Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE ANNUAL EVALUATION

Business Name: Sabah Abdalla

Provider Name: Sabah Abdalla

Provider No.: 52096

Address: 5415 SW 16th ST, Des Moines, IA, 50315

E-Mail:

County: Polk

Phone Number: 5155059663

- [ ] Pre-Inspection Date:
- [ ] Approval Date:
- [X] Annual Visit Date: 8/12/2025

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

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1. Basic Overview

Sabah Abdalla has been a registered Child Development Home Provider since April of 2023. Sabah Abdalla does not currently have any children in her CDH. Sabah's hours of operation can accommodate non-traditional schedules as she can have children in the morning, afternoon or evening. She is able to have 6 pre-school children with 2 additional school-aged children.

2. Identify Observed Strengths Of The Program

Sabah has completed all required trainings. She recently completed her Mandatory Reporting training. She recently renewed her "A" category registration in April 2025. Sabah has completed Safe Sleep training and is able to identify Safe Sleep policy. Children in her care receive regular meals and snacks as appropriate. Sabah has appropriate physical space to provide care in he Child Development Home.

3. Identify The Aspects That Fall Below The Standard

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.

1. An Emergency Preparedness Plan needs to be readily available. I sent a blank form with this letter and referred you to Child Care Resource and Referral to assist with completing an Emergency Preparedness Plan.

2. Your DHHS Medical Physical Form expired in July of 2025. I left a blank form for you to take to your doctor.

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

N/A

5. Special Notes/recommendations

I encourage you to work with your Child Care Resource and Referral Worker (Traci Honold 515-802-7122) with any complaince or training efforts.

The above corrections need to be completed by 10/15/2025 and will be reviewed by on your next annual complaince check.

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

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HHS Child Development
Home Compliance Worker: Jake Aringdale Date: 8/13/2025

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