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

Name of Center: Osage Community Day Care **Enrollment:** 147 **License ID No. (Reapplications)** 22415

Street: 510 Mechanic Street **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@osage.net

Date(s) of Visit: 07-18-2023

X **Licensing Visit** X **Unannounced Visit** **Off Year Visit** X **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: 06-02-2021

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 09-01-2023 to 09-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-18-2023

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

N/A

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Osage Community Day Care on 07-18-23 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 147 children enrolled in the program served by 22 staff.

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 cafeteria/commons and 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 cafeteria area of the school building where the school age children meet is a commons area with large glass doors that provide natural light and a view of the outdoors. The gymnasium is an interior space that has no windows but has good artificial lighting. Ventilation air flow and cooling in both the cafeteria and gymnasium area are supplemented with electric fans. The daycare center has central 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 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. 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 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. During the visit one employee was observed to step over the wall. It was reviewed that this creates a significant safety risk for staff tripping and falling on a child, dropping a child, or dropping something on a child. The wall that separates the sleeping area is a taller 3/4 wall that does create some blind areas depending on staff positioning. Good Safe Sleep practices were observed during the time of the visit. One issue that was discussed was with regard to decorations in the room and items that were suspended from the ceiling over cribs. While none of the cribs with items over them were being used it was reviewed that those cribs, or the suspended decorations need to be moved before making use of the cribs.

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. These are generally located around the edges of the rooms so that there are no blind areas, and leaving large expanses of the room open for tables and play activities. Each activity center had a good supply of toys and materials that were observed to be in good condition and generally appropriate to the ages of the children present. Some toys however were not appropriate including toys with parts smaller than 1 1/4 inches in diameter and 2 1/4 inches

present in the infant room(s). Items of this size do represent a choking risk and should be removed from classrooms with children under 36 months of age, and kept in storage where they can be brought out for supervised play for children under 48 months. In addition toys that were marked as having being manufactured as promotional items for food vendors were also present and these need to be removed and disposed of. 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. During the visit all staff were observed to attend to the children's needs however the level of engagement and supervision varied. Examples included the staff in the infant room being very engaged with one teacher being down on the floor playing with the children in a manner that helped them develop motor skills while the other teachers in the room attended to direct care activities of feeding and putting them down for sleeping. On the other end of the spectrum when visiting the school age classroom the teachers were observed to be engaged in activities that limited supervision with one reading a personal book, one engaging in activity with a personal cell phone, and the third providing observational supervision. Upon entry the staff who were engaged in reading, and cell phone use did put those items away and also engaged in a more observational approach. This approach does increase the risk of behavioral problems and during the time spent in the classroom it was noted that some of the children were engaging in antagonizing behavior with peers, and play activities that included some inappropriate choices. While these situations did not escalate to the point of being a significant behavioral issue requiring staff intervention it did have the potential to do so. Having a more active manner of interaction with the children can help to reduce behaviors, improve learning, and build social skills. 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 observed during the time of my visit. I was able to observe a diaper change and good practices were followed. Good hand washing practices were also observed with the staff and children both washing their hands in an effective manner as needed. When using cleaning products the classroom teachers would divide responsibilities with one taking the children to a different area of the room while the other cleaned tables etc. following snack service or diapering. 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 for the children were labeled with the name of the child to whom it belonged. During the visit one prescription bottle was observed to have the label removed and when examining and inquiring about the contents it was identified to be an over the counter acetaminophen product belonging to an employee and intended for staff use. It was reviewed that it should also be labeled and/or kept in the employee's purse. The center does have information regarding response plans for children with identified allergies. 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.

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.. A large pile of wood chips was present and Shelly identified that arrangements have been made for the football team to spread the material at a later date. Rubber mats were placed in the kick zones of the swings to help reduce displacement. The toddlers have a separate fenced area with a paved area and grassy area. There are no climbing structures in this space but a shed is present where toys and materials are stored. A sandbox with a cover was recently added to this area. 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. Shade is provided in various areas but the buildings, play structures, and mature trees.

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 both in the kitchen and classrooms. The program provides breakfast, lunch and a morning and afternoon snack. 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. I was able to observe the lunch service which consisted of corn dogs, baked beans, diced peaches, and milk. Meals are served in the classrooms and staff did wear food service gloves and used measured scoops when plating meals. One issue that was noted is that corn dogs would be considered a high choking risk food option and children in the 2 and 3 year old classrooms were provided with whole corn dogs that had not been modified. it was reviewed that foods that would be considered as high choking risk options need to be modified either by cooking so that they are soft and break up easily, or cut in a manner that eliminates disc or spherical shapes. The staff did eat with the children to provide supervision and model good eating habits during the meal service. However, when observing the 3 year old class both teachers did leave the tables as the meal was ending to prepare and place cots for nap time. One teacher should have remained at the tables to continue to provide supervision for the children that were still finishing the meal, and to assist children with cleaning up after the meal.

In reviewing administrative records all required notices were posted in an area readily accessible and visible to parents and visitors. The center did have a self-audit for both child and staff files. The self-audit for the children's files identified 2 children that needed an updated immunization record. A random sample of 10% of the child files were selected for review and of those files all were found to contain all required documentation. When reviewing infant daily sheets it was observed that the forms do prompt staff to document all required elements and staff were completing the forms as required. With

regard to staff files the self-audit identified that 12 staff needed to complete on-going training for 1st Aid/CPR, Mandatory Child Abuse Reporting, and other training(s). Shelly did confirm that trainings had been scheduled. A random selection of 25% of staff files were reviewed and the self-audit was found to be accurate. In addition to the training the self-audit had identified a number of staff that needed initial or renewed FBI Fingerprint based background checks which had been submitted but results were still pending. The center handbook was previously reviewed and all required written policies were present. Inspection logs and certificates were available and current for all required elements.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center continues to seek to address concerns that are identified as evidenced by the center obtaining a supply of mulch for the playground, and scheduling trainings for the staff.

Shelly identified that she a very strong group of staff who have worked over the past year to develop and implement curriculum plans designed to help the children develop a variety of skills.

Shelly stated that the community has continued to grow and as a result the city and school have been looking at options for increasing enrollment capacity including the possibility of constructing a new center.

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

109.9(1)e: All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training.
-- Number not in compliance: 12

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.
-- Staff providing care in in the infant room need to use installed gates and not step over barriers which can result in the employee tripping and falling on a child, dropping a child, or dropping an object on a child.

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 with parts less than 1 1/4 inches diameter, and 2 1/4 inches in length need to be removed from classrooms with children under 36 months of age. Toys manufactured as promotional items for food vendors need to be removed from all classrooms.

109.15(2): Center shall follow minimum CACFP menu patterns for meals and snacks.Menus planned one week in advance, made available to parents, and kept on file with substitutions noted.Avoid foods with high incident rate of causing choking.
-- Foods with a incident rate of choking such as the corn dogs served on the day of the visit either need to be avoided, or modified to reduce the risk of choking either by cooking so that the food items are soft and break up easily, or cut so as to eliminate disc or sphere shapes.

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.