Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Danville Early Learning Center

Provider No.: 38069

Address: 419 S Main ST, Danville , IA, 52623

County: Des Moines

Director's Name: Calli Recker

On-Site Supervisor:

Phone Number: 3193924627

E-Mail: callirecker@gmail.com

HHS Visit Date: 04/21/2026

Licensing Period: 01/01/2026 to 01/01/2027

Fire Inspection:

Date Inspected: 10/04/2022

Comments: Does Comply. Fire inspections must be completed every three years. Conducted by State Fire Marshall.

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [ ] Full
- [X] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

Health and Human Services

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	6:30 AM to 5:30 PM		
Tuesday	6:30 AM to 5:30 PM		
Wednesday	6:30 AM to 5:30 PM		
Thursday	6:30 AM to 5:30 PM		
Friday	6:30 AM to 5:30 PM		
Saturday			

Program Population Served:

- [X] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [X] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	11	23	54	33	121
Summer					0

1. Basic Overview

Danville Early Learning Center is located inside Danville Elementary in a residential area of Danville. The center operated for several years under the Department of Education. The center is owned and operated by the School District.

The program consists of one classroom for preschool age children.

The program was operating on a Provisional License when new Director Calli Recker was appointed due to ongoing non compliance issues. She did not have points needed to meet position requirements. She is present daily and has two other staff who assist. Due to Ms. Recker being new to the position HHS allowed several months prior to making a licensing visit so that the program could make changes and ensure compliance was met on all past citations. I made an unannounced licensing visit to the program on 4/21/26. All program areas were observed at that time. The program was in session and children were present during this visit. The Director is present during programming hours. The visit this year consisted of classroom observations and activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review.

Students in the 3 year old room are taught Music, Art, and PE by licensed teachers. Students in the preschool program also have field trips, special guests, and assemblies that the rest of the building participates in. The classroom is self-contained. A phone and direct access to the outdoors are available.

Center Nutrition:

Breakfast, a noon meal, and snacks are provided by the School. Breakfast and lunch are prepared in the school kitchen by

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school staff. Preschool students in the voluntary preschool program bring a snack each day. Snacks are prepared by daycare staff and served in the classroom. The school follows USDA guidelines. Some snacks provided by the parents do not meet CACFP guidelines.

Food storage practices were observed. Dry goods were stored appropriately. Open food was placed in a sealed container or bag. Generally expired or opened food is not an issue. Thermometers should be in each refrigerator/freezer unit. Cooling temperatures should be 40 degrees or below. The Director will ensure snack or foods being served meet CACFP requirements.

Meals are served family style in each classroom. Children dine at child size tables and sit in small chairs. During snack, the children are read to and they discuss books or staff sit and visit with the children. Food menus for all meals and snacks should be kept on hand.

Center Health and Safety:

Ratio was met and maintained on the visit. At the beginning and the end of the day a staff must be present to allow parents access to their children. If staff are leaving the room multiple times the room is out of ratio and supervision lapses occur. Administration reports this is no longer occurring.

All classrooms have new censor lighting, and a newer ventilation system. The program also has new fire alarms and an emergency lighting systems. Heating and cooling are provided by a Geo-Thermal system and is forced through ceiling vents.

Prescription medication was reviewed regarding accordance with licensing regulations, physician directions, and parental consent, as well as medication policies and procedures. Medications (including sunscreen) should be stored in their original containers with physician/pharmacist directions and label intact when on the premises. Any consultation or information regarding medication can be provided by Child Care Nurse Consultant Nancy Ganaman.

An ill/injured area is the preschool office area or a designated space in each classroom.

Storage and maintenance of first aid kits were reviewed. Many supplies were present to address minor trauma. The Director had the most recent first aid kit checklist. Labeled first aid kits were identifiable and easy to access for staff. The school nurse can be accessed during school hours if necessary. Allergies should be posted so that staff are aware of how to react in an emergency. The Director understands that all children must have an Allergy Action Plan on file and signed by a physician.

Environmental testing and the maintenance of any necessary detection equipment were reviewed. Radon testing is due every 5 years. Testing is current and readings are below 4 pciL. The school installed a Geothermal heating and cooling system so an annual fuel burning appliance inspection is not required. A non-battery operated carbon-monoxide detector is in the preschool room. The center has outdoor air exchanges throughout the school so ventilation is adequate. The Elementary School building was built in 2013. As a result, a lead paint assessment is not required. The school building is on Danville City water. As a result, a private analysis is not required.

General regulations regarding safety policies and procedures were reviewed. Storage is not an issue in the classroom.

During nap time all cots should be spaced at least two feet apart or more. Lighting should be adequate so that staff can observe the children while napping. More on these topics can be found at Caring For Our Children.

The program room accommodates each child so that they have at least 35 square feet of usable floor space. Capacity requirements are met.

HHS reviewed emergency plans and drills for fire and tornado. Tornado and fire drills should be practiced and documented once a month. The entire program area has secure windows and reinforced walls and ceilings.

Electrical outlets are child safe. Staff personal belongings were stored out of the children's reach in cabinetry.

General regulations regarding sanitation policies and procedures were observed. Sufficient toileting articles and hand

washing supplies were observed in the restroom.

Room arrangements are neat and organized. On past visits we discussed blind spots and room arrangement. The program should have one toilet and sink for every 15 children in each room. This is currently being met. Room lighting consists of both natural light from windows as well as adequate interior lighting. The classroom and bathroom facilities were observed to be clean.

Center administration have reviewed sanitizer/disinfectant with the Iowa Department with the of Public Health. Sanitizers and Disinfectants vary in each room. The classroom has a set of opening, nap time, closing and weekly cleaning tasks.

Center Playground:

The center uses a newly installed outdoor play area on school grounds specifically designed for preschool age children. The area is fenced with tall chain link fence. The area is not naturally shaded. Shade is provided by the building and the storage shed. The area features large, anchored, metal/plastic climbing and activity toys. It also contains benches, basketball hoops and a swing set. The entire play area is surfaced with rubber matting. Children also use riding toys on the rubber matting surface. Riding toys are available but kept in a nearby shed.

The program monitors screws/bolts on the fence so that no more than two thread bolts are exposed. When in outdoor play each child should have a minimum of 75 square feet of usable space. The program further monitors the bottom of the fence so that when it becomes loose it is quickly fixed and doesn't become an entrapment hazard. Rubber mulch was also added last year.

Playground inspections should be conducted and documented on a monthly basis. The Child Care Weather Watch should be utilized in determining if outdoor play is appropriate in varying weather conditions. Children should be outside if weather is conducive to outdoor play.

Center Transportation Arrangements/Field Trips:

Teachers may decide and are encouraged to conduct short, unannounced field trips including but not limited to: walks as a class around the perimeter of the building and/or nearby neighborhoods. The center provides no transportation. Transportation for field trips is provided in school bus vehicles owned and operated by Danville School District. All children in the program have signed parental waivers to ride the regular school bus. A first aid kit is on every school bus. CPR certified staff and emergency contacts are taken on field trips.

Center Administrative Records:

Redirection is used on a regular basis. Curriculum has been an ongoing issue for the program, but appears to be met this year. The curriculum is Creative Curriculum. Materials were organized and child accessible. The Center appears to have an adequate amount of equipment including games and activities that appear to be of high quality. Interest centers available to the children include: blocks, children's literature, dramatic play, toys and games, puzzles and small manipulatives, art, music and movement, science and discovery, sensory tables, writing center, and computer area. CCR&R may be utilized at any time to provide consultation and observation on current practice. HHS and CCR&R have encouraged the center to have a schedule and routine followed daily as well as age appropriate curriculum. This is now occurring.

Postings, including Emergency evacuation postings and mandatory abuse reporter, no smoking postings were observed hanging in the rooms on the parent boards. The state consultant contact information were also present. Special upcoming events calendars were also posted. 911, Emergency and Poison Control numbers were posted. Center phone and address should be posted by the phones in each room.

Administration has had conversations with staff regarding child confidentiality in the past. 237A.7 states: Information regarding a child in a child care center or their relative is confidential. If this information is released by visual, verbal or written means, written consent from the parent or guardian is in the file or a court order allowing the release of the information. Staff not following this rule

Regulations regarding required written policies provided to parents in the form of a parent handbook and staff handbook are met. The handbook contains limited and unlimited access policies. The Center has a biting policy which is available in the

handbook.

The program must utilize the correct Volunteer Form if volunteers are utilized. School personnel can volunteer but must sign the Volunteer Form and have background checks conducted. School personnel must sign a Volunteer Form if serving in the childcare. They must follow Volunteer rules:

109.6(5)a
All volunteers shall be at least 16 years of age and shall:

Have signed statements indicating no conviction of any law in any state or record of founded child or dependent adult abuse. Signed statements indicating no communicable disease or other health concerns that poses a threat to children.

109.6(5)b
Signed statement indicating they have been informed of responsibilities as mandatory reporters.

109.6(5)c
Undergo record check process if:

It is included in meeting the required child/staff ratio.
Has direct responsibility for a child or children.
Has access to child or children when no other staff is present.

Child records and incident reports are now accessible in child files in the classroom. This is an improvement from past years. All children are required to have updated physicals and immunizations, emergency contact information, dental and medical provider information and pick up authorization information. Each child should have an Allergy Action Plan that has a food or other type of allergy. Incident and injury reports are on file. The Director is the record keeper for child records. CCNC Nancy Granaman can assist with any child file questions.

Staff files (SING checks and Fingerprint results) were accessible this year from the daycare, which meets HHS requirements. We reviewed required training such as CPR/First Aid, Mandatory Reporter training and professional development. Updated physicals are due 6 months after the start of employment and every 3 years. Current Iowa Criminal background checks and Fingerprint results were reviewed.

Annual emergency procedures plan is not present, but was last year. The new Director was not given the EPP. She agreed to write a new one. Staff should be trained annually on the plan and have signed acknowledgement of such.

2. Identify Observed Strengths of the program

Teaching Strategies GOLD is the assessment tool used by the programs to evaluate and track each child's individual development.

The program meets a childcare need in the community.

The center may occasionally access the gym for gross motor activity.

3. Identify the aspects that fall below the standard

1. 109.6(4)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional

history that occurs. No staff had fingerprint records in the program room. This is REQUIRED and has been a repeated violation numerous times the past several years. Directors the past several years state the hold up with the fingerprints getting done in a timely manner is due to the school doing the checks. HHS recommends the center set up their own SING and fingerprint accounts.

2. 109.9(1)b: All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, Child Care Provider Physical Examination Report. No staff have updated physicals.

3. 109.9(2)i: Preschool (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, Chiropractor, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary. At least four children have outdated physicals. This was cited last year as well.

109.10(13)a: The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intoxicated parents and lost or abducted children. Emergency plans shall include written procedures including plans for: Evacuation to safely leave the facility. Relocation to a common, safe location after evacuation. Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue. Lock down to protect children and providers from an external situation. Communication and reunification with parents or other adults responsible for the children, which includes emergency telephone numbers. Continuity of operations. To address the individual children, including those with functional or access needs.

4. 109.10(13)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year. Tornado and fire drills were not completed in February or March.

5. 109.10(13)c: Center shall develop procedures for annual staff and volunteer training on emergency plans. There is no specific plan for the program.

6. 109.11(4)b: Record of monthly inspections of outdoor recreation area and equipment shall be kept. February and March inspections were not completed.

7. 109.13(1 and 2): Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines. Staff shall provide supervision at table during snacks and meals. Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep. Menus shall be made available to parents and kept on file with substitutions noted. Avoid foods with high incident rate of causing choking. Several snacks served did not meet CACFP guidelines. We discussed using the CACFP Shopper in the future.

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

5. Special Notes/Recommendations

IHHS encourages you to contact your local nurse consultant with IDPH. Child Care Nurse Consultants work with child care and early education businesses. Businesses may call or send questions to a child care nurse consultant about health and safety policies, health programs, health of personnel, and specific child health or safety issues. CCNC Nancy Granaman (Des Moines County Child Care Nurse Consultant Iowa Department of Public Health) completed an Injury Prevention Checklist a few years ago. She may be consulted on any health and safety questions. CCNC Granaman met with the center in March last year after a referral from HHS and assisted the Director with file review. HHS recommends the Director continue to reach out to CCNC Granaman.

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HHS made a referral to CCNC Granaman after the visit last year. She stated, "I made a visit to Danville yesterday and completed a safe sleep checklist. There were four infants ages 11 and 12 months. There was a reclining bouncy seat (not being used) that staff agreed to remove.

Following the checklist I stepped into the 3/4 year old room briefly and spoke with Luanne. The atmosphere in that room is drastically different than when I did a H&S checklist with Heidi last year. There is now structure, and the children were not running around the room with little direction from staff.

Shawn and I met to discuss issues that occurred during your visit:

Child health physical forms- Shawn admitted that it has been difficult to keep up on them when she was filling in for the vacant preschool room. She has addressed the missing and expired forms. My recommendation going forward is to contact her Bright Wheel representative to get information/training on how to set up an alert system when physical forms need updating. An immunization audit has recently been completed by DCPH. Missing, expired, and out of state forms are being addressed at this time. I believe there were 11 in total for the Center.

Medications- No medications are being given at this time. Shawn reviewed the medication policy they have in place with all meds being in a locked drawer (in the office) with the exception of emergency medications if they have those in the future. Emergency meds would be kept in a cupboard out of reach of children with appropriate paperwork, and taken with staff if the child leaves the room. The medication found the day of your visit was not known to staff or Shawn. She stated that a staff that left in September had placed them there without letting anyone know. Going forward, all areas where meds will potentially be stored will be checked regularly for expiration/return to parents.

I believe improvement will occur as new staff is hired and with her upcoming visits with Tabitha to work on ratios. The incident that occurred with taking an infant into the toddler room has been discussed with staff. I have offered to return to review child health records or any health and safety issues in the future. Please let me know how else I can assist.

Nancy Granaman, RN
Des Moines County Child Care Nurse Consultant"

HHS consistently encouraged the program to contact Child Care Resource and Referral. They offer centers assistance with meeting the HHS regulations, IQ4K, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. http://www.iowaccrr.org/who_we_are/region_5. Your Consultant was Jodi Norton. A technical referral was made to CCR&R in April 2021 due to staffing issues in the center. CCR&R, the School Superintendent and the Director met and formed a plan to address non-compliant staff members. A technical referral was made to CCR&R in March 2023 for similar issues. All staff must follow licensing regulations. The Center Director is accountable for maintaining compliance with licensing rule throughout the year. A new school Superintendent was hired and indicated he was willing to counsel the Director on employee issues. The Director and OSS reported they are not able to correct staff for fear staff will quit leaving the program with not enough staff. This is not acceptable practice. She assisted the center again in 2023 and she and Tabitha Copeland will visit the program once a week. She may be accessed with any questions regarding scheduling, curriculum, staff issues, ratio, etc...A new Director was hired in 2024. It was believed at that time changes were implemented to sufficiently justify HHS moving the program back to full licensure.

HHS made a referral to CCR&R after the visits. Consultant Tabitha Copeland sent the following email to Director Perkins: "Until we can meet, please look over the information from COMM 204 attached on ratios and mixing of ages. Please also make this available to staff .

Ratios:
Highlighted is the information on appropriate mixing of ages and the information about staff under 16 is underlined and highlighted. Staff under 18 can only be left alone to supervise school-age children if you feel they can do so safely. All other ages they must have a staff over 18 with them at all times.

Please note that a child under 18 months should not be mixed in with older children at any time. For all mixing of ages, the child must be developmentally ready to be with an older group and staff must provide active supervision at all times to the

children.

Ratios apply at all times in the program, inside and outside on the playground.

Attached are ratios signs that were made with and provided to the program at previous visits around February of 2023. Feel free to edit them as needed and post them to help staff and others know the ratios for the rooms.
Trainings on ratios to help get started:
Supervision: Ratios Are Relevant The importance of child-adult ratio and ways to ensure these are maintained
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: What's the count? When, how and why children should be counted
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
Environment requirements: Different ages have different requirements for their environments so using classrooms of older children to mix ages can be unsafe. Please consider the developmental needs of each group and the Health and Safety standards required. As an example, I included COMM 204 for infants defined as 0 wks to 18 months which need special care to prevent chocking and injury in many environments.

Reporting injuries and incidents: Please see and share COMM 204 on when to record incidents and injuries and the expectations around that. Please also see the unofficial list I provide to programs that may have questions on other times it would be appropriate to fill one out and call HHS.

Directors' responsibilities and trainings: Attached you will find COMM 204 on Directors and OSS requirements and a list of Directors' trainings that maybe useful. I also recommend looking into the ones below as well.
It's the Law: Legal and Regulatory Concerns for Program Directors
Time Management For Directors
Please see our CCRR site for Centers for the required forms needed for the center and long with suggested ones and information on resources for directors.
Please let me know if you have any questions or can be of assistance prior to us meeting. Let me know what days will work for you.

She visited again in April. The following email was sent to the Director:
This is a recap of the visit held on 4-2-25 with Shawn at Danville Child Care. All rooms visited were in ratio with appropriate mixes for ages at time of visit. Enrichment room had direct care group lists visible and seemed up to date. This practice was not noted in the other rooms but they seemed to have one staff caring for the group as a whole as the class sizes were smaller and in single staff ratio limits. Staff in those rooms could tell me the number and names of children in care when asked.
Infant room was in ratio and infants awake with staff engaging them at time of the visit.

Director responsibilities: Went over unofficial list of directors' responsibilities as a tool to look over what needs done to run the program and who could be delegated tasks when needed. Discussed that Shawn has dual roles at the school and as director of the program but that HHS regulations would require she be present at the center 6 hrs. a day most days though an OSS maybe used when needed. Currently Luann is that OSS and is being used in ratio from open to at least noon most days so it would be recommended that Shawn be at the program during those times at the very least to ensure ratios are followed, staff is supported for ratios and supervision along with other compliance needs. Attached is COMM 204 Directors qualification with highlighted information on the broader responsibilities.

Please see previous email and attached sheet for trainings for directors that maybe helpful. Below are a few others that might be beneficial

It's the Law: Legal and Regulatory Concerns for Program Directors-This online course includes overviews of a number of important federal, state, and local laws and regulations that program directors should consider as they go about their daily tasks of managing a quality early care and education program.

Time Management for Directors

Ratios: COMM 204 sections for ratios gone over together, discussed that ratio signs are in the rooms but might need

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updated. Showed how to search COMM 204 for topics when seeking compliance using Ctrl F and typing topic in the text box. See previous email on trainings and videos to assist with understanding ratios and use of direct care.

Supervision and Use of direct care groups: Shawn reports that some staff had attended the Active Supervision training that was previously suggested but she was unsure who. Discussed other staff attending it when one is available.

The program currently uses white boards to track direct care groups daily in the enrichment room and is going to contact the Child Care Collaborative to see if the BrightWheel system can be used to assist with the practice and track who has what groups when if there is a incident and they need to access that information. Discussed going back to the name to face cards for the program. A consistent system that allows for staff to understand the requirements for ratios, direct care, allow for easy understanding of the transfer of care when needed from one staff member to another as a goal so that name to face can be done often and that smaller groups would ensure supervision requirements are being met would be advised.

On Boarding: Many staff currently working have worked at the center for a year or less and there are plans to hire new staff soon. Attached are various onboarding tools to help ensure that staff understand ratios, active supervision and other HHS regulations. Other can be found at the CCRR Centers section of the site.

Other: Discussed EP training requirements and a staff acknowledgment form is attached.

Went over the use of injury reports to track injuries/issues for compliance and for liability reasons. Please see previous email for COMM 204 Reporting Injuries/incidents and the unofficial list of when a injury/incident form is recommended for use, please note that it is a general list and may not encompass all situations.

Blank drill logs, playground inspection and first aid kit checks are attached as well. Emergency preparedness drills are to be done monthly and checklist forms need reviewed and initialed monthly then kept where they can be found for HHS visits. At time of visit there was difficulty finding these but is confident they have been done recently.

Suggested that program look at revising the supervision policy reviewed with staff to be more comprehensive of expectations for active supervision and discipline. Attached is the IQ4K policy guidance as a tool to see what you might consider covering

Next steps: Discussed setting a visit to go over site book and files

Please let me know if there are questions or concerns with the information provided and how I can support further. Thank you

Tabitha Copeland
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Please let me know if there are questions or concerns with the information provided and how I can support further. Thank you

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Child Care Consultant
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She further provided the following the past year:

5-29-25 Met Callie onsite to go over director requirements HHS requirements, trainings, ratios, and other licensing items with new director. Discusses fingerprint and background checks and where to keep hard copies
9-2-25 email to support director qualifications
9-26-25 support email to assist with iPower to support director's role
9-29-25 Support email to help with updating education and other items in iPower
10-28-25 support email after denial of directors role to set times and assist
10-31-25 support remail to assist in supporting evidence of directors qualifications in iPower
11-5-25 support of trainings needed to meet Directors role, list provided, discussion of Sing and Background checks needed for all program staff in ratio
11-6-25 Licensing support for environments, training requirements. Provided online anytime training list again and highlighted ones to support directors role
11-11-25 Onsite to go over director's requirements, role, trainings needed, go over ipower, site binder, staff files etc. Program needs sing and background checks need done as they cannot be found at this time, discussed where these and other HHS required documents need stored for HHS
11-14-25 email support in iPower attempt to upload education and other proof, unable and let her know to try different doc type
11-24-25 email Support for iPower with staff, looked at the staffs iPower and explained what was needed for training, links sent. Both staff need role approvals
11-26-25 Email to support in getting iPower updated for all staff and trainings completed
1-6-26 email reach out offered visit
1-9-26 email support of iPower and trainings for Callie to reach Directors requirements. Discussed fingerprint and background check requirements
1-28-26 met to go over site book, staff and child files and to assist with iPower from directors role to help manage site and employees. Discussed how to do sing and background checks and sent guides for this

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IHHS further recommends the Director collaborate with another area Director for support. Shawn Perkins left this position and the program decreased in size. The program now consists of one classroom for three year olds. Several suggestions have been provided to the new Director.

As noted above the program has received a tantamount of services from both CCR&R and CCNC, but still remain on a Provisional licensing status.

Based upon this review, it is recommended that this center remain on Provisional licensing status. The center is directed to correct the items listed in Section IV on an ongoing basis. The Director gave me a verbal commitment that the noted rule violations would be promptly corrected. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period. If similar licensing concerns exist by fall 2026, the program will not reopen this fall. HHS will move to revoke the childcare license.

6. ADDENDUMS:

- Addendum1: CCR&R Consultant Tabitha Copeland met with the Director on 8/26/26. She covered the following information in an attempt to assist the program to move from Provisional licensing to Full licensure.
  She stated, " I met with Calli today and went over site book and staff files. I identified staff who needed items like the Employee volunteer statement, CPR 1st aid renewal and other items along with going through the site book.

  2 staff have SING and Fingerprints done. Calli has sent hers in a few times and gotten it kicked back so she is going with a new staff this week to the sheriffs with cards to get it done that way. They should all be completed by next week and hopefully the results will be in quickly.

  While the staff does AEA training for PD we discussed the certificates needing hours on them to count for HHS trainings hours. Staff need HHS approved trainings, so I gave her options and suggested she get them done as soon as possible. I gave her a list of online anytime trainings staff can enroll in and get done quickly.

  I also showed her how to clean up iPower and remove old employees and add new ones on. I explained that at the very least staff training needs to be in files but ideally, they would be put in iPower.""

  HHS contacted the Director stating staff may not work in ratio until fingerprints have been submitted.

This Addendum is approved by supervisor on 8/26/2026 3:11:24 PM

Date: 04/24/2026

HHS Licensing Consultant: Jill Seibert

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Care License. Please take steps necessary to completely address each of the violations noted above.

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 **https://iowaccrr.org**.