04/24/2024

Sandy Kuykendall-Bivens
733 MARTIN RD
Waterloo, IA 50704

Dear Child Care Provider:

This letter is in regards to the compliance visit at your Registered Child Development Home B conducted on 04/24/2024. 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(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)"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(1)"i" Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported.

Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home's hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children.
All signs shall include:

1. The telephone number for reporting complaints, and
2. The Internet address of the department of public health (www.iowasmokefreeair.gov)

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(3)"b" A first-aid kit shall be available and easily accessible whenever children are in the child development home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.

441 IAC 110.8(4) Emergency Plans

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 110.8(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 110.8(5) "b" No child shall be allowed to sleep in any item not designed for sleeping including, but not limited to, an infant seat, car seat, swing, or bouncy seat.

441 IAC 110.8(5) "c" A crib or crib like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards or recommendations from the Consumer Product Safety Commission or ASTM International for juvenile products shall be provided for each child under two years of age if developmentally appropriate. Crib railings shall be fully raised and secured when the child is in the crib. A crib or crib like furniture shall be provided for the number of children present at any one time. The home shall maintain all cribs or crib like furniture and bedding in a clean and sanitary manner. There shall be no restraining devices of any type used in cribs.

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”(2) Documentation from the department confirming the record checks required under 441 IAC 110.11(3) have been completed and authorizing or conditionally limiting the person’s involvement with child care.

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(3) An individual file is maintained for each substitute and contains:

1. Documentation from the department confirming the record checks required under 441 IAC 110.9(1) “a” 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.
4. Certification in infant and child first aid
5. Certification or other documentation that minimum health and safety training has been completed within 3 months or prior to providing substitute care, whichever occurs first.

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:

An annual compliance check was completed on 4/24/24 and the following was out of compliance:
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
All standards regarding supervision and care of children apply to substitutes.
Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.
The substitute must be 18 years of age or older.
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.)
The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.
While discussing expectations when using a substitute, Sandy reported that she does not track her substitutes hours

and does not have any documentation of such and has never done so. We discussed that when Sandy transports children to and from school and if Lesha is left at home alone with the other children, then she is considered a substitute at those times. We discussed that Sandy does need to document the use of substitute hours.

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.

Sandy has several outlets throughout the home on the main level and lower level of the home that were not capped. She stated that the kids take them out to plug in their phones and tablets and don't plug them back in. We discussed the need for her to assure those outlets are capped accordingly and the children should not be the ones taking them out and plugging them back in.

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.

Sandy did have some documentation of monthly testing of smoke detectors but she did not have documentation for every month.

441 IAC 110.8(1)“i” Smoking and the use of tobacco products shall be prohibited at all times in the home and in every vehicle in which children receiving care in the home are transported.
Smoking and the use of tobacco products shall be prohibited in the outdoor play area during the home’s hours of operation. Nonsmoking signs shall be posted at every entrance of the child care home and in every vehicle used to transport children.
All signs shall include:
The telephone number for reporting complaints, and
The Internet address of the department of public health (www.iowasmokefreeair.gov)

Sandy did not have a no-smoking sign in her vehicle that she does use to transport children.

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.

Sandy had previously been provided a form to use for such but she could not locate any of them on this date. This worker did give her a form she can use for developing and documenting these policies.

441 IAC 110.8(1)“q” The provider shall have written policy and procedures for responding to health-related emergencies.

Sandy had previously been provided a form to use for such but she could not locate any of them on this date. This worker did give her a form she can use for developing and documenting these policies.

441 IAC 110.8(3)“a” All medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child.

There were cleaners and unsafe chemicals under Sandy's kitchen sink and under the bathroom sink that were not secured and were accessible to children. This worker did have Sandy move those while this worker was present.

441 IAC 110.8(3)“b” A first-aid kit shall be available and easily accessible whenever children are in the child development home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.

Sandy did eventually locate her first aid kit but she had to check numerous locations before she found it. These are supposed to be easily accessible in the home and outdoor area. She also did not have a water bottle and she stated she has never been aware of that expectation. However, she would have had to have that at her PI on her move that was completed just last month, and this should not be new to her.

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.

Sandy did have some documentation but not for every month.

441 IAC 110.8(4) “b” The provider must have procedures in place for the following:

evacuation to safely leave the facility
relocation to a common, safe location after the evacuation
shelter-in-place to take immediate shelter where you are when it is unsafe to leave that location due to the emergent issue
lock down protocol to protect children and providers from an external situation
communication plan and plans for reunification with families
continuity of operations plans
Procedures to address the needs of individual children, including those with functional or access needs

Sandy's emergency preparedness plan that she located on this date was from when she lived at her old address and not all of the planning is applicable. She needs to update this accordingly.

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.
Infants shall always be placed on their back for sleep.
Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.
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.
No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.
No co-sleeping shall be allowed.
Sleeping infants shall be actively observed by sight and sound.
If an alternate sleeping position is needed, a signed physician authorization with statement of medical reason is required.
441 IAC 110.8(5) "b" No child shall be allowed to sleep in any item not designed for sleeping including, but not limited to, an infant seat, car seat, swing, or bouncy seat.
441 IAC 110.8(5) "c" A crib or crib like furniture which has a waterproof mattress covering and sufficient bedding to enable a child to rest comfortably and which meets the current standards or recommendations from the Consumer Product Safety Commission or ASTM International for juvenile products shall be provided for each child under two years of age if developmentally appropriate. Crib railings shall be fully raised and secured when the child is in the crib. A crib or crib like furniture shall be provided for the number of children present at any one time. The home shall maintain all cribs or crib like furniture and bedding in a clean and sanitary manner. There shall be no restraining devices of any type used in cribs.

When discussing safe sleep expectations, Sandy reported that she had a new baby (1 month of age) start this past Monday. She reported the baby will not sleep in a crib and Sandy stated it is too big anyway. I asked where the baby slept and after some discussion Sandy reported that the first day she had the baby sleep on her bed on top of a pillow. Sandy reported the second day she did not use the pillow but had the baby sleep in her bed. We discussed safe sleep expectations and Sandy reported that she was aware of the expectations that babies had to be on their back. I went on to note there are more safe sleep requirements than just sleeping on the back but also sleeping in an approved crib and not on an adult bed. She stated she has taken the safe sleep training, but this worker expressed concern that despite having taken the training, she was not following the guidelines. We did develop a safety plan in regards to safe sleep that included following all safe sleep guidelines and a referral to CCR&R nurse consultant to discuss safe sleep and the need for Sandy to send me a picture of her crib set up appropriately yet today as the baby was coming to her home at 1:30 today. Sandy also went on to state that she had not expected the mom to return to work when she did and was not ready for the baby. This worker stressed the need for Sandy to then communicate to parents if she is not appropriately set up and have the mom delay a day for Sandy to get what she needs. Sandy did have a crib in her garage she just needs to set it up in a childcare space and put a fitted sheet on it. Sandy did not seem to think she had any space for it, but this worker pointed out several areas of the home where it could be placed.

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”

Sandy could not locate the physical for herself or for her assistant/sub Lesha. She also could not locate the physical for the 18 year old who resides in the home. Sandy would have had to have these at her PI completed last month. Sandy thought she sent the originals to this worker for verification at the time of her PI. This worker agreed to look back in my file from the PI check completed last month. This worker did inform Sandy that it is important for her to have appropriate documents to show at each annual check and to not get rid of her originals. This worker had also provided

her a copy of the annual check last month so she would know what all is expected at each annual check. This worker again encouraged her to take a look at that information that was provided so she is fully aware of the expectations and requirements since there were several items she seemed to not be aware of.

This worker did locate verification of the physicals for the household members upon return to the office and i mailed a copy back to Sandy with a note that she needs to keep those records where they are accessible for future compliance visits. Sandy did not know about the HHS approved form but this had previously been provided to her and once this worker located those, they were on the approved form.

441 IAC 110.9(1)“b”(2) Documentation from the department confirming the record checks required under 441 IAC 110.11(3) have been completed and authorizing or conditionally limiting the person’s involvement with child care.

Martavion R who is 18 years of age has resided with Sandy for approximately one year but Sandy shared she has no letter approving him to live in the home. She reported that she did report to the Registration unit of his residing in the home but he is not listed as a household member anywhere in the HHS system. This worker did follow up with the Registration unit to verify he has never been listed on any of her applications as a household member including her most recent application regarding her move. He is a household member Sandy needs to do an updated application listing all the individuals who reside in the home and she needs to complete appropriate paperwork as requested from the Registration unit so he can be approved accordingly.

441 IAC 110.9(2) An individual file is maintained for each staff assistant and contains:
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
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.
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(3) An individual file is maintained for each substitute and contains:
Documentation from the department confirming the record checks required under 441 IAC 110.9(1) “a” have been completed and authorizing or conditionally limiting the person’s involvement with child care.
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.
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.
Certification in infant and child first aid
Certification or other documentation that minimum health and safety training has been completed within 3 months or prior to providing substitute care, whichever occurs first.

Lesha is approved as a substitute and assistant. Sandy could not locate the letter from HHS that approves her as such. We discussed the need for Sandy to keep that documentation.

Sandy also could not locate Lesha's physical, but this worker did find a copy in my file from a prior check and mailed a copy to Sandy to keep for future documentation.

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.
The examination report or statement of health status shall be on file before the child’s first day of care
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.
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.

Sandy was missing updated physicals or 3 of the 5 files that were reviewed on this date. We did discuss the need for her to review the other files not reviewed today to assure they have all the appropriate documentation.

It should be noted that no childcare children were present on this date at this time. Sandy reported children would be coming in the afternoon. We did again discuss the numbers of children that she is allowed to have at one time as a category B provider due to several prior issues of her being over numbers. She was not out of compliance with numbers on this date, but it is important to note this was again discussed on this date.

Suggestions/Recommendations:

A re-check is not needed at this time. Corrections need to be made by 5/22/24 and will be reviewed at the next annual compliance check. Sandy does need to send pictorial verification of the items where specifically noted below and it is important that she do so by 5/22/24.

Although a re-check is not needed as Sandy is able to send pictorial verification of the items that were out of compliance, this worker will plan a follow up based on the safety plan that had to be put in place in regards to safe sleep.

I encourage you to work with Black Hawk County Child Care Resource and Referral at 319 233-0804 with any ongoing compliance or training needs.

Corrective Action Required:

Sandy needs to ensure she is following the regulations in regards to use of a substitute that includes:
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.)
Sandy also needs to maintain a written record of the number of hours substitute care is provided, including the date and the name of the substitute.

Sandy needs to ensure that all accessible electrical outlets shall be tamper-resistant outlets or shall be safely capped. - Please send pictorial verification when completed

Sandy needs to ensure that she is testing her smoke detectors every month and documenting that accordingly.

Sandy needs to have a no-smoking sign in her vehicle that she uses to transport children. Sandy needs to send pictorial verification of this when completed.

Sandy needs to have written policies regarding the care of mildly ill children and exclusion of children due to illness and shall inform parents of these policies. Sandy needs to send pictorial verification to this worker when completed.

Sandy needs to have a written policy and procedures for responding to health-related emergencies. Sandy needs to send pictorial verification to this worker when completed.

Sandy needs to ensure that all medicines and poisonous, toxic, or otherwise unsafe materials shall be secured from access by a child at all times.

Sandy needs to have a first-aid kit shall be available and it needs to be easily accessible whenever children are in the child development home, in the outdoor play area, in vehicles used to transport children, and on field trips. The kit shall be sufficient to address first aid related to minor injury or trauma and shall be stored in an area inaccessible to children. The kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.

Sandy needs to send pictorial verification after she adds the required water bottle.

Sandy needs to ensure she is practicing Fire and tornado drills every monthly and the provider shall keep documentation evidencing compliance with monthly practice on file for the current year and the previous year.

Sandy needs to update her emergency preparedness plan ASAP based on her current address and needs to send pictorial verification to this worker.

Sandy needs to follow all guidelines associated with safe sleep. She needs to follow the safety plan established on this date. She needs to send pictorial verification to this worker yet today of the crib she has set up accordingly in an appropriate space for use. (Prior to the completion of this letter Sandy did send pictorial verification of the crib.)

In regards to the provider physical, assistant physical and household member physical, this worker did locate a copy of these in my file and sent a copy to Sandy to keep for her records.

Sandy did not notify the Registration about Martevion residing in her home for over a year. This worker did reach out to the Registration unit to verify he has never been listed on any of her applications as a household member including her most recent application regarding her move. He is a household member. Sandy needs to do an updated application listing all the individuals who reside in the home, and she needs to complete appropriate paperwork as requested from the Registration unit so he can be approved accordingly. Once she receives the letter approving him, she needs to send pictorial verification to this worker.

Sandy also needs to ensure that she keeps any letters from the Registration unit approving any substitutes or assistants.

Sandy needs to work with her parents to ensure she has all the required documentation in each child's files to include the updated physicals.

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 319-429-0749 or cweber@dhs.state.ia.us if you have any questions regarding this letter.

Sincerely,

Christine Weber

Social Worker II

Sheila Aunspach

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).