Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Grundy Community Preschool & Childcare Center

Provider No.: 22321

Address: 1001 8th St, Grundy Center, IA, 50638

County: Grundy

Director's Name: Kim Brower

On-Site Supervisor: Rhonda Kruger

Phone Number: 3198253565

E-Mail: kbgcpcc@gcmuni.net

HHS Visit Date: 09/21/2026

Licensing Period: 12/01/2025 to 12/01/2027

Fire Inspection:

Date Inspected: 03/18/2024

Comments:

Report Visit Type:

- [ ] PTO
- [ ] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	6:30 AM to 6:00 PM		
Tuesday	6:30 AM to 6:00 PM		
Wednesday	6:30 AM to 6:00 PM		
Thursday	6:30 AM to 6:00 PM		
Friday	6:30 AM to 6:00 PM		
Saturday			

Program Population Served:

- [X] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [ ] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	27	14		25	66
Summer					0

1. Basic Overview

An unannounced annual visit was made to Grundy Community Preschool & Child Care Center on 09-21-26 where I met with the center director Kim Brower. Kim is the director of this program and also the director of Grundy Community Preschool which is located in the same building but operated under a separate license. Kim has been with the center since 1995 and is well qualified for the position based on her experience and training. The center is located in a remodeled building that was previously an elementary school and operated as a non-profit program overseen by a board of directors. The center provides daycare programming for infants through school age children. There are currently 56 children enrolled in the program served by 15 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The general layout of the building and classrooms remains the same as in the prior visit. The building has programming space on two levels with the daycare operating on the main floor, and the preschool program operating on the upper floor. As noted the formal preschool program is operated under a separate license and while the space of those classrooms is available for use by the daycare program when the preschool is not in session that capacity is not included in the capacity determination, nor for programming for the daycare license. The program has access to 5 classrooms with two infant rooms, a 2 year old room, 3 year old room, and 4-5+ year old classroom. There is also a large indoor gymnasium space that the program can make use of but which is also available to other tenants of the building, and general members of the community. The 4-5 year old classroom has a direct exit to the exterior. The two infant rooms have a connecting doorway that provides for secondary exit from either room. The 2 year old and 3 year old classrooms have secondary exits on opposite ends of the rooms that open onto the main corridor. All exits opened easily and freely and were clear of obstruction. All rooms have windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Each classroom has restroom facilities directly accessible from the classroom, with additional sinks located in the classrooms. The building does have fire sprinklers, and a basement level which is used for emergency storm shelter.

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All programming spaces were observed to be clean with no maintenance issues noted. Each classroom is arranged with activity centers created through the placement of furniture and play structures which are arranged so as not to create blind areas. Each activity center was stocked with a variety of toys and materials that were appropriate to the ages of the children present and in good repair.

2. Identify Observed Strengths of the program

Interaction & Programming:
A copy of the daily schedule and curriculum themes were posted for each classroom.
All teachers were observed to be implementing the planned schedule and curriculum during the time of the visit.
All teachers were actively engaged with the children either attending to direct care needs, or presenting the planned curriculum
All teachers were observed to be very positive in their interactions.
Good behavior management techniques were observed with the teachers recognizing positive behavior, using reminders of expected behaviors, redirecting children to appropriate options as needed.
Ratio was maintained in the center as required by age with at least two teachers present in each classroom.

Health & Safety:
I was able to observe a diaper changing procedure but staff did identify the procedures they follow. One issue that was noted is that when describing disinfecting procedures the dwell time used was less than what was required by the label directions and it was reviewed that staff need to ensure they read and follow those directions.
Good hand washing practices were in place with staff ensuring the children washed their hands following restroom use, prior to eating, and other times as needed.
First aid kits were observed to contain materials necessary to address most common first aid needs.
Good medication administration practices were observed with staff reviewing, administering, and documenting providing an insulin injection for a diabetic child. A response plan for that child was present in the classroom and all staff were knowledgeable about practices to support the child.
Good cleaning practices were observed with the teachers sanitizing tables prior to meal service and waiting for children to be engaged in activity away from the area before using chemical cleaners.
Chemical cleaners, medications, personal belongings, and other items that could pose a safety risk to children were stored in areas where they were not accessible to children.
Safe sleep practices were being followed in the center for children under 1 year of age. Several crib mattresses were observed to have separation of the waterproof covering at the seams and while not rising to the level of being cited these do need to be replaced.
Older children make use of cots that were in good repair and which have appropriate bedding.

Nutrition:
The center has a full kitchen and meals are prepared on-site. A menu is posted and followed and identifies a good variety of nutritious food options.
The kitchen area was observed to be clean and while there is indication of the presence of pests the center does work with an extermination contractor and there was no indication of any contamination or spoilage of food or food service items.
Good food storage procedures were observed during the time of my visit for both dry pantry and refrigerated items in the kitchen, and classrooms. Lunch was served during the time of my visit and good food service practices were observed with teachers and children washing their hands prior to eating and handling food or food service items, and using measured scoops to portion meals.
The teachers did sit at the tables and ate with the children to provide supervision and model good eating habits.

Playground:
The playground has several areas with one for the daycare children which is fully enclosed by fencing and further divided into an area for infants and toddlers, and an area for older children. All fencing was observed to be in good repair.
There is another playground for the formal preschool program children. Also adjacent to the playground space is the elementary school playground, a large open grassy football field, and paved area where the children can play.
All of the equipment was observed to be in good repair and properly installed.
The daycare playground makes use of foam tiles for fall surfacing.
An awning and mature trees provide shade.

Administration:

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All required postings for No Smoking, Mandatory Abuse Reporting, License Certificate, and Consultant Contact were present.
Required postings for emergency evacuation, emergency contacts, diapering, handwashing, and classroom schedules, curriculum, and menu were also present.
A random selection of 25% of child files were reviewed and each file was found to contain all required information.
Children with identified health concerns did have response plans present.
A random selection of 25% of staff files were reviewed and all were found to contain all required information.
Inspection logs and certificates were current and available for all required elements.

3. Identify the aspects that fall below the standard

109.10(14)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.
-- During the visit children were observed to be allowed to leave the classroom for situations that included returning a lunch cart to the kitchen, and going to a locker in the hallway to retrieve items. In both situations staff did not accompany the children, nor position in a location where they could maintain direct line of sight of the children. This does increase the risk for children to elope from the center, suffer injury, or have some other situation that would require assistance where staff are unaware of the concern. Careful supervision of children is interpreted to mean that staff shall maintain direct line of sight and sound, and active supervision of children at all times.

4. Any corrective action plans, provisional license, and safety plans-steps to get into compliance

Kim stated that she would review the requirements and expectations with all staff at the next staff meeting.

5. Special Notes/Recommendations

A full license will remain in effect 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.

Date: 09/22/2026

HHS Licensing Consultant: Ray Salsbury

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Care License. Please take steps necessary to completely address each of the violations noted above.

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at **https://iowaccrr.org**.