

CHILD CARE CENTER COMPLAINT

Name of Center: Child Time Daycare Center	Enrollment: 105	License ID: 51913
Street: 1809 Central AVE	City: Northwood	IA Zip Code: 50459
County: Worth		
Mailing Address: PO Box 110		
Mailing City: Northwood	IA Zip Code: 50459	
Director's Name: Ashley Thompson	Center Phone Number: 641-323-7363	
On-Site Supervisors:	E-Mail Address: ashleyjean2005@gmail.com	

Date of Complaint: 11-07-2024**Date of Visit:** 11-12-2024
☐ Scheduled
☒ Unannounced
☐ NA

☒ Non-Compliance with Regulations Found
☐ Compliance with Regulations Found
RECOMMENDATION FOR LICENSE☒ NO CHANGES to licensing status recommended☐ PROVISIONAL license from _____ to _____☐ SUSPENSION of License☐ REVOCATION of License**Complaint Details:**Did this complaint result in a serious injury? ☐ Yes ☒ NoDid this complaint result in a death to a child? ☐ Yes ☒ No**Summary of Complaint:**

A complaint was received with a variety of concerns identified including reports that the center is frequently out of ratio and children are allowed to leave the room unsupervised, children are not provided credible meals, staff have not completed required training, diaper changes are not being properly completed, and one staff (AJ) yells at the children.

Licensing Rules Relevant to the Complaint:

109.7(1) All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of child abuse.At least one hour of training regarding universal precautions and infectious disease control.Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) OR equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross,American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the department.A valid certificate indicating the date of training and expiration date shall be maintained.Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.

109.8(2) Ratio maintained in center as required by age.

109.10(16)a The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.

109.12(2) Center shall have written policy on discipline of children which provides for positive guidance, with direction for resolving conflict and setting of limits.

109.12(5)b Infants diapered in a sanitary manner as needed in central diapering area.One changing table for every 15 infants/toddlers needing diaper changes.Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area.

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109.15(3)b Children under six months held or fed in sitting-up position. Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle. Spoon feeding is adapted to developmental capabilities of child.

Inspection Findings:

An unannounced visit was made to the center on 11-12-24 where I met with the center director and owner Ashley Thompson. Ashley was informed of the complaint and a tour of the center was made. During the visit ratio in classrooms was reviewed. The center does have two infant rooms with one for infants birth-1 yoa, and one for infants 1-2 yoa. Older children are grouped in classrooms based on age with rooms of 2 year old, 3/4 year olds, and Preschool/School Age. Each room was observed to be in ratio as required by age with the exception of the birth-1 infant room which had 9 infants with 2 staff. Ashley reported that one of the infants is typically in the 1-2 year old infant room but due to special needs related to a feeding tube will shift to the younger infant room for meals/snacks. It is noted that the older infant room had 7 children with 2 staff. In speaking with staff all identified that the numbers present in the room is typical of the daily child attendance and staffing patterns. All staff denied that their classrooms have been out of ratio.

During the visit I was able to observe diaper changes in 2 of the classrooms and proper procedures were followed. In speaking with staff about the frequency and procedures followed all staff identified that diapers are checked/changed on a regular basis as established in the daily schedule which was posted. The diapering/restroom breaks were scheduled at 2 hour intervals. All staff were able to identify proper procedures and stated there was no difference in practice for diapers that were wet versus those that had a bowel movement. There were some differences between classrooms regarding the practice for when children are dry when checked with some staff stating they change the diaper anyway, and others stating they will leave a dry diaper but conduct a recheck sooner, and if still dry will change it at that time.

When speaking to staff about restroom breaks for older children the staff stated that they will take the children as a group. If there are situations where a single child has to use the restroom all staff identified that they would either take the class as a group again, or call for assistance. With regard to calling for assistance there was again some difference between staff with some stating that they would have Ashley or another co-worker come to the room to take the child. Others stated they would ask the co-worker to watch for the child as the stood at the classroom door to watch the child walk down the hall and the coworker to stand near the restroom to watch for the child to arrive and use the bathroom.

I also spoke with staff about the concerns of staff yelling at children. All staff denied that they have ever yelled at children calling them names, making derogatory comments, swearing, threatening, or in an intimidating manner. All staff denied that they have ever heard any co-worker engaging in any of those actions. All staff denied any knowledge of anyone at the center using any other form of prohibited discipline.

During the visit I did review the kitchen including a review of the planned menu, and food stores. The prepared menu did identify a good variety of nutritious meal options, but also included non-credible options for breakfasts, and snacks. The non-credible elements included items such as Long John donuts, fruit gummy snacks, and potato chips. It was reviewed that while the center is not participating in the Child and Adult Care Food Program (CACFP) for reimbursement the center is still required to follow those guidelines regarding food service. The center daily schedule does identify that meals and snacks are provided at intervals of between 2 and 3 hours. One issue that was noted during the visit when observing the birth -1 year old infant room was a child sleeping in a crib with a bottle/sippy cup.

During the visit I did review employee files in the center for documentation of background checks, training certificates, and other required information. I was also able to review the I-Power Training Registry for staff. In reviewing the records for the current center staff all had completed the training required with the first 90 days of employment.

Based on the information obtained this complaint is SUBSTANTIATED for violation of Licensing Standard 109.10(16)a The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. During the visit it was reported that there are staff who will send children to use the restroom unescorted. It was reported that some staff will contact a co-worker to escort children to the restroom, and others will contact a co-worker to stand in an area where they would be able to observe the children using the restroom but sending the children on their own. This does create a concern that children may be in a position where they are not within the direct line of sight/sound of staff which could result in a child engaging in inappropriate behavior, or suffering injury for which the cause is unknown.

Based on the information obtained this complaint is SUBSTANTIATED for violation of Licensing Standard 109.15(3)b Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle. During the visit a child was observed to be sleeping in a crib with a bottle present in the crib.

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Based on the information obtained this complaint is NOT SUBSTANTIATED for violation of Licensing Standard 109.7(1)

All staff (within first 3 months of employment) complete two hours of approved training for the mandatory reporting of child abuse, at least one hour of training regarding universal precautions and infectious disease control, certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR), and minimum health and safety trainings, approved by the Department. All staff files were reviewed during the visit and all identified current employees had completed the required trainings.

Based on the information obtained this complaint is NOT SUBSTANTIATED for violation of Licensing Standard 109.8(2) Ratio maintained in center as required by age. During the visit the center was observed to be out of ratio for the birth to 12 months of age infant room with 9 children and 2 staff. It was reported that this was due to provide care to a child with a feeding tube which is moved to that room for meals and snacks where staff trained in the practice of tube feeding can provide assistance. It is noted that the infant room serving children 12-24 months of age infant room had 2 staff with 7 children such that the center did have staffing necessary to meet the required ratio limits.

Based on the information obtained this complaint is NOT SUBSTANTIATED for violation of Licensing Standard 109.12(2) Center shall have written policy on discipline of children which provides for positive guidance, with direction for resolving conflict and setting of limits. The center does have the required written policies. All staff provided consistent and credible information that those policies are implemented in practice with all denying that they have ever engaged in, or observed/heard any co-worker engage in any prohibited discipline including verbal abuse, threatening, making derogatory comments, swearing, yelling, or otherwise intimidating children.

Based on the information obtained this complaint is NOT SUBSTANTIATED for violation of Licensing Standard 109.12(5)b Infants diapered in a sanitary manner as needed in central diapering area. During the visit I was able to observe diaper changes, and speak with staff in classrooms where diaper changes are conducted. All changing stations had the required changing procedures posting present. All observed diaper changes followed the posted procedures. All classrooms had daily schedules identifying changing intervals of approximately every 2 hours. All staff identified that there is no difference in the procedures followed for a child that is wet, or which had a bowel movement. Some staff identified that if a child is dry they will not change the diaper at that time but will conduct a re-check at a shorter interval and change the diaper regardless of condition at that time, and others identified they will change the diaper regardless of condition at each scheduled changing interval.

Special Notes and Action Required:

This complaint was substantiated for some of the identified, and observed concerns, but was not substantiated for others. The following actions are required and/or recommended. A full license will remain in effect.

REQUIRED:

1. The center shall review with all staff requirements for supervision that children shall be within sight and sound of staff at all times including being escorted to restrooms.
2. The center shall review with all staff that children shall not be placed in cribs or on cots with any food, beverage, or bottle.

RECOMMENDED:

1. When children have identified special needs the staff providing primary care in the classrooms should be fully trained on the practices necessary to provide that care. Having only a limited number of staff trained in implementing a special care plan or activity can result in situations where proper care/response is delayed, or as identified in this complaint a situation where a child is moved to another classroom resulting in an additional care burden to that classroom for the period of special care provision.

Consultant's Signature:

Ray Salsbury

Date:

11-15-2024