# Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

March 17, 2014

Crystal Paterson
209 3rd Street N.
Humboldt, IA 50548

Dear Child Care Provider,

This letter is in regards to the 3-14-14 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(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 Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.)

☐ 110.5(8) Children's Files

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

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

(Needs: Tyler- physical, Jacob-physical, Dom-physical, Crystal-physical, Rielynn-physical, Stetsen-physical, Shaylee-physical, Brian-physical. Statement of Health needed for Rodney, Cash, Alexis, Kendlynn, Kaden.

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 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: May 1st, 2014.**

X_____ _____
Signature Date

Please do not hesitate to contact me at DHS at 515-573-1640 if you have any questions regarding this letter.

Sincerely,

Joni Duffy

Joni Duffy
Social Worker II

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 Jody Lehman with Child Care Resource and Referral at 515-573-0147.

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