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

Name of Center: Osage Community Day Care **Enrollment:** 186 **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: 07-13-2022

Licensing Visit X **Unannounced Visit** X **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: 2

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 02-11-2019 to 09-01-2023
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-14-2022

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 07-13-22 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 186 children enrolled in the program served by 25 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. Each room has access to restroom facilities directly from the room, and sinks in the classrooms to facilitate hand washing. There are phones with emergency numbers in the rooms. Emergency fire and tornado procedures were posted by each exit, and all exits were maintained so that they were clear of obstruction and opened easily and freely. 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 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. The wall that separates the sleeping area is a taller 3/4 wall that does create some blind areas depending on staff positioning. During the visit there was a child sleeping in a crib and staff were not in the area where they could observe the child. It was reviewed that the child could be placed in a crib which would be visible from the area where the staff were, the crib the child was in could be moved, or a chair could be placed in the area where a staff member could sit comfortably while supervising sleeping infants. One crib was also observed to have a white noise machine attached attached to a rail of the crib. While there was no child sleeping in that crib at the time it was identified that a child under 1 year of age does make use of that crib. It was discussed that having items in or attached to cribs when children under 1 year of age are sleeping in them would be a violation of safe sleep requirements. The staff did remove the unit and placed it in a container under the crib.

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 appropriate to the ages of the children present. A copy of the daily schedule and lesson plans were posted for each room. All staff were attentive to the children and providing for

their needs but levels of engagement varied with some being very active with the children engaging in their play while others provided a more observational level of supervision. This did not result in any observed issues such as behavioral problems but having a more active manner of interaction with the children can help to reduce behaviors, improve learning, and build social skills. The staff were all interacted in a very positive manner with the children during the visit with encouraging the children, providing direction, and using other proactive behavior management techniques. 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 diaper changes during the time of my visit and good practices were followed. Hand washing practices were mixed with the staff and children both washing their hands in an effective manner when they did wash them, but during the visit some children and staff did not wash their hands prior to snack service. 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. The center does have good policies in place regarding medication administration, storage, and documentation. During the visit one child was observed to fall and had a cut on the chin. Good practices were observed with the staff using gloves before treating the injury. The center does have information regarding response plans for children with identified allergies. First aid kits are maintained in classrooms, and one was observed to have been taken out to the playground when children were outside. Additional materials for replenishment of those kits are also maintained in the center.

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.. Shelly stated that the school has ordered additional wood chips but is still waiting on delivery of the product which will be dispersed once it has been received. 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. 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 morning snack service which consisted of cottage cheese and pineapple. Meals are served in the classrooms and staff did wear food service gloves and used measured scoops when plating meals. While the staff did not eat with the children supervision was provided at the tables.

All required notices were posted in an area readily accessible and visible to parents and visitors. A brief review of staff and children files was conducted. Shelly did acknowledge that she was still working to update children's files but did not have a self-audit system. A random sample of 10% of the child files were selected for review of those 2 were found to need an updated physical. When reviewing infant daily sheets it was observed that while the forms do prompt staff to document all required elements information regarding daily Activities, and Disposition was not being included. This is required and helps to provide information about changes in functioning for children that are not able to speak for themselves. A random selection of 25% of staff files were reviewed of those 1 had an expired Iowa SING background check, 2 needed an updated physical, and 1 had not completed the required training within the first 90 days. 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:

This center began participating in the Quality Rating Scales program which seeks to implement best practice recommendations. The program is rated as a 2 STAR program out of a possible 5 STAR scale.

Shelly identified that there has been recent growth in the community and several employers have been in discussion with the center about options for partnering to expand programming and services both in terms of new construction, and hours of operation. Shelly stated that this still in the initial exploration and discussion stages.

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

109.6(6)c: Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.
-- Number not in compliance: 1

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: 1

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: 2

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.
-- Information regarding disposition and activities was not being documented.

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, 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: 2

109.10(8): Children’s hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children’s hands shall be washed: Immediately before eating or participating in food service activity. After using the restroom or being diapered. After handling animals.
-- Children's hands were not washed immediately prior to meal service.

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.