

- 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:

Amber will clear off top landing of basement steps of all items.

Amber will repair or replace tarp on top of swingset.

Amber will add the specific street address of her evacuation area on her emergency plans that are posted.

Amber needs to add the following to her Emergency Preparedness Plan:
specific street addresses for her evacuation sites
detailed procedures for the following checkmarked emergency specific situations: Injury/Medical for Provider;
Injury/Medical for Child.

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 full parent signature and dates for review and update for M.S., M.J., F.G., A.G., P.N., D.W., I.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.
Need full parent signature and dates for review and update for M.S., M.J., F.G., A.G., P.N., D.W., I.B.

A signed medical consent from the parent authorizing emergency treatment. Need full parent signature and dates for review and update for M.S., M.J., F.G., A.G., P.N., D.W., I.B.

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 M.S., P.N. Need updated school-aged health status form for M.J., F.G., A.G., I.B.

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 physical for M.J.

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 M.S., P.N.

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. Need for A.G.

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 full parent signature and dates for review and update for M.S., M.J., F.G., A.G., P.N., D.W., I.B.

Written permission from the parent for the child to attend activities away from the child development home. Need full parent signature and dates for review and update for M.S., M.J., F.G., A.G., P.N., D.W., I.B.

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 10/25/17.

[] 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).