Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Tracey's Tots Daycare Co - Fort Dodge

Provider No.: 7448

Address: 109 S 8th ST, Fort Dodge, IA, 50501

County: Webster

Director's Name: Tracey Wilson (owner)

On-Site Supervisor:

Phone Number: 5155765437

E-Mail: traceydwilson53@gmail.com

HHS Visit Date: 04/08/2026

Licensing Period: 06/01/2026 to 06/01/2027

Fire Inspection:

Date Inspected: 05/30/2025

Comments:

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	5:30 AM to 6:00 PM		
Tuesday	5:30 AM to 6:00 PM		
Wednesday	5:30 AM to 6:00 PM		
Thursday	5:30 AM to 6:00 PM		
Friday	5:30 AM to 6:00 PM		
Saturday			

Program Population Served:

- [X] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [X] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	12	38	15	25	90
Summer					0

1. Basic Overview

An unannounced visit was made to Tracey's Tots Daycare on 03-12-26 where I was able to review the physical facilities and programming of the center but not the administrative files as Tracey was not in. A return scheduled visit was made on 04-08-26 where I met with Tracey to review administrative records and corrections from the first visit. Tracey Wilson is the owner and director of the program and is well qualified for the position with extensive experience and training in early childhood care. Elizabeth Nostrum is the designated supervisor in charge when Tracey is not present at the center. The program is located in the downtown area of Fort Dodge and provides daycare programming for infants through school age children. The center is privately owned and operated as a for profit business by Tracey. There are approximately 40 children enrolled in the program served by 8 staff. All areas of the program subject to licensing standards were reviewed during the visits.

The design and layout of the building remains the same as in the past. The facility has a large central room where the school age children are located, and 4 classrooms for the other children are along the perimeter. Of the 4 perimeter rooms two are used continually with one for infants, and the other for preschool age children. The other two rooms are used at various times for either on-going programming when the center has sufficient enrollment and staffing to divide children into smaller age groups, or for specific limited programming such as a napping room. Each room with the exception of the room in the northeast corner has multiple entrances though several of these are accessed through another classroom. There are multiple direct exits that lead from the main open space where the school age children are located. All exits opened easily and freely. The center does have a basement area which is designated as an emergency storm shelter which was observed to have accumulated materials being kept in storage to the point that there was insufficient space to allow for use as a shelter. The

young infant room, northeast corner room, preschool room, and central area used by the older children have windows that provide natural light, a view of the outdoors, and ventilation. Bathrooms are located off the central classroom area with separate facilities for boys and girls and multiple stalls in each restroom. Changing stations are present in the infant area and the two unused classrooms that have served younger age groups in the past. There is also a changing room with a small sink located just off the main central area used for the preschool age children who still require diapering. There is an additional sink for hand washing off the school age programming area. Each classroom has activity centers created through the placement of furniture and play structures which were arranged so as not to create any blind areas.

2. Identify Observed Strengths of the program

Varied levels of interaction and supervision were observed between the two visits. In the first visit the supervision provided was very much observational in each classroom, with little to no curriculum implementation. This was most notable in the infant room where younger non-mobile children were observed to be left in various pieces of equipment (swings, bouncers, saucers) or being held for the entire time of the visit. While this may have been done as a means to protect younger infants from older mobile infants it does have a long term impact of causing developmental delays as children are prevented from moving or interacting with others to build motor, social, and cognitive skills. In the preschool and school age rooms again much of the activities observed during the visit were self-directed center play with staff providing mostly observational supervision. This again created concerns with an example of the preschool room which had a combined age grouping of children 18 months to 4 years of age. While this grouping was due to it being a no-school day and having more children present during the day than typical the result was that as the children were playing they had escalating levels of energy and behavior where the younger children were being run into by the older children. While none of the children were hurt or had any kind of altercation it did create a high potential for those issues. By the time of the second visit the center had been working with referred services from Child Care Resource & Referral (CCR&R), and the Child Care Nurse Consultant (CCNC) and improved interactions were observed. The staff in the infant room was much more conscious of getting children out of equipment and giving them time on the floor. The preschool children were split into two groups with more developmentally aligned ages. The center also worked to develop a planned curriculum and children were observed to be engaging in specific activities and moving through the daily schedule. Behavior management is also an area that the center is working to develop and improve staff response to. During the visits staff were generally more reactive to behavioral issues with attempting to use redirection which the children showed varied response to with some ignoring the redirection, and others responding. Ratio was maintained in the center as required by age during each visit.

During the initial visit several issues regarding health and safety concerns were observed. This included a diaper change where staff did not follow the required procedures with issues of not washing the infants hands and not cleaning the changing station between children. Other issues observed included children not washing their hands prior to meal service, staff not washing their hands prior to bottle/meal prep, and insufficient materials present in restrooms to facilitate handwashing after restroom use. Additionally there was paper debris on the floors of the restrooms that created a slip/fall hazard, and toilet paper rolls were also left on the floors by the toilets increasing the risk for cross contamination. The center has worked with services to improve both the policy and practices regarding health and safety procedures. Improvements were observed with materials being present for handwashing in the restrooms. The staff in the infant room stated that services had come to the center to provide training on diapering but she had been out sick that day and they were planning to return to do training at a later date. Improved handwashing practices were also observed during the follow up visit for both staff and children. The center has been observed to be clean during visits with no observed indications of insect or rodent infestation. Medications, chemical cleaners, and other items that could pose a safety risk to children were stored where they were not accessible. Safe Sleep requirements were followed for infants under 1 year of age. Older children make use of cots for sleeping which did have sufficient bedding. The toys and materials present in classrooms were generally appropriate but some issues were noted. During the first visit classrooms serving children under 3 years of age did have items and toys with small parts that could break off which would be considered a choking hazard. By the time of the second visit these had been removed. The center also has television sets present in classroom with the sets in the preschool rooms needing to be secured so that they would not be topple hazards. Tracey did report that she had obtained anchors for those units by the time of the second visit but had not yet installed them.

The center playground primary climbing structure is of an age that Tracey is exploring options to remove or replace the structure. It has been previously noted that the structure is showing wear and damage such as the slide chute pulling away from the anchor points and deforming the plastic and use of those elements that are damaged and unsafe need to be discontinued until they are repaired or replaced. There is also a dome climber that was in good repair as well some other

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dramatic play and toys for the children to play with. In addition to the main climbing structure there were some storage sheds present which also have maintenance needs such as protruding screws, and exposed sharp edges for metal drip edging. These also need to be repaired or replaced and staff will need to direct children away from those structure when on the playground. The center has installed pea gravel over the entire playground space, and wood chips for fall surfacing beneath climbing structures. The wood chips were showing signs of composting and compaction and needs to be supplemented. Many of the trees that provides shade have been removed and either replanting new trees, or use of constructed or mobile shade structures is needed. The playground is fully enclosed by chain link fencing which was observed to be in good repair.

The center has a full kitchen and meals are prepared on-site. A menu is posted and a good variety of food options are identified. Food storage practices were mixed with most items being properly stored in the kitchen area, but not in classrooms at the time of the initial visit. By the time of the second visit improvements were observed with food being properly stored in air tight sealable containers. The kitchen area, refrigerators, and other appliances were observed to be clean and again there was no evidence of insect or rodent infestation. The children do eat in the classrooms and staff provide supervision while the children are eating. Meals are pre-portioned and staff used measured scoops to ensure that each child receives a full serving. Supervision was provided at the tables when children were eating.

In reviewing administrative records all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted in an area that was readily accessible and visible to all parents and visitors. Other required postings for emergency evacuations, emergency numbers, handwashing, and menu were posted. Copies of the daily schedule and planned curriculum were not present at the time of the initial visit but were by the time of the second. Diapering procedures were present but the posting in the infant room had not been moved when the changing station was moved. In reviewing child files a random sample of 25% were reviewed and of those 50% did not have a current physical. Infant daily sheets were also found to be incomplete with staff not recording daily Disposition or Activities as required. This was identified as an issue during both visits. All staff files were reviewed and generally found to contain all required documentation but several needed initial or updated 1st Aid/CPR training and Tracey was working to schedule a class. The center does have two center owned vans used to transport children to and from school. Documentation of maintenance was dated as last being performed in 2024. Tracey stated that maintenance is scheduled based on miles traveled and generally does not travel that far that the mileage limits are reached each year. It was reviewed that even though the distance traveled has not met established limits vehicles should be inspected at least annually to ensure they are in good working order. Inspection logs and certificates were missing for fire and tornado drills, and the last fuel burning appliance inspection was in 2024. Radon testing had been completed in 2024 and the measured level was 4.5 +/-1.1 pCu/L. This is above the 4.0 cutoff limit but with the margin of error could be false positive read and the center should renew testing or conduct a more accurate long term test. The center parent handbook was reviewed and several required policies had not been included or needed to expanded to ensure all required elements were present.

3. Identify the aspects that fall below the standard

109.4(1): Written policies on: Enrollment and discharge. Field trips and non-center activities. Discipline/Behavior/Biting. Nutrition. Health and safety policies. Transportation if applicable. Assurance people do not have unauthorized access to children at the center. Protecting children's confidentiality.
-- Policies were missing or needed to be expanded for Nutrition, Health & Safety (major/minor injury, handwashing, immunization notification, response plans), Incident Reporting (change in functioning, sexualized behavior), Access (visitors, sex offenders), and Emergency Plans.

109.7(1): All staff (within first three months of employment):Iowa's training for the mandatory reporting of child abuse.At least one hour of training regarding universal precautions.Certification in First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute, or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.Minimum health and safety trainings, (Essentials) approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
-- Documentation of 1st Aid/CPR was needed for several staff.

109.9(3): Daily written records are maintained for each child under two years of age and include: The time periods in which

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the child has slept. The amount of food consumed and the times at which the child has eaten. The time of and any irregularities in the child's elimination patterns. The general disposition of the child. A general summary of the activities in which the child participated.
-- Daily summary of Disposition, and Activities was not being documented as required. Documentation needs to be maintained for all required elements each day being noted at the time of occurrence for Diapering, Napping, Feeding, and for times in the morning and afternoon for Disposition and Activities to show changes in functioning. Failure to document all required element was noted during both visits.

109.10(5): Staff hand washing: The center shall ensure staff demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease
-- Staff did not wash their hands prior to preparing infant bottles and/or serving food.

109.10(13)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 of fire and tornado drills could not be located at the time of the visit.

109.10(13)d: Daily checks to ensure all exits are unobstructed.
-- The designated tornado shelter basement space was observed to being used for storage of materials to the extent that there was insufficient room for the children to shelter if needed.

109.11(2)a: The center will provide sufficient and safe indoor play equipment, materials, and furniture. It must meet the developmental, activity and special needs of the children.
-- Items and toys with parts that can easily break off which would be less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards and need to be removed from classrooms serving children under 3 years of age. Television sets in the preschool rooms need to be anchored or otherwise secured so as not to be a topple hazard. -- PARTIAL CORRECTION. -- Choking items had been removed by the time of the second visit.

109.11(4)a: Center must have safe outdoor program area adjacent to the center, with sufficient square footage to accommodate at least 30 percent of the enrollment capacity at any one time at 75 spear feet per child. Outdoor space must:Be free from litter and unsafe materials and free from contamination by the drainage or ponding of sewage or storm water.Include safe play equipment and an area of shade.Include fencing to protect from bodies of water or vehicular traffic.
-- The climbing structure continues to be in need of removal, repair, or replacement and the center will need to continue to restrict children from using that structure. The storage shed with the protruding hardware, and exposed sharp edges need to be repaired, or removed and staff will need to direct children away from that area.

109.11(8)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.
-- Last available documentation was dated 2024.

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.
-- A copy of the planned curriculum was not present, nor were staff implementing a planned curriculum during the time of the initial visit. -- CORRECTED. -- Written curriculum plans were present by the time of the second visit.

109.12(4)b: Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.
-- Diapering procedures were not followed with staff not washing infant hands following diapering, and not disinfecting the changing station between children.

4. Any corrective action plans, provisional license, and safety plans-steps to get into compliance

A service referral was made to Child Care Resource and Referral, and Public Health to provide training and assistance. Those services were accepted and included training on curriculum development, health & hygiene, and administrative

record maintenance. The center had made several corrections between the time of the first and second visit and is continuing to work with services to make other corrections.

The center will either need to clear space in the basement shelter area, or identify an alternative shelter location.

5. Special Notes/Recommendations

The center has participated in services, and made corrections to meet licensing standards. A full license will remain in effect at this time. Please continue to implement the corrective action plan activities for those issues identified as not having been fully corrected. At least one visit will be made to the center annually.

Date: 04/28/2026

HHS Licensing Consultant: Ray Salsbury

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Care License. Please take steps necessary to completely address each of the violations noted above.

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at **https://iowaccrr.org**.