04/18/2018

Alyce Winters
2160 Taylor DR
Iowa City, IA 52240

Dear Child Care Provider:

This letter is in regards to the compliance visit at your Registered Child Development Home A conducted on 04/16/2018. 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(1)"c"	Combustible materials shall be kept a minimum of three feet away from furnaces, stoves, water heaters, and gas dryers
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(1)"o"	The provider shall document all injuries that require first aid or medical care using an injury report form. The form shall be completed on the date of occurrence, shared with the parent, and maintained in the child's file
441 IAC 110.8(1)"p"	The provider shall have written policies regarding the care of mildly ill children and exclusion of children due to illness and shall inform parents of these policies.
441 IAC 110.8(1)"q"	The provider shall have written policy and procedures for responding to health-related emergencies
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) 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 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(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:

1. Provider needs to post the numbers of each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible.

2. Provider needs to move boxes and paper products that were around her furnaces. Combustible material needs to be kept away from furnaces, stoves, gas dryers, or water heaters by a minimum of three feet.

3. Each smoke detector is tested monthly, and a record is kept for inspection purposes.

4. Provider needs an injury report form. These forms are maintained for any injury requiring first aid or medical care.
- SW Stevens will send provider this form.

5. Provider needs a written policy about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.

6. Provider needs a written policy about responding to health- related emergencies.

7. All medicines and poisonous, toxic, or other wise unsafe materials are secured from access by a child.
- provider states these are under her sink but are not locked. Provider needs to lock all poisonous, toxic and other wise unsafe materials.

8. Provider needs to post emergency and disaster plans for fire and tornado by every primary and secondary exits. These plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.

9. Provider needs to practice fire and tornado drills monthly. She also needs to keep documentation on file.

10. Provider needs to complete the emergency preparedness plan.

11. Provider needs a copy of her physical exam. Physical exams should be repeated every three years.

12. Provider needs to complete the health and safety training. This needs to be completed with in 30 days.

13. During each two year registration period: 24 hours of approved training needs to be completed.

14. Children's files- it should be noted that the provider was caring for four children on April 16, 2018
- One child (initials KP) needs identifying information
- One child (initials KP) needs emergency information including where the parents can be reached, the name, street address, city and telephone of child's doctor
- Two children (initials TC, and KP) need signed medical consent from the parent authorizing emergency treatment
- Once child (initials KP) need a list signed by the parents which names persons authorized to pick up the child, their telephone number, and relationship to the child.

Suggestions/Recommendations:

Corrective Action Required:

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 319-892-6857/ jsteven@dhs.state.ia.us if you have any questions regarding this letter.

Sincerely,

Jami Stevens

Social Worker II

Kimberly Hahn

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).