Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE ANNUAL EVALUATION

Business Name: Fatumo Daqane

Provider Name: Fatumo Daqane

Provider No.: 52995

Address: 6009 Creston AVE APT A24, Des Moines, IA, 50321

E-Mail:

County: Polk

Phone Number: 5159792172

- [ ] Pre-Inspection Date:
- [ ] Approval Date:
- [X] Annual Visit Date: 7/13/2026

Program Type:

- [X] 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
- [X] All Ages

1. Basic Overview

Fatumo has been a registered provider since October of 2025. Fatumo is currently a category "A" Child Development Home Provider. This category allows Caitlyn to have 6 preschool children with an additional 2 school aged children in care at one time. Fatumo does not have an assistant or substitute for her program. There are no pets in the Child Development Home. Fatumo is available 24 hours a day 7 days a week to provide childcare.

2. Identify Observed Strengths Of The Program

Fatumo has completed her required trainings as reviewed by the Registration Unit. Fatumo's care area is clean and appropriate for childcare. Fatumo has completed Safe Sleep training; this worker reviewed the policy with her with the

translator. Fatumo will implement the practice when she has children 12 months or younger in her care. Fatumo uses redirection and removal of privileges as her primary behavioral interventions when needed. Corporal punishment is not practiced in the Child Development Home. Children in Fatumo's care receive regular meals and snacks as appropriate. There are nearby playgrounds the children in care can access when the weather allows.

3. Identify The Aspects That Fall Below The Standard

Number for each child's parent, a person who can be reached when the parent cannot and child's physician is written on paper and readily accessible by the working telephone.
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(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. Each child's individual emergency contacts need to be written on paper and easily accessible. This worker left a blank form to complete this correction.

2. 1. The Emergency Preparedness Plan needs to be completed and easily accessible. This worker made a referral to you Child Care Resource and Referral worker to assist you with this. Please send a copy of the completed form within 30 days of receiving this letter.
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
• Procedures to address the needs of individual children, including those with functional or access needs

3. An individual file for each child in care needs to be easily accessible. The file should contain specific medical, demographic, releases, and consents. This worker made a referral to your CCR&R Worker Roxana Sixtos to assist you with this correction.

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

None.

5. Special Notes/recommendations

I encourage you to work with your Child Resource and Referral Worker (Roxana Sixtos 515-202-1310) 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.

Corrections need to be completed by 9/14/2026 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.

HHS Child Development
Home Compliance Worker: Jake Aringdale Date: 7/13/2026

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