



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Kelly K. Garcia
Director

08/21/2017

Lauretta Lewis
911 N 8th ST APT 1
Burlington, IA 52601

Dear Child Care Provider:

This letter is in regards to the pre-inspection visit at your residence in which you are seeking child development home registration conducted on 08/21/2017. 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 110.8

Standards. Conditions in the home are safe, sanitary, and free of hazards.

441 IAC 110.8(1)

Facility Requirements

441 IAC 110.8(1)“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)“k”

A provider operating in a facility built before 1978 shall assess and control lead hazards before being issued an initial child development home registration or a renewal of the registration. To comply with this requirement, the provider shall:

1. Determine if painted surfaces on the interior or exterior of the facility are chipping, peeling, or cracking or in need of repair. Painted surfaces include walls, ceilings, windows, doors, stairs, and woodwork; and
2. If painted surfaces are in need of repair, hire an Iowa certified lead-safe renovator to make reports or take training to become an Iowa certified lead-safe renovator. Iowa lead safe renovators shall apply interim controls on any chipping or peeling, or cracking paint found, using lead-safe work methods in accordance with and as defined by department of public health rules at 641—Chapters 69 and 70

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(1)“q”

The provider shall have written policy and procedures for responding to health-related emergencies

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(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) "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 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(2) An individual file is maintained for each staff assistant and contains:
1. Documentation from the department confirming the record checks required under subrule 110.11(3) have been completed and authorizing or conditionally limiting the person's involvement with child care
 2. A completed 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 approval to assist or be a household member; completed by a licensed medical doctor, doctor of osteopathy, physician assistant or advanced registered nurse practitioner; and repeated at least every three years.
 3. Certification of two hours of approved training related to identification and reporting of child abuse as required by Iowa Code section 232.69 within 3 months of employment.
- 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:

Lauretta needs to clear all items on her top landing of her basement steps.

Lauretta needs to keep all Scentsy warmers off or unplugged during daycare hours or place them in a child inaccessible area. Specifically those in her bathroom and living room areas.

Lauretta needs to obtain a 2A 10BC rated fire extinguisher for her home.

This worker observed what appeared to be lead based paint that was actively cracking and peeling on the following areas of the home: interior window sill of the west window located in the alcove area of the play room; front porch overhang area; back porch overhang area; exterior window sills that share front porch area; rear door entryway. Interim control measures will need to be applied to these areas and notated on the Lead Assessment and Control form.

Lauretta will need to show documentation of her health/illness policies for her childcare operation to include: what pre-existing conditions will exclude children from her daycare program; what her procedures will be for a child that becomes ill while in her care; and procedures she will take in addressing a health related emergency with a daycare child.

Lauretta will need to pick up small trash in backyard play area and move her outdoor toys off of the rear porch and on ground level. Lauretta will not utilize the rear porch area for children to play on since it does not have railing on it and has at least a two foot drop off on the edges of the porch.

Lauretta will place a child lock on her cabinet in the bathroom area.

Lauretta will clearly mark her tornado safe area on her emergency plans that are posted and put her flood/evacuation area specific address on those plans.

Lauretta will need to show documentation of her completed Emergency Preparedness Plan. A template can be downloaded and utilized for this at iowaccrr.org.

Lauretta will need to place a tight-fitted crib sheet on her Pack-N-Play that she utilizes for her infant that she provides care to.

Lauretta will need to have her physician complete the date when her immunization history was reviewed with them on the Child Care Provider Physical Examination Report form.

Lauretta will need to show documentation of current course completion for Mandatory Reporter Training of Child Abuse for Raymond.

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 update for R.F., A.F.

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 update for R.F., A.F.

A signed medical consent from the parent authorizing emergency treatment. Need update for R.F., A.F.

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 R.W.(3), R.W.(2).

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 R.W.(3), R.W.(2)

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 update for R.F., A.F.

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. All items of non-compliance noted above shall be completed and a follow up visit conducted within 15 days of the receipt of this letter.

[] 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 correct identified areas of non-compliance and contact me within 15 days or your application may be denied.

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).