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

Name of Center: Stacyville Kids Care **Enrollment:** 25 **License ID No. (Reapplications)** 22410

Street: 603 N Broad St **City:** Stacyville Iowa **Zip** 50476 **County:** Mitchell

Mailing Address: 603 N Broad St, Stacyville, IA, 50476

Director's Name: Savannah Nelson **Phone Number:** 641-710-2367

On-Site Supervisor(s): **E-Mail:** stacyvillekidscare@gmail.com

Date(s) of Visit: 05-01-2024

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: 11-21-2022

Comments : Compliance on 10/03/16.

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 Other X NA

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

Get-Well Evening Care 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	8		22	15	45
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 06-01-2024 to 06-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 05-21-2024

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

N/A

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Stacyville Kids Care Inc on 05-01-24 where I met with center director Savannah Nelson. Savannah took over the director role in January of 2024 and is well qualified for the position with a diploma in Early Childhood Education, a Bachelor of Arts degree in psychology and prior experience with other child care centers. The program is operated as a non-profit center overseen by a board of directors. The center is located in the lower level of the community center but access to the center is limited during the time that the program is in operation. The center provides full range child care serving infants through school age children. There are currently 15 children enrolled in the program served by 7 teachers.

The general layout and design of the program remains the same as in prior years. The center operates out of three rooms determined by age group with one for infants, one for 2-3 year old children, and one for pre-school and school age children. The school age area is part of a larger space that uses shelving units and other structures to define the primary programming space. The infant room is divided into a sleeping area, programming area, and feeding area through the use of half walls and mobile barriers. During the visit staff were observed to step over the barriers in one area, and the access to the sleeping area had a very narrow path estimated to be about 8 inches wide. These conditions create a situation that can easily result in staff tripping and either falling on a child, dropping a child, or dropping an item on a child. When using mobile barriers access points that allow clear and easy access need to be maintained. In addition the shelving units to divide the sleeping area from the programming area were of a height that if staff are sitting on the floor they would not be able to observe infants in cribs. Staff do need to be mindful of this and ensure that they are positioned to be able to provide supervision at all times. There are windows along the upper level of the exterior walls that provide some natural light and a limited view in the infant and toddler rooms. Each room has secondary exits though none are a direct access to the outdoors. All exits were maintained to be clear of obstruction and opened easily and freely. Restrooms are located outside the classrooms off the main entry corridor and children are escorted to the restrooms as needed. Sinks are present in the restrooms and classrooms to facilitate hand washing. During the visit the water temperature was measured to be 146 deg. F. It was reviewed that this can result in scald burns and the temperature reduced to no more than 120 deg. F. at the spigot by either reducing the settings of the heater, or installing mechanical options such as mixer valves. The infant and preschool rooms also have changing stations present. The required postings for hand washing, and diapering were present by sinks and changing stations. The center was observed to have only a few minor maintenance issues such as damaged paint and plaster but nothing that rose to the level of being an immediate safety concern.

The center has made substantial changes to the room arrangements especially in the toddler room. The changes include adding activity centers, rearrangement of the centers to provide the children with areas to move and play, and improving line of sight to allow for improved supervision. Activity centers include options in all classrooms such as reading, large/small manipulatives, and art/crafts. In older age classrooms options increase with the developmental levels of the children to include dramatic play, music, math/science, group learning, puzzles/table games. The toys and materials were observed to be in good repair and generally appropriate to the ages of the children present. It was noted that some of the toys in the infant room contained small parts that can break off which would be less than 1 1/4 inches in diameter and 2 1/4 inches in length and would be considered choking hazards. These need to be removed from use by children under 3 year of age. The daily schedule was posted, and while the center did have an established curriculum that included a general theme

of Cinco De Mayo, the number 4, and Deep Breathing techniques this was not posted as required. While all staff provided supervision of the children the level of engagement and interaction varied between the teachers. As examples in the infant room the teacher was very engaged being down on the floor playing with the children, recognizing and attending to their needs for issues such as diapering, feeding, and comfort. The end result being that the children were generally very content. In the preschool/school age room the teacher provided more observational supervision which resulted in the children engaging in more self-directed play. This in turn lead to an an increasing level of stimulation and behavioral issues of inappropriate play and testing of limits. This resulted in the teacher becoming increasingly frustrated and seeking assistance from Savannah to redirect the children. The center does make use of positive behavior management approaches such as redirection, and the use of guided breathing techniques as identified in one of the planned curriculum activities.

Good health and safety practices were generally observed but the center does need to review some practices. I was able to observe a diaper change and the staff did follow the established procedures but did not wash the infant's hands following diapering. It was reviewed that this is required for all children after every diaper change. The center did not have any children taking any prescription medications but does need to ensure that all over the counter medications are labeled with the name of the individual to whom it belongs. Staff did follow good procedures when using chemical cleaners by ensuring that children were not in the immediate area, and being aware of the manufacturer directions for use. First aid kits were present and the center has a supply of materials necessary to address most common first aid needs. While purses, diaper bags, chemical cleaners, and other items that could present a risk to children were generally stored in areas where they were not accessible to children it was reviewed that those in the preschool/school age area were in and on top of an open coat cubby that would have been accessible when considering the developmental levels of the children. Other options that would be more secure for storage were reviewed. Good Safe Sleep practices were followed on the day of the visit.

The center has a full kitchen and meals are prepared on site. The center uses a 5 week menu rotation which identified a good variety of credible meal options. Good food storage practices were generally observed but some bulk packaging items were not properly stored such as rolling the bag or use of bag clips. All food items whether intended for child consumption or not must be placed in air tight sealable food grade containers once the original packaging seal has been broken to reduce the risk of being an attractant to insects and rodents, and spoilage. The kitchen was observed to be clean with no signs of significant infestation and the center does have a contract with a pest management contractor. Meals are served to the infants in the classroom and the older children eat in a dining area outside of the kitchen. Meals are pre-portioned by the staff and good service and food handling practices were observed with staff using measured scoops to ensure each child received a full serving. While the teachers did not eat with the children supervision was provided at the table while the children ate.

The center makes use of a playground located across the parking lot. There is a preschool age climbing structure present which is nearing the end of it's useful life as evidenced by the slide chute beginning to pull away from the platform anchor. While the connection did still appear to be solid it will need to be monitored and if it begins to become unstable use of the slide element would need to be discontinued. Pea gravel is used for fall surfacing and has developed a hard pan layer that needs to be aerated and/or have material added to ensure a proper depth of loose fill. The center had removed many of the toys that were showring their age, and which were noted to have been damaged in the last report. Large mature trees along the perimeter provide shade. The playground is fully enclosed by fencing which was observed to be in good repair but which did have some missing fence clips and low areas that created concerns for entrapment risks that were discussed with Savannah.

In reviewing administrative records all required notices and postings were present in an area readily accessible and visible to all parents and visitors. All child files were reviewed and were found to contain all required information with the center having had parents complete new enrollment packets. The center is using the Brightwheel electronic records management system which does include a parental communication application. This does include staff using that system to document the required daily care information for infants. One issue that was noted is that staff were not documenting all required elements consistently. While staff did log daily diapering, feeding, and napping staff are also required to document daily activities and disposition. The application does have the ability to take photos of the children and it was identified that this could be used to provide a visual depiction of the child's mood and activities but that staff would need to post a daily photo and should post photos from the morning and afternoon to show any changes in functioning. All staff files were reviewed and each was missing at least one required element. Savannah did acknowledge that she was in the process of reviewing and updating the staff files. Inspection logs and certificates had also lapsed or could not be found for Emergence Drills, Radon, and Fuel Burning Appliances.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

This center has experienced significant changes over the past year especially in leadership with a new board of directors, and Savannah as the center director. This has resulted in the development and implementation of new policies, practices, and an overall program philosophy. The center has been actively working with Child Care Resource and Referral, and Public Health as they seek implement changes to improve the program.

Savannah has done an excellent job of addressing issues that have been identified as concerns both from the previous report, and the current report. During the interval of the time between when the visit was made, and the licensing report was completed Savannah provided documentation in response to corrections that were made and plans to ensure on-going compliance.

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

109.9(1)d: 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.
-- Number not in compliance: 3

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.
-- Documentation of daily activities and disposition was not being maintained as required.

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.
-- Infant's hands were not washed following diapering as required.

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 of drills being conducted was not present for either fire or tornado drills for the months of Nov/Dec 2023, or March/April 2024.

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.
-- Water temperatures were measured to be 146 deg F. and either the temperature settings the heating element need to be reduced, or mechanical options such as mixer valves installed so that the temperature at the spigot does not exceed 120 deg. F.

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 not available on the day of the visit. Last available records were dated 2014. Renewed testing must be completed every 2 years.

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 of an annual inspection was not available on the day of the visit.

109.12(4): Sufficient toilet articles are provided for handwashing.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.
-- When using mobile barriers access needs to be provided such that staff do not step over the barriers. Items that are considered choking hazards need to be removed from classrooms serving children under 3 years of age.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license is recommended 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 next year.

NOTE: Documentation of completed corrections, and a plan of correction for the remaining identified issues was received on 05-03-24

*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.