact and labeled with child's name.

- 110.5(1)d Medicines are stored properly including refrigeration in a separate covered container.
- 110.5(1)d Medicines are inaccessible to children.
- 110.5(1)e All accessible electrical outlets are safely capped.
- 110.5(1)g Safety barriers are at stairways and doors as needed.
- 110.5(1)h A safe outdoor play area is maintained in good condition throughout the year.
- 110.5(1)h Is kept free from litter, rubbish and flammable materials.
- 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(1)k Fire and tornado drills are practiced monthly and documentation kept.
- 110.5(1)l A safety barrier surrounds any heating stove or heating element.
- 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.
- 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.
- 110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes.
- 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).
- 110.5(1)p Children under the age of one year are placed on their backs for sleeping unless otherwise authorized in writing by a physician. *Please do not allow children to sleep in bouncy seats or car seats but utilize a pack and play or crib.*
- 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.

110.5(1)q All animal waste is immediately removed from the children's areas and properly disposed of.

110.5(1)q No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.

110.5(1)q Children shall not perform any feeding or care of pets or cleanup of pet waste.

110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.

**Example:**

*For the protection of all of the children in my care as well as the health of your own child and my family, this is my sick policy. In order to protect the group as a whole, I ask that parents assist me by keeping sick children at home.*

*In the event that a child becomes sick the family will be notified and prompt pick up arrangements will be made.*

*If a child is sick, unable to play outdoors, and/or unable to participate in regular daily activities, alternate arrangements for care must be made.*

*Children with infectious illnesses cannot attend.*

*When child may not attend daycare*

*Fever 99.9 degrees and higher*

*this includes the night before/morning of daycare ~ No fever for 24 hours without taking fever reducing medication. If you had to give your child medicine the night before then that still means they cannot come to daycare the next morning.*

*Rash ~ unexplained rash ~ Consult doctor/Need a note stating your child is not contagious.*

*Vomiting or/and Diarrhea ~ All symptoms must be gone and no Vomiting or Diarrhea for 24 hours*

*Strep Throat ~ Consult doctor/Need a note. Child must be on antibiotics for 24 hours and be without a fever without medication for it.*

*Flu/Bronchitis/Pneumonia ~ Consult doctor/Need a note stating it is ok to come back to daycare. This usually takes about 2-3 days before they can come back to daycare. The child must be on antibiotics and no fever for at least 24 hours without taking fever reducing medication.*

*Ear Infection ~ Consult doctor/Need a note. Child must be on antibiotics and no fever for 24 hours before returning.*

*Conjunctivitis (red eyes with yellow discharge)/Pink Eye ~ consult doctor/Need a note. Child must be on eye drops/antibiotics for 24 hours.*

*Head Lice ~ Usually takes 24 hours to treat head and house ~ When all nits have been removed and child is cleared from the doctor. Need a note.*

*Common Cold Policy*

*Children suffering from a common cold will be assessed on an individual basis.*

*Factors of consideration include the developmental level of your child in congruence with my ability to limit the spread of germs.*

*The younger your child, the more difficult it is to keep the spread of germs down. For example: hand to face contact, mouthing of toys, uncontrolled nasal discharge, uncovered sneezing and coughing etc.*

*(Also when caring for an ill child, the ability to provide high quality care to all of the other children is jeopardized)*

*A child may return when he or she is free from symptoms and no longer infectious. The child should also be well enough to actively participate throughout the day. In any case of serious or unexplainable illness, a doctor's medical clearance may be required prior to admission back into care.*

*If you have any questions concerning this policy and whether your child should attend, please call me before bringing your child.*

**PLEASE BE COURTEOUS OF ALL CHILDREN IN MY PROGRAM, AND REFRAIN FROM BRINGING AN ILL CHILD UNTIL 24 HOURS HAVE PASSED SINCE ANY FEVER, VOMITING, DIARRHEA, OR ANY OTHER COMMUNICABLE SYMPTOMS HAVE OCCURRED.**

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

*Example: In the event of a health related emergency the provider will perform CPR/First Aid, contact 911 and make effort to contact parents and/or emergency contacts.*

110.5(1)w Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child's file.

110.5(1)x For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls prior to registration and each renewal

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.

110.5(2)b Certificates or training verification documentation for:

110.5(2)b Within the first three months of registration:

110.5(2)b Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.)

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.

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.

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 and mandatory reporter training. A specific training shall not be used to meet requirements more than one time every five years.

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

110.5(2)c A completed DHS Criminal History Record Check, form B, 595-1396

110.5(2)c A completed Request for Child Abuse Information, form 470-0643

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 completed DHS Criminal History Record Check, form B, 595-1396.

110.5(2)d A completed Request for Child Abuse Information, form 470-0643

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 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 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(3) Activity Program.

- 110.5(3) There is an activity program and it promotes self-esteem and exploration.
- 110.5(3)a Includes active play.
- 110.5(3)b Includes quiet play.
- 110.5(3)c Includes activities for large muscle development, such as running, climbing, riding toys, etc.
- 110.5(3)d Includes activities for small muscle development, such as coloring, puzzles, finger plays, play dough, etc.
- 110.5(3)e All play equipment and materials are in a safe condition, for both indoor and outdoor activities.
- 110.5(3)e All activities are developmentally appropriate for the ages of the children present.
- 110.5(3)e All equipment and materials are adequate for the number of children present
- 110.5(4) The certificate of registration is displayed in a conspicuous place.
- 110.5(5) Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.
- 110.5(6) Discipline
- 110.5(6)a Corporal punishment including spanking, shaking and slapping is not used.
- 110.5(6)b No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.
- 110.5(6)c No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.
- 110.5(6)c No punishment or threat of punishment is associated with food or rest.
- 110.5(6)d No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.
- 110.5(6)e Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.
- 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.

110.5(7) Children may bring food to the childcare home, but are not required to provide their own food.

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.

*An example for policy handbook: Department of Iowa Policy states that before the first day of care the parent must complete an intake form and signed medical consent for each child attending. Within 30 days the parent must provide a physical signed by a physician and an updated immunization. Regardless of when children started attending (daycare name), every year by August 1 the parents must provide an updated physical and immunization to provider. Children who do not return the requested paperwork by due dates will not be able to attend (daycare name) until paperwork is returned. Failure to complete paperwork could result in losing a slot at (daycare name).*

Each file contains:

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.

110.5(9) The provider meets the following requirements:

110.5(9)a Gives careful supervision at all times.

110.5(9)b Frequently exchanges information with the parent of each child to enhance the quality of care.

110.5(9)c Gives consistent, dependable care.

110.5(9)c Is capable of handling emergencies.

110.5(9)d Is present at all times, except if emergencies occur or an absence is planned.

110.5(9)d If absence is planned, care is provided by a DHS-approved substitute.

110.5(9)d If absence is planned, the parents are given at least 24 hours prior notice.

110.5(10) Substitutes

110.5(10)a All standards regarding supervision and care of children apply to substitutes.

110.5(10)b Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.

110.5(10)c The substitute must be 18 years of age or older.

110.5(10)d Use of a substitute is limited to: No more than 25 hours per month. An additional period of up to two weeks in a 12-month period.

110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.

110.8(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME  
CATEGORY "A"

110.8(1)a Not more than six preschool children present at any one time including infants.

110.8(1)a Of these six children, not more than four children who are 24 months of age or younger are present at any one time.

110.8(1)a Of the four children under 24 months of age, no more than three may be 18 months of age or younger.

110.8(1)a Not more than two additional school-age children for less than two hours at any one time.

110.8(1)a Not more than eight children present when the emergency school closing exception is in effect.

110.8(2) Provider is at least 18 years old.

110.8(2) Has three written references which attest to character and ability to provide child 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 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.

Please do not hesitate to contact me at DHS at (712) 328 - 5713 if you have any questions regarding this letter.

Sincerely,

Michelle Noddings  
Social Worker II  
[mnoddin@dhs.state.ia.us](mailto:mnoddin@dhs.state.ia.us)  
417 E. Kanessville Blvd.

Council Bluffs, IA 51503  
(712) 328 - 5713

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 1-800-945-9778.

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](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).