

07/13/2022

Sarah Rafael
702 Riehl ST
Waterloo, IA 50703

Dear Child Care Provider:

This letter is in regards to the compliance visit at your Registered Child Development Home B conducted on 07/13/2022. 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 110.7 **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)“ 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)“ n” Providers shall inform parents of the presence of any pet in the home.
1. Each dog or cat in the household shall undergo an annual health examination by a licensed veterinarian. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary Health Certificate. This examination shall verify that the animal’s routine immunizations, particularly rabies, are current and that the animal shows no evidence of endoparasites (roundworms, hookworms, whipworms) and ectoparasites

(fleas, mites, ticks, lice).

2. Each pet bird in the household shall be purchased from a dealer licensed by the Iowa department of agriculture and land stewardship and shall be examined by a veterinarian to verify that it is free of infectious diseases. Acceptable veterinary examinations shall be documented on Form 470-5153, Veterinary Health Certificate. Children shall not handle pet birds.

3. Aquariums shall be well maintained and installed in a manner that prevents children from accessing the water or pulling over a tank.

4. All animal waste shall be immediately removed from the children's areas and properly disposed of. Children shall not perform any feeding or care of pets or cleanup of pet waste.

5. No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times

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(1)“ r” The certificate of registration shall be displayed in a conspicuous place.

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) 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 110.9 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(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(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 at the home to find nine child care children present with three of Sarah's own children. Two of Sarah's children were of school age and do not count towards her numbers she is allowed as a registered B provider.

A complete tour of the home was completed with the following noted:

Conditions of the home were not all safe free of hazards. This worker observed quite a bit of clutter, dirty dishes and food on the floor in the kitchen. This worker observed a knife in t the floor in the kitchen and a knife on the table in the kitchen in access to the children when they go to the bathroom.

There were chemicals on the counter in the kitchen and chemicals under the bathroom sink and on the bathroom counter accessible to the children. The garbage in the bathroom was overflowing onto the floor. This worker did have her pick up the knives and take care of the trash while I was present. (It should be noted at the visit last year the home as also a bit in disarray and there were chemicals in the bathroom in access to the children.)

Not all outlets were capped. This was also an areas of need at last years check.

Sarah did not have her certificate displayed. The last one she had expired in 2020.

Emergency and disaster plans for fire and tornado were not posted by the primary or secondary exits.

She did not have a water bottle with her first aid kit.

The outdoor area was observed with no hazards noted.

This worker was not able to do a full review of records. At the compliance visit last year (December) Sarah had indicated she could not find any of her files at that time. A referral had been made to CCRR at that time to assist her in becoming in compliance. As of today's visit, she reported she still does not have any files. She noted that most of the kids she had at that time are not still in her care. This worker asked if she had any files for her current child care children and she reported she did not. This worker asked her if she knows what she needs to have in files for children and she reported it had been so long she really did not remember. She reported she has been registered for 11 years. This worker expressed concern about her not having any of the documentation that is required and has not for some time. This worker did go over some of the information she is required to have and we again discussed a referral to CCR&R which she agreed would be helpful to get her in compliance.

She was not able to show this worker any documentation of monthly testing of smoke detectors, fire drills and tornado drills.

She was not able to show this worker any verification of her pet yearly exams.

She was not able to show this worker verification of any training or physical or immunizations of her or any of her family members.

She was not able to show this worker any policies about responding to health care emergencies or caring for mildly ill children.

She was not able to show this worker any verification of record checks being completed on members of the home.

In regards to the children's files, as noted above, we discussed this concern and that she had not had any records since at least last years compliance visit even though a referral had been made last year to CCR&R to assist her. We agreed another referral would be made immediately to CCR&R which she agreed would be helpful. We also agreed that this worker will also do a follow up compliance visit later in the year to verify compliance since these were the same concerns as last year.



Iowa Department of Health And Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Kelly K. Garcia
Director

Suggestions/Recommendations:

Please make every effort to maintain compliance throughout the year and contact your local CCR&R for further assistance if needed.

As we discussed today, I will make a referral to CCR&R to assist you with getting all files in order. I will also follow up later in the year to verify compliance with files and in all areas, since these are the same areas you were out of compliance in last year.

Corrective Action Required:

Due to the fact that Sarah did not have any files for the child care children and did not have any of the required documentation for her own family including training, physicals and immunization records for her own family members and pet documentation, this worker and Sarah agreed I would make another referral to CCR&R (as I did last year as well) for them to assist her in get becoming in compliance with files and all regulations. Since she was mainly out of compliance with the same things she was in last years check, we agreed that this worker would also follow up later this year to verify compliance in all areas. Sarah indicated she did not really even know what she needed to have and given she has been registered for years, we discussed the importance of her having all items she needs to be in compliance with registered child care guidelines. Sarah agreed that a referral to CCR&R would be helpful and she was open to that.

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

Tracy Wynn

Social Work Supervisor

Always Remember:



Iowa Department of Health And Human Services

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Director

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).