Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE ANNUAL EVALUATION

Business Name: Megan Suckow

Provider Name: Megan Suckow

Provider No.: 38838

Address: 1220 Veterans Memorial DR, Carlisle, IA, 50047

E-Mail:

County: Warren

Phone Number: 5152434097

[ ] Pre-Inspection Date:

[ ] Approval Date:

[X] Annual Visit Date: 5/7/2026

Program Type:

[ ] Registered Child Development Home A (guidelines for ratios on all categories)

[X] 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

Megan Suckow has provided childcare for 12 years. Before that, she worked as a med aide and a CNA. The childcare area is on the lower level of the home. One bedroom is used for sleeping. An open room is used for play and has many toys and large play equipment. Pick-up and drop-off happen on the main level at the front door. The daily routine includes playing with toys, dancing, coloring, and other table activities. Children also spend time outside in the backyard. The provider stated that younger children sometimes sit on the trampoline while she pushes it down to make it move. On nice weather days, the children may go out the front door to do sidewalk chalk while waiting for parent pick-up.

2. Identify Observed Strengths Of The Program

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Compliance staff observed the provider interacting with children. The provider redirected children by approaching them, speaking directly to them, and offering another toy.

The provider stated that her strengths include keeping a routine for the children. She stated that the children feel like family to her. She also stated that she is dependable for the families she serves.

3. Identify The Aspects That Fall Below The Standard

110.7 (1) a : Gives careful supervision at all times.

Regulatory standards for careful supervision are not met when the provider leaves the lower-level childcare area to go to the main floor multiple times a day. This leaves children unattended.
Because the kitchen is on a different level than the childcare area, the provider was asked how she prepares lunch. She stated that she places toddlers in high chairs for safety.
She reported that she goes up and down the stairs many times while making lunch and checking on the children. It is unclear how long the children remain in high chairs without effective supervision.

110.8 : Conditions in the home shall be safe, sanitary, and free from hazards.

Toys are blocking the provider's secondary exit to the outside. This exit must remain clear at all times.

110.8(1) a. Emergency numbers posted for police, fire, ambulance, and poison information center. 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.
110.8 (1) i Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and www.iowasmokefreeair.gov.
110.8(4)a Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits. The plans shall clearly map building evacuation routes in case of a fire, a safe place indoors in case of tornado

The provider did not have the required signage at the secondary exit. In 2025, staff instructed the provider to move the forms from the main-floor back door to the childcare-area door.

110.14 (3) a : There is a minimum of 35 square feet of child use floor space indoors for each child in care.

Compliance staff observed the physical space of the child care room, as it has many items throughout the area that impact square footage and usable floor space. Previous inspection identified a need to reduce the amount of items in the child care space to allow for free movement and gross motor development. The provider agreed she will clear an area and bring out a play-yard to give infants space to move/roll around and to keep them away from the older children. The provider shared photographs of the child care area, showing a reduction in the toys and clutter that were limiting appropriate floor space.

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

5. Special Notes/recommendations

2026 targeted compliance measure: Emergency Preparedness Plan. The provider has a completed EP plan that identifies planned actions for evacuation, shelter in place, lockdown, communication and reunification. The plan also addresses continuity of care in the event of a disaster at the location of the childcare.

• Ryan Page and Wendy Hoogeveen participated in a drop in visit on 5/28/26 and observed previously identified areas of non-compliance and to follow up on photo evidence of children sleeping in high chairs and bounce seats. The program area was observed. The physical space has a large volume of toys structured around the room, limiting usable floor space. Many children were observed to be engaged in effective gross motor play, however, there is concern that this space can quickly become less user-friendly if clutter becomes unmanageable. Megan is encouraged to work with CCR&R on how to maximize floor space in the program, to support appropriate activity space for children in care.
• Megan was asked about the photos of children sleeping in high chairs and bounce seats. Megan indicated that sometimes

children fall asleep in a place and she may wait a few minutes before transferring them or they will wake up because they fell asleep for a short time. Megan also recognizes that posting and sharing photos of sleeping babies, while cute, also gives the perception of intentional safe sleep violations. While HHS understands that young children sometimes fall asleep where they are, Megan was advised that safe sleep standards are clearly outlined in rule and must be followed. It is noted that 2 infants were sleeping during this visit and safe sleep practices were followed and Megan was observed to actively supervise through regular interval checks. Megan agrees to work with Child Care Resource and Referral regarding safe sleep expectations.

• The sliding glass door did have toys in front of the door, however moving one item out of the way effectively cleared this space as the secondary exit. Megan was advised that this area could quickly become cluttered if her regular practice is to place things in front of the door. Megan is again encouraged to work with CCR&R on how to maximize floor space.

• Megan was asked about her modified policy for ensuring families have unlimited access to her children. She confirmed that she has informed families that they can access their children at any time but that she does request a call or text first, not to limit their ability, but so that she can unlock the door so they can come in.

• The television was very loud during this visit. Megan and HHS staff members had to speak loudly over the television. Children seemed unfazed by the noise, however children can become very overstimulated with prolonged loud noises, which may negatively impact behaviors over time. Megan is encouraged to consider how the tv being on “in the background” and how the volume of the tv can impact child development and behavior outcomes, as well as ability to hear sleeping infants in the next room, if they cry or are in distress.

HHS Child Development
Home Compliance Worker: Stacy Burris Date: 6/1/2026

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 Kelly Phelps 515-802-7292