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

Name of Center: Little Cougar Playhouse & Discovery Preschool **Enrollment:** 73 **License ID No. (Reapplications)** 22283

Street: 609 S Monroe **City:** Wellsburg Iowa **Zip** 50680 **County:** Grundy

Mailing Address: PO Box 188, Wellsburg, IA, 50680

Director's Name: Amy Weichers **Phone Number:** 641-869-3773

On-Site Supervisor(s): Deb Saul **E-Mail:** aweichers@agwsr.org lcp@agwsr.org

Date(s) of Visit: 10-25-2023

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: 07-07-2021

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	21	24	25	22	92
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 11-01-2023 to 11-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 10-30-2023

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Little Cougar Playhouse & Discovery Preschool on 10-25-23 where CCNC, Jessica Cook and I met with center director Amy Wiechers, and on-site supervisor Deb Saul. The Amy has been the director of a sister program in Ackley and took on the oversight of this program in 2018 and is now acting as an executive director over both centers. Deb became the on-site supervisor of this program in 2019 and is well qualified for the position based on her experience in early childhood care/education, and on-going professional development. This program is located in the elementary school in Wellsburg and provides daycare and preschool programming to infants through school age children. There are approximately 73 children enrolled in the program served by 10 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The overall layout of the center and programming remains the same as in prior visits. The program makes use of 5 classrooms with one being a designated formal preschool classroom. The majority of the classrooms are located in a single wing of the building which is separated from the classrooms used by the school. The designated preschool classroom is located in another wing of the building. Each room has a large bank of windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Each classroom has a secondary exit that either provides direct access to to the outdoors, or connects to another classroom. All exits were clear of obstruction and opened easily and freely. The center does make use of evacuation cribs to assist in evacuating infants and the two cribs that had reinforced frames and larger wheels were arranged so that they were blocked by other cribs. It is was discussed that positioning those cribs where they are more readily accessible in the event they are needed for evacuation could save valuable time in evacuating children if needed. Each classroom has restroom facilities just off the programming space so that children do not need to leave the room. Each room has additional sinks available in the classroom to facilitate hand washing. Each room was observed to be clean. The school has been engaged in renovation construction over the past year and some aspects have not been completed. There were several electrical switches that were missing cover plates, and other areas where the wall had been cut to install a new electrical box. While the electrical wires were not readily accessible this does create a situation where a child could insert an object to either make connection between the poles, or otherwise access the electrical wiring. Amy was uncertain as to when the work would be completed. It was reviewed that staff need to ensure that they remain vigilant in supervision of children around these hazards and that the center speak with the school/contractor about completing the work or temporary solutions to secure those hazards. Activity centers are created in the classrooms through the placement of furniture, shelving, and play structures. It was noted that the infant room is divided in to a play area and sleeping/feeding area through the use of low shelving and the changing station and is accessed by a gate. The arrangement in each classroom is such that there were not blind areas but with the divided infant room staff should be positioned in the sleeping area when children are sleeping.

The available activity centers in each room do reflect the age and developmental levels of the children with all rooms having options such as large/small manipulatives, art/craft, and reading center. As the children's age and developmental levels increase options such as dramatic play,, experience tables, math/science, media, and group learning are added. Each activity center had a good variety of toys and materials that were observed to be in good repair and generally appropriate to the ages of the children. There was some toys in the infant and toddler age classrooms that had small parts that could present a choking hazard. Toys that are of a size or have parts that can break off that are less than 1 1/4 inches in diameter

and 2 1/4 inches in length are considered to be choking hazards and need to be removed from classrooms with children under 3 years of age, and kept in storage where they can be brought out for supervised play for children under 48 months of age. Use of a choke tube can assist the center in determining if toys would be considered a choking risk. A copy of the daily schedule and curriculum were posted in each classroom and the staff did appear to be following them. Each classroom develops their own curriculum which typically includes a general focus theme in addition to practice of specific letter, number, color, and shape concepts. Good interactions were observed throughout the time of my visit with all staff being actively engaged with the children and attending to their needs. This included presenting the planned curriculum, serving lunch, and helping to soothe children for nap time. The center uses positive behavior management approaches of reminders, and redirection. Ratio was maintained in each classroom as required by age with regard to staffing, however during the visit the teacher of the 2-3 year old classroom left the room to bet more milk for the children during lunch service. While this was just into the adjoining classroom and was for just a brief period of time of 10-20 seconds it still left the children in the classroom without a staff member present. A simple solution would have been for the teacher to stand at the door and request the staff of the other classroom to hand her the milk which would have ensured that supervision was maintained in each classroom.

The center does have established health and safety policies but some practices do need to be reviewed. I was not able to observe a diaper change during the time of the visit but staff did describe the process which is consistent with the required procedures. One issue that was observed while in the infant room was the presence of a mop bucket which had water in the bucket. While this was stored in the sleeping/feeding area where no children were present staff should empty buckets once done with their use. There were no children currently taking prescription medications but over the counter (OTC) medications were present and were properly labeled and stored. Chemical cleaners, purses, and other items that could pose a safety risk to children were stored in areas where they were not readily accessible. The center is currently using a diluted bleach water solution for disinfecting and when talking with staff about that product different practices regarding the dilution, and dwell time needed to be effective were discribbed. When using chemical cleaners staff do need to read and follow the manufacturer label directions. The center was making use of portable potty chairs in the 2-3 year old classroom and while the main contents had been disposed of it was obvious that some residue remained. When using potty chairs these do need to be cleaned and disinfected after each use the same as would be required for a changing station. Safe sleep practices were not followed on the day of my visit with several infants under 1 year of age being left to sleep in bouncers and swings. In addition several of those children had blankets tucked around them, and two had bottles that had been propped. All of these practices are prohibited.

The playground is located in an inner courtyard area and is divided into several areas by chain link fencing. The daycare children only make use of two areas one of which one is used for the infants and toddlers. That playground space has a grassy area, and an area with a unitary pour in place fall surfacing where children can ride tricycles and play with balls and other toys. The center has added several small residential grade slide structures. These need to be moved and anchored so that they provide adequate fall zones as required by the CPSC Public Playground Safety Handbook. The other playground space used by the daycare has a small climbing structure which was observed to be in good repair. Pea gravel is used for fall surfacing in this area and has developed a hard pan layer which will need to be maintained either by aerating, or adding more material. Use of climbing structures needs to be limited until such time that the fall zones and surfacing issues have been corrected. Shade is limited to that which is provided by the building and play structure. The center does need to explore options to provide additional shade with options including planting trees, constructing a shade structure, or use of awnings or portable shade structures. There is a shed where other toys and materials are stored and all of the equipment was observed to be in good repair.

The program does have a small kitchen area and meals are prepared on site. A menu is posted which does identify a good variety of nutritious meal options. Good food handling, service, and storage practices were observed. Staff wear food service gloves, and use measured scoops when serving meals. The children eat in the classrooms and the teachers provide supervision at the tables.

In reviewing administrative records all required notices were posted in an area readily accessible and visible to all parents and visitors. The center does maintain a self-audit system to track what information is needed in both child and staff files. When random files were selected for review and compared to the self-audit it was found to be accurate. The self-audit and reviews identified 4 children that needed an updated physical though it was noted that all of these had recently expired. One issue that was noted was that the center is currently using a daily sheet for infants that prompts staff to include information on daily sleep, feeding, and diapering as required but does not prompt for the other required elements of daily activity and disposition. While there is space that this information could be included in narrative format the staff identified that they do not include notes of those elements. It was reviewed that all five elements are required to be included each day and should be noted throughout the day to identify any changes in function that may indicate the onset of illness or other concerns. In reviewing staff files 1 needed an updated physical, 1 needed updated MCART, and 2 had not completed all training required within the first 90 days of employment. All required inspection logs and certificates were current and available for review with the exception of Radon testing which was expired. The last available testing was completed in October 2020 and showed levels ranging from 2.0 - 3.5 depending on the classroom. While all results were below the 4.0 piCu/L cutoff limit testing is required to be renewed every 2 years.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has participated in the QRS program which seeks to exceed licensing standards and implement best practice recommendations. The center is currently working toward certification in the IQ4K program which has replaced that system and while continuing to have a focus on best care practice also has an increased focus on developing staff training.

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: 2

109.8(2)d: At least one staff shall be present in every room.Brief absence of staff person permitted for 5 or less minutes when another staff person is present.
-- Staff left the 2-3 year old room for a brief period of 10-22 seconds while children were present with no other employee present to retrieve milk from an adjoining classroom. Even though the time frame was extremely limited staff must be present in any programming space when children are present.

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: 1

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.
-- Staff were not documenting daily activities or disposition, and the daily sheet forms do not prompt staff for that information. It is recommended that the center modify the existing forms or use an alternate option to provide a prompt and space for staff to log all required daily information elements.

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: 4

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.
-- Electrical switches missing cover plates, and holes cut in walls for electrical box installation need to have renovation work completed, or temporary measures in place to reduce the risk of accidental electrocution. The pea gravel fall surfacing of the outdoor play space has developed a hard pan layer and either needs to be aerated or supplemented. The climbing structures of the toddler playground need to be moved to allow for required fall zones.

109.11(7)b: Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.
-- Radon testing results were expired and while the prior results were within acceptable limits testing is required to be renewed every 2 years.

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.
-- When using toddler potty chairs these must be emptied, cleaned, and disinfected following each use. When using chemical cleaners and disinfectants staff shall read and follow manufacturer label directions.

109.12(5)e: The provider shall follow safe sleep practices recommended by AAP for infants under one year of age:Infants shall always be placed on their back for sleep.Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child will be allowed to sleep in any items not designed for sleeping but not limited to, an infant seat, car seat, swing, bouncy seat.No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.No co-sleeping shall be allowed.Sleeping infants shall be actively observed by sight and sound.If an alternate sleeping position is needed, a signed physician or physician assistant authorization with statement of medical reason is required.
-- Safe Sleep requirements were followed. Several infants under 12 months of age were observed to be sleeping in bouncers and swings with some having blankets tucked up around them. In addition 2 were observed to have bottles that had been propped.

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: A service referral to Child Care Resource and Referral and the Public Health nurse will be made to assist the center in developing practice to improve hygiene and reduce the risk of disease transmission, and regarding safe sleep.

*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.