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

Name of Center: Osage Community Day Care **Enrollment:** 186 **License ID No. (Reapplications)** 22415

Street: 510 Mechanic ST **City:** Osage Iowa **Zip** 50461 **County:** Mitchell

Mailing Address: 510 Mechanic ST, Osage, IA, 50461

Director's Name: Shelley Parks **Phone Number:** 641-732-3992

On-Site Supervisor(s): **E-Mail:** OCD@osageia.net

Date(s) of Visit: 06-25-2025

X **Licensing Visit** **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: 06-14-2024

Comments :

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 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	50	21	40	45	156
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 09-01-2025 to 09-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-17-2025

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

N/A

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

A scheduled visit was made to the Osage Community Day Care to conduct a complaint review and a full licensing visit on 07-15-24 where I met with center director Shelley Parks. Shelly has a BS in elementary education and has been with the center since 2007. The program is located in a free standing building that was designed and constructed as a child care center, and occupied in 2019. The building is located so that it shares playground space with the local elementary school. While the program has a very strong collaborative relationship with the school it is operated independently under a separate board of directors. The center provides daycare and preschool programing serving infants through school-aged children. There are currently 186 children enrolled in the program served by 45 staff. All aspects of the program subject to licensing standards were reviewed during the visit. The concerns identified with regard to the complaint are addressed in a separate complaint report.

The general design and layout of the building and classrooms remains the same as in prior visits. The program operates out of 5 classrooms in the daycare building for the infants through preschool age children, and out of the school gym for the school age children. Each room of the main center has windows along the exterior walls that provide natural light, ventilation and a view of the outdoors. The gymnasium is an interior space that has no windows but has good artificial lighting. Both the main building and the gymnasium have air conditioning to maintain temperatures. Each room has secondary exits that provide direct egress to the outdoors. All exits were maintained to be clear of obstruction and opened easily and freely. Each room of the main daycare building has access to restroom facilities directly from the room, and sinks in the classrooms to facilitate hand washing. Changing stations are available in the infant and toddler classrooms. Restrooms are located outside of the gymnasium off of a commons area and staff do escort children to the restroom as needed. The infant room also serves as the emergency tornado shelter. There were some minor maintenance issues noted such as pealing paint but nothing that rose to the level of being an immediate safety concern.

The young infant room has areas that are separated by partial walls to create a play area, and a sleeping area. The play area has a low 1/4 wall with a gated entry. Staff were observed to use the gate when accessing that space. The wall that separates the sleeping area is a taller 3/4 wall that does create some blind areas depending on staff positioning. The center did add a rocking chair to that area where staff can be positioned when children are sleeping so that they can supervise sleeping children. The other classrooms do not have any constructed barriers but are divided into activity centers through the placement of low shelves, furniture, and play structures that are arranged so as not to create any blind areas. The space in the gymnasium is arranged using large trestle tables to divide the space with one half being open and available for large motor play and additional furniture and equipment in the other half for more social, cognitive, and fine motor skill play. Each activity center had a good supply of toys and materials that were observed to be in good condition and appropriate to the ages of the children present. A copy of the daily schedule and lesson plans were posted for each room. Each classroom develops their own curriculum which generally identifies a learning focus for each week.

Good interactions were observed during the time of the visit. The center did work to address concerns identified in the prior report regarding staff providing more observational supervision. During the current visit all staff were either attending to the children's care needs such as diapering, preparing/serving meals, or were actively engaged with the children playing

games, reading, or joining the children in the center play activities. The center uses positive behavior management approaches and staff were observed to use those techniques. This included use of routines and reminders of expected behavior, recognizing and praising positive behavior, and redirection of inappropriate behavior. When speaking to the children all staff used calm and encouraging tones. One example of the effective implementation of this approach was in the 2 year old classroom where the children were using toys as improvised guns. The teacher responded by telling the children, "no weapons, we gotta make green choices with toys". Ratio was maintained in the center as required by age with at least two staff present in each classroom.

Good health and safety practices were generally observed during the time of my visit. I was able to observe a diaper change and while staff did not deglove between handling soiled and clean materials, nor did she wash the child's hands she did state that she normally does those activities but was nervous with being observed. Good hand washing practices were observed with older children and staff washing before meals, after using restrooms, and other times as needed. Staff were observed to assist younger children as needed to ensure that they washed their hands in an effective manner. Good cleaning practices were observed with staff ensuring children were not in the immediate area when using chemical cleaners, and sanitizing tables before meal service. Chemical cleaners, purses, diaper bags and other items that could present a health or safety concern to children were stored in areas where they were not accessible. Medications were properly labeled, stored, and documentation maintained regarding administration. The center does have information regarding response plans for children with identified allergies posted in the classrooms. First aid kits are maintained in classrooms and contained materials necessary to address most common first aid needs. Each classroom also maintains an emergency supply kit to provide for care in the event of the need to relocate. Safe sleep practices were followed for infants under 1 year of age. One issue that was observed was with regard to older children. While the center did have cots with appropriate bedding for the preschool age children, when observing the school age children one child was observed to be sleeping on the floor. Despite one staff member verifying that the child was sleeping the child was not moved to a cot and it did not appear that one was available in the gymnasium for use. It was reviewed that children cannot be allowed to sleep on the floor and appropriate cribs, cots, or mats with bedding does need to be provided for all children that wish to nap.

The center has access to several playground areas. The primary playground is accessible directly from the pre-school rooms and has a variety of structures and surface coverings. There is a large climbing structure, swings, music stations, riding equipment, and other toys. The equipment was observed to be in good repair. A unitary foam rubber fall surfacing is in place beneath climbing structures. The fall surfacing beneath swings and other school play equipment is comprised of a shredded wood product which has composted and compacted and Shelly did identify that they do have a service day planned when additional mulch will be added. Rubber mats were placed in the kick zones of the swings to help reduce displacement. The toddlers have a separate fenced space with paved and grassy areas. There are no climbing structures in this space but a shed is present where toys and materials are stored. The center also has access to the school playground areas for older children. The school provides maintenance for the playground areas but the daycare staff do conduct regular inspections. The school completed construction of a large shelter space between the playground areas which can be used as a shade structure, and a large shade awning was in the process of being installed in the playground area used by the daycare children. The playground is fully enclosed by the buildings and fencing which was observed to be in good repair.

The center does have a full kitchen and meals are prepared on-site. The center does participate in the Child and Adult Care Food Program (CACFP). Good food storage and handling practices were observed on the day of my visit. Meals are served in the classrooms and staff wore food service gloves and used measured scoops when serving children. The center uses a four week menu rotation with different options for spring/summer and fall/winter. Copies of the menu were posted and provided a good variety of nutritious meal options and the meal served was consistent with that which had been planned. The staff did eat with the children at the center to provide supervision and model good eating habits during the meal service.

In reviewing administrative records all required notices for No Smoking, Consultant Contact, Mandatory Abuse Reporting, and License Certificate were posted in an area readily accessible and visible to parents and visitors. Changing procedures postings were present by all changing stations, and hand washing procedures postings were present by all sinks. There are phones with emergency numbers posted in the rooms. Emergency fire and tornado procedures were posted by each exit. The center has begun using an electronic file management system, Playground, and was in the process of transitioning child file information to that system and so child files were not fully reviewed. I was however able to review child physicals and all files reviewed were current. The Playground program allows parents to access and update child files, and also provides communications for infant daily sheets. In reviewing infant daily reports staff were not including information on daily activities or disposition as required. The application does have the functionality to either select preprogramed options, add narrative descriptions, or attach photos. It was reviewed that photos would be considered a visual depiction of both activity and disposition but if staff chose to use this option they would need to take photos of each child everyday, and should include a photo in the morning and afternoon to show any changes in functioning. With regard to staff files the center did have a self-audit which was found to be accurate when compared to randomly selected and reviewed files. The self-audit identified all contained current information with the exception of 2 that had not completed the required training within the first 90 days of employment. It also showed that all staff had just completed a recent 1st Aid/CPR training. The center does have a center owned vehicle and does provide transportation. Inspection logs and certificates were available and current for all required elements.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has continued to renovate and update equipment such as installing the new awning shade structure and plans to add a new swing structure to the playground, and acquiring and transitioning to an electronic file management and communication system. In addition the center has worked update process with the emphasis on staff engagement and curriculum activity focus.

The center has also been very stable with regard to staffing and several long term staff. This has allowed for staff to attend training. Shelly identified that one of her staff will be starting the TEACH program in the fall.

The center has also begun the process of being certified in the IQ4K program which seeks to implement best practice recommendations.

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

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

109.11(2)b: Program space must meet the following conditions:Room must be arranged so as not to obstruct the direct observation of children by staff.Individual covered mats, bed, or cots and appropriate bedding will be provided for all children who nap.Equipment and materials are maintained in a sanitary manner.Sufficient spacing must be maintained.The center will have sufficient toilet articles for each child for hand washing.
-- One school age child was observed to be sleeping on the floor which is not allowed. Appropriate cribs, cots, or mats with bedding must be provided for all children that nap.

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.
-- Staff did not deglove between handling soiled and clean materials, and did not wash the infant's hands following diapering.

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: 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.