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

Name of Center: Kid Zone Fort Madison **Enrollment:** 51 **License ID No. (Reapplications)** 51912

Street: 5445 AVE O **City:** Fort Madison Iowa **Zip** 52627 **County:** Lee

Mailing Address: 5445 AVE O, Fort Madison, IA, 52627

Director's Name: Dianne Petersen **Phone Number:** 319-376-2844

On-Site Supervisor(s): Bailey Jarvis **E-Mail:** dpetersen@greatriverhealth.org

Date(s) of Visit: 09-12-2024

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 05-22-2024

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

Date Inspected: 10-04-2024

Comments : conducted by Joey Herren Ft. Madison Fire Department, due annually

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

X Get-Well X 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	12	16	25	25	78
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 09-01-2024 to 09-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Jill Seibert **Date:** 11-22-2024

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Kid Zone Fort Madison child care center is a new center (2022). Kid Zone is located in Southeast Iowa Regional Medical Center, Fort Madison Campus is located in an administration area remodeled specifically for child care. The center is owned and operated by Great River Medical Center. They are an employer sponsored center. Enrollment is limited to children of employees at Southeast Iowa Regional Medical Center but may expand to the community. The director is Dianne Petersen.. Ms. Petersen possesses a Child Development Associates. She began employment at sister site Kids Zone in Burlington in 2010. Dianne directs both programs. She is typically in Fort Madison Monday & Wednesdays and at West Burlington Tuesday & Thursday. The Center has two on site supervisors. Bailey Jarvis is onsite supervisor. She has several years experience working in childcare centers. Alexis Powell is another OSS. Either an OSS or the Director are typically present throughout the day.

GRHS is governed by a Board of Directors. Community members served on the board. Before and After school care is provided as well as full day care when school is not in session or on in service days, Winter and Spring breaks and holidays that the center is open. The Center offers childcare ages 6 weeks through 12 years including preschool and a school age program. The Center opens from 6:00 am to 6:30 pm Monday thru Friday. The building is secured by a locked door. You must have a badge to activate the door.

The Mission of the Center is: We believe in the Family unit. It is our job to support that family unit by serving as a partner with the parents to raise a strong, self-aware child that is emotionally and socially developed. They report their Program Goals as the following: Our overall goal is to promote the social, emotional, intellectual and physical development of each child. A child will benefit from a program that is concerned with all aspects of his/her development. Kid Zone Child Care Center has broad and specific goals for each child.
1. Each child should appreciate him/herself as a capable person.
2. Each child should build his/her skills of problem solving.
3. Each child should feel comfortable exploring and expressing curiosity.
4. Children should love learning.

On 9/15/23 all program space was observed. The center was in ratio. I met with with Alexis. The areas discussed, reviewed and noted consisted of classroom observations and activities, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review. The center utilizes Easy Care to track staff and child file information.

Program Observations:

The center consists of an infant room for younger infants with capacity of 10. This room has an attached, shared bathroom with mobile infants (advanced infants). This room has a capacity for 12. Breastfeeding is encouraged. Mothers are encouraged to nurse their babies at the center. The infant classrooms prepares and serves bottles and infant meals in the classroom. Infant Sheets are updated throughout the day. The sheets met all requirements, including activities for the day. The infant rooms have a hand washing sink and a food prep sink. The program also contains a threes room, a preschool age

classroom and after school room. Infant room .

The two year old room has capacity for 14 children. The 3&4 year old room capacity is 16. The Preschool Room/School Kids has a capacity of 18. Each classroom was remeasured in 2022 to ensure capacity was correct.

The center also has a medium sized, modern kitchen, staff break room, and director's office. The children do not have access to these areas. All classrooms are clean, bright, attractive, and equipped with a satisfactory variety of child sized furniture and equipment, toys, games and activities for the children. The classrooms are largely self-contained.

Center Nutrition:

The center serves breakfast, snacks, and a noon meal to the children. Meals and snacks are prepared in the hospital kitchen and served by childcare staff. Most snacks are ready to serve with no preparation by childcare staff like fruit, cheese, crackers.. Meals are served family style and menu patterns appear to meet minimum nutritional requirements. The Center is a part of the CACFP Food Program. The center rotates menus every four weeks. I observed both dry and cold/freezing food storage on both visits. No food was stored on the floor. Each classroom was clean.

Center Health and Safety:

Prescription and non-prescription medication storage was in accordance with licensing regulations, physician directions, and parental consent. Staff and child hand washing, storage and maintenance of a first aid kit, emergency plans and drills for fire and tornado, environmental testing and the maintenance of any necessary detection equipment, and general regulations regarding safety and sanitation policies and procedures were reviewed. Each classroom was clean. A Daily Cleaning check list that is in each room and is completed by staff. I asked OSS Jarvis to staff the 3M cleaner being used with IDPH CCNC Amy Hayes.

Each room has its own first aid kit stored in the rooms backpack for easy access and portability. Kits are labeled. Parents fill out a medication form when medication needs to be administered at the Center. Only the director, supervisors or lead teachers are approved to administer non-emergent medication. Extra copies of Accident reports and Health reports are in every room. Allergy information is posted in the kitchen, the rooms where the children are spending the day and on the room roster. Medical condition and allergy
conditions lists are present with the children's pictures included. Allergy Action Plans are present for each child with allergies. Each plan should be posted in the room with the child so that staff know how to respond in an emergency.

The center has a larger first aid kit in the staff room closet that remains locked. Emergency routes are posted in the main hall and in the rooms. Hand washing procedures are posted near every hand washing sink. Chemicals should be stored in rooms inaccessible to children. Further, the center should use only chemicals approved for childcare.

Radon testing was present with a level under 4 pCi/L. Updated testing is due every five years. The furnace and water heater inspections were up to date. Fuel burning appliances inspections are due annually. Carbon monoxide detectors are hard wired in throughout the building. The center is on city water.

Tornado and fire drills are conducted and documented monthly per my observation of documentation.

Ill or injured children are taken to a special illness/sick room. A medical advisor for health policy is an MD or DO in pediatrics or family practice is present on site at all times in the adjoining hospital. A Licensed LPN or RN on duty at all times children are present. The Get Well Room has the following in place: A written health policy consistent with NHSPS and approved and signed by the owner or board and medical advisor prior to start of business and shall address procedures in the following areas: Policy addresses medical consultation, emergencies, triage policies, storage and administration of medications, dietary considerations, sanitation and infection control, categorization of illness, length of enrollment periods, exclusion policy, employee health policy. Reportable disease policy. Any change in health policy was approved by medical advisor and submitted to DHS. Written summary of health policy given to parents when child enrolled.

All children receive a brief evaluation by LPN or RN upon arrival. Summary of health status provided to parent at end of day that includes:

Admitting symptoms.
Medications and time administered.
Nutritional intake.
Rest periods.
Output.
Temperature.

The Get Well Center is aware of the following changes in licensing rule for Get Well Rooms:

Minimum ratio: 1:4 for infants and 1:5 for children over age two. All staff that have contact with children: Minimum of 17 clock hours of special training in caring for mildly ill children. Current certifications in file. Within one month of employment: Training includes four hours in infant and child CPR and four hours in pediatric first aid; one hour in infection control.
Within 6 months of employment: Training includes six hours of care of ill children and two hours in child abuse identification and reporting.

40 square feet of program space per child. Sink in every child-occupied room. Grouping of children allowed by categorization of illness without regard to age and in separate rooms with full walls and doors.

Center Playground:

The center has separate fenced and naturally shaded outdoor play areas for toddlers and preschool/school age children. The play area is surrounded by a concrete barrier with fencing on top of it. It is easily accessible and on the side of the building.

The playground has enough room to ensure all children playing in the area have at least 75 square feet each of space for gross motor activities. A first aid kit, emergency contacts, emergency medications are taken outdoors with the children. The Childcare Weather Watch is utilized when outdoor play is questionable due to varying weather conditions.

Playground inspections will be conducted and documented monthly.

The playground provides 75 square feet for each child for gross motor play.

Center Transportation Arrangements/Field Trips:

The hospital owns a mini-van for transporting children to and from school and on field trips. Children are transported by center staff members. Currently this is only taking place once a month to and from school. Children are transported properly in a seat belt, car seat, or booster seat according to current Iowa regulations. Parents may be required to supply a booster or car seat as needed for their child if field trips involving use of transportation are a part of the program. Staff will be sure that car seats, booster seats and seat belts are used properly and each child is properly secured before setting the vehicle in motion. Children are prohibited from eating, drinking, standing during transport. An updated vehicle inspection will be kept in the DHS Binder. Both staff conducting transports have valid driver's license on file.

Children will never be left unattended in a vehicle, even for brief periods. All children will be accompanied by an adult to/from the vehicle to insure safety.. Drivers will be legally-licensed and shall not be under the influence of any chemical substance that may alter their ability to drive safely. Drivers will be First Aid and CPR certified if another staff member present is not. Drivers will have evidence of a safe driving record for the previous 5 years. Transportation must be reserved ahead of time and is on a first come first serve basis.

A consent form is sent home to inform parents of any planned field trips. The form requires a parents or a legal guardians signature authorizing their child participation in the field trip. At least one staff person with current First Aid and CPR certification will accompany children on offsite activities. At least one staff member will have a cell phone in case of emergency on all off-site activities.

The hospital conducts monthly inspections on the van.

Center Administrative Records:

The center utilizes positive discipline "that will encourage your child’s self-esteem. Intimidation, ridicule, physical or corporal punishment will not be allowed.. Guidance and discipline are based on developing the child’s positive self- image and self-control. Children are encouraged to use problem-solving skills and become independent thinkers and decision makers. Caregivers positively redirect inappropriate behavior. Brief, simple explanations are given for acceptable behavior. The staff is trained to give directions in a positive manner, and care is taken to prevent a child from developing a negative self-image. If it is necessary to administer discipline a disciplinary report will be sent home.

Regulations regarding required notices and postings and required written policies are provided to parents in the form of a parent handbook.

Staff and child files are complete and well organized. Inspection reports are kept in a notebook and on the computer. Accident and injury reports will be clearly documented and signed by parents. When a child is suspected of having a communicable disease or condition such as, but not limited to, chicken pox, German measles, infectious hepatitis, measles, mumps, lice, ringworm of the scalp, scarlet fever, whooping cough, diphtheria or meningitis, the Center posts at the desk so that parents are aware. Child files include updated physicals, immunization records, emergency contacts, pick up

authorizations, dental and medical information.

CCNC Hayes performed an immunization audit for the program each fall.

Staff are not able to start work until a physical has been completed. All staff are current on fingerprints (due every 4 years), SING checks (2 years), Mandatory Reporter training (3 years), Universal Precautions training (annually), CPR/1st Aid training (every 2 years) and professional development (due annually).

Annual emergency training is conducted. Emergency numbers including 911 and Poison Control are posted near telephones in each room. Staff have been trained on the plan and will sign and date acknowledgement of such on 10/6/22..

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is new.

The center Director has many years experience.

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

1. 109.10(15)c: Center shall develop procedures for annual staff and volunteer training on emergency plans. The OSS agreed to ensure all staff are trained on the Emergency Preparedness Plan and sign and date acknowledgement of such.

2. 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.

Cots in the two year old room were too close together while children napped. We discussed this and that the room may need to be rearranged so that space requirements are met at nap time. Cleaner was in reach of the children in one room. Cleaners should be placed inaccessible to the children.

3. 109.12(5)e: The provider shall follow safe sleep practices recommended by AAP for infants under one year of age: Infants shall always be placed on their back for sleep. Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards .Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child will be allowed to sleep in any items not designed for sleeping but not limited to, an infant seat, car seat, swing, bouncy seat. No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant. No co-sleeping shall be allowed. Sleeping infants shall be actively observed by sight and sound. If an alternate sleeping position is needed, a signed physician or physician assistant authorization with statement of medical reason is required. One infant had a blanket in the crib. Another infant had been placed on it's stomach to sleep. The OSS is aware of Safe Sleep rules and regulations. She was working in the room at the time of the violation. She ensured moving forward she would adhere to Safe Sleep guidelines. HHS made a referral on this issue to IDPH CCNC Hayes.
On 10/9/2024 she taught Safe Sleep for all staff.

V. SPECIAL NOTES/RECOMMENDATIONS:

Based upon this review, it is recommended that this center continue in Full licensing status. Any ongoing or future issues should be immediately corrected as they arise. If the center has questions or concerns about meeting licensing rule, they may contact HHS or CCR&R. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period.

HHS encourages you to contact your local nurse consultant. Child Care Nurse Consultants work 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. Please visit the following website: http://idph.iowa.gov/hcci/consultants Your CCNC is Amy Hayes.

HHS encourages you to contact Child Care Resource and Referral. 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. Please visit the following website: http://www.iowaccrr.org/_we_are/region_5/ Your Child Care Resource Consultant is Jodi Norton CCR&R Supervisor.

Consultant Norton reported the following, "
I have been to Kid Zone West Burlington 6 times in 2024. The program continues to participate in Program Wide PBIS and works closely with me as their external coach receiving regular classroom coaching and implementing supports and resources.

I have been to Kid Zone Fort Madison twice in 2024. The program is continuing to move toward full enrollment and Dianne is on site 2-3 days each week.

Dianne is quick to reach out with any questions or concerns. Dianne serves as a trainer for CCR&R and holds regular, onsite training for her staff members.

Jodi Norton
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*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.