Iowa Department of Human Services

CHILD CARE CENTER COMPLAINT

Name of Center: Burlington Area YMCA-Kiddie Campus at SCC **Enrollment:** 41 **License ID:** 51309

Street: 1500 West Agency Rd **City:** West Burlington **IA** **Zip Code:** 52655 **County:** Des Moines

Mailing Address: 2410 Mt. Pleasant St

Mailing City: Burlington **IA** **Zip Code:** 52601

Director's Name: Lindsey Koopmans **Center Phone Number:** 319-753-6734

On-Site Supervisors: Hannah Timmons **E-Mail Address:** lindsey@burlingtony.org

Date of Complaint: 02-24-2025 **Date of Visit:** 02-27-2025

[ ] 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

Serious Injuries include:

- Disabling mental illness.
- Bodily injury which creates a substantial risk of death, causes serious permanent disfigurement, or causes protracted loss or impairment of the function of any bodily member or organ.
- Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia.
- Includes but is not limited to skull fractures, rib fractures, metaphyseal fractures of the long bones of children under the age of 4 years.

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

Summary of Complaint:

A toddler was climbing on a shelf, fell off and has a skull fracture.

Licensing Rules Relevant to the Complaint:

109.8(2)c Children between 18 months and 3 years of age may be combined, if appropriate to the developmental needs of the child. If a child under 2 years is combined, the staff ratio of 1 to 7 shall be maintained, otherwise staff ratio may be determined by the age of majority of the children in the group.

109.10(16)a The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.

Inspection Findings:

The determination of this report was based on the Serious Injury Report, observation of the room, a review of staff training records, a review of a center health and safety assessment performed by Child Care Nurse Consultant Nancy Granaman in 2024 and staff and administration statements. The program self-reported this incident. A serious injury report was immediately sent to HHS. The child was taken to the hospital and treated for the fracture. He was sent home 2/25/25. Other HHS personnel met with the child and family in their home on 2/25/25. Other HHS personnel reviewed medical records from the hospitals.

Staff present were interviewed by both center administration and HHS. Staff indicated the child was moved from the toddler room to a room with older children. The staff supervising the child (Makayla W.) walked into the office turning her back. The child was left in the room with Zaniya K. The child saw his mother (a worker in another room) and attempted to scale the low cubbies (2.5 feet tall). As Makayla W. walked out of the office toward him to take him down, he fell backwards.

Mother of the child who was present during the incident met with HHS on 2/25/25. She provided the following written statement, "I was in the infant room nursing my child when my son was out in the 3-5 year old side with his teacher Makayla. He was trying to get to me in the infant room when he climbed up on the cubbies and his teacher ran over to get him down, before she could get to him, he had fallen backwards hitting his head. His teacher Makayla barely missed catching him. I do believe this was 100% an accident. I do not wish to file an abuse claim or anything like that. Thank you. "

I met with the child's father on 2/27/25. He had no concerns regarding care at the facility.

Makayla also indicated he quickly climbed the low cubbies and fell before she was able to catch him. Another staff was also in the room and was supervising two preschool age children.

HHS reviewed a Health and Safety Assessment conducted by CCNC Granaman in September 2024. Cubbies were not noted as a health or safety risk. The cabinets are secured to the wall and each other. They are 2.5 feet tall. CCNC Granaman made another visit to the program after this incident on 2/26/25. Other HHS staff and I made an unannounced complaint visit to the center on 2/27/25. We observed the room together.

HHS made another unannounced visit to the facility on 3/12/25. Other staff were interviewed. Zaniya K. was working in the preschool room when the child fell. She indicated she was not aware of a transfer of care of the child from Makayla to her. She was not aware of how long Makayla was out of the room as she reported she was supervising the preschool age children and did not see the incident.

Training records on all staff were provided by administration. Makayla W. had 5 more training hours than required (6). Trainings included How to Communicate Effectively With Children, How To Work With Active Children, Adventurous Play, the Whys and Hows, Emotions and Child Self-Regulation. Zaniya K. (staff in the preschool room) had 8 more hours of training than required (6).

1. 109.10(16)a The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. The staff member supervising the toddler to the preschool room where staff was present. She then left the child in the room and went to the office. Staff in the toddler room assumed staff in the preschool age room was supervising the child when she stepped into the office. While she was in the office the child climbed on the cubby, then fell. Staff must be present in the room while supervising children, so they are able to quickly respond to varying situations. The other staff in the room indicated she was not responsible for the child. Staff must have clear designation as to what staff are supervising which children. HHS and CCR&R have provided information on supervision groups and transfer of supervision on several occasions in the past. VIOLATION

2. 109.8(2)c Children between 18 months and 3 years of age may be combined, if appropriate to the developmental needs of the child. If a child under 2 years is combined, the staff ratio of 1 to 7 shall be maintained, otherwise staff ratio may be determined by the age of majority of the children in the group. The toddler should have remained in the toddler area and not combined with preschool age children. VIOLATION

Special Notes and Action Required:

CCNC Granaman visited the program with Y Director Gina Crabtree on 2/26/25. CCNC Granaman is recommending installing higher dividers between rooms so that children are not able to see in the other two rooms of the program. This will also help with noise suppression. The program is currently open with low cubbies separating each section. The noise level is high.

On 2/28/25 Director Koopmans indicated the following, "Makayla W. has been wrote up for the 2.24.2025 incident due to policy violation of mixing of ages when she brought the 2 children out to the 3-

5 year old side and for walking to the office with one of the children leaving the other child out of her sight. She is being required to review and resign the Employee Handbook, Review and re-sign the job description and to take the following supervision classes on Penn State.
• Infant Toddler Care: Quality Supervision
• Supervision-Counting Children
• Supervision-Moving Children
• Supervision-What's Required

There will be a copy of her write up in her file and one stapled to the incident report.

Lindsey Koopmans
Child Care and Youth Development Director
BURLINGTON AREA YMCA
2410 Mt. Pleasant St, Burlington IA 52601
(P) 319 753 6734 Ext. 128"

CCR&R visited the center March 6th. Consultant Copeland recapped the visit with the following email to the On Site Supervisors:

Hello Kloey and Hanna,
Thank you for meeting with me today. This email is a brief summary of what was covered and suggested. Please let me know if there are questions or clarifications needed.

Supervision:
COM 204 pg. 60 " Be mindful that your first and foremost obligation is providing care and supervision to children. Therefore, the one staff person should remain actively involved with the children, and not be attending to duties such as cooking or doing general maintenance or cleaning"

PG 115 "Supervision: Adults should remain on the same level of the building as the children at all times. Because of the reduced activity levels and interaction among children and adults, you should take precautions to prevent the occurrence of sexual abuse. The opportunities for one adult to be left alone with children for an extended period of time should be limited."

Pg 120 Supervision during meals "Supervision: If appropriate to the age of the children served, staff are encouraged to sit at the table with the children in a family-style fashion and eat the same foods. Doing so not only provides for more prompt responses in the event of a choking emergency but also allows staff to prevent unsafe eating practices, such as children overstuffing their mouths, feeding each other, fighting over food, etc. In addition, meal times offer an opportunity to discuss exploration of new foods, engage children in social conversation, teach serving and eating techniques, and model appropriate table manners."

While there I could see that the children have been separated into direct care groups but everyone is still adjusting. Hanna and Kloey stated that it is working well and that staff seem to have embraced it though there is some adjustments as they get used to it. Please consider a method such as "visual card" for children that staff can physically have and that can follow a child to a new group if supervision duties are changed. Also stress the important of doing name to face checks often and especially at transitions so that children remain accounted for at all times. If one child needs to go to the restroom or get something the whole group should go. Staff need to be actively engaged and interacting with children in order to provide supervision and know where the children in their groups are at all times. Please see and share COMM 204 info above.

Reminder that staff who have children at the center cannot watch their own child due to CCA rules.

Please provide a copy of "what is supervision", "direct supervision at a glance" and the COMM 204 on ratios and supervision to each staff and review with them to make sure they understand active supervision. I gave my card to most of the staff and encouraged them to reach out if they had questions later but due to timing of visit I was unable to go over the requirements thoroughly with each. 1 did not get my card to at least one staff member as he was actively engaged with care routines and then nap time arrived so I will make it a point to connect with staff missed at today's visit next time.

Highly recommendation that all staff take the Active Supervision training offered online April 1st at 630 pm or at the earliest time they can and complete the Take-back form for discussions later with director. Covers :Active supervision, name to face, and transition planning to ensure the safety of children throughout the day while at the program and when traveling away from the program.

Below are several training videos that might be helpful for staff to review prior to training availability and or at staff meetings.
Active Supervision for Child Safety:

https://eclkc.ohs.acf.hhs.gov/video/active-supervision-child-safety

Leave No Child Unattended! Use Active Supervision to Keep Children Safe:
https://eclkc.ohs.acf.hhs.gov/video/leave-no-child-unattended-use-active-supervision-keep-children-safe

Strategies from the Field: Active Supervision
https://eclkc.ohs.acf.hhs.gov/video/strategies-field-active-supervision

Supervision: What's Required? This video provides great examples of different way staff can keep track of the total number of children and staff in a classroom at all times as well as which children are assigned to which teacher.
Supervision: Positioning- Where do I Stand? Looking at 'blind spots' in a child care classroom and outdoors, where to stand to be able to see/hear all children
Supervision: Ratios Are Relevant The importance of child-adult ratio and ways to ensure these are maintained
Supervising Children in Child Care Centers Additional techniques and ideas to maintain ratio and constant supervision including during transition
Schedules: Noted that the 3-5 room had a schedule and that as we discussed it you stated that it seems to be working well. Will discuss further at next visit

Curriculum: It was explained that Lindsey is doing all the room's curriculum to ensure it is developmentally apparated and providing it to each room weekly. It was shared that staff seem to be using the curriculum. Will revisit at future visits

Childs Files: Kloey said that they are working on the items needed and making progress. I will look over a sampling at next visit if time allows or I will at a follow up in the near future. Attached is a child file requirement list that can be used to track needed forms.

Health and Safety: Discussed that a child will be returning to the center with restrictions after/an injury and the working plan was to place the almost 2 yr old into the infant room that serves 0-18 months usually. Concern about the shelves all currently facing into that room and suggested they connect with HHS worker Jill and CCNC on if placing the almost 2-year-old in the infant room would raise concerns for safety as the room seems ot have primarily non-mobile or just getting mobile infants who require additional supervision and have high needs already. Would placing a active almost 2 yr old who has medical restrictions in that room be advisable and what accommodations such as a one-on-one staff might be needed to ensure safety for all or should other options be looked at?
Thank you for letting us support your program. Please let me know if something was missing or clarification is needed on anything. Have a great day and I will revisit the program at about 10am on March 11th.
Tabitha Copeland
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Consultant's Signature:

Jill Seibert

Date:

03-12-2025