



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

March 26, 2014

Tami Julius
Morgan Julius
334 5th Ave NW
Fort Dodge, IA 50501

Dear Child Care Provider,

This letter is in regards to the 3-19-2014 compliance check of your Level C, 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)a Numbers for police, fire, ambulance, poison information posted by phone. (redoing her form)
- 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone. (redoing her form)
- 110.5(1)k Fire and tornado drills are practiced monthly and documentation kept. (needs to document).
- 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. (needs in living room and kitchen). Needs to test monthly and document.
- 110.5(1)v The provider has written policies about responding to health-related emergencies.
- 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.) (has taken, needs to find the certificate)

- 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(8) Children's Files
 - 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)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.

(Physicals- Grant, Liam, Megan, Kaden, Colby, Jace, Samantha)
(Physical and Immunizations-Kinley, Breyton, Kylie, Paige, Emma)

- 110.5(10) Substitutes
 - 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.

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 4, 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
Webster County DHS
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 tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).