



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Kelly K. Garcia
Director

06/21/2019

Heaven's Little Angels Daycare
1206 Glenwood LN
Muscatine, IA 52761

Dear Child Care Provider:

This letter is in regards to the compliance visit at your Registered Child Development Home B conducted on 06/17/2019. 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 110.7 **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)“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 110.8(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 110.8(3) **Medications and Hazardous Materials**

441 IAC 110.8(3)“a” All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child

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 110.8(5)

Safe Sleep

441 IAC 110.8(5) "a"

The provider shall follow safe sleep practices as recommended by the American Academy of Pediatrics for infants under the age of one.

- a. Infants shall always be placed on their back for sleep.
- b. Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.
- c. Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child shall be allowed to sleep in an infant seat, car seat, swing, bouncy seat, or items not designed for sleeping.
- d. No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.
- e. No co-sleeping shall be allowed.
- f. Sleeping infants shall be actively observed by sight and sound.
- g. If an alternate sleeping position is needed, a signed physician authorization with statement of medical reason is required.

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.

Findings:

Elizabeth needs to have a rated 2A 10BC fire extinguisher for her upstairs portion of her home.

Elizabeth needs to show documentation of a current physical for one dog on the Pet Health Certificate Form.

Elizabeth needs to place child locks on the kitchen sink cabinets upstairs.

Elizabeth needs to finish completing "Parent Reunification Section" and "Shelter In Place" section on her Emergency Preparedness document.

Elizabeth needs to have tight fitted sheets designed for her Pack-N-Play mattresses x2.

Elizabeth's physician needs to check and date boxes for TB section of form on her physical and have physician date immunization boxes and one box on TB section of physical for Randal's physical.

Elizabeth needs to show documentation of her current course completion for Mandatory Reporter Training for Child Abuse.

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. Need for R.M.

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. Need for R.M.

A signed medical consent from the parent authorizing emergency treatment. Need for R.M.

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. Need physical for R.M.

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. Need school-aged health status form for L.M.

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. Need enrollment physical for L.M.

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. Need for L.M., R.M. Need update for K.S., R.L.

A 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. Need for R.M.

Written permission from the parent for the child to attend activities away from the child development home. Need for R.M., K.H.

Suggestions for Improvement:

Recommendation:

Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home either on or after 8/10/19.

[] Is the recommendation to terminate a provider agreement or revoke a registration?

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.

Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home.

Please do not hesitate to contact me at DHS at (319) 208-5521/creckli@dhs.state.ia.us if you have any questions regarding this letter.

Sincerely,

Chad Reckling

Social Worker II

Machelle Pezley

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 563-324-3236

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).