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

Name of Center: Wee Saints Day Care **Enrollment:** 78 **License ID No. (Reapplications)** 22966

Street: 122 W 8th ST **City:** Saint Ansgar Iowa **Zip** 50472 **County:** Mitchell

Mailing Address: PO Box 158, Saint Ansgar, IA, 50472

Director's Name: Rose Minnis **Phone Number:** 641-713-4652

On-Site Supervisor(s): **E-Mail:** weesaints@myomnitel.com

Date(s) of Visit: 05-19-2023

Licensing Visit X **Unannounced Visit** X **Off Year Visit** **Administrative Change**

LICENSING VISITS

New Application **Re-Application** X **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: 09-29-2022

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	29	11	11	27	78
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 07-01-2022 to 07-01-2024
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 05-25-2023

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 Wee Saints Day Care on 06-01-22 where I met with the center director, Rose Minnis. Rose is well qualified for the position having been the director since 2000, obtained an AA degree in Early Education, and completing on-going professional development training. The program is located in a free standing building in St. Ansgar and is operated as a non-profit program overseen by a board of directors. The center provides daycare programming to infants through school age children, and also provides formal preschool programming. The preschool does include programming under the 4 Year Old Preschool Grant program. There are currently 78 children enrolled in the program. All aspects of the program subject to Licensing Standards were reviewed during the visit.

The general layout and design of the facility and classrooms remains the same as in prior years. The program makes use of several classrooms based on age. Each room was observed to be clean with only minor maintenance issues that did not rise to the level of a safety concern. The center had completed repairs to issues identified in the prior visit such as the electronics that had been damaged by a lightning strike. Each room has windows along the exterior walls that provide natural lighting, ventilation and view of the outdoors. Each room has a secondary exit from the room providing direct egress to the outdoors. All exits were observed to be clear of obstruction, and opened easily and freely. Steel storm shutters are present on the windows of the Preschool/School Age classroom and this rooms serves as the emergency tornado shelter. The Preschool classroom has access to restrooms directly from the room, but additional restrooms are located off common hallways. Additional sinks are present in each of the classrooms to facilitate hand washing. The general layout of each room is such that there are no blind areas however the 2-3 year old classroom has a long hallway that leads to some storage closets, and the hallway is also used for storage. This is an area that depending on staff positioning could allow children to be in a location where they are not within direct line of sight and staff will need to be aware of that issue.

Each room is divided into activity centers through the placement of shelving, play structures, and furniture. The arrangement in each room is such that it does not create any blind areas and provides the children with room to play. The infant room does have an area that is separated by low half walls and a mobile barrier. During the visit the staff did generally move the barrier to access this area but one employee was observed to step over a low wall on one occasion. This does create a risk for injury to a child from either being dropped when carried, staff dropping an item on a child, or staff tripping and falling on a child. The center may want to consider adding a gate system that is easier to manage and access. Each room had a good variety of toys and materials that were observed to be in good repair and appropriate to the ages of the children present. Copies of the daily schedule were posted in each classroom but not the planned curriculum. The preschool classroom was the only class that had posted a copy of the planned curriculum. Rose did state that the center does follow a general centerwide learning focus theme and staff do have plans but she would ensure that these are posted. Good interactions were observed with all staff being actively engaged with the children and attending to their needs. Good behavior management practices were observed with the staff redirecting children, assisting them with problem solving, and using other proactive positive intervention practices.

Good health and safety practices were generally observed on the day of my visit. I was not able to observe a diaper change on the day of my visit but the staff were able to recite the practices they follow which were consistent with the posted procedures notice. There were no children currently taking any prescription medications but the center does have policies

and procedures in place should it become necessary in the future. Over the counter medications were properly labeled, stored, and administration documented. Good handwashing practices were observed with the staff and children washing their hands as required including after diapering/restroom use, before meals, and before medication administration. Chemical cleaners, personal items, and other items labeled as "Keep Out Of The Reach Of Children" were stored in areas that were not accessible. First aid kits were present and taken as a whole the center did have items necessary to address most common first aid needs. Safe sleep practices were followed in the infant room.

The center playground is a large area with climbing structures, swings, open grassy areas, and paved walkways. Pea gravel is used beneath climbing structures and the swings for fall surfacing. The pea gravel has developed a hard pan layer in the high traffic areas of the climbing structure which will need to be aerated or supplemented with additional loose fill material. The pea gravel should have a depth of 9 inches of loose material. The equipment was observed to be in good repair though some were nearing the end of their useful life. The playground is fully enclosed by fencing which was in good repair. Shade is provided by several large mature trees. The playground does have some potential for blind areas that the staff need to be aware of due to both layout and structures. The design is an L shape along two sides of the building and depending on staff positioning children may not be within line of sight if playing on one leg of the playground. In addition the trees present are large pine trees with full bottoms where children could hide on the backside to avoid being observed by staff.

The center has a full kitchen and meals are prepared on-site. The center participates in the Child and Adult Care Food Program (CACFP). The program uses a four week menu rotation and a good variety of nutritious meal options were listed. The meal served on the day of my visit was consistent with the planned menu. Good food storage and handling practices were observed both in the kitchen and the classrooms. Lunch was served during the time of the visit and meals are pre-portioned for the children. The staff did use measured serving utensils to ensure that each child is provided with a full serving of each meal component. Staff did eat at the tables with the children to provide supervision and model good eating habits.

In reviewing administrative records all required notices were present and posted in an area that was readily accessible and visible to parents and visitors. Several staff and child files were randomly selected for review and compared to self-audits completed by the center which were found to be accurate. Based on the files reviewed and the self-audits all files were found to contain all required documentation. All required inspection logs and certificates were current and valid. The center handbooks were reviewed and have been updated to include the policies that were previously missing for Transportation, Incident Reporting, Biting, Confidentiality, and Intoxicated Parents.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

This center is a very stable and consistent program with many of the staff having been with the center for several years.

The center is planning on making renovations and expanding. The center purchased an open grassy area that will expand the playground. There are also plans to add programming space with construction of more classrooms. As part of the remodel and construction the playground will also be renovated with removing the wooden climbing structure, moving or removing the swings, and consideration of alternative fall surfacing.

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

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 pea gravel used for fall surfacing of the outdoor playground has developed a hard pan layer. This needs to be be aerated, or supplemented to ensure a minimum of 9 inches of depth of loose material.

109.12(1): Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served.Program complements but does not duplicate school curriculum.Schedule of program is posted in a place visible to parents.
-- A copy of the planned curriculum was not posted for each classroom as required.

V. 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.

*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.