Iowa Department of Human Services

CHILD CARE CENTER COMPLAINT

Name of Center: Child Time Daycare Center **Enrollment:** 72 **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: Allura Boo **E-Mail Address:** ashleyjean2005@gmail.com

Date of Complaint: 03-26-2026 **Date of Visit:** 03-31-2026

[ ] Scheduled **[X]** Unannounced **[ ]** NA

[X] Non-Compliance with Regulations Found **[ ]** Compliance with Regulations Found

RECOMMENDATION FOR LICENSE

[X] 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 ☒ No

Did this complaint result in a death to a child? ☐ Yes ☒ No

Summary of Complaint:

A complaint was received identifying a concern that the center had a child with a diabetic condition and no information regarding how to support that child resulting in proper blood sugar care not being provided.

In addition a number of concerns which had been assessed during a prior complaint report dated 03-09-26 were identified. Those concerns included the center being out of ratio, infants being fed table foods against parental wishes, and staff using prohibited disciplines.

Licensing Rules Relevant to the Complaint:

109.9(2)k Any child with special health needs, a written emergency plan. Copy shall accompany child if they leave the premises.

Inspection Findings:

An unannounced visit was made to the center on 03-31-26 where I met with the on-site supervisor Allura Boo as the center director, Ashley Thompson, was not in. Upon arrival a visit was made to each classroom. It was noted that the time of arrival was right after lunch as children were beginning nap time. Each classroom was observed to be in ratio. All children were supervised if they needed to leave classrooms. Safe sleep requirements were followed for children making use of cribs. Equipment was observed to be in good repair and appropriate to the ages of the children present. No other concerns for care were noted.

Allura was informed of the concern and asked about children attending the center who have a diagnosed or identified diabetic condition. Allura identified that there was a child who disenrolled from the center several months ago that had a diabetic condition diagnosis. Allura stated that the only currently active child with a diabetic condition is a drop in child that attends on a very infrequent basis with the most recent date of attendance being 03-24-26, and prior to that was in December 2025. A request was made to review the files for both children.

The child that was identified as having withdrawn from the center did have a health response plan from the child's medical provider. The response plan included information regarding diabetes, understanding blood sugar levels, information on the omnipod device used by the child, and blank forms for tracking blood sugar levels. There were incident reports for various concerns, but none regarding any issues related to the child's diabetic condition.

The child that was identified as an infrequent drop in did not have any health response plans present, nor did the file contain a physical. The only information present was the intake form and contact information for the parent. It was reported that the center has tried to obtain information from the child's parent(s) but has been unsuccessful and the child generally arrives on the bus unannounced with no prior arrangements for attendance having been made to remind the parent that the documentation is needed.

The only other child with an identified health concern was a child who was reported to have a food related allergy. In reviewing that child's file there was no response plan for that allergy concern. Allura stated that the child's father had reported that the child had outgrown that allergy and was no longer allergic. There was a current physical for the child which did document the allergy as being present at the time of the physical. It was reviewed that while the father had identified the child had outgrown the allergy given that the physical identified it was current the center would still need to develop a response plan or obtain documentation from the medical provider that the allergy was no longer a concern.

03-31-26
A call was made to the parent of the enrolled drop in child and a message was left requesting a return call. A was later received from that parent who was informed of the concern and asked about their child's medical concerns and if the parent had provided any information or been asked for information. The parent stated that the center had requested information, but she did not recall if she had provided that or not. The parent did confirm that her child does have a diabetic condition, uses an omnipod device, and is able to provide self monitoring and care. The parent stated that her child attends very infrequently and she has not had any concerns about the care that her child has received, nor has she had any concerns that the center has not responded to any health concerns regarding her child. The parent did state that the school does have a response plan for her child and she would ensure that a copy was provided to the daycare.

Based on the information obtained this complaint is SUBSTANTIATED for 109.9(2)k Any child with special health needs, a written emergency plan. Copy shall accompany child if they leave the premises. -- In reviewing center records it was reported that only 3 children either currently or recently enrolled had an identified health concern. It was reported that 1 child that disenrolled several months ago had a diagnosed diabetic condition and the center had a well developed response plan present for that child. Of the 2 children currently enrolled 1 was identified as an infrequent drop-in attendee with a diagnosed diabetic condition. The center did not have a current physical, or health response plan for that child. The parent of that child did confirm that the center had requested that information but could not remember if it had been provided or not. The other child was identified as having a food allergy and again had no response plan present. Allura stated that the child's parent had reported that the child had outgrown that allergy and it was no longer a concern though the medical documentation present did continue to list the allergy. It was reviewed that while the parent had identified the allergy was no longer a concern the center would either need a response plan, or an updated physical/medical report from the child's physician that the concern was no longer present.

Special Notes and Action Required:

CHILD CARE CENTER COMPLAINT

This complaint is SUBSTANTIATED for violation of the identified licensing standard. The center is currently operating under a provisional license and no changes to that status are recommended. The following actions are required and/or recommended.

REQUIRED:
1. The center needs to ensure that response plans are present for every child that has an identified allergy or special heath care need. For those situations where there is conflicting information such as a parent identifying a concern in opposition from what is identified in a child's physical the center shall err on the side of the information which would suggest the higher level of risk. For children who's family do not provide medical information within the allowable 30 day grace period the center shall refuse acceptance of the child until such time that a physical and response plans are provided.

Consultant's Signature:

Ray Salsbury

Date:

04-12-2026