

109.12(5). A child care center serving children two weeks to two years old must provide an environment which protects children from physical harm. There shall be no restraining devices of any type used in cribs. THERE IS NOT ENOUGH INFORMATION TO DETERMINE IF THIS RULE WAS VIOLATED OR NOT. On 2/23/2015, licensing observed no blankets in infant cribs or any infant sleeping in a restrictive device (bouncy seats, swings, etc.). Licensing did, however, observe some infant blankets were stored in infant cubbies. Infant room staff reported not using any blankets with a sleeping infant unless the infant had a doctor's note stating this was allowed. Infant room staff talked about if an infant falls asleep in a bouncy seat, swing, etc, the infant is immediately removed from that device and placed directly into his/her crib. Infant room staff denied placing blankets over infants while they are using a bouncy seat, swing, etc. Infant room staff reported warming bottles in bottle warmers. Licensing observed the bottle warmers to be stored on a counter that is inaccessible to young infants and that the bottle warmer cords were located in a manner to help ensure the unit could not be pulled over on top of children. Ms. Suskind reported that prior to licensing's on-site visit, a parent talked with her about these concerns. Ms. Suskind stated she immediately followed up with all infant room staff reminding them of safe sleep practices.

Special Notes and Action Required:

Since the program is using bottle warmers, a daily safety check shall be done to ensure the bottle warmers are put on the lowest setting, that the electrical cords are located in a manner that the unit(s) cannot be pulled over on top of children, and that the devices are in good repair.

Based upon the above and that Ms. Suskind had already addressed the concerns with infant room staff, no response to this report 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:

02/25/2015

