

**Iowa Department of Human Services
CHILD CARE CENTER COMPLAINT**

Name of Center: Harvest Christian Daycare and Learning Center	Enrollment: 178	License ID: 4157000138
Street: 4070 22nd Ave SW	City: Cedar Rapids	IA Zip Code: 52404
Mailing Address: PO Box 8355		
Mailing City: Cedar Rapids	IA Zip Code: 52408	
Director's Name: Katie Warner	Center Phone Number: 319-390-4077	
On-Site Supervisors: Kimberly Budak, Assistant Director	E-Mail Address: info@harvestchristiandaycare.com	

Date of Complaint: 4/18/2014

Date of Visit: 4/23/2014

Scheduled Unannounced NA

Non-Compliance with Regulations Found Compliance with Regulations Found NA

RECOMMENDATION FOR LICENSE

- NO CHANGES to licensing status recommended**
- PROVISIONAL license from _____ to _____**
- SUSPENSION of License**
- REVOCAION of License**

Summary of Complaint:

On 4/18/2014, a complainant reported 2 staff left a child sleeping in a room while the 2 staff took the other children to the restroom. The complainant reported child was left alone for 7 to 10 minutes.

Licensing Rules Relevant to the Complaint:

109.8(2). Ratio is maintained as required by Iowa Code.
109.10(16). All assigned staff shall provide careful supervision.

Inspection Findings:

An unannounced visit was conducted to Harvest Christian Daycare and Learning Center on 4/23/2014. The following is based upon a face-to-face interview with the assistant director Kimberly Budak and review of paperwork items:

109.8(2). Ratio is maintained as required by Iowa Code.

109.10(16). All assigned staff shall provide careful supervision.

THESE RULES WERE VIOLATED. COMPLAINT IS VALID. HOWEVER, THE ISSUES RELATED TO THESE VIOLATIONS ARE IN THE PROCESS OF BEING REMEDIED. Ms. Budak reported the program has conducted their own internal investigation into the matter including interviewing the 2 staff involved. The 2 staff acknowledged what happened and agreed each played a role in the situation. A written incident report was completed and provided to the child's family. The child's parents were also notified face-to-face by Ms. Budak. It is important to note, the program provides all staff with a new staff orientation that includes training on staff/child ratios and the need to provide all children with careful supervision. Also, the program's written policies and procedures (included in the written family and employee handbooks) clearly document their policies and procedures regarding these rules. Ms. Budak reported the program is currently following their policies and procedures regarding staff accountability.

Special Notes and Action Required:

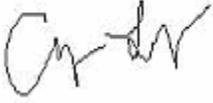
Based upon the above, no further action is requested.

If you feel something is unclear or unjustly cited, please contact me (phone 319-892-6827; email alyons@dhs.state.ia.us <<mailto:alyons@dhs.state.ia.us>>) so that we may discuss the issue. If necessary, I can make a notation in your record. You may also send a letter that will be included in your licensing file noting any disagreement you may have with this report. If I have failed to provide for you any information discussed during my visit, please contact me and I will forward the information to you. Thank you.

Consultant's Signature:

Date:

04/24/2014

A handwritten signature in black ink, appearing to read "Alyons", is written over a light gray rectangular background.