Iowa Department of Human Services
CHILD CARE CENTER EVALUATION AND RECOMMENDATION FOR LICENSE

Name of Center: Sunrise Child Care Inc **Enrollment:** 38 **License ID No. (Reapplications)** 24847

Street: 525 13th Street Ste 202 **City:** Wellman Iowa **Zip** 52356 **County:** Washington

Mailing Address: PO Box 393, Wellman, IA, 52356

Director's Name: Melissa Kaufman **Phone Number:** 319-646-2890

On-Site Supervisor(s): Chelsea Campbell **E-Mail:** sunrises@netins.net

Date(s) of Visit: 04-18-2018

X **Licensing Visit** X **Unannounced Visit** **Off Year Visit** **Administrative Change**

LICENSING VISITS

New Application X **Re-Application** **NA**

Signed Application (470-0722) Received **Yes** **No** X **NA** **Date Signed:**

FIRE INSPECTION X **State** **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 11-02-2015

Comments : due every 3 years, completed by State Fire Marshall Mark Weidman

LICENSE TYPE: X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

Financial Type: Profit X Non-Profit NA

Accredition: Accredited NAEYC NSACA X Other NA

Program Serves: X Infants (0-23 mo.) X 2 Years X Preschool-Age X School-Age

Get-Well Evening Care X Special Needs

SCHEDULE: X Year-round School-Year Summer Only

HOURS:	*Year-round*	*School-Year*	*Summer Only*

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General	19	12	17	32	80
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 08-01-2018 to 08-01-2020
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Jill Seibert **Date:** 04-30-2018

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Sunrise Child Care occupies a main floor wing specifically constructed for child care at a newly constructed community center in Wellman. The program shares space with the local YMCA and community center. The daycare wing is free from intrusion by constituents of the community center for purposes other than child care. The center is owned and operated by Sunrise Child Care, Inc., a nonprofit, community corporation. The center has entered into a cooperative agreement with the city of Wellman and Mid-Prairie Community School District to share space and resources. One room used by the school in years past is now utilized by the daycare. The daycare also has a second cite located in Wellman at the elementary school.

The director is Melissa Kaufman. She began as the Director of the main center in July 2014 and later opened Sunrise BASP in 2016. Prior to coming to Sunrise Ms. Kaufman was the lead teacher of another preschool for 3 years. Ms. Kaufman possesses an Associate of Arts Office Administration degree she earned from Kirkwood Community College - Iowa City, IA and a CDA . The main center has been licensed since 1990 and the new center has been operational for a year. Since Ms. Kaufman has taken this position the main Center has improved in numerous ways. Ms. Kaufman was proactive in organizing a new sister program in town and had many licensing requirements met several months prior to opening.

Ms. Rylynn Lassy is the onsite supervisor of the program and is vital to center operations. Ms. Lassy's education is a one-year diploma in child
development from community college (paraeducator). Ms. Lassy has full-time experience as a nanny from February 2013-June 2016 and served as lead teacher in the main center from September 2016 until she was moved over to the new sister program. She was the onsite supervisor at the Sunrise After School program last year. Ms. Lassy also worked part time as an assistant teacher from November 2009-November 2012.

On 4/18/2018 I made an unannounced licensing visit to Sunrise Child Care Before and After School Program and met with director Melissa Kaufman , Rylynn Lassy and staff. At the time of the visit, staff was actively engaged in providing the child care program to the children. All program areas were observed during the visit.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Edge cushion for the windows
Essential training: 95 percent complete
Resurfacing floors in all rooms
Rocks along playground surface for edging
Mother Goose Time curriculum
BASP program at West Elementary (formerly Wellman Elementary)

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

1. 109.7(2): Center directors and all staff have the required contact hours of training. Some staff members are behind on training.

2. 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.

One section of the fence is loose in the outdoor play area. It could pose as a potential entrapment hazard if not remedied. The sandbox in the area needs a tarp. Cleaners in each room should be out of reach of the children.

3. 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. Radon testing was not conducted as required.Contact the Iowa Radon Coalition at 1-800-206-7818 or your county public health nursing agency listed in the phone book to obtain test kits. Radon testing shall be repeated every two years. This issue has been corrected as of 4/30/2018. Test results were below 4 p/ciL.

V. SPECIAL NOTES/RECOMMENDATIONS:

*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact me (phone 641-684-3949; email jseiber@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.

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