

RECOMMENDATION FOR LICENSE:	
X	FULL license from 09-01-2016 to 09-01-2018
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCACTION of license

Licensing Consultant: Heidi Hungate, MSW

Date: 01-27-2017

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

N/A

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced first licensing visit was completed at this center on 1/18/17. The center was visited on previous occasions on 7/18/16 and 9/30/16 and given permission to open without a license effective 10/3/16. The center director and owner is NaRhea Salzbrenner. NaRhea has previous experience working in an Iowa licensed child care center and has an Associate's degree and a Bachelor's degree in education. This center is for profit. The center offers care to children age infant through five years (not school age care).

The center includes four program rooms operated out of a portion of the main level of a building leased by the center including; toddler room (one year old children), prek room (four/five year old children), twos/threes room (two and three year old children), and nursery (six weeks to one year old children). The center does not participate in the Iowa Voluntary Preschool Grant program. The center director states that the center follows a purchased curriculum, ABC Jesus Loves Me. All program rooms included posted activity plans. Program rooms were nicely stocked with organized and accessible materials for the children. Rooms appear to be generally clean with materials and furnishings that are well maintained. Program rooms generally include wall postings at child level. The two/three year old room could use some improvement in this area. Activities observed on the day of the licensing visit included: floor play/free play/choice time activities, diaper changes, table activities (coloring a number worksheet), lunch, and nap.

The nursery is a shoeless room to provide for a cleaner floor environment for these infants which is excellent. The room does not include any high chairs or container type devices which is also excellent. The staff were observed to be engaged with the children on the floor, holding, feeding, and were very nurturing and careful with the children. Parents are to supply all materials for the infants except for those that are eating table food. Parents are to provide pre-made bottles daily for the infants. Crib spacing was adequate, however, it was noted that the center is using large cribs and would have more space available with the purchase of smaller cribs. The center has stated also that they need another evacuation crib.

Program rooms include a hand washing sink within the room with the exception of the prek room. Program rooms with children in diapers include diaper stations within the program room and near the hand washing sink. The prek and twos/threes rooms also include an adjacent restroom area (one toilet and one sink each).

Center Nutrition Practices Observed: The center serves breakfast, snack, lunch, and snack all prepared on site in the center's kitchen area. The center employs a cook. The center does not yet participate in the CACFP but plans to participate. The menu is posted and was reviewed for CACFP requirements with a few recommendations needed. Dishes are washed by hand in a large three sink basin following dish washing procedures according to the sanitizing product the center is using for this function. Lunch service was observed in parts in all program rooms at the center. The prek room was observed to serve family style which is excellent. Some consultation was provided with regard to the meal transition time to ensure table are cleaned and sanitized and ready for children to be seated prior to beginning the hand washing process.

Center Health and Safety: Medications are kept in designated locations in each room per the director. The center director states she plans to have each room have their own fully stocked first aid kit. A first aid kit was reviewed with concerns noted below. Concerns for emergency plans and drill records and carbon monoxide detector are noted below. Radon

testing was completed and within limits. Documentation of the annual fuel burning appliances (all in the building) was provided subsequent the visit. Cots and cribs and bedding items are cleaned/sanitized weekly unless needed more frequently. The center director states she currently takes laundry home to wash, and discussion occurred regarding ensuring clean laundry is stored and transported in a sanitary fashion. It would be more convenient for the center to have their own washer and dryer on site. Children have separated cubby space in a separate room for the twos/threes and prek rooms. The center would take care of their own cleaning and maintenance items.

Center Playground/Outdoor Area: The outdoor area is on the property of the center, however, children do have to travel a short distance from the building exit door to the fenced area. The area is fenced or otherwise enclosed by the side of an out-building. The area is just grass, and the center director states materials are available for play. Shade is provided to the area by the adjacent building and also a tree.

Center Transportation Arrangements / Field Trips: The center plans to do field trips with the prek group during the summer and states they would contract a bus for transportation. The center does not plan to take walking field trips at this time. No other transportation is provided.

Center Administrative Records: The center displayed the required postings for no smoking, mandatory reporter, consultant contact/handbook availability, and DHS license at or upon entry to the building, most organized on a bulletin board just inside the building. Five child files and three staff files were reviewed. All child immunization certificates in the binder were reviewed for validity with just one not being valid because it was not signed and dated by the medical provider as required. This was reviewed with the center director. The center is organizing other required licensing items using the DHS License Notebook format as requested. The center's written policies were reviewed and were generally done well with some needed improvement:

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center director and owner is qualified with experience and education. The center worked with the local CCRR consultant, CCNC, and DHS to be very prepared for their initial licensing visit. The DHS License Notebook binder is well organized using the system recommended by DHS. Program rooms are well stocked with accessible and well maintained materials to support program needs. The building itself was remodeled/modified to meet licensing requirements prior to opening and is brightly painted and decorated for a child friendly environment. Staff were observed to be engaged with the children in activities. The center completes daily sheets for parents for all children. The center director has worked hard to get the program up and running per DHS requirements, and this does not go unnoticed.

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

STAFF FILES:

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.

National (fingerprint) record checks were not submitted for staff within the first 30 days after hire as required. The center director states that all have been sent in as of now.

CHILD FILES:

109.9(2)b: All files contain sufficient information and authorization to allow the center to secure emergency medical and dental services at any time child is in center's care.

Number not in compliance for dental: 3 of the reviewed files.

Information lacking: Dentist information is required for all files including the dentist name, address, and phone number.

***Please ensure staff and child files are organized using the DHS organizational tool provided to the center.

109.10(3): Medications.

Medication authorizations need to be completed for all over the counter (including all topical creams or ointments) and prescription medications being administered while at the center. The releases need to be completed in whole and signed by parents PRIOR TO the medication being administered. This includes a beginning AND end date for the medication. Longer term medications should have a new release completed at least every month. There should be a corresponding staff entry on the medication authorization for all dates/times included in the authorization. Emergency rescue medications such as epi-pens and inhalers should have corresponding action plans completed by the child's physician and a completed medication release from the parent. A copy of this information should be stored with the medication for the event of an emergency.

109.10(9) First aid kit: The center shall ensure that a clearly labeled first aid kit that is sufficient to address minor injury or

trauma is available and accessible to staff
at all times when children are: In the center, in the outdoor play area, on field trips.

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. No tornado and fire drills have been documented. Both are required to be practiced monthly and documented as such. Emergency plan postings with all required elements are needed at two doors in the toddler room, one exit door from the twos/threes room, at center's main exit door, hallway door that leads to hallway kitchen door, and at exit door in kitchen hallway.

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. Carbon monoxide detector shall be electric to meet UL standard.

109.12(5)b: Diapering, sanitation, and hand washing procedures posted and implemented in central diapering area. Diaper procedures need to be reviewed with staff to ensure they are following them as posted. Diaper station surface in the toddler room is peeling and can not be properly cleaned and disinfected. The surface shall be solid and non porous. The center will need also need a more sturdy station that the children can not climb on and is not a topple hazard.

V. SPECIAL NOTES/RECOMMENDATIONS:

It is noted that subsequent this licensing visit, the center has requested to swap locations of the nursery and toddler rooms. The new nursery (previously toddler room) will have the maximum capacity of nine children with cribs. The new toddler room (previously nursery) will have the maximum capacity of 10 children without cribs. The total capacity for the center has not changed.

1. Center will want to investigate a safe storage container for outdoor materials to protect them from the weather, water, and to maintain them more clean and sanitary.
2. Diaper stations/bathrooms need their own separate set of spray bottles labeled and to be used in this location only.
3. Toddler room needs a better/safer stool for this age group to reach the hand washing sink.
4. Improve incident reporting policy, see language in 109.10(10)
5. Improve medication policy, see language in 109.10(3)
6. Written policies need some improvement for recent rule changes for emergency plans.
7. Ensure all program rooms are included and documented for radon testing for all future tests.
8. Daily notes completed for all infants (children not yet two years old) must include the summary of daily activities.
9. Toddler room refrigerator needs a working, visible thermometer to be monitored for proper functioning.
10. Repair bathroom fan in the twos/threes restroom area.
11. Ensure all diaper waste cans are labeled for diapers/pull ups only.
12. Tables and chairs are too tall for most children in the twos/threes room. Chairs too tall for children in the toddler room. Children shall first be able to sit in chairs with their feet on the floor. Then evaluate the table height. Table should meet the child at just above the waist area.
13. Morning snack and lunch are too close together. Evaluate from the start time of the meal/snack and ensure no less than two hours, no more than three hours between meal/snack offerings.
14. Review food storage to ensure all open food items are stored in sealed container or ziploc and dated for freshness including pantry items.
15. Review a couple of menu items (veggie/fruit straws are not CACFP creditable).
16. Remove towels/pads from food serving carts. Use only solid surface that can be properly cleaned and sanitized.
17. Use all paper towels from a dispenser only.

A full license is issued. The center is directed to correct the items cited and to submit a written summary to the licensing consultant as to how and when those corrections are/will be completed. Please also address the special notes/recommendations noted above in this section so that those do not become violations in the future. The written summary shall be submitted within 30 days of receipt of this evaluation. Thank you.

Heidi Hungate, MSW
DHS Child Care Licensing Consultant

*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.

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