05/22/2025

Janice Kendall
111 W Iowa ST
Luzerne, IA 52257

Dear Child Care Provider:

This letter is in regards to the compliance visit at your Registered Child Development Home B conducted on 05/21/2025. 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:

FINDINGS:	**Identify FINDINGS in each area of non-compliance.**
441 IAC 110.6	Limit. Except as provided in subrule 110.6(3), no greater number of children shall be received for care at any one time than the number authorized on the registration certificate.
441 IAC 110.7	**Provider Requirements**
441 IAC 110.8	Standards. Conditions in the home are safe, sanitary, and free of hazards.
441 IAC 110.8(1)	**Facility Requirements**
441 IAC 110.8(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 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"
441 IAC 110.9(1)"b" (1)	I-PoWeR records or certificates verifying required training completion: Prior to registration: • minimum health and safety training, approved by the Department, in required content areas • Iowa's Mandatory Child Abuse Reporter Training Prior to registration: First Aid and Cardiopulmonary resuscitation. Provider shall maintain a valid

certificate indicating date of training and expiration date.

During each two year registration period, the provider shall receive a minimum of 24 hours of training from approved content areas. A provider shall not use a specific training or class to meet minimum continuing education requirements more than one time every five years

A provider who submits documentation from a child care resource and referral agency that the provider has completed the Iowa Program for Infant/Toddler Care (IA PITC), ChildNet, or Beyond Business Basics training series may use those hours to fulfill a maximum of two years' training requirements, not including first-aid and mandatory reporter training

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.

441 IAC 110.14 **SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"**

441 IAC 110.14(1) "a" No more than eight children not attending kindergarten or a higher grade level shall be present

at any one time

Findings:

An annual compliance check was completed on 5/21/25 and the following was out of compliance:

441 IAC 110.6 Limit. Except as provided in subrule 110.6(3), no greater number of children shall be received for care at any one time than the number authorized on the registration certificate.

Janice had 9 preschool aged children and under when this worker arrived. While I was present, one additional toddler arrived leaving her with 10 children present. She did have an assistant present but as a category B provider she is only allowed to have 8 preschool aged or below present at one time. She is allowed up to 4 additional school-aged children with an approved assistant present. We did discuss how many children she is allowed and that she was over on the number of children and age group that she is allowed. Janice shared that since 2 of the children were 5 years of age, she assumed they counted as school aged. She also shared that 2 of the children are only present every other week. With the assistant present she did appear to be effectively managing the children, and she was in compliance with the number of infants/under age 2 that she is allowed to have. I did inform her that she needed to come into compliance with the number she is allowed. She did agree to reach out to the parents of the children she has every other week to notify them they need to seek alternate care.

441 IAC 110.14(1) “a” No more than eight children not attending kindergarten or a higher grade level shall be present at any one time.

As noted above Janice had 10 children present that are not yet attending Kindergarten or higher level.

441 IAC 110.8(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.

Janice did not have a smoke detector in the living room which is her area of primary care.

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”

Janice's husband did have a physical exam from 2023 but it was not on the HHS approved form.

441 IAC 110.9(1)“b” (1) I-PoWeR records or certificates verifying required training completion:
Prior to registration:
minimum health and safety training, approved by the Department, in required content areas
Iowa’s Mandatory Child Abuse Reporter Training

Janice's MCART is expired.

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.
Janice was missing numerous paperwork from her children's files. She had some intake information that was not filled out completely or signed by a parent. She was missing initial physicals for 2 children, updated/yearly physicals for 4 children, an immunization record for one child and documentation on who can pick up a child for 1 child.

441 IAC 110.8 Standards. Conditions in the home are safe, sanitary, and free of hazards.
Although not determined out of compliance in this area, the home was quite cluttered with a lot of stuff although not necessarily unsafe. We did discuss the need to move some items and eliminate clutter and to ensure that she has a path to her areas of care and emergency exits.

Suggestions/Recommendations:

A re-check is not needed at this time. Corrections need to be made by 6/11/25 and will be reviewed at the next annual compliance check. Please send pictorial verification of the items where specifically noted below.

I encourage you to work with Rachel Bonefas with Child Care Resource and Referral if you have 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:

Janice needs to come into compliance with the number of children she is allowed to have at one given time. She did agree to notify the parents of a sibling group of two that they need to find alternate care. Janice needs to contact this worker when those arrangements have been made to verify compliance.

Janice needs to obtain/replace the smoke detector in the living room and send pictorial verification to HHS.

Janice needs to obtain a current physical for her husband on the HHS approved form.

Janice needs to update her MCART and send pictorial verification to this worker.

Janice needs to work with the parents to obtain all of the required documentation for the children's files.

Addendums:

- Addendum1: Janice's annual compliance check was completed on 5/21/25. There were a few items where she was out of compliance, and she needed to send pictorial verification of compliance.

  Janice sent pictorial verification of the items requested on 5/27/25.

This Addendum is approved by supervisor on 5/28/2025 3:14:58 PM

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 319-429-0749 or christy.weber@hhs.iowa.gov if you have any questions regarding this letter.

Sincerely,

Christine Weber

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).