Iowa Department of Human Services

CHILD CARE CENTER COMPLAINT

Name of Center: Stevie's Busy Bees **Enrollment:** 75 **License ID:** 52114

Street: 4502 Avenue O STE 18 **City:** Fort Madison **IA** **Zip Code:** 52627 **County:** Lee

Mailing Address: 4502 AVE O STE 18

Mailing City: Fort Madison **IA** **Zip Code:** 52627

Director's Name: Stevie Bethurem **Center Phone Number:** 319-250-9108

On-Site Supervisors: Nicole Rife **E-Mail Address:** steviesbusybees@gmail.com

Date of Complaint: 06-17-2024 **Date of Visit:** 06-24-2024

[ ] 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

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

Summary of Complaint:

The caller stated on June 8th she took her child to the ER. The child had a slight bruise the day before, but upon waking on June 8th the child had a large purple bruise on the face. There was no incident report provided to the parent on June 7th. The ER doctor contacted Child Abuse. Additionally, the caller stated ratio and age mixing are issues at drop off and pick up. One day there were 8 infants with one staff member outside. The caller also stated her child is not being fed, documenting 7-8 hour time span on the app with no feedings. Staff have stated the child was sleeping and/or staff forgot to enter.

Licensing Rules Relevant to the Complaint:

109.8(2)h If ratio reduced to one staff at the beginning and end of center's operation, timeframe does not exceed two hours and occurs only when seven or fewer children are present with not more than four of the children under two years of age and there are no more than seven children in the center.

109.9(4) Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities.

109.10(10) Recording incidents: Parents shall be notified on the day of the incident involving a child that includes:Minor injuries.Minor changes in health status.Minor behavioral concerns.Incidents resulting in injury to a child.Shall be verbally notified immediately when there is:A serious injury to a child.An incident resulting in significant change in health status.An incident includes child being involved in inappropriate, sexually acting out behavior.A WRITTEN report, fully documenting every incident, shall be provided to the parent or authorized person. This should be completed by staff that witnessed the incident and retained in child file.Serious injuries and deaths must be reported to the Department within 24 hours.

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

109.15(3)b Children under six months held or fed in sitting-up position.Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle.Spoon feeding is adapted to developmental capabilities of child.

Inspection Findings:

The determination of this report was based on video footage given by the center to HHS, medical documentation, statements from the parent and written statements from staff of the childcare. Other HHS personnel and Ft. Madison Police Department made in person contact with the child and family on 6/8/24. The child was taken to the ER that date and evaluated by medical personnel. Licensing and other HHS personnel both visited the center on separate occasions (6/10/24 and 6/24/24).

The center uploaded a close-up photo of the child to ProCare on 6/7/24 at 1:42 p.m. The photograph does not show injuries but does show a bluish skin discoloration. The discoloration begins near the child's mouth and extends up toward the ear. Mother of the child picked the child up at 1:59 p.m. that date. She indicated to me by phone she did not notice the mark at the time. At 4:51 pm on 6/7/24 the mother messaged the facility to report the dermatologist prescribed hydrocortisone cream for a body rash. She did not report the mark at that time to the childcare.

On Saturday at 1:01 pm the mother of the child messaged the Director asking what happened to the infant's face. The Director stated the injury did not happen in care at the center.

I interviewed the mother telephonically on 6/19/24. She and I reviewed the several of the same photographs on ProCare of the child from the week of the injury retroactively back to May. We both agreed the bluish discoloration she thought was a bruise was likely not a bruise since the same mark was present, though fainter at times and darker at times in May and the first week of June. Mother of the child walked me through the timeline of the evening after she picked the child up from care. She indicated the child was laying on the floor with two large dogs in the same space. She indicated the dogs typically play roughly together and were doing so that evening while she was in the adjoining kitchen area preparing a meal. She indicated she believed this may have been what caused the injury unbeknownst to her until the next morning. She indicated the lighting in her home is not the best in the evenings. She indicated the child did cry so she picked him up and fed him prior to putting him to bed for the night. She did not see a mark or anything concerning on the infant's face prior to laying him down.

I spoke with the Director and OSS on 6/18/24 regarding all allegations including the physical injury, mixing of ages of children, incident reports, daily sheets online and ratio. They did indicate sometimes they have 9 children in the front room in the a.m. mixing all ages of children for around five minutes in the mornings. They indicated all other allegations were untrue.

Twenty minutes of video tape were provided for the time period immediately prior to the child being picked up by this mother. No staff reported issues with supervision at the childcare and video footage provided by the childcare revealed staff were in ratio and providing supervision to the infants the day the child received an injury. Staff would have easily known that the injury occurred in care. At least two staff were present in the room at all times. During this time the child was placed near other infants for tummy time. Staff was sitting on the floor 1-2 feet away from the child. The child had a diaper change at 1:57 p.m. He was then handed off to a third staff that was sitting in a rocking chair. She spoke to the child and was close to his face before rocking him then lifted him up to face level again and spoke to him again, smiling.

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. Video footage was reviewed and all staff provided written statements. No staff reported issues with supervision at the childcare and video footage provided by the childcare revealed staff were in ratio and providing supervision to the infants the day the child received an injury. Staff would have easily known that the injury occurred in care. Staff were observed sitting closely to the child (face to face) for three minutes talking to the child, picking the child up twice and carrying the child, laying the child on the floor for tummy time, etc... In any of these instances staff would have noticed an injury. NO VIOLATION

2. 109.10(10) Recording incidents: Parents shall be notified on the day of the incident involving a child that includes: Minor injuries. Minor changes in health status. Minor behavioral concerns. Incidents resulting in injury to a child.

A WRITTEN report, fully documenting every incident, shall be provided to the parent or authorized person. This should be completed by staff that witnessed the incident and retained in child file. HHS has video footage of the last 15 minutes the child was in the center, including when the parent picked the child up. Neither the parent, nor the staff noted bruising on marks on the child's face when the child was picked up at 1:59 p.m. All staff who provided care for the child that day signed a written statement indicating they did not observe a mark on the child's face. Since staff did not observe an injury an incident report was not written. NO VIOLATION

3. 109.8(2)h If ratio reduced to one staff at the beginning and end of center’s operation, timeframe does not exceed two hours and occurs only when seven or fewer children are present with not more than four of the children under two years of age and there are no more than seven children in the center. The center indicated at the beginning or end of the day sometimes they have more than seven

children in one room and are mixing ages. The parent reported this occurs on a regular basis. The center indicated it does occur but for relatively short periods of time (5 minutes). Once the eighth child arrives for the day the center should return to regular ratio rule. This also applies in the evenings. If more than seven children are present this rule does not apply. VIOLATION

4. 109.9(4) Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities. Daily records are recorded in ProCare. Staff and parent indicated activities were entered by the end of the day. NO VIOLATION

5. 109.15(3)b Children under six months held or fed in sitting-up position. Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle.
Spoon feeding is adapted to developmental capabilities of child. Video footage revealed a seven-month-old child laid on the floor with a bottle for minutes. The center was given information about holding infants while feeding from CCNC Amy Hayes prior to this incident. This is a pattern of disregard. VIOLATION

Special Notes and Action Required:

HHS contacted CCR&R to help assist the center to plan around child schedules in the morning so that ratio is not exceeded in the a.m.

CCNC Hayes sent the following in an email on 6/25/2024, "Good morning! I wanted to send some information regarding bottle feeding that you can share with your staff. This information is from Caring for Our Children (CFOC) https://nrckids.org/CFOC

I know I have shared this link with you before, but just a reminder this is good to add to your favorites or keep on your desktop for reference. After you open it, enter the topic you are researching in the search box under the blue box on the left that states CFOC Online Standards Database.

4.3.1.8: Techniques for Bottle Feeding https://nrckids.org/CFOC/Database/4.3.1.8

Infants should always be held for bottle feeding. Caregivers/teachers should hold infants in the caregiver's/teacher's arms or sitting up on the caregiver's/teacher's lap. Bottles should never be propped. The facility should not permit infants to have bottles in the crib. The facility should not permit an infant to carry a bottle while standing, walking, or running around.

Rationale:
The manner in which food is given to infants is conducive to the development of sound eating habits for life. Caregivers/teachers and parents/guardians need to understand the relationship between bottle feeding and emotional security. Caregivers/teachers should hold infants who are bottle feeding whenever possible, even if the children are old enough to hold their own bottle. Caregivers/teachers should promote proper feeding practices and oral hygiene including proper use of the bottle for all infants and toddlers. Bottle propping can cause choking and aspiration and may contribute to long-term health issues, including ear infections (otitis media), orthodontic problems, speech disorders, and psychological problems.

RELATED STANDARDS https://nrckids.org/CFOC
4.3.1.1 General Plan for Feeding Infants
4.3.1.2 Responsive Feeding of Infants by a Consistent Caregiver/Teacher
4.3.1.3 Preparing, Feeding, and Storing Human Milk
4.3.1.4 Feeding Human Milk to Another Mother's Child
4.3.1.5 Preparing, Feeding, and Storing Infant Formula
4.3.1.8 Techniques for Bottle Feeding
4.3.1.9 Warming Bottles and Infant Foods
4.3.1.11 Introduction of Age-Appropriate Solid Foods to Infants
4.3.1.12 Feeding Age-Appropriate Solid Foods to Infants
4.8.0.8 Microwave Ovens

Amy Hayes BSN RN
Child Care Nurse Consultant
Immunization Nurse
Lead & TB Nurse

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Consultant's Signature:

Jill Seibert

Date:

07-15-2024