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

Name of Center: Community Early Childhood Center **Enrollment:** 120 **License ID No. (Reapplications)** 7446

Street: 1315 S 24th St **City:** Fort Dodge Iowa **Zip** 50501 **County:** Webster

Mailing Address: 1315 S 24th St, Fort Dodge, IA, 50501

Director's Name: Sheri Morud & Renee Rude **Phone Number:** 515-573-5461

On-Site Supervisor(s): **E-Mail:** cecc@mediacombb.net

Date(s) of Visit: 04-02-2024

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 **State** X **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 04-12-2024

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 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	59	51	56	105	271
Summer					0

QRS Rating: 1

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 04-01-2024 to 04-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 04-09-2024

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 Community Early Childhood Center on 04-02-24 where DHHS co-worker Jana Drew and I met with co-directors Renee Rude and Sherri Morud. Sherri and Renee have more than 30 years of experience in early childhood care and have been the co-directors of this program since 2004. Both have a Bachelor degree in early childhood education, and complete on-going professional development annually. The program is located in a free standing building and is overseen by a board of directors. The program provides daycare and preschool programming serving infants through school age children. There are approximately 120 children currently enrolled in the center served by 34 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The layout and structure of the building, and of the classrooms remains much the same as in previous visits but some interior renovation was completed to the interior large motor skill area. The renovation consists of erected walls that create a classroom measured to be 29.22 ft. by 22.25 ft providing 630 sq.ft. of usable space after deductions for counters allowing a capacity of 18 children. This space was created out of an area previously counted as useable programming space and so the over capacity of the center will remain the same. Programming is provided to the children in classrooms determined by age and developmental ability. Each room has windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. Each room has secondary exits that provide direct access to the outdoors in all but one of the infant rooms. That room has a secondary exit that connects to another classroom. The exterior emergency exits are arranged so that two classrooms on either side of a dividing wall connect to a small entry room. These entry rooms were used for additional storage which was an issue in one entry where a scooter seat was stored in a manner that it prevented the door from one of the infant rooms from opening fully. Areas around exits must be maintained clear of obstruction at all times so that they open easily and fully. Each room has counters with multiple sinks in the room so that one can be used for hand washing and the other for food preparation related activities. All but one of the rooms have direct access to restroom facilities, and additional restroom facilities are located off the main central play area. Rooms were observed to be clean with only a few minor maintenance issues noted which did not rise to the level of being an immediate safety concern. One maintenance issue that was observed was a clogged drain in of the bathrooms. Sherri stated that this has occurred in the past and she was able to address the issue with the use of a plunger. Several of the classrooms have an elevated play area accessed by a short flight of steps and enclosed by a rail guard and Plexiglas barrier. Each room is divided into activity centers and makes use of furniture, low shelves, or play structures to define the activity centers which were arranged so as not to create any blind areas.

Activity centers vary by the developmental levels of the classrooms with more options for older children. Activity center options in all classrooms include large manipulatives, art/crafts, library, and as the children get older include options for experience tables, dramatic play, music/movement, small manipulatives, science, math, and group learning. Each center was well stocked with toys and materials that were readily accessible to the children. The toys and materials were observed to be in good repair and generally appropriate to the ages of the children present though there were a couple issues noted. One issue was with regard to a television that was present in the older school age room which was sitting on a shelving unit. The TV was a larger flat screen unit that created a topple hazard and needs to be secured. Another issue that was noted was with other items in classrooms with infants and toddlers such as small magnets, push pins, and mini clothes pins. Children under 48 months of age are prone to mouthing toys and items that they come into contact with. Items and toys with parts

that can break off which are less than 1 1/4 inches in diameter and 2 1/4 inches in length are considered choking hazards and need to be removed from classrooms which children under 3 year of age, and kept in storage where they can be brought out for supervised play for children 3 years of age. Each classroom had a daily schedule and curriculum posted. While having some similar general themes the classrooms do develop their own curriculum plans. Ratio was maintained in each classroom as required by age with at least 2 staff present in each room. In addition due to spring break the school age children were present at the center and a group did go to a movie with the center arranging for additional staff to attend as required. One issue that was observed with regard to supervision was with one of the 3 year old children where the staff in the classroom sent/allowed the child to use the emergency exit entry to access the neighboring classroom to obtain some coloring materials. This was done without notifying the teacher of the adjacent room, or with the teacher of the original classroom standing in the door where at a minimum they could observe the child. Children must be provided close and careful supervision which is considered to be within sight and sound at all times to ensure their safety. While the entry area is an interior space of small dimension it does provide access to a direct exterior exit which could allow the child to leave the center unnoticed. Additionally if the child did exit the building the door is of a design that it would lock automatically preventing reentry from the exterior.

Good interactions were observed in all classrooms with the teachers being engaged with the children and/or attending to their needs. This included staff playing games with the children, presenting large and small group activities, serving meals, and assisting with diapering/restroom use. Positive behavior management techniques were observed with the staff using proactive methods such as transition activities, reminders of expected behavior, and teacher lead activities to reduce the occurrence of behaviors. When children did have behavioral issues the teachers would redirect them, and help with problem solving.

Good health and safety practices were generally observed throughout the center. I was able to observe several diaper changes and staff did follow established procedures. Diapering procedures and handwashing postings were present by all changing stations and sinks though there was one bathroom located off a common area near the large indoor space that did not have the handwashing procedures posting. Good hand washing practices were observed both with the staff and the children washing their hands as required prior to meals, after restroom use, and other times that they became soiled. Good cleaning practices were observed with the staff directing the children away from the area when using chemical cleaners. Chemical cleaners, medications, personal belongings, and other items that could present a safety risk to children were stored in areas where they were not readily accessible. Most medications are stored in a cabinet in the kitchen that is not readily accessible to children and visitors. Medication administration documentation was noted to be an issue. Documentation was maintained for when medications were administered but the center does need to ensure that documentation is included for when medications are not administered. While weekends were designated by Xing out the associated days, other dates were left blank. Notation and a legend should be developed to identify if a child was not present, the dosage missed, medication not being available, or some other reason. Each classroom does maintain a first aid kit and additional supplies are also available to replenish as needed. Good safe sleep practices were observed for children under 1 year of age. One issue that was observed was a parent who had gone to one of the infant rooms to visit and had taken a school age child into the room with them. While parents are allowed to have unrestricted access to their children the older children cannot be allowed in the infant room. Doing so increases the risk of exposure to illness for infants who have less developed immune systems,. It also increases risk of injury from older children who would be more active in their play or who may interact with infants as if they were living dolls, or who may bring toys or items into the room which are not appropriate in an infant room. If parents wish to spend time with infants and older siblings together while visiting the center/children the center should provide or direct parents to a space outside the infant rooms.

The center does have a full kitchen and meals are prepared on-site. The kitchen was observed following lunch preparation and the conditions observed were consistent with the only food debris present being from that meal rather than accumulations from prior meals. Good food handling and service practices were observed in the classrooms with staff wearing gloves when handling food, and using measured scoops when serving. Good food storage practices were observed with items placed in an air tight sealable food grade container in the kitchen and classrooms. A menu is posted and provides a good variety of meal options that meet CACFP guidelines. The staff did provide supervision at the tables with the children.

The center playground is divided into two areas with one for older children and one for the toddlers. Rubber mulch is used for fall surfacing beneath climbing structures in the playground used by the older age children and a good depth of material was present. All equipment appeared to be in good repair. The toddler area does not have any climbing structures but does have a crawling structure, sandbox, and other toys. Foam rubber tiles provide a soft play area for the children. The playground is fenced both around the full perimeter and between the two spaces. There was one area along the south side of the playground where the ground level drops creating a wider gap between the bottom of the fence and the ground. This spacing was measured to be approximately 5 inches which does create an entrapment hazard. Entrapment can occur when there is a space of more than 3 1/2 inches but less than 9 inches. It is not uncommon for children to either try to crawl under a fence either to enter/exit a space, or retrieve a toy. Spacing of this size is large enough to allow parts of the body through but not all of the body especially when fencing may flex more moving away from the support poles than when pulling back against them. The center does need to address this either by adding dirt to raise the level of the ground, lowering the fence, or installing a barrier. Shade is provided by the building, mature trees, and an awning structure in the toddler area.

All required notices were posted in an area that was readily accessible and visible to all parents and visitors on the day of my visit. A random selection of staff and child files were reviewed and compared to the self-audits completed by the center which were found to be accurate. Based on the self-audit and reviewed files there were 22 children that needed an updated physical. Based on the self-audit and reviewed files there were 3 employees needed one or more elements of training that is required within the first 90 days, and 11 needed an initial or updated physical, and 4 needed updated training certificates. Inspection logs and certificates were current and available for all required elements. The center does own several vans that are used for transportation and vehicle maintenance and service records were available for each vehicle.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The program has participated in the QRS program in the past which seeks to exceed licensing standard and implement best practice recommendations. The program is currently working toward endorsement in the IQ4K program which is replacing the QRS program and which seeks to place a stronger emphasis on staff training and education.

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

109.7(1): All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of child abuse.At least one hour of training regarding universal precautions and infectious disease control.Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) OR equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross,American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the department.A valid certificate indicating the date of training and expiration date shall be maintained.Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
-- Number not in compliance: 3

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: 11

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: 7

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: 22

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 when medications were not given was not maintained.

109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.
-- A child was observed to be sent from one classroom to another classroom unsupervised. Children must be within direct line of sight and sound of staff at all times.

109.11(2): A safe and properly equipped area is provided for infants that does not allow for intrusion by children over two years of age.
Children over age two who remain in the infant area are placed at the recommendation of a physician or AEA due to a

significant developmental delay. Children are placed for a limited time with DHS approval if doing so does not pose a threat to the infants.
-- A child over 24 months of age was allowed into the infant room when the parent of a child enrolled in the infant room came to visit.

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.
-- Low areas of the playground and surrounding fence with more than 3 1/2 inches but less than 9 inches create an entrapment risk and need to be filled, or barricaded.

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.
-- The television in the older school age room needs to be secured so as not to be a topple hazard. Items and toys with parts of less than 1 1/4 inches diameter and 2 1/4 inches length need to be removed from classrooms with children under 3 years of age.

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.