Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE ANNUAL EVALUATION

Business Name: Marian Dhimble

Provider Name: Marian Dhimble

Provider No.: 37426

Address: 926 OAKRIDGE DR APT 30529, DES MOINES, IA, 50314

E-Mail:

County: Polk

Phone Number: 5158051744

- [ ] Pre-Inspection Date:
- [ ] Approval Date:
- [X] Annual Visit Date: 7/14/2026

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

Marian Dhimble has been a registered provider since December of 2011. Marian 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. Marian does not have an assistant or substitute for her program. There are no pets in the Child Development Home. Marian is available to do childcare 7 days a week 24 hours a day.

2. Identify Observed Strengths Of The Program

Marian has completed her required trainings as reviewed by the Registration Unit. Halima has completed Safe Sleep training. Marian will implement the practice when she has children 12 months or younger in her care. Marian 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 Halima'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

Within six months of becoming registered, children 18 years of age or younger residing in the household must have:Admission physical exam report.Immunization certificate.For school age: Documentation of physical exam completed at time of school enrollment or since that time.
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. You need a DHHS Medical Provider Form completed by a qualified medical professional. This worker left a blank form for you to take to your medical provider.

2. 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. This worker has made a referral to your CCR&R Worker to assist you with making the files.

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 (Heather Sheesley 515-360-7308) with any compliance or training efforts.

The Emergency Preparedness Plan meets Targeted Expectations.

If you have any questions regarding this letter, 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: 7/15/2026

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