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

Name of Center: Kids World Inc **Enrollment:** 70 **License ID No. (Reapplications)** 7238

Street: 1408 Robbins St **City:** Sac City Iowa **Zip** 50583 **County:** Sac

Mailing Address: 1408 Robbins St, Sac City, IA, 50583

Director's Name: Sasha Bumsted **Phone Number:** 712-662-7259

On-Site Supervisor(s): Kari Friedmann **E-Mail:** kwsc@frontiernet.net

Date(s) of Visit: 02-11-2025

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: 03-29-2023

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 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	32	16	33	16	97
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 03-01-2025 to 03-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 02-26-2025

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

NA

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An announced annual visit was made to the Kids World Inc. child care center on 02-11-25 where I met with center director Sasha Bumsted, and assistant director Kari Friedmann. Sasha took over the director role in 2024 and is well qualified for the position having an associate degree in Early Childhood Education, extensive experience, and completing on-going training. Kari has been with the program since 2002, and has also completed a CDA degree. This program is located in a free standing building that was designed as a child care center in Sac City. The center leases space to Head Start and while they have a strong collaborative relationship they are operated independently of each other and have separate entrances. The program is operated as a non-profit entity overseen by a board of directors and provides daycare and pre-school programming. The center serves children ranging in age from birth through school age. There are approximately 70 children enrolled in the program served by 15 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The layout of the building and classrooms, as well as the general programming remains the same as in prior visits. Classrooms are determined by age groups with the infants on the south side of the building, and the older children on the north side. This arrangement provides direct access to age appropriate playground spaces for each group. The infants are divided into two classrooms by age with children birth to one in one classroom, and infants one to two years of age in another. The older children are also in separated classrooms as determined by age for 2 year olds, 3 year old, 4 year olds, and school age children. Each classroom has a secondary exit providing direct egress to the outside. Each exit door opened easily and freely. The center did install a fob system that restricts return access into the building from these exits. It was noted that sleeping cots were being stored along a wall by the exit door of the 4/5 year old classroom which extended into the access corridor of the exit by approximately 5 inches. It was reviewed that these need to moved or stored in a manner that allows unobstructed access to the exit. The building does have a large basement area that is used as an emergency storm shelter. Each room has bathroom facilities accessible directly from the classroom. Additional sinks are located in each room to facilitate hand washing. Each classroom has windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. Each room was observed to be clean with no concerns regarding maintenance noted. Each classroom is divided into activity centers through the placement of furniture and play structures that were arranged to provide ample room for the children to play without creating any blind areas. Each activity center was well stocked with a variety of toys and materials that were in good repair. There were some toys that were labeled as being manufactured as promotional items for food vendors and these are prohibited and need to be removed. A daily schedule and curriculum was posted in each classroom. Ratio was maintained in each classroom as required by age.

The center uses a centerwide curriculum plan with each class having the same focus theme of "Lunar New Year" but developing activities to implement that theme based on the developmental abilities of the children. This included identified activities such as art/craft projects and stories that would be read. Good engagement and care provision was observed in each classroom with all staff attending to the children's needs, and implementing the planned curriculum. Examples included the teacher in the 3 year old classroom doing yoga with the children, and the teacher in the 2 year old classroom helping the children with putting costumes on and off in the dramatic play area. When attending to other tasks such as in the 4 year old classroom where the teacher was putting cover sheets on cots after they had been laundered, and other cleaning activities while the children engaged in self-directed center play the teacher was still attentive to the children's

interactions and helping to resolve minor conflicts that arose and redirecting play that was becoming either inappropriate or had the potential for injury. The center does use positive behavior management techniques such as praise and recognition, redirection, and transition activities to reduce the occurence of behavioral issues. This approach was effective during the time of the visit but in some interactions in the 3 year old class the teacher was observed to pick children up and move them to another area such as when beginning to antagonize peers. While this was not done in a harsh or aggressive manner, and the children did not react to this it is practice that staff should be cautious about given the potential for injury occurring to children and staff

Good health and safety policies and practices were generally observed on the day of my visit but some issues do need to be reviewed. I was able to observe a diaper change and required practices were followed. One issue that was observed was with regard to toileting with older children and handwashing. As noted each classroom has direct access to restrooms so that children do not need to leave the room. In one room children was observed to use the restroom and the teacher did direct the children to leave the door open so that she could supervise the restroom use. As the children finished they did not wash their hands before returning to playing, nor did the teacher remind or inquire if the children had washed their hands. Good cleaning practices were observed with the staff waiting for the children to be out of the immediate area before using chemical cleaners. Chemical cleaners, medications, personal belongings, and other items that could pose a safety risk to children were stored where they were not readily accessible to children. It was noted that not all over the counter medications were labeled with the name of the child to whom it belonged, and the center also had talcum powder in the infant room(s) though it was identified that this was not being used. It was reviewed that talcum powders are prohibited and need to be removed from the center due to concerns of being known carcinogens, and the risk of putting high amounts of particulate matter in the air with children that still have developing lungs. First aid kits are maintained in each classroom and additional materials are present in the center office to replenish as needed. Safe sleep practices were followed for all children under 12 months of age. During the visit it was identified that one child under 12 months of age was sleeping on a cot rather than a crib. In speaking with staff they were able to identify that the decision to move the child to the cot was based on the child having outgrown the cot both physically and developmentally. The child was observed to be fully mobile walking their own and with support. The child was also of a physical size where when standing the crib rail would have been at chest height and the staff identified that the child was beginning to pull themself up on to the rail.

The center does have an on-site kitchen where meals and snacks are prepared for both the daycare, and the head start program that shares space in the center. The kitchen was observed to be clean and well maintained with no indication of insect or rodent infestation. Refrigerators were observed to be clean, had thermometers present, and good storage practices were in place with all foods being stored in air tight sealable food grade containers, labeled, and dated after having been opened, or placed in storage. The center does participate in the Child & Adult Care Food Program and a 4 week menu rotation of nutritious food options is posted. The children are served in a large cafeteria space at child sized tables. Good food handling and services practices are practiced with the teachers using measured scoops, wearing food service gloves, and replacing contaminated food items as needed. The teachers were observed to provide supervision at the tables. One issue that was observed was with regard to meals being served to younger children and choking risks. The meal served on the day of my visit was BBQ Meatballs on a bun, corn, pineapple chunks, and milk. When serving younger children in the 1 and 2 year old classes the meatballs were not cut in the kitchen, nor did the staff at the table cut them. Given the size, and round shape of the meatballs they would be considered a high choking risk food item that would need to be modified for children under 4 years of age by cutting them so as to eliminate disc shaped pieces.

The center has two playground areas including a toddler/infant playground, and a playground for the preschool/school age children. As noted each classroom has a secondary emergency exit that opens directly on to the playground space appropriate to their age group. The playgrounds contain a variety of surfaces that include pavement, grass, and unitary rubberized foam fall surfacing beneath climbing structures. The equipment is appropriate for the intended age groups in each area. The equipment was observed to be in good repair. Shade is provided by the building, patio umbrellas, and other structures. All of the playground spaces are enclosed by fencing which was observed to be in good repair.

A review of administrative records found all required notices were posted in areas readily accessible to parents and visitors. A random sample of 10% of staff and child files were reviewed and compared to the self-audits prepared by the center which were found to be accurate. Based on the self-audit and reviewed files both sets were found to be in substantial compliance with only those elements those documents that had expired within the past month needing to be updated and for which the center had documented when renewal appointments had been scheduled. Daily infant reports were being completed in electronic format using a communication app but documentation of daily activities and disposition of the children was inconsistent. This appeared to be dependent on the staff that was completing the documentation as there were days when there was no documentation of either of these elements, and other times when staff would take pictures and include comments about what the children were doing and how they were feeling. It was reviewed that photographs can be used as visual depictions of both disposition and activities but if that will be the method of documentation then photographs need to be taken of each child every day both in the morning and afternoon to show any changes in functioning. The center does have a van for providing transportation services to and from school for the children. The van was observed to be in good repair and maintenance records are maintained. All inspection logs and certificates were available and current however it was noted that the Radon testing did show a high result. The center does have a radon mitigation system and Sasha did confirm that service and retesting had been scheduled.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has participated in the QRS program which seeks to implement best practice recommendations in the past and is currently working to obtain certification in the IQ4K program which has replaced it.

The center continues to work to update the facilities with and services with having started a new contract with a commercial company, CINTAS, to provide and maintain cleaning and first aid equipment in the center.

Sasha reported that the center has been growing over the past year with seeing increasing numbers of both children attending the center, and staff being employed to provide 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 daily activity and disposition was not being maintained for each child under 24 months of age as required. Photographs are an acceptable option as a visual depiction of activity and mood but if that will be the method of documentation photos must be take each day both morning and afternoon to show any changes in functioning.

109.10(3)a: All medications shall be stored in original containers with physician or pharmacist directions. Labels should be intact and stored so they are inaccessible to children and public. Nonprescription medications shall be labeled with the child's name.
-- Not all medications were labeled with the name of the child to whom it belonged.

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.
-- Children were observed to not wash their hands following restroom use.

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.
-- Toys labeled as being produced as promotional items for food vendors are prohibited and need to be removed.

109.15(2) The center shall follow the minimum CACFP menu patterns for meals and snacks and serving sizes for children aged infant to 13 years. Menus shall be planned at least one week in advance, made available to parents, and kept on file at the center. Substitutions in the menu, including substitutions made for infants, shall be noted and kept on file. Foods with a high incident rate of causing choking in young children shall be avoided or modified.
-- The meal served on the day of the visit included meatballs that were not cut for children 2 years of age and under and created a choking hazard.

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.