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

Name of Center: Little Rebels Learning Center **Enrollment:** 123 **License ID No. (Reapplications)** 22288

Street: 120 Cedar ST **City:** Reinbeck Iowa **Zip** 50669 **County:** Grundy

Mailing Address: 120 Cedar ST, Reinbeck, IA, 50669

Director's Name: Robin Moore **Phone Number:** 319-788-6120

On-Site Supervisor(s): Chelsey Henricks **E-Mail:** littlerebelslc@gmail.com

Date(s) of Visit: 10-26-2022

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: 03-16-2020

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.) 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	58	16	78	20	172
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 12-01-2022 to 12-01-2024
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 11-14-2022

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

NA

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Little Rebels Learning Center on 10-26-22 where I met with center director Robin Moore. Robin took over the directorship of the program in 2016 and is well qualified for the position based on her experience, formal education, and on-going training. The program is located in a free standing building on the campus of the Rienbeck elementary school. While the program has a strong collaborative relationship with the school it is overseen by a separate board of directors. The program operates throughout the year providing services to children ages birth through school age. There are currently 123 children enrolled in the program served by 32 employees. All aspects of the program subject to licensing standards were reviewed.

The general layout and design of the building and classrooms remains the same as in prior years. The program operates out of several rooms determined by age group. All rooms were observed to be clean. While there were some minor maintenance issues none rose to the level of being a safety concern. Each room has windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. The 3 year old classroom is also fitted with storm shutters and a reinforced roof so that it serves as the tornado shelter for the center. One maintenance issue that was noted is a storm shutter that was not working and was left in the closed position. While this does not create a safety risk it did contribute to a situation where the room was extremely dark during nap time. Sufficient illumination does need to be maintained in classrooms to allow staff to be able to observe children from all areas of the room and determine if the child is in distress. Each room has a secondary exit that provides direct access to the outdoors. All exits were clear of obstruction and opened freely. Each classroom has restrooms and sinks directly accessible from the classroom. Changing stations are present in those rooms where children may need assistance with diapering.

Each room is divided into activity centers through the use of furnishings and play structures. The rooms are arranged so that there are no blind areas. The toys and materials present were observed to be in good repair and appropriate to the ages of the children present. A copy of the daily schedule and curriculum themes was posted for each room. The toys, art work, and decorations were also rotated in the rooms to reflect the planned curriculum. Good interactions were observed in all classrooms with the staff being engaged with the children either implementing the planned curriculum or attending to the children's needs. This included staff who were reading stories to the children, doing craft activities, or playing with the children while they were engaged in free choice play activities. Good behavior management techniques were observed in the rooms with the staff implementing positive intervention approaches such as redirection, recognition of positive behavior, and reminders of expected behavior. All staff were observed to interact with the children in a very caring and nurturing manner.

Good health and safety practices are in place. I was able to observe several diaper changes in several classrooms and all staff followed the posted procedures. Good hand washing practices were observed with staff reminding and assisting children to ensure that they not only wash their hands but do so in an effective manner. Medications were properly stored in secured cabinets and the center has ensured that all over the counter medications were labeled with the name of the individual to whom it belonged. The center does need to review medication administration documentation procedures. When reviewing medication logs there were some where staff identified a medication had been administered but not logged for one day, and another where the staff identified they had given an AM medication that day and would record it later that

day when the PM dose was administered. It was reviewed that all medication administration must be documented, and should be done at the time to reduce the risk of an administration error such as an overdose if a co-worker thought a dose had been missed. First aid kits are maintained in each classroom with both a more fully stocked supply generally kept in a cabinet, and a backpack kept on a hook. Medications, chemical cleaners, first aid kits and items that could pose a safety risk to children were stored in locations that are not accessible to children. Cots were placed with sufficient spacing to prevent disease transmission during nap time. The center uses infant oxygen monitors for sleeping infants. Good Safe Sleep practices were generally observed but one infant was observed to have a white noise machine that had been placed in the crib with the child. The machine was not attached to the railings, nor did it have any cords that could be an entangle risk. It was reviewed that no items should be placed in cribs when children are sleeping and staff identified that it is normally left on a window ledge near the crib. The unit was moved as soon as this was pointed out.

The center has a full kitchen and meals and snacks are prepared on-site. Additional refrigeration units are maintained in the classrooms to facilitate cold holding of milk and other items in classrooms. Food storage practices do need to be reviewed. Some bulk packaged items such cereals and crackers were observed to have the bag rolled closed in both classrooms and the kitchen. All food items whether intended for child consumption or not and regardless of where they are stored need to 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. Good food handling practices were observed with staff washing their hands and using food service gloves when handling or serving meals. Meals are typically served family style in the classrooms with the children serving themselves. Measured scoops and child sized utensils and dishes are used to ensure that the children receive a full serving. A menu is posted and identifies a good variety of nutritious meal options. The teachers do sit at the table and eat with the children to provide supervision and model good eating habits.

The program has several playground spaces which are fenced with a larger playground on the north side of the building, and smaller area on the south side used by the younger children. The center has completed a substantial renovation of the larger playground with new climbing structures, music centers, paved area, and grassy area. A poured unitary foam surface is used for fall surfacing. All equipment and materials were observed to be in good repair. Shade is provided by the building, play structures, and trees. The playground on the south side of the building is also undergoing renovation but is not currently being used due repair work needing to be completed with the fencing.

In reviewing administrative records all required notices and postings were present and located in an area readily accessible and visible to parents and visitors. The center uses an electronic file maintenance system for both staff and child files which does have a self-audit system. When reviewing the self-audit of the children's files the system identified approximately 50% of the files needed an updated physical. Robin did note that they center was in the process of updating records and many had been received but not entered yet. It was also noted that the system was including children that were no longer enrolled at the center. One other issue that was noted is that the center uses the same computer system to maintain infant daily sheets and while the system does have the ability to track all required information staff were not including information on Activities and Disposition for each child under 24 months daily as required. With regard to staff files the self-audit was accurate and identified 2 files that needed updated physicals, and 2 that needed updated background checks. All inspection logs and certificates were available and current. All appliances are electric so the center does not conduct a fuel burning appliance inspection but does need to maintain a carbon monoxide detector as required.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has completed several renovation projects that include the playgrounds, painting classrooms, and acquiring new materials.

Robin identified that the center is planning to participate in the ICQ4 program which seeks to have centers implement best practice recommendations.

The center has developed an Action Information Plan for all children with identified medical concerns such as allergies, seizures, or any other issue that does or could require special care. These plans are kept in all classrooms and are an excellent approach to having necessary direction for staff available to allow them to be able to respond to any child attending the center needing extra care.

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

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 disposition, and activities was not being maintained for each child each day as required.

109.10(3)b: For every day an authorization for medication is in effect and child is in attendance, there shall be a notation of administration including the name of medicine, date, time, dosage, given or applied, and the initials of the person administering the medication or the reason the medication was not given.
-- Documentation of medication administration was not logged for each day that medications were administered. In addition staff identified that they had provided an AM dose but would log it later after the PM dose was also administered. Medications shall be logged at the time of administration.

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.
-- A Carbon Monoxide Detector was not present on the day of the visit. Even though the center does not have any fuel burning appliances a carbon monoxide detector is still required.

109.15(5)b: Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed.Staff preparing food that have injuries on hands wear protective gloves.Staff serving food use clean serving utensils and have clean hands/wear protective gloves.
-- Not all food items were not properly stored both in classrooms and kitchen pantry. All food items whether intended for child consumption or not must stored in air tight sealable food grade containers once the original manufacturing seal has been broken.

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.