



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Kelly K. Garcia
Director

07/21/2017

Lori Brockett
1422 Agency ST
Burlington, IA 52601

Dear Child Care Provider:

This letter is in regards to the compliance visit at your Registered Child Development Home B conducted on 07/21/2017. 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 110.7(2) Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider
- a. All standards regarding supervision and care of children apply to substitutes.
 - b. Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.
 - c. The substitute must be 18 years of age or older.
 - d. Use of a substitute is limited to: No more than 25 hours per month. An additional period of up to two weeks in a 12-month period. (These limitations do not apply per Iowa Code Section 237A.3A(3)(e) when the provider is engaged in jury duty or official duties related to provider's membership on state board, committee or policy-related body.)
 - e. The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.

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)“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(3) **Medications and Hazardous Materials**

- 441 IAC 110.8(3)“c” Medications shall be given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are inaccessible to children. Any medication administered to a child shall be recorded, and the

record shall indicate the name of the medication, the date and time of administration, and the amount given

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 over the age of 12 . Acceptable physical examinations shall be documented on Form 470-5152, Child Care Provider Physical Examination Report. The examination shall include any necessary testing for communicable diseases; a discussion of recommended vaccinations; completed no more than six months prior to initial registration; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years. All children residing in the household that are 12 years of age or younger must have medical documentation outlined in 110.9(4) "d", 110.9(4) "f", and 110.9(4) "g"

- 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. 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 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.

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. 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.

j. Written permission from the parent for the child to attend activities away from the child development home. The permission shall include:

1. Times of departure and arrival.

2. Destination.

3. Persons who will be responsible for the child

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:

Lori needs to show documentation of her substitute care provider usage.

Lori needs to place a safety cap in one electrical outlet in her living room.

Lori need to show documentation of her procedures that she would follow if a daycare child were to become sick while in her care prior to that child's parents coming to pick the child up.

Lori needs to show documentation of a medical consent permission form for the medications for K.A. and documentation as to when the medication was administered to him, who administered it, how much and the time and date of administration.

Lori needs to place any refrigerated medications in a separate, covered container within the refrigerator. This item was fixed during the visit.

Lori needs to complete a blank Emergency Preparedness Template and eliminate the questions within the template and create procedures in her own words as to what she would do in the mandated emergency situation items. Lori also needs to add detailed procedures for the following selected emergency situations within the template: "Medical/Injury for Staff and Medical/Injury for Child".

Lori needs to place tight fitted crib mattress sheets on her two Pack-N-Plays in her childcare home if they are utilized for daycare children.

Lori needs to provide documentation of a current physical for Kyler on the Childcare Provider Physical Exam Report Form. Show documentation of a current physical and immunization record for Reed and provide documentation of a school-aged health status form for Reganne.

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:

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. Need physical for J.J. Need school-aged health status for A.B.(7).

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 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 updated physical for J.S., J.C., M.L., T.L. Need updated school-aged health status form for A.B.(6)

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 update for J.C., M.L., T.L. Need signature and date on form for J.J.

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 9-11-17.

[] 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).