09/19/2024

Melissa Vargas
1105 S Prospect DR APT 103
Toledo, IA 52342

Dear Child Care Provider:

This letter is in regards to the compliance visit at your child care home conducted on 09/19/2024. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 120, describes specific requirements that must be met by a child care home that has a child care assistance provider agreement. The following areas were out of compliance at the time of the visit:

441 IAC 120.8(1)	**Facility Requirements**
441 IAC 120.8(1)"a"	The home shall have a nonpay, working land-line or mobile telephone with emergency numbers posted for police, fire, ambulance, and the poison information center. The number for each child's parent, for a responsible person who can be reached when the parent cannot, and for the child's physician shall be written on paper and readily accessible by the telephone. The home must prominently display all emergency information, and all travel vehicles must have a paper copy of emergency parent contact information
441 IAC 120.8(1)"b"	Electrical wiring shall be maintained, and all accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped. Electrical cords shall be properly used. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous
441 IAC 120.8(1)"g"	The home shall have at least one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.
441 IAC 120.8(1)"h"	The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes
441 IAC 120.8(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 120.8(1)"n" Providers shall inform parents of the presence of any pet in the home.

1. Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary Health Certificate. This examination shall verify that the animal's routine immunizations, particularly rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms, whipworms) and ectoparasites (fleas, mites, ticks, lice).

2. Each pet bird in the household shall be purchased from a dealer licensed by the Iowa department of agriculture and land stewardship and shall be examined by a veterinarian to verify that it is free of infectious diseases. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary Health Certificate. Children shall not handle pet birds.

3. Aquariums shall be well maintained and installed in a manner that prevents children from accessing the water or pulling over a tank.

4. All animal waste shall be immediately removed from the children's areas and properly disposed of. Children shall not perform any feeding or care of pets or cleanup of pet waste.

5. No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times

441 IAC 120.8(3) Medications and Hazardous Materials

441 IAC 120.8(3)"b" A first-aid kit shall be available and easily accessible whenever children are in the child development home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.

441 IAC 120.8(3)"c" Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are inaccessible to children. Any medication administered to a child shall be recorded, and the record shall indicate the name of the medication, the date and time of administration, and the amount given

441 IAC 120.8(4) Emergency Plans

441 IAC 120.8(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 120.8(4) "a" Fire and tornado drills shall be practiced monthly and the provider shall keep documentation evidencing compliance with monthly practice on file for the current year and the previous year.

441 IAC 120.8(4) "b" The provider must have procedures in place for the following:

1. evacuation to safely leave the facility
2. relocation to a common, safe location after the evacuation
3. shelter-in-place to take immediate shelter where you are when it is unsafe to leave that location due to the emergent issue
4. lock down protocol to protect children and providers from an external situation
5. communication plan and plans for reunification with families
6. continuity of operations plans
7. Procedures to address the needs of individual children, including those with functional or access needs

441 IAC 120.9 Children's Files

441 IAC 120.9(1) An individual file is maintained for each child and updated annually or when there are changes.

441 IAC 120.9(2) 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
e. For children under the age of six, 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 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 physician statement.
f. Documentation signed by the parent which 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.
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. Written permission from the parent for the child to attend activities away from the child development home.**j.** 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:

An annual compliance check was completed on 9/19/24 and the following was out of compliance:
(It should be noted that Melissa became a non-Registered provider late last year and this is her first annual compliance check. However, in January, this worker had sent her a letter and a copy of the checklist with all of the expectations in order to her to be aware of all compliance expectations. Additionally, her local CCR&R had sent her some information as well in regard to expectations and had provided her some of the forms to use for documentation purposes.)

441 IAC 120.8(1)"a" The home shall have a nonpay, working land-line or mobile telephone with emergency numbers posted for police, fire, ambulance, and the poison information center. The number for each child's parent, for a responsible person who can be reached when the parent cannot, and for the child's physician shall be written on paper and readily accessible by the telephone. The home must prominently display all emergency information, and all travel vehicles must have a paper copy of emergency parent contact information.

Melissa did not have any of this information although she did have the forms to use for the appropriate documentation.

441 IAC 120.8(1)"b" Electrical wiring shall be maintained, and all accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped. Electrical cords shall be properly used. Improper use includes running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous.

Melissa did not have all of her outlets capped.

441 IAC 120.8(1)"g" The home shall have at least one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

Melissa did have a fire extinguisher, but it was not the appropriate size.

441 IAC 120.8(1)"h" The home shall have at least one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes

Melissa did not have batteries in the smoke detector in the bedroom/play area and did not have one in her living room.

Melissa did not have any documentation of monthly testing of smoke detectors. This worker did provide her a form to use for future documentation purposes.

441 IAC 120.8(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:
The telephone number for reporting complaints, and
The Internet address of the department of public health (www.iowasmokefreeair.gov)

Melissa did not have any non-smoking signs at her entrances or in her vehicle.

441 IAC 120.8(1)"n" Providers shall inform parents of the presence of any pet in the home.
Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary Health Certificate. This examination shall verify that the animal's routine immunizations, particularly rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms, whipworms) and ectoparasites (fleas, mites, ticks, lice).

Melissa could not locate her current pet exams and she noted that they are not on the approved HHS form. She does have the appropriate HHS form for documentation purposes.

441 IAC 120.8(3)"b" A first-aid kit shall be available and easily accessible whenever children are in the child development home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.

Melissa did not have the required items in a First Aid kit. We did discuss the need to have this also in her vehicle she might use to transport children.

441 IAC 120.8(3)"c" Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are inaccessible to children. Any medication administered to a child shall be recorded, and the record shall indicate the name of the medication, the date and time of administration, and the amount given.

Melissa acknowledged she does at times give medication as she only cares for her grandkids. We did discuss the rules around medication and the need to document any medications provided.

441 IAC 120.8(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.

Melissa did not have any emergency plans developed or posted. She did have a form to use for documentation purposes that had been provided to her by CCR&R.

441 IAC 120.8(4) “a” Fire and tornado drills shall be practiced monthly and the provider shall keep documentation evidencing compliance with monthly practice on file for the current year and the previous year.

Melissa did not have any documentation of monthly fire and tornado drills. She had not practiced any. We did discuss this requirement, and this worker did provide her a form to use for documentation purposes.

441 IAC 120.8(4) “b” The provider must have procedures in place for the following:
evacuation to safely leave the facility
relocation to a common, safe location after the evacuation
shelter-in-place to take immediate shelter where you are when it is unsafe to leave that location due to the emergent issue
lock down protocol to protect children and providers from an external situation
communication plan and plans for reunification with families
continuity of operations plans
Procedures to address the needs of individual children, including those with functional or access needs.

Melissa did not have an emergency preparedness plan. She had been provided some information previously by CCR&R about what needs to be included in an Emergency Preparedness plan, and we did have some discussion about this as well. She agreed to reach out to CCR&R to obtain a form to use for the development of her own plan.

441 IAC 120.9(1) An individual file is maintained for each child and updated annually or when there are changes.
441 IAC 120.9(2) The file shall contain:
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.
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.
A signed medical consent from the parent authorizing emergency treatment.
An admission physical examination report signed by a licensed physician or designee in a clinic supervised by a licensed physician
For children under the age of six, 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 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 physician statement.
Documentation signed by the parent which 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.
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.
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.
Written permission from the parent for the child to attend activities away from the child care home.
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.

Melissa did not have any information or required documentation for children's files. This worker did take time to review the requirements and provided her several forms to use for documentation purposes.

Suggestions/Recommendations:

A re-check will be completed due to the numerous areas that were out of compliance. Corrections need to be made by 10/10/24 and will be reviewed at the next follow up in approximately one month.

I encourage you to work with Rachel Bonefas from Child Care Resource and Referral with any ongoing compliance or training needs.

Rachel can be reached at (563) 362-8225.

Thank you for your service in providing childcare in your community.

Corrective Action Required:

Melissa needs to ensure that she has emergency numbers posted for police, fire, ambulance, and the poison information center. She also needs the number for each child's parent, a responsible person who can be reached when the parent cannot, and the child's physician shall be written on paper and readily accessible by the telephone. The home must prominently display all emergency information, and all travel vehicles must have a paper copy of emergency parent contact information.

Melissa needs to ensure that all accessible outlets are capped.

Melissa needs to obtain a larger fire extinguisher (at least 2-A-10BC)

Melissa needs to replace the batteries in the smoke detector in the bedroom/play area and install a smoke detector in her living room.
Melissa needs to test and document the monthly testing of smoke detectors.

Melissa needs to post non-smoking signs at her entrances and in her vehicle.

Melissa needs to obtain current pet exams and they need to be on the approved HHS form.

Melissa needs to obtain a First Aid kit with the required items and ensure she also has this in her vehicle she might use to transport children.

Melissa needs to document any medication that she might provide to childcare children.

Melissa needs to develop 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.

Melissa needs to ensure that Fire and tornado drills shall be practiced monthly and the provider shall keep documentation evidencing compliance with monthly practice on file for the current year and the previous year.

Melissa needs to develop an Emergency Preparedness plan.

Melissa needs to develop and maintain a file for each child with all of the required documentation. This worker did provide her multiple forms and we discussed the best way to maintain that information and all of her required documentation.

Melissa acknowledged that she had received the checklist with expectations from this worker and she had also received some written material and forms from CCR&R. She acknowledged that she had not taken the steps to come into compliance with expectations of a non-registered provider. She presented as open and willing to take steps to come into compliance with all items. She thanked this worker for taking the time to review the expectations and was very open to this worker returning for a follow up in approximately one month to verify follow through with compliance.

Addendums:

- Addendum1: This worker did an unannounced annual compliance visit on the non-registered home of Melissa Vargas on 9/19/24. At that time she had numerous items that were out of compliance with a NR home. This worker agreed to do a follow up in approximately 4 weeks to give her an opportunity to address the needs and review compliance with childcare regulations.

  On 10/10/24 this worker did an unannounced follow up visit. We reviewed the areas that Melissa was out of compliance with on 9/19/24 and assessed steps she had taken since that time to come into compliance. Melissa had completed most of the items requested at this follow up visit.

  Melissa does have the following items to still address:
  1. Melissa still needs to obtain the annual pet exam on the HHS approved form for the 2 dogs. She still needs to send pictorial verification when obtained.
  2. Melissa still needs to develop her Emergency Preparedness plan. We did have a discussion as to what this should entail, and she does have an example of information that should be included. Melissa needs to send pictorial verification when completed.
  3. Melissa has obtained a majority of the documentation required for a child's file but still needs to obtain the physical and immunization record.

This Addendum is approved by supervisor on 10/11/2024 3:43:23 PM

Non-compliance with any of the mandated requirements listed above may lead to the cancellation of your Child Care Assistance Provider Agreement. 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 319-429-0749 or cweber@dhs.state.ia.us if you have any questions regarding this letter.

Sincerely,

Christine Weber
Social Worker II

Sheila Aunspach
Social Work Supervisor 09/19/2024

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