Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Date: 3/28/14

Rhianna Daws
213 Rothmoor Drive
Gilbert, IA 50105

Dear Rhianna,

*Note – Since you were not prepared for my spot check visit on 3/24/14 with available files and postings, I am simply sending you the entire checklist and will re-check your home sometime on or after 5/16/14.

This letter is in regards to the 3/24/14 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:

☐ 237A.3A(3d): Location is a single-family residence that is owned, rented, or leased by the person/program who is registered. May be an apartment, condo, townhouse, or other individual unit within a multiple unit residential dwelling. May NOT be a commercial or industrial building that is primarily used for purposes other than a residence.

☐ 110.4 No more children are in care than the rules for the specific category will allow.

☐ 110.5(1) Conditions in the home are safe, sanitary, and free of hazards.

☐ 110.5(1)a Has a non-pay working telephone. A cell phone cannot be the primary phone.

☐ 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)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.

☐ 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 Electrical wiring shall be maintained.

☐110.5(1)e All accessible electrical outlets are safely capped.

☐110.5(1)e All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.

☐110.5(1)f Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters.

☐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 fenced off when located on a busy thoroughfare or near a hazard.

☐110.5(1)h Has both sunshine and shade areas.

☐110.5(1)h Is kept free from litter, rubbish and flammable materials.

☐110.5(1) Is free from contamination by drainage or ponding of sewage, household waste, or storm water.

☐110.5(1)i An annual laboratory analysis shows satisfactory bacteriological quality if a private water supply is used. Nitrate analysis when children under 2.

☐110.5(1)i If water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.

☐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 has been installed according to manufacturer's recommendations.

☐110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes.

☐110.5(1)o Smoking and the use of tobacco products is prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.

☐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.

☐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.

☐110.5(1)q Providers inform parents of the presence of any pet in the child development home.

☐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 Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.

☐110.5(1)q Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.

☐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)r If not fenced, both in and aboveground pools must have a cover that meets or exceeds ASTM standards when not in use.

☐110.5(1)r Fence for in-ground pool is flush with ground and at least four feet high.

☐110.5(1)r Fence for aboveground pool is four feet above sidewalls of pool. Height of pool walls not included in measurement.

☐110.5(1)r Wading pools are drained daily and are inaccessible to children when not in use.

☐110.5(1)s If children use above ground or in-ground swimming pools:

☐110.5(1)s Written permission from the parents is on file.

☐110.5(1)s Equipment needed to rescue a child or adult is accessible.

☐110.5(1)s The provider accompanies and provides constant supervision while the children use the pool.

☐110.5(1)s The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.

☐110.5(1)t Within 12 months of registration or renewal of registration, private sewer or wastewater has been tested for efficient functioning and improper leakage.

☐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.

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

☐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. 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, incl

110.9(1) **SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATERGORY "B"**

☐110.9(1)a Not more than six preschool children present at any one time including infants.

☐110.9(1)b Of these six children, not more than four children who are 24 months of age or younger are present at any one time.

☐110.9(1)b Of the four children under 24 months of age, no more than three may be 18 months of age or younger.

☐110.9(1)c Not more than four additional school-age children.

☐110.9(1)d Not more than two children who are receiving care on a part-time basis at any one time.

☐110.9(1)e Not more than 12 children present when the emergency school closing exception is in effect.

☐110.9(1)f When more than 8 children are present for more than two hours, a DHS-approved assistant at least 14 years old is present.

☐ 110.9(2) Provider qualifications

☐ 110.9(2)a The provider is at least 20 years old.

☐ 110.9(2)b Has a high school diploma or GED.

☐ 110.9(2)c Meets one of the following:

☐ 110.9(2)a Has two years of experience working directly with children in childcare.

☐ 110.9(2)c Has a child development associate credential or any two-or four-year degree in a child related field and one year of experience as a registered or nonregistered child care provider.

☐ 110.9(3) Facility requirements

☐ 110.9(3)a There is a minimum of 35 square feet of child use floor space indoors for each child in care.

☐ 110.9(3)a There is a minimum of 50 square feet outdoors per child in care.

☐ 110.9(3)b There is a separate quiet area for sick children.

☐ 110.9(3)c Minimum of two direct exits to the outside from the main floor.

☐ 110.9(3)c All exits terminate at grade level with permanent steps.

☐ 110.9(3)c If the second story or basement are used for childcare, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.

☐ 110.9(3)c If a basement window is used as an exit, the window is operable from the inside without the use of tools.

☐ 110.9(3)c The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.

☐ 110.9(3)c The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.

☐ 110.9(3)c Childcare is not provided above the second floor.

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** 5/16/14.

☑ 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 5/16/14.

Please call me if you have any further questions.

Sincerely,

Earl Crow
Child Development Home Compliance Checks
DHS, Story County
(515) 268-7106

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).