08/14/2024

Beatrice Gwion
1411 College AVE
Des Moines, IA 50314

Dear Child Care Provider:

This letter is in regards to the compliance visit at your Registered Child Development Home B conducted on 08/14/2024. 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)“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 110.8(4) **Emergency Plans**

441 IAC 110.8(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 110.9 Files

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

441 IAC 110.9(1)“a” A physician’s examination report for the provider and all members of the provider’s household aged 18 years or older. Acceptable physical examinations shall be documented on Form 470-5152, Child Care Provider Physical Examination Report. All children residing in the household must have medical documentation outlined in 110.9(4) “d”, 110.9(4) “f”, and 110.9(4) “g”

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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.

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Findings:

441 IAC 110.8(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 110.8(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

441 IAC 110.9(1)“a” A physician’s examination report for the provider and all members of the provider’s household aged 18 years or older . Acceptable physical examinations shall be documented on Form 470-5152, Child Care Provider Physical Examination Report. All children residing in the household must have medical documentation outlined in 110.9(4) “d”, 110.9(4) “f”, and 110.9(4) “g”

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:
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
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.
The written report shall include past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary.
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.
The examination report or statement of health status shall be on file before the child’s first day of care
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.
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.
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.
Documentation list 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.
Written permission from the parent for the child to attend activities away from the child development home.
Injury report forms documenting injuries requiring first aid or medical care
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.

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Suggestions/Recommendations:

A recheck is not needed at this time. The below corrections need to be completed by 10/17/2024 and will be reviewed on your next annual compliance check.

I encourage you to work with your Child Care Resource and Referral Worker (Heather Sheesley 515-360-7308) with any compliance or training efforts.

Corrective Action Required:

1. Each child in care needs to have their individual emergency numbers written on paper and easily accessible. I left a blank form to use.

2. An Emergency Preparedness Plan needs to be completed and easily accessible. I left a blank form for you to use. Please contact Heather Sheesley for assistance.

3. You need to have a DHHS Medical Physical completed by a medical professional. I left a blank form for you to take to your doctor.

4. Each child in care needs an individual file containing specific medical, demographic, release, and consent information.

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 515-601-9469/jarind@dhs.state.ia.us if you have any questions regarding this letter.

Sincerely,

Jake Aringdale

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).