06/13/2024

Virgen Rodriguez
2025 E 47th ST
Davenport, IA 52807

Dear Child Care Provider:

This letter is in regards to the compliance visit at your Registered Child Development Home C conducted on 06/13/2024. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. You are not a participant in the voluntary Quality Rating and Improvement System. The following areas were out of compliance at the time of the visit:

441 IAC 110.8(1) **Facility Requirements**

441 IAC 110.8(1)"i" 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)

441 IAC 110.8(4) **Emergency Plans**

441 IAC 110.8(4) Emergency Plans: 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.

441 IAC 110.9 Files

441 IAC 110.9(1) **A provider file is maintained and shall contain the following:**

441 IAC 110.9(2) An individual file is maintained for each staff assistant and contains:

1. Documentation from the department confirming the record checks required under subrule 110.11(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.

1305 E. Walnut Street, Des Moines, IA 50319-0114

3. Certification of two hours of approved training related to identification and reporting of child abuse as required by Iowa Code section 232.69 within 3 months of employment.

441 IAC 110.9(3) An individual file is maintained for each substitute and contains:

1. Documentation from the department confirming the record checks required under 441 IAC 110.9(1) “a” 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 related to identification and reporting of child abuse as required by Iowa Code section 232.69 within 3 months of employment.
4. Certification in infant and child first aid
5. Certification or other documentation that minimum health and safety training has been completed within 3 months or prior to providing substitute care, whichever occurs first.

441 IAC 110.9(4) Children’s Files. An individual file for each child shall be maintained and updated annually or when the provider becomes aware of changes. The file shall contain:

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.

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.

c. A signed medical consent from the parent authorizing emergency treatment.

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

e. For children under the age of 6,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 enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physician statement.

f. 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.

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.

h. For any child with allergies, a written emergency plan in the case of an allergic reaction. A copy of this information shall accompany the child if the child leaves the premises.

i. Documentation that is signed by the parent and 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.

j. Written permission from the parent for the child to attend activities away from the child

development home.**k.** Injury report forms documenting injuries requiring first aid or medical care
l. If the child meets the definition of homelessness as defined by section 725(2) of the McKinney-Vento Homeless Education Assistance Act, the family shall receive a 60-day grace period to obtain medical documentation.

Findings:

441 IAC 110.8(1)i. Nonsmoking signs: Egress.
441 IAC 110.8(4)a. Emergency plans: Egress.
441 IAC 110.9(2) Assistant file.
441 IAC 110.9(3) Substitute file.
441 IAC 110.9(4)Child files: Emergency medical treatment authorization.

Suggestions/Recommendations:

I encourage you to work with Child Care Resource and Referral for ongoing child care needs.
Heather Bloome
Child Care Consultant
Child Care Resource & Referral of Southeast Iowa
Community Action of Eastern Iowa
hbloome@caeiowa.org
T: 563-940-7971
500 E 59th St.| Davenport, IA 52807| www.iowaccrr.org

Corrective Action Required:

Vicky needs no smoking sign and emergency plan posted by egress window in the basement.

Vicky's file for assistant/substitute Erin was not available during the visit. Vicky needs to send Erin's physical, CPR/1st Aid, MART training, Essentials, and completed background check letter.

Vicky needs to place an emergency medical treatment authorization form in each child's file.

Vicky needs to send Erin's paperwork and pictures of the posted nonsmoking and emergency signs by egress window to Kathy by 7/29/2024. These items can be emailed to kathy.huinker@hhs.iowa.gov or texted to 563-949-6971.

Child files will be reviewed at next year's compliance visit.

Non-compliance with any of the mandated 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.

Please do not hesitate to contact me at DHS at 563-949-6971 or kathy.huinker@hhs.iowa.gov if you have any questions regarding this letter.

Sincerely,

Kathy Huinker

Social Worker II

Sheila Aunspach

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 877-216-8481

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html

You may also access 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).