10/31/2024

Alice Nyiramitavu
617 Main ST
Fairfax, IA 52228

Dear Child Care Provider:

This letter is in regards to the compliance visit at your Registered Child Development Home A conducted on 10/29/2024. 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(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)"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)"i" Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported.
Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children.
All signs shall include:

1. The telephone number for reporting complaints, and
2. The Internet address of the department of public health (www.iowasmokefreeair.gov)

441 IAC 110.8(3) **Medications and Hazardous Materials**

441 IAC 110.8(3)"b" A first-aid kit shall be available and easily accessible whenever children are in the child development home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be

stored in an area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.

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(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 110.8(5) "b" No child shall be allowed to sleep in any item not designed for sleeping including, but not limited to, an infant seat, car seat, swing, or bouncy seat.

441 IAC 110.8(5) "c" A crib or crib like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards or recommendations from the Consumer Product Safety Commission or ASTM International for juvenile products shall be provided for each child under two years of age if developmentally appropriate. Crib railings shall be fully raised and secured when the child is in the crib. A crib or crib like furniture shall be provided for the number of children present at any one time. The home shall maintain all cribs or crib like furniture and bedding in a clean and sanitary manner. There shall be no restraining devices of any type used in cribs.

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(1)"b"(2) Documentation from the department confirming the record checks required under 441 IAC 110.11(3) have been completed and authorizing or conditionally limiting the person's involvement with child care.

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:

An annual compliance check was completed on 10/29/24. Also present was Rachel Bonefas from CCR&R and an

interpreter (Kirundi) was present via phone.
The following was out of compliance:

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.

Alice did not have the written list of children enrolled, parent contact information, emergency contact information and Physician. She also did not have this at last year's annual check.

Alice does transport children, and she did not have this written documentation in her vehicle. This was also an area out of compliance at last year's check. This worker did provide Alice a form to use for documentation purposes and we discussed the need to have this written and readily accessible by a phone and in her vehicle she uses to transport children.

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.

Alice did not have a fire extinguisher on the main level of her home. This was also an area that was out of compliance at last year's check, and she did not obtain one as she was supposed to. CCR&R did agree to obtain one for her to have on the main level of the home. (She did have one in the lower level of the home where she also provides care.)

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.

Alice had smoke detectors down in three rooms that require a smoke detector. This was also an area out of compliance at last year's check.

Alice also did not have documentation of monthly testing of smoke detectors. This was also an area out of compliance at last year's check. Alice reported that

she did not have a form but this had been discussed with her last year. Rachel (CCR&R) did agree to obtain a copy of the form for documentation for her from the

Catherine McCauley Center so it is in her language.

441 IAC 110.8(1)“i” Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported.
Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home’s hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children.
All signs shall include:
The telephone number for reporting complaints, and
The Internet address of the department of public health (www.iowasmokefreeair.gov)

Alice did not have a no-smoking sign in her vehicle she uses to transport children. This was also an area out of compliance at last year's check. Rachel (CCR&R) did provide her one on this date to put in her vehicle.

441 IAC 110.8(3)“b” A first-aid kit shall be available and easily accessible whenever children are in the child development home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.

Alice could not locate her First Aid Kit. Rachel from CCR&R agreed to get her one and we discussed that she also needs to take this with her when she transports children.

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.

Alice did not have monthly documentation for fire and tornado drills. This was also an area out of compliance at last year's check. She did say that she practices them but did not have a form for documentation purposes. Rchel from CCR&R agreed to get her a copy of the form from the Catherine McCauley Center so it is in her language.

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.
Infants shall always be placed on their back for sleep.
Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.
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.
No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.
No co-sleeping shall be allowed.
Sleeping infants shall be actively observed by sight and sound.
If an alternate sleeping position is needed, a signed physician authorization with statement of medical reason is required.

441 IAC 110.8(5) "b" No child shall be allowed to sleep in any item not designed for sleeping including, but not limited to, an infant seat, car seat, swing, or bouncy seat.

441 IAC 110.8(5) "c" A crib or crib like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards or recommendations from the Consumer Product Safety Commission or ASTM International for juvenile products shall be provided for each child under two years of age if developmentally appropriate. Crib railings shall be fully raised and secured when the child is in the crib. A crib or crib like furniture shall be provided for the number of children present at any one time. The home shall maintain all cribs or crib like furniture and bedding in a clean and sanitary manner. There shall be no restraining devices of any type used in cribs.

Initially when discussing safe sleep Alice reported that she is aware baby's need to have a crib, sleep on their back and not have blankets. However, later when reviewing her files for children, she showed this worker a physical for a baby. She did not have any of the required paperwork for that child. I had not observed a crib or pack-n-play so asked where the baby sleeps. Seh then walked us into her bedroom and noted the baby sleeps on her bed. We again reviewed safe sleep policies and that baby cannot sleep on her bed but needs to be in an approved crib or pack-n-play. She does not have one of those items. That baby is scheduled to come to her home later this afternoon and into the evening so we discussed what she can do. She tried to call the mother while we were present to see if the mother had a pack-n-play she could use but the mother did not answer at that time. We did a safety plan that if she could get a pack-n-play form the mother that day she could use that but otherwise she needed to go out yet today and purchase one. Rachel did look online for a picture of one at Walmart to show her what she needed to obtain. CCR&R does have the ability to request funds for one, but it would not be an immediate fix. Alice did send pictorial verification yet that day verifying she had obtained a pack-n-play from the parent to use at least temporarily.
The safety plan also stipulated that she needs to follow all safe sleep polices and that she needs to meet further with the CCR&R support worker or nurse consultant to further discuss safe sleep. This worker did provide her a written document in regard to safe sleep that is in Swahili.

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”

The physicals for Alice and her husband were expired. This worker did provide her an updated form to use. She did report she had updated physicals for her own children but she did not have the documentation for them. This was also an area where she was out of compliance at last years check.

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.

Alice's Mandatory Child Abuse Reporter training had expired.

Alice's First Aid and CPR training had expired. Both of these had also been expired at last year's annual check and Alice did not take the steps to get them updated. CCR&R is having a First Aid and CPR training on 11/7 and Alice agreed to attend that. Rachel also agreed to assist Alice in getting her Mandatory Child Abuse Reporter training updated.

441 IAC 110.9(1)“b”(2) Documentation from the department confirming the record checks required under 441 IAC 110.11(3) have been completed and authorizing or conditionally limiting the person’s involvement with child care.
Alice could not locate this documentation.

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.
Alice was missing the basic identifying information, where parent can be reached for 3 of the children enrolled.
Alice did have some of the paperwork for 3 of the children but the forms were not fully filled out and she did not have an emergency contact for any of the 6 children.
Alice did not have authorization to seek emergency medical care for 3 of the children.
Alice did not have a signed immunization record for 3 of the children.
Alice did not have documentation on who can pick up a child for any of the children.
Alice did not have permission to transport or attend activities for 3 of the children.
The paperwork she did have was not fully completed. We discussed what she needs to have, and this worker did note on her forms where information is lacking.
This was also an area in which Alice as out of compliance last year. Rachel from CCR&R did provide her extra forms to use for children's files but Alice should also make copies of these required forms so as ne families start she has the appropriate paperwork to provide.

After last year's annual check, a referral had been made to CCR&R and to the Catherine McCauley Center to follow up. The Catherine McCauley Center is an agency in the Cedar Rapids area that works with the refugee families to assist them in childcare registration. That agency has only recently ceased in assisting these families with registration issues. Unfortunately, appropriate follow up and assistance did not occur. Rachel from CCR&R was present at this visit and has agreed to assist Alice in these areas to come into compliance. Alice did agree to send pictorial verification of many of these items to verify compliance.

Suggestions/Recommendations:

A re-check is not needed at this time. Corrections need to be made by 11/26/24 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 from Child Care Resource and Referral with 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:

Alice needs to have a written document listing the children enrolled, parent contact information, emergency contact information and Physician. She also needs this documentation in her vehicle she uses to transport children. She was provided a form to use for documentation purposes. She needs to send pictorial verification of this.

Alice needs to obtain a fire extinguisher (size 2A 10-BC) on the main level of her home. CCR&R did agree to obtain one for her to have on the main level of the home. Pictorial verification will need to be sent.

Alice needs to replace smoke detectors in 3 rooms of the home. She did send pictorial verification of this to CCR&R and that was forwarded to this worker on 10/30/24.

Alice needs to test her smoke detectors monthly and document that accordingly. CCR&R agreed to get Alice a copy of that form for documentation purposes in Swahili. CCR&R can verify with HHS when this has been provided to Alice.

Alice needs to have the no-smoking sign in her vehicle she uses to transport children. CCR&R did provide her the appropriate sticker on this date. Alice does need to send pictorial verification that it has been placed in her vehicle.

Alice needs to obtain a First Aid Kit and ensure she has it in her vehicle when she transports children. CCR&R agreed to get her one. Alice (or CCR&R) will need to send pictorial verification once she has it.

Alice needs to abide by all safe sleep practices. She needs to follow the safety plan developed on this date. She needs to immediately borrow or purchase a crib or pack-n-play for the baby in care. She needs to meet with the CCR&R support worker or CCR&R nurse consultant to review safe sleep policies. CCR&R will then provide the contact note to HHS when completed. This worker did provide her a document of safe sleep practices on this date in Swahili. Alice did send pictorial verification on this date of a pack-n-play that she was able to borrow from the family of the baby. CCR&R agreed to submit a request for funds to purchase a pack-n-play for Alice for future needs.

Alice needs to obtain updated physicals for herself and her husband on the approved HHS form. As this was also an area out of compliance at last year's check, she needs to send pictorial verification when completed.

Alice needs to update her First Aid and CPR training and send pictorial verification. She is scheduled to take the training on 11/7/24.

Alice needs to update her Mandatory Child Abuse Reporter training and send pictorial verification. CCR&R agreed to assist her in getting this updated.
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Alice needs to practice fire and tornado drills monthly and document that accordingly. CCR&R agreed to get Alice a copy of that form for documentation purposes in Swahili. CCR&R can verify with HHS when this has been provided to Alice.

At her next review, Alice should keep the documentation approving who is authorized to reside in the home.

Alice needs to work with the parents to obtain all the required documentation for each child's file. (As noted above, Rachel did provide her some additional copies of the required forms. Alice should make copies before using them all to ensure she has the appropriate paperwork to provide families as she enrolls new children.)

As noted above, Rachel from CCR&R did agree to work with Alice and offer support to assist her in coming into compliance with all childcare regulations.

Addendums:

- Addendum1: An annual childcare compliance check was completed on 10/29/24. AT that time Alice had several areas in which she was out of compliance.

  Of particular concern was that Alice had a baby enrolled in her program but no safe sleep apparatus for the child to sleep in. She reported that the baby slept on her bed. She did not have an approved crib or pack-n-play.

  A safety plan was developed with Alice that stipulated the following:
  1. Alice needs to obtain a crib or pack-n-play for the baby to sleep in today.
  2. Alice needs to send pictorial verification that she obtained the appropriate sleeping item - today.
  3. Alice needs to ensure that she follow all safe sleep polices at all times.
  4. Alice will meet with CCR&R to review safe sleep policies.

  In regard to the safety plan, Alice did borrow a crib from the mother that day and she did send pictorial verification to this worker.

  On 11/19/24 Alice met with CCR&R support worker and the Nurse consultant to review safe sleep policies. The safe sleep checklist was reviewed thoroughly with her and an interpreter. CCR&R also provided her a handout of the ABC"s of safe sleep that was translated in Swahili.

  CCR&R also ordered her a crib that was given to her and they assisted her in setting it up on 11/19/24.

  Additionally, CCR&R did send a text to this worker on 10/30/24 with pictorial verification of the 3 smoke alarms in place.

  On 11/7/24 Alice completed First Aid and CPR training, and CCR&R has since sent pictorial verification to this worker.

  CCR&R also provided Alice a fire extinguisher that she was missing, and it was observed on 11/19/24.

  As of 12/9/24 Alice still needs to send pictorial verification of the following:
  1. She needs to update her training for Mandatory Child Abuse Reporter training,
  2. She needs to put a no smoking sign in her vehicle she uses to transport children.
  3. She needs to have a First Aid kit in her vehicle
  4. She needs to update her list of children and contact information.
  5. Alice needs to obtain an updated physical for herself and her husband on the approved HHS form.

  She also needs to update the children's files to ensure she has all the required documentation for each child's file. She does not need to send pictorial verification of that but does need to work to come into compliance with the documentation that is required.

  As of 12/9/24 she has however complied with the expectations as outlined in the safety plan developed on 10/29/24.

This Addendum is approved by supervisor on 12/9/2024 12:01:47 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).