



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Kelly K. Garcia
Director

06/29/2020

Cheryl Mathis
515 Cedar ST
Burlington, IA 52601

Dear Child Care Provider:

This letter is in regards to the follow up at your Registered Child Development Home B conducted on 06/29/2020. 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)“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 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 110.8(4) **Emergency Plans**

441 IAC 110.8(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 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(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:

On 6/23/20 and 6/29/20 Chad Reckling, SW II conducted a follow up visit to the childcare home. The following was observed:

Cheryl needs to secure television in her play room and west play room on main floor to the wall so that it will not tip over. This was observed to be completed.

Cheryl needs to place safety caps in two electrical outlets in her west play room on the main floor. This was completed during today's visit.

Cheryl needs to re-install her smoke detector at the top of her basement stairs and install a smoke detector in her west bedroom on her main floor. This was observed to be completed.

Cheryl needs to make the following additions to her Emergency Preparedness Plan:

Add specific location in her home for Shelter in Place and Lockdown section. This was observed to be completed.

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 updated parent signature and dates on form for K.D., J.D., E.D.(5), E.D.(2), J.M.(4), J.M.(16 mos), J.M.(23 mos), J.H. This was observed to be completed.

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 updated parent signature and dates on form for K.D., J.D., E.D.(5), E.D.(2), J.M.(4), J.M.(16 mos), J.M.(23 mos), J.H. This was observed to be completed.

A signed medical consent from the parent authorizing emergency treatment. Need updated parent signature and dates on form for K.D., J.D., E.D.(5), E.D.(2), J.M.(4), J.M.(16 mos), J.M.(23 mos), J.H. Need doctor's information on form for H.W., J.R.(14), J.R.(13), A.B. This was observed to be completed.

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 H.W., J.M.(16 mos), J.H. This was observed to be completed.

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 for J.R.(14), J.R.(13) This was observed to be completed.

A statement of health condition signed by a physician or designee submitted annually from the date of the admission physical. Need updated physical for D.M., J.M.(4), J.M.(23 mos). The following was observed to be completed.

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. Need update for T.S., K.D., J.D. Need second page completed for T.S. The following was observed to be completed.

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 J.R.(14), J.R.(13), T.S. This was observed to be completed.

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 H.W., J.R.(14), J.R.(13), J.M.(16 mos), J.H., Need update for D.M., E.D.(2), J.M.(4), J.M.(23 mos) The following was observed to be completed.

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 updated parent signature and dates on form for J.M.(4), J.M.(16 mos), J.M.(23 mos), J.H. Need complete date on form for T.S. This was observed to be completed.

Written permission from the parent for the child to attend activities away from the child development home. Need updated parent signature and dates on form for K.D., J.D., E.D.(5), E.D.(2), J.M.(4), J.M.(16 mos), J.M.(23 mos), J.H. This was observed to be completed.

Items of non-compliance remaining after today's visit:

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 backup contact information for J.M.(3).

A signed medical consent from the parent authorizing emergency treatment. Need for J.B. Need doctor's information for J.M.(3).

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 K.S., R.S.

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 J.D.(8), A.B., K.D.(10)

A statement of health condition signed by a physician or designee submitted annually from the date of the admission physical. Need updated physical for E.D.(2).

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 signature and date on form for R.S.

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 completed information on form for K.D., J.D., E.D.(5), E.D.(2)

Suggestions for Improvement:

Please contact Child Care Resource & Referral if you have any further questions regarding childcare.

Recommendation:

Based on the items out of compliance listed above, you will not be required to have a recheck or follow up visit to your home. Please have all items of non-compliance noted above completed by 7/13/20 and submit to the department for review.

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 not 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).