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

Name of Center: Prime Time Youth Care-Douma **Enrollment:** 60 **License ID No. (Reapplications)** 51151

Street: 307 W Mary ST **City:** Ottumwa Iowa **Zip** 52501 **County:** Wapello

Mailing Address: 1306 W Williams, Ottumwa, IA, 52501

Director's Name: Becky Eaton **Phone Number:** 641-683-6337

On-Site Supervisor(s): Aubree Jackson **E-Mail:** becky.eaton@ottumwaschools.com

Date(s) of Visit: 09-09-2024

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 07-31-2024

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

Date Inspected: 08-15-2025

Comments : due annually performed by the Ottumwa Fire Department David Cronin

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

Financial Type: X Profit Non-Profit NA

Accredition: Accredited NAEYC NSACA Other X NA

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

Get-Well Evening Care Special Needs

SCHEDULE: Year-round X School-Year Summer Only

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General				70	70
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 08-01-2024 to 08-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Jill Seibert **Date:** 09-11-2024

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Prime Time Youth Care Douma site is a newly developed before and after school program. It is located in Douma Elementary School in a residential/business area in Ottumwa. The center is owned and operated by Prime Time Youth Care in Ottumwa. This center was newly licensed in 2020. It was operable for a year and then temporarily closed. The program was being housed at another location from 2022 until this year (2024).

The program Director is Becky Eaton. Director Eaton directs 2 similar programs for Prime Time Youth Care in Ottumwa. Director Eaton has full time experience in administration of a childcare center for 16 years and many hours of child care training professional development hours. She has held this position since December 2015. The Supervisor for this site is Aubrey Jackson that is present daily. On Site Supervisor Berry has served as OSS the past 6 years for various PTYC sites and is also available at times. Both administrators float to various sites throughout the week. OSS Berry has a 2 year degree focusing on early childhood development and has all required certifications.

Program hours are 6 am-8 am and 3:15pm-6:00pm Monday through Thursday and Friday 6 am-8am and 1 pm-6 pm.

PTYC is governed by a board. The programs written statement is: Our goal is to provide a safe, caring, and enjoyable environment for any school-aged children needing care after the regular school day. This goal is achieved by the teamwork of our caring staff, helpful parents/guardians, and daily communication with the schools. The center website states: Our goal is to celebrate the uniqueness of each child in a caring, fun, enriching environment. The program is administered by the district's Community Programs department, with a director overseeing daily program operation.

On 9/9/24 I conducted an unannounced licensing visit to the program. Director Becky Eaton and I discussed findings over the phone. During the licensing visit I met with OSS Jackson. At the time of the visit the staff was actively engaged in providing the preschool child care program to the children. All program areas were observed at that time.

Program Observations:

The visit consisted of classroom and building area review and observations of activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review.

The program is held in the art and music classroom, as well as the school gym and cafeteria. The program is available for students attending the school. I observed staff and children watching a video and dancing in the gym and other groups engaged in outdoor activities and transitions.

Center Nutrition Practices Observed:

Snack is prepared by kitchen staff and served in the cafeteria. Posted menus indicate that minimum nutritional requirements are met, but some school foods served do not meet CACFP guidelines.

Dry food storage was adequate. All opened food should be placed in a sealed containers.

CACFP guidelines are available so that the center may provide approved snacks to the children.

Center Health and Safety:

Regulations regarding staff and child hand washing, storage and maintenance of a first aid kit, emergency plans and drills for fire and tornado were reviewed. All First Aid kits should be labeled. At times staff forgot kits at their last room. The kit should be taken outdoors or to the gymnasium each time the children leave the room.

Every child occupied program room has adult supervision in the room. Ratio was maintained during mealtimes. Ratio was maintained during outdoor activities at the center. If ratio is reduced to 1 staff at the beginning or end of center's operation - time frame does not exceed two hours and occurs only when six or fewer children are present with not more than two of the children under 2 years of age. Two adults are present when 7 or more children over age three are on the premises.

Regulations regarding safety and sanitation policies and procedures were followed. An adequate amount of natural light is provided by windows and other lighting available is overhead fluorescent lighting. Air quality, ventilation and lighting were adequate on both visit days.

I observed fire and tornado drills. They were completed as required.

We reviewed environmental testing and the maintenance of any necessary detection equipment including radon testing, fuel burning appliances inspection (due annually), carbon monoxide detectors, lead based paint visual assessments and square feet. Since this program serves school age children only, they are exempt from HHS oversight in these areas.

Regulations regarding prescription and non-prescription medication, specifically regarding requirements of physician directions, and parental consent were present not present. An action plan and a medication form should be on file for emergency medications. One child has a nut allergy. Staff were not aware of where the allergy action plan was or if he had medication on site. The ill/injured area is located at the far end of the room away from other children until parents can arrive.

Center Playground:

The daycare outdoor play area is on the side of the school building. Surfacing material is of adequate depth. The area is fenced and has natural shade. I observed the play area and no safety hazards were noted.

Playground inspections were complete. The Child Care Weather Watch is utilized if outdoor play is questionable due to varying weather conditions.

Center Transportation Arrangements/Field Trips:

The center provides no transportation and does not take field trips. If walking field trips are taken this year parents must sign a field trip permission form.

Center Administrative Records:

Child misbehavior is addressed by discipline intended to be remedial and instructive in nature. Individual teachers are allowed to develop methods of dealing with misbehavior consistent with that philosophy and short of methods that employ corporal punishment. Required notices and postings and required written policies provided to parents in the form of a parent handbook were present. Mandatory postings including, mandatory reporter information, the center license and licensing consultant contact information were present and available for parent review.

Emergency evacuation plans/maps are posted by each door. Emergency phone numbers are posted by the phone with posting adjacent for emergency numbers for police, fire and poison control center. It includes the center street address and phone number.

Staff and child files are reviewed annually. Child files are being kept in an application. The center has 30 days from the beginning of enrollment to procure all child physicals/health statements.

Staff files were not present. Information reviewed would typically be: updated physicals, CPR/First Aid, Iowa criminal/child abuse checks, mandatory reporting and continuing education courses on employees were up to date. Fingerprints are due every 4 years. Every staff member must be trained and have criminal background checks and fingerprints. The Director sent HHS dates or both background checks on all staff on 9/10/24. Staff files should be onsite or all information in IPOWER. The program may access Child Care Resource and Referral for training assistance.

Emergency evacuation plans/maps are not posted by each door. Emergency numbers should be posted. Training will be conducted annually on the Emergency Preparedness Plan for this site moving forward.

Curriculum and schedules are present. HHS recommends schedules be altered so that staff are not supervising so many children at one time.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center staff have access to a Director or floating OSS to assist.

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

1. 109.7(1): All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of child abuse. At least one hour of training regarding universal precautions and infectious disease control. Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC 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, approved by the Department. If significant changes occur to content, the Department may require the training be renewed. Staff files were not on site the date of the visit. The Director agreed to get staff information to HHS when compiled. This information was not available in IPOWER to review. CCR&R Consultant Karen Lauer stated on 9/11/24 she would assist the program in tracking physicals, PD, SING and Fingerprints, etc..

2. 109.10(3): The center shall have written procedures for dispensing, storage, and authorization, and recording of all prescription and non-prescription medications. The OSS was not sure of medication for a child with a nut allergy.

3. 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. All kits should be labeled. All kits should be taken outdoors and emergency medication if prescribed.

4. 109.10(11): Smoking and use of tobacco products shall be prohibited in the center and every vehicle used to transport children. Prohibited in outdoor play area during hours of operation. Nonsmoking signs shall be posted at every entrance and in every vehicle used to transport. Signs shall include: Telephone number for reporting complaints. Internet address to DPH. CCR&R will provide signage to the program. The signage should be posted at any exit where parents drop off or pick up children. CCR&R Consultant Karen Lauer agreed to provide the program with signage on 9/10/24.

5. 109.10(15)a: The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intoxicated parents, and lost or abducted children.Shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, or other disasters that could create structural damage to the center or pose health hazards.If center is within 10 miles of nuclear power plant, center shall have evacuation plan. Emergency plans shall include written procedures including plans for- Evacuation to safely leave the facility- Relocation to a common, safe location after evacuation- Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue- Lock down to protect children and providers from an external situation- Communication and reunification with parents or other adults Responsible for the children which includes emergency telephone numbers- Continuity of operations- To address the individual children, including those with functional or access needs. Since the center just reopened a plan will be written.

6. 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. Emergency instructions, phone numbers and diagrams for fire, tornado and flood should be posted.

109.10(15)c: Center shall develop procedures for annual staff and volunteer training on emergency plans. After the plan is written staff will be trained on the plan and sign and date acknowledgement of such.

7. 109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. Staff were not able to track how many children they were supervising throughout the day. Staff should be assigned specific children to their care in smaller groups so they may provide close supervision.

8. 109.15(2): Center shall follow minimum CACFP menu patterns for meals and snacks. Menus planned one week in advance, made available to parents, and kept on file with substitutions noted. Avoid foods with high incident rate of causing choking. The school provides items that do not meet CACFP guidelines. The Director has discussed this with the school.

A technical referral was made to CCR&R and IDPH on 9/10/24 to assist with the correction of these matters.

V. SPECIAL NOTES/RECOMMENDATIONS:

The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. This is best achieved when children are broken into separate groups. This has been an issue in the past at this site. A technical referral was made to CCR&R and IDPH after the visit to assist the center with schedules, allergy action plans and all violations noted above.

The Director should meet with IDPH CCNC Jamie Crouse/Mary Mikulecky and CCR&R Child Care Consultant Karen Lauer for licensing issues and best practice suggestions.

Based upon this review, it is recommended that this center remain in Full licensing status. The center is directed to correct the items listed in Section IV. The Director gave me a verbal commitment that the noted rule violations would be promptly corrected. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period.

I referred Director Eaton to CCR&R in 2015 and she does access consultation services. They are available for consultation at anytime as are IDPH Child Care Nurse Consultants. HHS encourages you to contact Child Care Resource and Referral Consultant Karen Lauer. Consultant Lauer contacted the Director prior to the relocation and making a visit in 2024. In the past year including IQ4K, training and consultation on the EPP. She also toured the building prior to moving. They offer centers assistance with meeting the DHS regulations, QRS, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have.

HHS encourages you to contact your local nurse consultant. Iowa Department of Public Health Child Care Nurse Consultant Mary Mikuelcky (American Home Finding Association-Ottumwa) works with child care and early education businesses. Businesses may call or send questions to a child care nurse consultant about health and safety policies, health programs, health of personnel, and specific child health or safety issues. CCNC Crouse provided consultations to sister programs in the past few years. The program has a new CCNC, Mary Mikulecky.

The center can access PBIS Coach Joan Garrett who conducts training/ presentations and PBIS coaching and consultation.

*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.