Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE ANNUAL EVALUATION

Business Name: Jessie Cheyard

Provider Name: Jessie Cheyard

Provider No.: 26834

Address: 4116 9th ST, Des Moines, IA, 50313

E-Mail:

County: Polk

Phone Number: 5156570206

☐ Pre-Inspection Date:

☐ Approval Date:

☒ Annual Visit Date: 9/22/2026

Program Type:

☒ Registered Child Development Home A (guidelines for ratios on all categories)

☐ Registered Child Development Home B

☐ Registered Child Development Home C

☐ Registered Child Development Home C1

☐ Non Registered Child Care Homes accepting CCA

Program Population Served:

☐ Infant(0<24 mos)

☐ Toddler

☐ PreSchool

☐ School Age

☒ All Ages

1. Basic Overview

Jesse Cheyard has been a registered childcare provider since October 2008. Jesse is currently a category "A" Child Development Home Provider. This category allows the provider to have 6 preschool children with an additional 2 school aged children in care at one time. Jesse is able to provide transportation for families in her care. Jesse is available for care 24 hours a day 7 days a week. Jesse does not have an assistant or substitute for her program at this time. There are no pets in the Child Development Home.

2. Identify Observed Strengths Of The Program

Jesse has completed her required trainings as reviewed by the Registration Unit. Jesse has completed Safe Sleep training; this worker reviewed the policy with her and gave her an informational flyer. Jesse will implement the practice when she

has children 12 months or younger in her care. Jesse uses calming Time Out and redirection as her primary behavioral interventions when needed. Corporal punishment is not practiced in the Child Development Home. Children in Jesse's care will receive regular meals and snacks as appropriate. Jesse's home is clean, sanitary, and appropriate for childcare.

3. Identify The Aspects That Fall Below The Standard

All travel vehicles must have a paper copy of emergency parent contact information.
Each smoke detector is tested monthly, and a record is kept for inspection purposes.
110.8 (4) b : Procedures are in place for:Evacuation to safely leave the facility,Relocation to a common, safe location after evacuation,Shelter-in-place to take immediate shelter where the child is when it is unsafe to leave that location due to the emergent issue,Lock down to protect children and providers from an external situation,Communication and reunification with families,Continuity of operations, andProcedures to address the needs of individual children, including those with functional or access needs.
110.9 (1) a : Within six months of becoming registered, a physical exam report documented on form 470-5152, Child Care Provider Physical Examination Report, for all household members over the age of 18. Physical exams should be repeated every three years.
110.9(4) : An individual file is maintained for each child and updated annually or when there are changes. Each file contains:
110.9 (4) 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.
110.9 (4) b : Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child’s regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.
110.9 (4) c : A signed medical consent from the parent authorizing emergency treatment.
110.9 (4) d : For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child’s first day of attendance.
For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian or admission physical examination that is not more than 12 months from the child’s first day.
110.9 (4) e : For infants and preschoolers: A statement of health signed by a physician submitted annually.
For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of statement of health or admission physical.
110.9 (4) f : For each school-age child, record of a physical exam completed at the time of school enrollment or since.
110.9 (4) g : A signed and dated immunization certificate provided by the state Department of Public Health.
110.9 (4) h : Written emergency plans for children with allergies. Must accompany child if away from facility.
110.9 (4) i : Documentation signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.
110.9 (4) j : Written permission from the parent(s) for their child to attend activities away from the child development home.
110.9 (4) k : Injury report forms to document injuries requiring first aid or medical care.

1. Smoke detectors need to be tested each month and documented. Fire/Tornado drills need to be conducted each month and documented.

2. The children's individual emergency contacts need to be written on paper and easily accessible. The numbers need to be in the vehicle used to transport.

3. All household members 18 years or older need to have a DHHS Medical Physical Form completed by a qualified medical professional. This worker left a blank forms for you to use.

4. The Emergency Preparedness Plan needs to be updated and easily accessible. This worker has emailed a fillable Emergency Preparedness Plan template to use. Your CCR&R Worker can assist with this update if needed.
Have procedures in place for the following:
• Evacuation to safely leave the facility
• Relocation to a common, safe location after 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
• Plans for the continuity of operations

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• Procedures to address the needs of individual children, including those with functional or access needs

5. Each child in care needs to have an individual file containing specific demographic, medical, release, and consent information. A referral to CCR&R has been made to assist you with creating child files.

4. Any corrective action plans, provisional license, and safety plans-steps to get into compliance

Due to several items being repeated non compliance, you are required to send pictures of corrected items within 30 days.

5. Special Notes/recommendations

I encourage you to work with your Child Resource and Referral Worker (Traci Honold 515-802-8163) with any compliance or training efforts.

Email a completed copy of the Emergency Preparedness Plan to this worker within 30 days of receiving this letter.

The above corrections need to be completed by 11/25/2026 unless otherwise noted and will be reviewed on your next annual compliance check.

If you have any questions regarding this letter, please contact me at 515-601-9469 or jake.aringdale@hhs.iowa.gov.

6. ADDENDUMS:

- Addendum1: The CCR&R Worker emailed a completed copy of the completed Emergency Preparedness Plan which meets Targeted Expectations on 9/22/2026.

This Addendum is approved by supervisor on 9/29/2026

HHS Child Development
Home Compliance Worker: Jake Aringdale Date: 9/22/2026

Non-compliance with any of the mandated regulatory 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.

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