Iowa Department of Human Services

CHILD CARE CENTER COMPLAINT

Name of Center: Childtime Learning Center at Park & Ride **Enrollment:** 1 **License ID:** 27930

Street: 610 Center ST **City:** Des Moines **IA** **Zip Code:** 50309 **County:** Polk

Mailing Address: 610 Center ST

Mailing City: Des Moines **IA** **Zip Code:** 50309

Director's Name: April Smith **Center Phone Number:** 515-243-4366

On-Site Supervisors: **E-Mail Address:** 1701@childtime.com

Date of Complaint: 04-17-2025 **Date of Visit:** 04-18-2025

[ ] Scheduled **[X]** Unannounced **[ ]** NA

[X] Non-Compliance with Regulations Found **[ ]** Compliance with Regulations Found

RECOMMENDATION FOR LICENSE

[ ] NO CHANGES to licensing status recommended

[X] PROVISIONAL license from 06-06-2025 **to** 06-06-2026

[ ] 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:

It is alleged that unknown staff (Childtime of Des Moines) will often not adequately respond to a child's (age 4) blood sugar monitor going off, indicating low blood sugars. It is further alleged that on April 17, 2025, daycare staff ignored the two warnings going off, resulting in the child's blood sugars dropping to below 40. The child is at risk for seizures and a medical emergency when her numbers become that low. Denial of Critical Care; Failure to Provide Adequate Health Care is Alleged.

The reporter was working at Child Time Daycare. Last week, the reporter stated that another staff member said aloud sometimes they will take an unknown child (age 4) to the bathroom and smacked them “upside the head” when the child is not listening.

Licensing Rules Relevant to the Complaint:

109.7(2) Center directors and all staff have the required contact hours of training.

109.8(2) Ratio maintained in center as required:Brief absence of staff person permitted for 5 or less minutes when another staff person is presentAt least one staff is present in every room where children are resting.If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained.Ratio in infant rooms is always maintained.When more than eight children are present on the licensed premises, at least two staff members shall be present.For a period of two hours or less at the beginning and end of the center’s hours of operation, one staff member may care for eight or fewer children, provided no more than four of the children are under two years of age and there are no more than eight children in the center.Ratio exceeded for school-age children when school classes unexpectedly start late, are dismissed early, or cancelled. For no more than four hours, care is limited to children already in the program and licensed capacity is not exceeded.

109.9(2)k Any child with special health needs, a written emergency plan. Copy shall accompany child if they leave the premises.

109.10(14)a The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.

109.12(2)a-d The center shall not use as a form of discipline:Center does not use corporal punishment including spanking, shaking, or slapping.Punishment which is humiliating or frightening or causes pain or discomfort is not allowed. Children shall never be locked in a room or closet. When restraints are part of a treatment plan for a child with a disability authorized by a parent and a psychologist or psychiatrist, staff shall receive training on the safe and appropriate use of the restraint.Punishment or threat of punishment associated with illness, toilet training, or food or rest is not to be used.No child is subject to verbal abuse, threats, derogatory remarks about child or child's family.

Inspection Findings:

CHILD CARE CENTER COMPLAINT

On 3/18/25, an unannounced visit to the Childtime Learning Center Park and Ride took place along with another HHS worker. This unannounced visit pertained to concerns regarding a child (age 4) at the center that has been diagnosed as requiring on-going monitoring of blood sugar along with follow up actions when the blood sugar numbers are too high or too low. On this occasion, the child's blood sugar fell below 42, which requires IMMEDIATE administration of glucose (carbohydrates) and possibly emergency medical care. The child's parent attempted to contact the center and was advised "this was not a priority". It should be noted that emergency fire personnel were on site as the fire alarm was also alarming.

We observed the child's room and the room they were in on this day, which had been combined due to staffing concerns. The child is to have two digital monitors and alarms that communicate between a device on the child and the phone that communicates the concerns to staff and the child's parents at times. On this day; communication between staff and the child's parent did not occur due to the fire alarm, forcing the emergency evacuation to the emergency re-grouping area, outside of the center, where internet was no longer able to power digital communications. Staff and the director indicated knowledge the child's digital blood sugar monitor had alarmed. The director indicating returning to the center to acquire strawberries to provide for the child. The firm alarm had alerted, however the director stated this was the result of a false alarm triggered by maintenance. The director indicated that the strawberries were not delivered to the child because their attention was diverted to help the maintenance staff locate a key to disarm the fire alarm. Collectively teachers indicated that one teacher dug through the first aid backpack that was taken with the class when evacuated and found a package of gummies (expired) however it was provided to the child and was sufficient to help raise the the child's blood sugar.

We discussed with the director, Robin Miller, that the child has a special medical care plan and a copy of which was located has been printed on the day we arrived at the center that outlines step by step how to respond to the child's blood sugar monitoring. The director stated that when the child was first diagnosed that the mother and a nurse taught the director and possibly the assistant director now to follow such plan. The director indicated the lead staff in the room is often in contact with the child's parents for directions on how to respond to the child's blood sugar readings.

When we observed the room, the special medical plan was not posted. Staff interviewed, while aware the child had special medical needs due to the blood sugar insecurity, the staff indicated they had not received training on the special medical plan and specifically requested such.

We enacted a safety plan for the center director and staff regarding the child; that indicated the special medical plan SHALL BE POSTED in the child's regular classroom and EVERY classroom the child may frequent when ratio requires room changes. The director was asked to be in contact with the child care nurse consultant for the center to request training to assist the child with the special medical care that the child requires.

A week later, additional information was received that the child's blood sugar had again fallen dangerously low while attending the child care center. Upon returning to the center, it was found the safety plan requiring the posting of the special medical care plan had not been posted and contact with the child care nurse consultant had yet to be made.

Additional concerns addressed with staff included information that a staff member, who was related to a child attending the child care center, had physically struck a child to which they were related. Several staff were interviewed and there is not information to support the child was struck by the relative staff member or any staff member at the center.

There is significant information that a child with special health care needs required a written emergency plan did not have the emergency plan accessible to staff members. A safety plan was specifically crafted that directed the center to *POST* the emergency plan in any classroom the child was in attendance. It was observed that the plan was not posted and did not accompany the child when evacuated on an unrelated fire evacuation. The center is in non-compliance with licensing regulation 109.9(2)k(2)k Any child with special health needs, a written emergency plan. Copy shall accompany child if they leave the premises.

There is significant information some staff and the director were not carefully supervising the child with a special medical care plan, when the child had an emergency response needed situation. The center is in violation of licensing regulation 109.10(14)a Staff shall provide careful supervision.

There is NOT sufficient information provided that a child was physically struck by staff. In this instance, the center IS COMPLIANT with licensing regulation 109.12(2)a-d The center shall not use as a form of discipline: Center does not use corporal punishment including spanking, shaking, or slapping.

Special Notes and Action Required:

A safety plan was enacted, however not followed until more insistence after another incident that was a threat to the life or health of the child. Staff changes took place. The center did eventually cooperate with a child care nurse consultant providing training. The center was placed on a provisional license with a corrective action plan including the concerns addressed in this complaint.

Consultant's Signature:

Maggie Gibson, SWIV

Date:

03-30-2026