



<b>RECOMMENDATION FOR LICENSE:</b>	
X	<b>FULL</b> license from 06-01-2017 to 06-01-2019
	<b>PROVISIONAL</b> license from
	<b>DENIAL</b> of initial application
	<b>SUSPENSION</b> of license
	<b>REVOCACTION</b> of license

Licensing Consultant: Raymond Salsbury

Date: 06-06-2017

**I. IF CURRENT LICENSE IS PROVISIONAL, IDENTIFY THE CORRECTIVE ACTIONS**

**II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:**

An unannounced licensing visit was made to the Project Youth Jungle Kidz program on 05-24-17 where I met with center director Amanda Hommes. Amanda has been the director of a sister program, Project Youth Daycare Generations, since 2013 and has a 4 year degree in early childhood care and education. Amanda is currently acting in the role of an executive director overseeing the operation of both programs following the recent departure of the previous center director. The program is located in the lower level of the Faith Reformed Church. There are currently 40 children enrolled in the center. All areas of the program were reviewed during this visit.

The center was observed to be clean with no safety concerns noted due to maintenance. The center is currently working to expand the outdoor play ground area and so there was some construction activity occurring but this was sectioned off so that the children did not have access. As noted the program makes use of classrooms on the lower level and so there are no windows in the classrooms. This did create an issue as the center engaged in nap time during the visit and each room had insufficient illumination. With the lights in the rooms turned off it was not possible to observe any point of the room and this is further compounded for individuals entering the classrooms from the lighted hallways and temporary blindness while waiting for the pupils to dilate. During the visit when entering one classroom Amanda stepped on one staff member who was sitting in the entry of the door. In addition a sign had been posted on the other entry door to the room to use the other entrance because a cot had been placed in front of the door. This not only creates a risk for a child being stepped on but also creates a barrier to an emergency exit. To address the concern staff were using cell phones as flashlights. Illumination needs to be provided so that staff can observe children in all areas of the room with the ability to identify if a child is in distress.

In reviewing classrooms each had a variety of toys and materials that were generally appropriate to the ages of the children present. None of the toys were noted to be damaged. The program does need to review the center policies and approach to curriculum as there appeared to be a general lack of a defined curriculum. Much of the staff engagement was of a disengaged supervisory approach. While it is noted that the children were preparing for nap time and the focus of activity was individual free choice play there was no posted curriculum theme for the classrooms nor did the interactions suggest that an unspecified curriculum or schedule was being followed. Issues that arise from this approach were exemplified by the use of a TV in the infant room for children under 1 year of age to play a video. Not only is this an inappropriate curriculum choice for this age group but the TV was not properly secured. The TV needs to be secured using a static tether to reduce the risk of the unit falling on a child. Other issues were noted with children being observed wandering the hallways without supervision. Given the multiple use nature of the facility where unknown members of the community could be present the children need to be supervised at all times. One consequence of this was that an older school age child entered one of the infant rooms which are required to be free from intrusion by children over 24 months of age. Co-mingling of infants and older children was also observed in the other infant room where older children were also napping.

The center needs to review health and safety policies. During the time of my visit diaper changes were observed and required procedures were not followed including not washing the children's hands after the diaper change. Medications also need to be properly logged on a medication administration form that is maintained with the child's file and all required information documented. Food items need to be properly stored in air tight sealable food grade containers to reduce the risk

of being an attractant to insects and rodents, and spoilage. This is required for all food items including those that are not intended for consumption by the children such as those used in craft/play activities, or brought in for consumption by staff.

In reviewing administrative records Amanda identified that in preparing for the visit she found that the files were significantly incomplete. Amanda stated she has gone through the files to identify the missing elements and has worked to update the children's files but 3 still need a current physical. With regard to staff files Amanda stated that there are several issues still present. Amanda stated that she has updated the Iowa SING background checks for all staff but 2 are still pending final results. Amanda stated that current FBI Fingerprint record checks are still missing for 9 staff, and 5 are missing current training in mandatory child abuse reporting training. Inspection logs and records for emergency fire and tornado drills, fuel burning appliances, playground, and radon were all missing on the day of my visit. Other documentation that was insufficient include medication forms which were not completely filled out, and infant daily sheets that did not include information regarding daily activities or disposition.

### **III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:**

The center is working to make several changes and improvements to the program. The playground is currently under construction to expand the existing space to provide additional play structures and space for the children. Amanda has identified several procedural changes to correct and maintain compliance issues such as establishing a self-audit system for file maintenance, inspection calendars, and plans for curriculum development.

### **IV. IDENTIFY THE ASPECTS OF OPERATION THAT FALL BELOW THE STANDARDS REVIEWED:**

109.9(1)b: All files contain: A signed copy of DHS Criminal History Record Check, Form B, that was submitted prior to employment. A copy of Request for Child Abuse Information. Copies of the results of Iowa records checks conducted. Copies of national criminal history check results. Any Department-issued documents sent to the center related to records check.

Number not in compliance: 9

109.9(1)e: All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training.

Number not in compliance: 5

109.9(4): Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities.

109.10(1)a: 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, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.

Number not in compliance: 3

109.10(3)b: For every day an authorization for medication is in effect and child is in attendance, there shall be a notation of administration including the name of medicine, date, time, dosage, given or applied, and the initials of the person administering the medication or the reason the medication was not given.

--Forms were not completed or fully filled out. All required information must be present and completed on forms that are maintained with the child files including over the counter medications such as diaper creams and sun screen application.

109.10(8): Children's hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed: Immediately before eating or participating in food service activity. After using the restroom or being diapered. After handling animals.

--Children's hands were not washed following restroom use and/or diaper changes.

109.10(15)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.

--Documentation was not available on the day of my visit. Emergency contact numbers shall be posted and include numbers for fire, police, health, poison control, and utilities.

109.10(15)d: Daily checks to ensure all exits are unobstructed.

--Cots were placed in front of exit doors.

109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall

provide careful supervision.

--Children were observed to be walking in hallways unescorted and unsupervised.

109.11(2): A safe and properly equipped area is provided for infants that does not allow for intrusion by children over two years of age. Children over 18 months are only placed outside the infant area if appropriate to the developmental needs of the child. Children over age two who remain in the infant area are placed at the recommendation of a physician or AEA due to a significant developmental delay. Children are placed for a limited time with DHS approval if doing so does not pose a threat to the infants.

--Children over 24 months were co-mingled with children under 24 months during nap time, and a preschool/school age child was observed to enter the infant room.

109.11(3)a: Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. Sufficient space provided for dining. Sufficient lighting shall be provided. Sufficient ventilation. Sufficient heating. Sufficient cooling. Sufficient bathroom and diapering facilities. Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease.

--Illumination was insufficient to allow staff to observe children in classrooms during nap time.

109.11(3)d: Record of monthly inspections of outdoor recreation area and equipment shall be kept.

--Documentation was not available on the day of my visit.

109.11(7)b: Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.

--Documentation was not available on the day of my visit.

109.11(7)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.

--Documentation was not available on the day of my visit.

109.12(1): Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served. Program complements but does not duplicate school curriculum. Schedule of program is posted in a place visible to parents.

--Copy of planned curriculum was not present nor did it appear that a specific curriculum or schedule was being implemented during the time of my visit.

109.12(4): Sufficient toilet articles are provided for hand washing. Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM. Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children. Room's arrangement does not obstruct the direct observation of children. Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap. Procedures are developed and implemented to maintain equipment and materials in a sanitary manner. Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs. Sanitary procedures are followed for use and storage of personal hygiene articles.

--The TV in the infant room needs to be secured using a static tether to reduce the risk of the unit falling on a child.

109.15(5)b: Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed. Staff preparing food that have injuries on hands wear protective gloves. Staff serving food use clean serving utensils and have clean hands/wear protective gloves.

--Food items were not properly stored in air tight sealable food grade containers labeled with the contents and date placed in storage after the original packaging seal had been broken. Requirements apply to all food items whether intended for consumption by the children or not to reduce the risk of being an attractant to insects and rodents, and spoilage.

## **V. SPECIAL NOTES/RECOMMENDATIONS:**

A full license is recommended at this time. While there were several significant and systemic issues identified within the center corrections are being made that include procedural components to ensure continued compliance. This includes the appointment of Amanda as the executive director and search for a new on-site supervisor, development of a self-audit system for records, inspection calendars, and planned training.

Please provide a written response to the licensing consultant within 10 working days of the receipt of this report identifying a plan of action to correct those aspects cited as not meeting licensing standards and identifying an anticipated date of compliance. At least one visit will be made to the center during the next year.

\*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact me (phone 515268-2277 (office) 515-339-2456 (cell); email rsalsbu@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 you have the need for any additional information discussed during my visit, please contact me and I will forward the information to you. Thank you.

\*Note: If you are a member of the general public, there may be additional information contained in the public file. You may contact the DHS Licensing Consultant to inquire.

\*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact your DHS Licensing Consultant to discuss the issue. The child care director may also send a response which will be placed in the licensing file.

\*Note: If you are a member of the general public, there may be additional information contained in the public file. You may contact the DHS Licensing Consultant to inquire.