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

Name of Center: Ready, Set, Grow Learning Center **Enrollment:** 52 **License ID No. (Reapplications)** 47826

Street: 1723 W Milwaukee AVE **City:** Storm Lake Iowa **Zip** 50588 **County:** Buena Vista

Mailing Address: PO BOX 14, Alta, IA, 51002

Director's Name: Mandi Lange **Phone Number:** 712-213-2101

On-Site Supervisor(s): Nikita Anderson **E-Mail:** readysetgrowbv@gmail.com

Date(s) of Visit: 06-10-2024

Licensing Visit X **Unannounced Visit** X **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: 07-10-2023

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	28	27	26	76	157
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: Raymond Salsbury **Date:** 06-14-2024

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 Ready Set Grow childcare center on 06-10-24 where I met with the center director, Emily Bodholdt. Emily is the board president and took over as the acting director in 2023 and is well qualified for the position having a nursing degree and experience in pediatric care. The program is located in a building that had previously been used as a community outreach facility providing physical therapy and support for individuals with disabilities. The location is currently a temporary space after the center had to leave the prior location due to substantial damage from flooding of the prior location. The center is looking at various long term options including further relocation, or possibly purchasing the current property. The center is operated as a non-profit entity overseen by a board of directors. The program provides daycare services to infants through school age children but is primarily limiting to infants through preschool ages at this time. There are approximately 38 children enrolled in the program served by 20 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The building has two spaces that are currently being used for classroom programming. One room is being used for infants, and the other is a larger space that uses a curtain divider to create two classrooms with one for toddlers 18-36 months of age, and the other for preschool/school age children. The infant room uses a low mobile fence structure to divide the room into an area for primary programming, and an area with cribs for sleeping. The fence does have a gate which is easily operated and staff were observed to use the gate rather than stepping over the barrier. The spaces being used for the other classrooms leave a panel of the curtain divider open as a pass through to allow for emergency exit between the rooms. One issue that was noted is a shelving unit that had been placed in that opening to restrict children from wandering into the other space. It was reviewed that this would create a barrier to emergency egress and the center would need to move the unit until they were able to verify with the fire marshal if it could be used in this manner. There is a restroom located off the programming space of the infant room with a changing station for that classroom. The other children make use of a restroom off a common corridor space. While the restroom of the infant room is not accessible to the older age children an Exception To Policy request had been granted to allow the center to exceed the 1:15 restroom to child requirement due to the emergency nature of the relocation, and with the understanding that infants would not be making use of toilets. The facilities were observed to be clean with no issues related to maintenance noted. Activity centers are created through the placement of furniture and play structures which were arranged so as not to create any blind areas.

The toys and equipment present in each room and activity center were generally in good repair and appropriate to the ages of the children present. A copy of the daily schedule and curriculum were posted in each classroom. The center is currently using a general center-wide theme and specific learning concepts with each classroom then establishing activities related to those concepts which would be developmentally appropriate for the class. All staff were actively engaged with the children playing with them, implementing the planned curriculum, and attending to the children's needs. The center uses a positive behavior support approach such as transition activities, reminders of expected behavior, recognition of positive behavior, redirection, and providing nurturing and support to help children calm. All staff were observed to use calm tones of voice, and positive comments when working with children at the center. Ratio was maintained in each classroom as required by age.

Good health and safety policies and practices were generally in place but some practices do need to be reviewed. I was able

to observe a diaper change in the infant and toddler rooms during the visit. The staff in the infant room did follow the posted procedures, but the staff in the toddler room did not. During the diaper change the teacher did not deglove between handling soiled and clean diapers, did not follow the label directions regarding dwell time when disinfecting the station, held the child while using chemical cleaners, and allowed the child to have a toy at the changing station which was not removed for disinfecting following the diaper change. Over the counter medications and chemical cleaners were labeled and stored in areas where they were not accessible to children. During the visit it was observed that staff purses were left in an area that while out of the way would still have been readily accessible to children. Purses, diaper bags, and other personal belongings need to be stored where they would not be accessible to children. First aid kits are maintained in classrooms, and the center office and taken as a whole did have materials sufficient to address most common first aid needs. The center did have information and response plans posted for children with identified allergies. Good hand washing practices were observed with staff and children washing their hands as required, and the staff ensuring that the children washed their hands in an effective manner. Good safe sleep practices were observed for children under 1 year of age. All cribs and cots had bedding which was fitted to the crib/cot.

The center has use of a small kitchen space which was observed to be clean. Good food storage and handling practices were observed in the kitchen and classrooms. There were a couple breakfast cereal bags that had not been placed in air tight sealable food grade containers once the original packaging seal has been broken and Emily did state that those had been used for breakfast earlier that day. It was noted that other packages had been properly stored. There was no indication of any insect or rodent infestation. A menu is posted which provides a good variety of nutritious meal options for the children. The meal served on the day of my visit did match the planned menu of pizza, green beans, pears, and milk. Meals are served in a small commons area for the toddlers and preschool children. Staff did use food service gloves, and measured scoops when plating food for children. While the staff did not eat with the children supervision was provided at the tables.

The center has a small playground spaced which is fully enclosed by fencing. The playground does have a climbing structure which was observed to be in good repair. Pea gravel is used for fall surfacing and has developed a hardpan layer that either needs to be aerated or supplemented to ensure a proper depth of loose material. There were additional toys available for the children to play with but it was noted that a storage shed used to store those items had been damaged in a recent storm and had been removed. Shade is limited to that which is provided by the building and climbing structure. Emily stated that the center did have a pop-up awning which had been damaged and they were looking options for other shade structures.

In reviewing administrative records the required notices for Consultant Contact, Mandatory Abuse Reporting, and License Certificate were posted in an area readily accessible and visible to parents and visitors, but a copy of the No Smoking sign was not. In reviewing child files the center is using a combination of an electronic record and communication application, Playground, and hard copy files. Emily did acknowledge that she is still in the process of updating files and organizing records. A random selection of 8 child files were reviewed and of those 3 needed an updated physical. The center also continues to have issue with the completion of daily sheets for children under 24 months. In reviewing the information the Playground app does have the ability to log all required information but staff were not documenting daily activities or disposition as required. This was identified in the prior report as well and it was discussed that one option would be for staff to use the photo function of the application to provide visual depictions of infant activities and mood. It was reviewed that if doing so staff should take photos of each child both in the morning and afternoon so show any changes in functioning. Five staff files were reviewed including two that had started that day. In reviewing those files 4 needed an initial or updated physical, 1 had an expired SING check and 1 could not be found, and 1 needed to renew on-going training certificates. Inspection logs and certificates were available and current with the exception Emergency Drills which were not logged for March, April for fire and those same months and May for tornado evacuations. As a reminder those drills must be practiced and documented each month.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has seen substantial changes over the past year with the relocation to the current facilities. Along with that the center has had a significant turn over of children and staff. Emily stated that those numbers have stabilized and several of the new teachers have brought additional knowledge to the center with having obtained their CDA credentials.

The center has applied for and received several grants that has allowed them to acquire new equipment and materials.

The center is currently with CCR&R and Public Health in applying to participate 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(1)b: All files contain:A signed copy of DHS criminal history record check or any other permission form approved by

the Department of public Safety for conducting an Iowa or national criminal history check. A copy of Request for Child Abuse Information.Copies of the results of Iowa records checks conducted.Copies of national criminal history check results.Any Department-issued documents sent to the center related to records check.
-- Number not in compliance: 1

109.9(1)d: All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, Child Care Provider Physical Examination Report.
-- Number not in compliance: 4

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 Activities and Disposition was not being included. NOTE: 2ND YEAR CITED

109.10(1)a: Preschool (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, PA, Chiropractor or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
-- Number not in compliance: 3

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.
-- The required No Smoking posting was not present on the day of the visit.

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.
-- Documentation of drills being conducted monthly was missing for March, April, and May.

109.11(3)a: Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. Sufficient space provided for dining. Sufficient lighting shall be provided. Sufficient ventilation. Sufficient heating. sufficient cooling. Sufficient bathroom and diapering facilities. Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease.
-- The fall surfacing of the outdoor playground has developed a hard pan layer and either needs to be aerated or supplemented to ensure a proper depth of loose material. Staff purses and other personal belongings need to be stored inaccessible to children.

109.12(5)b: Infants diapered in a sanitary manner as needed in central diapering area.One changing table for every 15 infants/toddlers needing diaper changes.Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area.
-- Staff did not deglove between handling soiled and clean items, held a child while using chemical cleaners, did not follow label directions for disinfectants, allowed a toy at the changing station and did not remove the toy to be disinfected afterward.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license is recommended at this time. Please provide a written response identifying a plan to correct and maintain those issues cited as not meeting licensing standards and a date of anticipated 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.