

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:

On 10/15/19 Chad Reckling, SW II conducted a follow up compliance visit to the childcare home. The following was observed:

Elizabeth needs to place child locks on the kitchen sink cabinets upstairs. This was observed to be completed.

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

Elizabeth needs to have tight fitted sheets designed for her Pack-N-Play mattresses x2. This was observed to be completed.

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. 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 for R.M. 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 for R.M. This was observed to be completed.

A signed medical consent from the parent authorizing emergency treatment. Need for R.M. 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 R.M. This 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 L.M. 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 L.M., R.M. Need update for K.S., R.L. This 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 for R.M. This was observed to be completed.

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

Items of non-compliance present after visit was completed:

Elizabeth needs to have a rated 2A 10BC fire extinguisher for her upstairs portion of her home.(Need to hang up in kitchen)

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

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

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.

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 11/19/19.

[] 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).