Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE ANNUAL EVALUATION

Business Name: Maliki Banyika

Provider Name: Maliki Banyika

Provider No.: 52538

Address: 2522 29th St SW, Cedar Rapids, IA, 52404

E-Mail:

County: Linn

Phone Number: 3196546074

- [ ] Pre-Inspection Date:
- [ ] Approval Date:
- [X] Annual Visit Date: 9/15/2026

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

Maliki became a Registered childcare provider in November of 2024. She currently has 3 children enrolled, all from one family, but they only attend Friday - Sunday (3am- 4pm). Maliki is open to caring for children of all ages and open to care for any shift of the day as needed. Maliki's first language is Kifuliru but she also speaks Swahili. She is limited in her English. Her adult son did provide assistance with translation on this date. Maliki is not a participant of the IQ4K quality rating system and not a participant of the Food Program. Maliki primarily uses the lower level of her home for childcare. She does use the main for meals and other limited time. Maliki does have a fenced in yard for outdoor play. Maliki does not have any pets. Maliki does not have an approved assistant or substitute.

2. Identify Observed Strengths Of The Program

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Maliki did have a nicely written contract that included more than the 2 minimum policies. It included safe sleep policies, discipline and clothing and items that the parents need to provide.

Despite the fact that Maliki was missing various documentation, she presented as willing to take steps to come into compliance and willing to meet with her CCR&R support worker for assistance. s well.

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) 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.
Maliki has allowed her adult daughter to transport one of the children to and from the bus stop (currently only on Fridays per the mother's schedule).
We did discuss that her daughter is not an approved substitute and not allowed to be alone with the childcare children. The mother was aware of this and had approved it and Maliki did not seem to understand that her daughter would need to be approved as a substitute if alone with any of the children.
Through some discussion we did agree that since Maliki does not have her valid license (only a permit at this time), she will ride in the vehicle when her daughter transports and she will have the other children with her. They will need appropriate car seats and other required safety items in the vehicle. If Maliki get other children enrolled and this situation becomes more challenging, Maliki will need to discuss with HHS or CCR&R other possible arrangements to ensure she is in compliance with all childcare regulations.

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.
Mailiki did not have a written list of enrolled children, parent and contact, emergency contact and physician listed for any of the children. She did have a form for documenting this information and this worker provided her with another form to use for documentation purposes.
*Maliki needs to develop a written list of children enrolled, parents name and contact, emergency contact and physician for each child. Maliki needs to send pictorial verification of compliance to this worker.

All travel vehicles must have a paper copy of emergency parent contact information.
Maliki did indicate on this date that one child is being transported to the bus stop one day per week (Fridays).
*Maliki needs to ensure that a written list of emergency contact information is in that vehicle.

110.8 (1) h : Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.
Each smoke detector has been installed according to manufacturer's recommendations.
Maliki had a smoke detector beeping.
*Maliki needs to replace the battery in one smoke detector and ensure they are all in working order.

Each smoke detector is tested monthly, and a record is kept for inspection purposes.
Maliki did not have any documentation of monthly testing of smoke detectors. She did have a form for documentation purposes.
*Maliki needs to ensure that she is testing all smoke alarms monthly and documenting those accordingly.

110.8 (3) a : All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.
Maliki had chemicals/cleaners under the bathroom sink on the main level and in the kitchen that were not secured from access by a child.
*Maliki needs to either move the chemicals/cleaners in those two areas or secure both of those cabinets. Maliki needs to send pictorial verification of compliance to this worker.

110.8 (3) b : First-aid supplies are available and easily accessible in the home, outdoor play area, in any vehicle used to transport children, and on field trips.

Maliki did not have a first aid kit in the vehicle.
*Maliki needs to obtain a first aid kit for her vehicle and needs to send pictorial verification of compliance to HHS.

The first-aid kit shall, at a minimum, include adhesive bandages, bottled water, disposable tweezers, and disposable plastic gloves.
Maliki only had gloves in her First aid kit that was in the home.
*Maliki needs to obtain the required items for the first aid kit in the home and in the vehicle. The CCR&R support worker (Ravyn) was present today and agreed to obtain 2 First aid kits for Maliki. Maliki needs to send pictorial verification of compliance to HHS.

110.8(4)a. Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.
Maliki did not have any documentation of monthly practice of fire and tornado drills. She did have a form to use for documentation purposes.
*Maliki needs to ensure that she is practicing fire and tornado drills monthly and documenting those accordingly.

110.9(1)a. 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.
Maliki did not have a physical or immunization record for two of her own children.
*Maliki needs to obtain a physical for 2 of her own children and maintain those in her documentation.

Children's files:
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.
Maliki currently has 3 children enrolled in care (1 family). She did not have a physical for any of the children.
The mother of the children did bring those to Maliki while this worker was still present in the home.

110.9 (4) g : A signed and dated immunization certificate provided by the state Department of Public Health.
Maliki did not have an immunization record for any of the children enrolled.
*Maliki needs to obtain the immunization record for all three children enrolled in care.

A re-check is not needed at this time. The above corrections should be made within 3 weeks (by 10/6/26) and will be reviewed at the next annual compliance check.
Please send pictorial verification of compliance of the items where specifically noted above to christy.weber@hhs.iowa.gov or text to 319-429-0749.
It should be noted that Maliki did not send pictorial verification of compliance after last year's annual check, and it is important that she do so. Her CCR&R support worker (Ravyn) was present on this date and agreed to follow up with Maliki and bring her some items and work with her to come into compliance in all areas. Maliki was open to the support and assistance.

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

Although a specific safety plan was not developed on this date, we did discuss that Maliki has allowed her adult daughter to transport one of the children to and from the bus stop (currently only on Friday's per the mother's schedule).
We did discuss that her daughter is not an approved substitute and not allowed to be alone with the childcare children.

The mother was aware of this and had approved it and Maliki did not seem to understand that her daughter would need to be approved as a substitute if alone with any of the children.
Through some discussion we did agree that since Maliki does not have her valid license (only a permit at this time), she will ride in the vehicle when her daughter transports and she will have the other children with her. They will need appropriate car seats and other required safety items in the vehicle. If Maliki gets other children enrolled and this situation becomes more challenging, Maliki will need to discuss with HHS or CCR&R other possible arrangements to ensure she is in compliance with all childcare regulations.

5. Special Notes/recommendations

Notes:
Maliki shared that her daughter does transport one of the children to and from the bus stop on Fridays. As noted above, her daughter is not an approved substitute, so we did discuss the need for Maliki to ride along with her when she transports the children. (Maliki only has a permit at this time so is not yet able to transport the childcare children herself). The mother was aware of this situation and Maliki did not seem to understand this is not allowed as that child is then left in the sole care of her daughter for that short time.
We also discussed the items required in the vehicle used to transport including a no-smoking sign, First aid kit and emergency contact numbers as well as appropriate car seats.

Maliki shared that she does not ever use a swimming pool for the childcare children.
We did discuss safe sleep policies.
We did discuss the number of children she is allowed to care for at one time as a Category A provider.

Maliki has been experiencing some issues with not getting paid for the entire 3 days of care she provides for the current family that is enrolled. Maliki recently met with CCR&R and they did assist her with trying to verify the issue. The mother of the children also came on this date (not for childcare) but to visit, and she explained that Maliki's contract only noted approval for care on Fridays as Maliki's availability with HHS does not list weekends. While this compliance worker was present, her CCR&R support worker did assist in doing a change application to modify her hours of care so her Provider agreement with that family can be modified accordingly in order for her to receive payment accordingly.

As part of the 2026 Targeted compliance the Emergency Preparedness Plan was thoroughly reviewed. Maliki 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 and Maliki will need to add such language to her policies. Her CCR&R support worker was present on this date and agreed to assist Maliki in this area.

Maliki does have a trampoline in her back yard and noted the children do use it occasionally. We discussed that she should add that to her consent form and have all parents' sign permission for the use of the trampoline.

Maliki had a binder of documents that had previously been provided to her by CCR&R. However, she was not utilizing it and had required documentation in various areas. She was encouraged to use the binder for organization or at least keep all of her documentation in one area for better organization for herself and for future compliance verification.

Maliki did identify that she is in need of some additional toys for the children. The CCR&R support worker did indicate that she can explore the Growing Iowa Grant and some funding to assist Maliki with that and other health and safety items as needed. (This funding is not a guarantee.)

Maliki's CCR&R support worker also shared that they are currently working with Maliki as she is behind substantially on her training hours that were required at the time of her last renewal. Maliki needs to ensure that she takes the required 24 hours of training in this renewal period and catches up on the previous training hours that were missing at her last review.

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HHS Child Development
Home Compliance Worker: Christine Weber Date: 9/16/2026

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 Ravyn Phelps with Child Care Resource and Referral if you have any ongoing compliance or training needs. Ravyn Phelps can be reached at 563-594-9683