Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE ANNUAL EVALUATION

Business Name: Darlene Coleman

Provider Name: Darlene Coleman

Provider No.: 42547

Address: 515 Boston AVE, Waterloo, IA, 50703

E-Mail:

County: Black Hawk

Phone Number: 3198308629

- [ ] Pre-Inspection Date:
- [ ] Approval Date:
- [X] Annual Visit Date: 6/22/2026

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

A Pre-inspectoin was completed on 7/8/25 as Darlene was just getting started as a registered childcare provider. She did share that she had about 10 years of prior childcare experience working in a center. Today's visit was her first full annual compliance visit since getting registered last summer. Darlene is not a participant of the IQ4K quality rating system. She does participate in the food program. Darlene shared that she is open to caring for children of all ages. Darlene provides childcare on the main level of her home only. She does have a fenced in back yard for outdoor play. Darlene does not have any pets. Darlene does not have an approved assistant or substitute.

2. Identify Observed Strengths Of The Program

Darlene did not have any children present on this date, so this worker did not have an opportunity to observe her interactions

with children.

Although Darlene was out of compliance in several areas, she did present as very willing and open to make the necessary changes/corrections.

3. Identify The Aspects That Fall Below The Standard

110.7 (1) d : Is present at all times, except if emergencies occur or an absence is planned.
If absence is planned, care is provided by a DHS-approved substitute.
110.7(2) : Substitutes. The provider shall assume responsibility for providing adequate and appropriate supervision at all times when children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision shall be with the provider.
110.7 (2) a : All standards regarding supervision and care of children apply to substitutes.
110.7 (2) b : Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.
110.7 (2) c : The substitute must be 18 years of age or older.
110.7 (2) d : Use of a substitute is limited to:
No more than 25 hours per month. An additional period of up to two weeks in a 12-month period. These limitations do not apply when the provider is engaged in jury duty or official duties related to the provider's membership on a state board, committee, or policy-related body.
110.7 (2) e : The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.

110.9(3) : An individual file is maintained for each substitute and contains:
110.9 (3) a : Documentation from the Department confirming record checks have been completed and authorizing or limiting the person’s involvement with child care.
110.9 (3) b : Within six months of approval, a Physical exam report documented on form 470-5152, Child Care Provider Physical Examination Report, which is repeated at least every three years.
110.9 (3) c : Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment.
110.9 (3) d : Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.
110.9 (3) e : Certification or other documentation that minimum health and safety training as identified in 110.10(1)“a” has been completed within three months or prior to providing substitute care, whichever occurs first.
In discussion, Darlene shared that she does at times use her husband as a substitute caregiver when she has an appointment. Darlene's husband is not approved by HHS to be a substitute caregiver.
*We did discuss that Darlene needs to complete and submit a change application to the Registration unit to get him approved before using him again. He will also need to take the training that is required of a substitute. Darlene should notify this HHS worker when her change application has been submitted.

110.8(1)a. 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.
Darlene did not have a written list of her children, parental contact, emergency contact and physician.
*Darlene needs to have a written list of children enrolled, parental contact, emergency contact and physician written on paper and readily accessible. This worker did provide her a form for this documentation. Darlene needs to send pictorial verification of this to this worker when completed.
All travel vehicles must have a paper copy of emergency parent contact information.
*Darlene also needs to keep this written documentation in her vehicle.

110.8(1)h. Each smoke detector is tested monthly, and a record is kept for inspection purposes.
Darlene did not have any documentation from this year for testing of smoke detectors. (She did have the form for documentation purposes)
*Darlene needs to ensure that she tests her smoke detectors monthly and documents those accordingly.

110.8(4)a. Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.
Darlene did not have any documentation from this year for monthly fire and tornado drills. (She did have the form for documentation purposes) She also had only documented a few months from last year.
*Darlene needs to ensure that she tests her smoke detectors monthly and documents those accordingly. She needs to

maintain the documentation from the prior year as well.

110.8 (5) a : Provider shall follow safe sleep practices as recommended by AAP for infants under one year of age.
Infants are placed on firm mattress with tight fitted sheet that meets CPSC standards.
Infants shall not be allowed to sleep on bed, sofa, air mattress, or other soft surface.
110.8 (5) b : No child is allowed to sleep in items not designed for sleeping, including but not limited to, infant seat, car seat, swing, bouncy seat.
110.8 (5) c : Crib or crib-like furniture, waterproof mattress covering, and sufficient bedding that meets CPSC or ASTM standards is provided for each child under two years of age. No restraining devices are used.
110.8 (5) d : Items used for sleeping are used in compliance with manufacturing standards for age and weight of the child.
Darlene does have a 10-month-old child enrolled in care. She only had a basinet available for that child and the 10 month old is too big for that as the child can stand and could fall out. Darlene then shared she does not use it often but rather will have the child nap on the floor in front of her.
We discussed safe sleep policies and the expectation that children under the age of 2 be provided a crib or pack-n-play for sleep. She stated that her local support worker recently informed her of that and she did ask the mother to provide a pack-n-play. This worker shared that as a registered childcare provider, it is her responsibility to have the appropriate sleep items and if she does not then she should not care for infants. Darlene indicated that made sense and she agreed to obtain an appropriate pack-n-play by the end of the week. A safety plan was developed to address this Regulation.

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.
110.9 (4) l : If a child meets definition of homelessness, required medical documentation is obtained within 60 days of enrollment.
Darlene has 3 children enrolled in care. She was missing an entire file for one of the children and did not have much for a second child. The third child was also missing several of the required documents. Darle3n did share that her local CCR&R support worker recently provided her with additional forms and those have been provided to a parent but not returned yet. We did discuss what is required for each child's file.
*Darlene needs to work with the parents to obtain the required documentation for each child's file.

A re-check is not needed at this time. The above corrections should be made within 3 weeks (by 7/13/26) and will be reviewed at the next annual compliance check.
Please send pictorial verification of compliance of the items where specifically noted above via email to christy.weber@hhs.iowa.gov or via text to 319-429-0749.

Although a recheck is not needed, a follow up will be completed due to the development of a safety plan.

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Thank you for your service in providing childcare in your community.

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

A Safety plan was developed in relation to safe sleep policies and the use of an approved substitute.

1. Darlene agreed to do a change application and get her husband approved as an assistant and substitute and have him pursue the training needed.
She agrees to not use him as a substitute caregiver again until he is approved.

2. Darlene agrees to follow all safe sleep polices and she agrees to obtain a pack-n-play by the end of the week and she will send pictorial verification to HHS.

How plan is monitored:
Darlene will send a picture of the pack-n-play to this HHS worker once obtained.
HHS can do unannounced drop ins and/or follow up visit to verify compliance.

Back-up-plan:
If the plan is not followed, HHS may seek revocation.

5. Special Notes/recommendations

Notes:
Darlene shared that she does at times transport the children to the park. We did discuss expectations/regulations when childcare children are transported.
Darlene shared that she does not ever use a swimming pool.
We did discuss safe sleep policies. (see safety plan above)
We did discuss the number of children she is allowed to care for at one time as a Category A provider.

As part of the 2026 Targeted compliance the Emergency Preparedness Plan was thoroughly reviewed. Darlene was in compliance with her EPP.
She was encouraged to review it at least yearly to ensure that no changes need to be made.

Recommendations:
As of 7/1/25 providers are expected to notify all parents in writing that the state does allow parents to submit an exemption for immunizations (either religious or medical) in lieu of the immunization record for each child. We did discuss this at Darlene's Pre-inspection last year and she agreed to get that documented accordingly. However, on this date she could not locate that documentation.
*Darlene needs to ensure that she follows up in this area and provides appropriate notification to all the parents.

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6. ADDENDUMS:

- Addendum1: On 7/14/26 this compliance worker did an unannounced drop in on Darlene in follow up to the safety plan developed on 6/22/26. It should be noted that Darlene did obtain a pack-n-play by the following day and sent pictorial verification to this worker on 6/23/26. On 7/14/26 she still had the pack-n-play and noted she was using that for the infant in care.

  This worker also reviewed the other areas that she needed to follow through on. Darlene has contacted her local CCR&R agency and discussed her husband getting approved as an assistant/substitute. She shared that she has not yet submitted the change application to the Registration unit as she was advised by CCR&R to have him take the required trainings first so he could submit the required training at the same time as the application. She did agree to reach out to CCR&R again to get him signed up for the First aid and CPR course that will be required of a substitute. He cannot be used as an assistant or substitute until he is approved by HHS.

  She did not yet have the updated documentation for children's files but shared she has provided that to the parents almost a month ago. We did discuss the need to obtain that timely. She has not yet obtained the written list of children, emergency contacts and physician as she is waiting for that information from parents. She did agree to let the parents know she needs it by this Friday 7/17/26.

This Addendum is approved by supervisor on 7/14/2026

HHS Child Development
Home Compliance Worker: Christine Weber Date: 6/22/2026

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 I encourage you to work with Black Hawk County Child Care Resource and referral at 319-233-0804 if you have any ongoing compliance or training needs.