Health and Human Services

# Iowa Department of Health And Human Services

## CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Joyful Noise Daycare

Provider No.: 22312

Address: 801 8Th St, Grundy Center, IA, 50638

County: Grundy

Director's Name: Jennifer Garcia

On-Site Supervisor:

Phone Number: 3198254569

E-Mail: jnd@gcmuni.net

HHS Visit Date: 03/20/2026

Licensing Period: 06/01/2025 to 06/01/2027

**Fire Inspection:**

Date Inspected: 08/01/2023

Comments: Inspection completed 04-20-23 and compliance approved on 08-01-23

**Report Visit Type:**

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

**License Type:**

- [X] Full
- [ ] Provisional

**Quality initiative:**

Quality Rating: 1

- [ ] Accrediation

**Program Duration:**

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

Health and Human Services

# Iowa Department of Health And Human Services

## CHILD CARE CENTER ANNUAL EVALUATION

| HOURS: | *Year-round* | *School-Year* | *Summer Only* |
|---|---|---|---|
| Sunday | 8:00 AM to 5:00 PM | | |
| Monday | 8:00 AM to 5:00 PM | | |
| Tuesday | 8:00 AM to 5:00 PM | | |
| Wednesday | 8:00 AM to 5:00 PM | | |
| Thursday | 8:00 AM to 5:00 PM | | |
| Friday | 8:00 AM to 5:00 PM | | |
| Saturday | 8:00 AM to 5:00 PM | | |

**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 | 22 | 11 | 10 | 5 | 48 |
| Summer | | | | | 0 |

**1. Basic Overview**

An unannounced annual visit was made to the Joyful Noise Daycare on 03-20-26 where I met with the center director, Jennifer Garcia. Jennifer took over the director role in 2024 and is well qualified for the position having extensive experience and on-going training in early childhood care. Jennifer also completed National Administrator Credential training in 2025. This program is located in the First Presbyterian Church in Grundy Center with the majority of the programming on the lower level and one classroom on the upper level. The center provides daycare programming to infants through school age children. There are currently 37 children enrolled in the program served by 7 teachers. All areas of the center subject to licensing standards were reviewed during the visit.

The general design and layout of the center and classrooms remains the same as in prior reports. As noted the program makes use of four classrooms on two levels of the building. The two year old classroom is located on the upper level, and the remaining classrooms serve the other age groups with two infant rooms, and one preschool/school age room on the lower level. Due to ages and numbers present the infants had been combined into one classroom so that only 3 rooms were being used. The classrooms on the lower level have windows located along the upper sill edge of the walls which provide natural light. Restrooms are located off the main hallways outside the classrooms on both levels. Sinks are located in both infant rooms, and the 2 - 3 year old classroom to facilitate hand washing and diaper changes. Each room had a refrigerator present for snack items that may require cold holding temperatures to be maintained. All rooms have secondary exits from the classroom with the exception of the young infant room. Each room is divided into activity centers through the placement of furniture and play structures which are arranged so as not to create any blind areas.

**2. Identify Observed Strengths of the program**

## CHILD CARE CENTER ANNUAL EVALUATION

Mixed interactions and engagement were observed on the day of my visit. When first arriving a group of children were out on the playground playing and as I approached one employee could be heard talking to children in a frustrated tone in response to the children's behavior. Later that same teacher was observed to be engaged with the children in a teacher lead activity and using positive and engaging tones. In other classrooms some staff were providing more observational supervision while other co-workers were more actively engaged with the children. Jennifer did state that she was aware of the teacher that was observed on the playground and has been working with staff throughout the center regarding interactions, tone of voice, and curriculum development. The center uses a general centerwide curriculum plan which is posted at the parent notice board near the main entry. Classrooms did have copies of the planned curriculum planned and teachers were observed to be following the daily schedule and presenting curriculum activities. The center uses proactive approaches to behavior management with providing the children reminders of expected behavior, and redirecting children to appropriate behavior choices, and praising positive behaviors. Ratio was maintained as required in each classroom.

Good health and safety practices were generally observed on the day of my visit but some practices do need to be reviewed. I was able to observe a diaper change in the two year old class and the teacher was making use of a floor based changing mat. During the diaper change several issues were observed and discussed including the staff not degloving between handling soiled and clean items, using a baby wipe instead of soap and water for the child's hands, and not allowing the disinfectant to dwell sufficiently by treating the mat and turning it over where the carpeting would have absorbed the product. Good handwashing practices were observed in other situations with staff having children wash their hands before meals. For staff working with the preschool age class supervision was provided when the children were using the restroom including ensuring that the children washed their hands. Chemical cleaners, purses, medications, and other items that could pose a safety risk to children were stored in areas that were not readily accessible to the children. Tables were sanitized before and after meal service, and were cleaned when children were not in the immediate area. First aid kits were present and contained materials necessary to address most common first aid needs. Safe sleep practices were reviewed during the visit with one child that was observed to be lap sleeping. The teacher holding the child identified that the child had just fallen asleep and she was waiting for the child to enter a deeper level of sleep, and she did transition the child to a crib. It was also noted that there was a heavily weighted sleep sack present for one child and it was reviewed that this would be prohibited without documentation from the child's provider identifying that it was a medically adaptive device, the health concern, and instructions of use, and when to discontinue the use. Good positioning practices were observed for staff feeding infants under 6 months of age holding them in an upright position. Proper bedding was present for all cribs and cots used for sleeping.

The center is able to make use of the church kitchen and meals are prepared on-site. A copy of the planned menu was posted and identified a good variety of nutritious meal options. The menu plan for the day of the visit was for left-over clean up which provided different meal options for each age group making use of remaining portions from prior meals. Good food storage practices were observed for both dry pantry and refrigerated foods. Good food handling practices were observed with staff washing their hands, and wearing food service gloves. Meals were pre-portioned for the children and measured scoops were used to ensure each child received a full serving. Supervision was provided at the tables when children were eating. The center has obtained a new dishwasher that will be installed that has functionality to clean and sanitize dishes.

The playground was observed and has a variety of dramatic play and climbing structures. The equipment was observed to be good in repair. The center makes use of pea gravel, and rubber mulch for fall surfacing but these have integrated which has led to hard panning of the material in the past. While the material was sufficiently aerated on the day of the visit the center will need to continue to monitor this. The playground is fully fenced and the fencing was observed to be in good repair. Shade is provided by the buildings, play structures, and mature trees. Jen did state that the center has raised approximately 75% of the funds needed to renovate the playground and they are hoping to begin that work later this year.

All required notices for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse Reporting were posted in an area readily accessible to parents and visitors. Other required postings for emergency evacuation, emergency numbers, diapering, handwashing, curriculum, daily schedule, and menus were also present. A brief review of staff and child files was conducted and in reviewing both there were elements missing. Jen did note that she is in the process of migrating information to a new electronic communication application that will allow parents to have direct on-going access to their children's files which would allow them to update records as needed. As a result during the review that was conducted all but one file had an expired physical present but Jennifer stated that current records were mixed in a file for inputting. Similarly staff also had missing documentation with 2 having incomplete background checks, and 2 also needed physicals with Jen again stating that updated records were combined in a separate folder to be uploaded. Inspection logs and certificates were current and available for all required elements. It is noted that the center does have a Radon mitigation

system and testing completed on 05-14-24 showed levels were being maintained in acceptable limits. As a reminder for programs with mitigation systems renewed testing is required every 2 years. The center handbook was reviewed and found to have several policies that were missing or needed to be updated in the most recent revision.

**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.
-- Written policies were needed for Transportation, Incident Reporting, Curriculum, and Confidentiality. Written policies present but need to be expanded to include all required information for Health & Safety (handwashing, safe sleep, immunization notice, and health response plans), Enrollment (discharge), Staff Training (required within 90 day, and on-going), and Emergency Plans (intruder, impaired parent, lost child, blizzard, power failure, chemical spill, bomb threats).

109.9(1)a: All files contain:Copy of a department criminal history record check form or any other permission form approved by Department of Public Safety for conducting an Iowa or national criminal history record check Copy of a request for child abuse information form, when applicable.Copies of results of Iowa record checks conducted through the SING for review by the department upon request.Copies of national criminal history check results.Any department issued documents sent to the center related to a record check, regardless of findings.
-- Records were viewed and documentation of background checks and renews were missing from 2 files.

109.9(1)b: All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, Child Care Provider Physical Examination Report.
-- Records were viewed and documentation of background checks and renews were missing from 2 files.

109.9(2)i: 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, Chiropractor, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
-- Records were viewed and documentation of background checks and renews were missing from 7 files.

109.9(3): Daily written records are maintained for each child under two years of age and include: The time periods in which 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 sheets were being completed but not all required elements were being documented. Staff were not consistently documenting daily Activity, or Disposition. Both need to be documented daily both in the morning and afternoon to identify any changes in functioning that may occur throughout the day.

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 in the two year old room where staff did not deglove between handling soiled and clean, used diaper wipes rather than soap and water to wash children's hands, and did not properly disinfect the changing mat.

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

A list of required written policies with guidance on suggestions for implementation was provided to the center.

Jen identified that the center is in the process of migrating all child and staff files to a new electronic communication and file maintenance system. As a result of that process recent documentation was being removed from files for inputting and uploading. Jen anticipated that process to be completed within the next several weeks and would provide documentation to

verify what information was present, and notify both parents and staff of any missing documentation with deadlines in which to submit updates.

Processes for diapering were reviewed including options that could be implemented when access to regular facilities such as changing stations and handwashing sinks was not available.

**5. Special Notes/Recommendations**

A full license will remain in effect at this time. Please provide a written response to the licensing consultant identifying a plan of action to correct and maintain 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 non-licensing year.

Date: 04/02/2026

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**.