12/09/2022

Jennifer Hanley
707 8TH AVE
Charles City, IA 50616

Dear Child Care Provider:

This letter is in regards to the compliance visit at your Registered Child Development Home B conducted on 12/09/2022. 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)"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)"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(2)	**Use of Outdoor Space**
441 IAC 110.8(2) "a"	A safe outdoor play area shall be maintained in good condition throughout the year. The play area shall be fenced off when located on a busy thoroughfare or near a hazard which may be injurious to a child, and shall have both sunshine and shade areas. The play area shall be kept free from litter, rubbish, and flammable materials and shall be free from contamination by drainage or ponding of sewage, household waste, or storm water.
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(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) 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(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:

This worker arrived to the childcare home to find one children present at the visit. Provider is within her allowed category B numbers.
A tour of the entire home and outdoor area was completed noting some compliance issues. Jennifer has a trampoline in the backyard that has the netting broken. It is currently covered with snow and ice mixture and she agrees to remove this completely from her yard by 4/30/2023. She additionally indicated she is not allowing kids to utilize the trampoline. While touring the indoor area of the home Jennifer had a smoke detector with the battery hanging out needing changed. Jennifer indicated she will get an entirely new detector as that one is old by 12/12/2022 and text this worker a photo by this date. Jennifer's emergency contact posting was missing the information for the child present. She will add this information to the posting by 12/12/2022 and send this worker a photo. Jennifer had one outlet in the living room not capped and she was able to cap this during the visit. In the bathroom there was toilet bowl cleaner accessible to children and Jennifer secured this during the visit. Jennifer did not have her safety plan posted at her second exit which is the back door. She agrees to post this by 12/12/2022 and send this worker a photo.
A full review of records noted some items missing and needing updates. Jennifer has not been documenting her monthly fire and tornado drills and her monthly smoke detector tests. She does have this form post in the living room space and needs to remember to document the monthly drills and tests. Jennifer was aware that her Emergency Preparedness plan needs updated and is planning to meet with her CCRR worker in January to complete these. During the visit there was a child who was not feeling well. She indicated she had given this child an over the counter medication but did not have sign parent permission form and documentation completed. She had one of these forms on file and indicatded she would have the parent complete this at pick and keep it in the file. Jennifer is also aware that parents need to bring any medications to be administered to their child and she is not allowed to provide that for daycare children. While reviewing daycare child files Jennifer was noted to be missing the signed medical consent from the parent authorizing emergency treatment as well as the consents and releases form. She had both of these forms in the file and indicated she will have the parent complete them and she will verify these at the follow up visit with CCRR.

Suggestions/Recommendations:

A critical incident form was emailed to Jennifer on 12/9/2022 to ensure she has one on file.

Corrective Action Required:

Jennifer agrees to complete and send this worker pictures of her new smoke detector in the living room, her safety plan posting at the backdoor, and her updated parent emergency information by 12/12/2022. Jennifer will then complete a follow up visit with CCRR worker by 1/30/2023. At that visit she will verify the child file information is completed, her documentation of December/January fire and tornado drills completed on the form, and complete the updating of the EP plan.

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 641-421-1219/anash@dhs.state.ia.us if you have any questions regarding this letter.

Sincerely,

Amanda Nash

Social Worker II

Tracy Wynn

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).