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

Name of Center: Kids Palace - Gowrie **Enrollment:** 47 **License ID No. (Reapplications)** 12766

Street: 1019 Market ST **City:** Gowrie Iowa **Zip** 50543 **County:** Webster

Mailing Address: PO BOX 447, Gowrie, IA, 50543

Director's Name: Heather Fisher **Phone Number:** 515-352-5522

On-Site Supervisor(s): Brittany Wilsey **E-Mail:** kidspalace1019@yahoo.com

Date(s) of Visit: 07-02-2025, 05-09-2025

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: 06-29-2022

Comments :

LICENSE TYPE: X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

Financial Type: X Profit 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	12	10	13	20	55
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 07-01-2025 to 07-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-17-2025

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 Kids Palace Childcare Center on 05-09-25, and again on 07-02-25 where I met with the center owner and director, Heather Fisher. Brittany Wilsey is the on-site supervisor for the program when Heather is not available. Both are well qualified for the positions the hold based on their extensive experience and on-going training in early childhood care and education. The center is located in the commercial downtown district of Gowrie. The program provides daycare to infants through school age children. There are currently 47 children served by 15 staff. All areas of the center subject to licensing standards were reviewed during this visit.

The general layout and design of the center remains the same as in the prior reports. The center is located on the downtown main street area of Gowrie and is comprised of two adjacent buildings where a connecting pass-through door was added. Classrooms are established by age group with the school age children in the main showroom area of one building. The preschool children make use of the main showroom area of other building, with toddlers making use of the back room area of that building. Infants are located in an expansion room that was built at the back of the building where the preschool and toddler children are located. There is also a small outdoor area that has been fenced with an infant/toddler playground and had a direct access installed from the toddler classroom. Due to a lack of available attached outdoor space the older children make use of public parks that are located within walking distance of the center. Restrooms are located off the main corridor spaces of both buildings. Due to only having access to 3 toilets the licensed capacity of the program is restricted to no more than 45 children that are two or more years of age. A large store front window provides light and a view of the outdoors to both buildings with additional windows present in the toddler and infant rooms that also provide natural light and ventilation. The infant and toddler rooms have secondary exits to the exterior from the room, and the preschool and school age rooms access secondary exits by passing through other intervening spaces. All exits were clear of obstruction. Both locations have basement spaces that serve as emergency storm shelters. Additional sinks are available in the infant and preschool rooms to facilitate handwashing. The water temperatures had been lowered following citation in the prior visit and were found to continue to be maintained at safe levels. The center makes use of a mobile divider fence in the infant room to create separate areas for the mobile and non-mobile infants with a gate that staff were observed to use when passing between the two areas. Each room is divided into activity centers through the placement of furnishing and play structures that are arranged so as not to create any blind areas.

A copy of the daily schedule and planned curriculum were posted for each classroom. The center uses a weekly learning focus approach with themes for the month and specific learning concepts of letter, numbers, shapes, and colors. Good interactions were observed on each day of the visits with the staff attending to the children's needs and presenting the planned curriculum. While the center still has summer programming with an activity focus of going to the park, pool, and other off site locations there was also a stronger balance on programming that included activities that were teacher lead and intended to build and maintain school readiness skills. The center uses a positive behavior management approach with the children using positive recognition/praise, transition activities and routines, and redirection with the children. All of the teachers used calm tones and encouraging word choices when speaking to the children. Ratio was maintained in each classroom as required by age.

While the center does have Health and safety policies in place a number of issues with regard to practice were observed.

Changing stations are present in the infant room, and toddler room and a copy of the changing procedures posting was present in both. There is also a changing station for preschool age children who may have a toileting accident and a copy of the required posting was not present in that area. I was able to observe a diaper change and staff did not wash the child's hands following the diapering nor was the changing station cleaned effectively with staff not fully spraying the entire surface with the disinfectant leaving areas untreated. Other hand washing practices were also an issue with some staff not washing their hands immediately prior to meal/bottle preparation. With regard to cleaning as noted the changing station was not cleaned effectively but when observing the preschool classroom the teacher was observed to be using chemical cleaners and spraying the table surface while children were still present and eating at the table. Medications, chemical cleaners, personal items, and other materials that could present a safety risk to children were stored in areas where they were not accessible to children. Safe sleep practices were also mixed with good practices observed in the infant room for children under 1 year of age on the first visit, but on the 2nd visit several infants under 1 year of age were observed to be sleeping in swings, bouncers, or lap sleeping. Heather did immediately have staff move those children to cribs when the concern was identified. Older children sleeping on cots also needed to have cover sheets or other appropriate bedding that can be removed and laundered as needed. First aid kits were present in the classrooms and a main kit maintained in the kitchen. Taken as whole the center had materials necessary to address most common first aid needs but individual kits should be reviewed and replenished as needed. Some items and toys with parts that were less than 1 1/4 inches in diameter and 2 1/4 inches in length were present in the infant room. Items of this size are considered choking hazards and need to be removed from rooms serving children under 3 years of age, and should be kept in storage and brought out for supervised play for children 3-4 years of age. While the observed items were in a drawer and not in use in the infant room this issue was identified in the prior report. Having those items present in the room does increase the likelihood that those toys may be provided for the infants where one of their primary methods of interaction is through mouthing of items. These materials do need to be removed from the classroom and stored elsewhere.

The center has a full kitchen and the program also participates in the Summer Lunch Program that is open to all community members and prepared by the school. Good food storage and handling practices were observed in the kitchen. Staff did wear food service gloves and used measured scoops when portioning meals. Meals are served in the classrooms and the teachers do provide supervision at the tables. A menu is posted and provides a good variety of meal options for the children.

The center does have a small toddler playground space behind the building. The space if fully enclosed by fencing and contains some non-climbing play structures. The center does make use of city facilities such as parks, the pool, and library which are within walking distance. The center did maintain ratio requirements for each age group and adding an additional staff member when leaving for off site activities during the visits. The staff also took a first aid kit that included emergency contact information for each child.

In reviewing administrative records all required notices were present and in an area readily accessible to parents and visitors. However upon arrival for the initial visit the Consultant Contact notice was covered by another posting which was moved and remained clear at the time of the follow-up visit. The center uses a combination of an electronic communication and file maintenance application, Brightwheel, and hard copy files to maintain records. This combination is such that it was difficult to determine what information was present and current at the time of the initial visit. Heather was able to organize the information by the time of the follow-up visit. In reviewing child files all were current and contained all required information with the exception of 4 that needed a current physical and for which parents had been notified. One issue that was noted was with regard to daily sheets for children under 24 months of age in which staff were not documenting all required information. While staff were noting daily Meals, Diapering, and Sleeping they were not documenting Disposition or Activities. Photos were occasionally present for children but not consistently. It was reviewed that a photo could be considered a visual depiction of mood and activity but if that was the intent then photos needed to be taken of each child every day and should taken both morning and afternoon to show any changes in functioning. With regard to staff files a random sample of 5 files were reviewed and of those none had current results of national FBI fingerprint based background checks. In addition 1 had an incomplete Iowa SING record check, 3 were missing a current physical and all were missing documentation of current on-going training. Inspection logs and certificates were also an issue. The center did have documentation to show that radon testing had been completed but the sample was rejected by the lab. Heather did have a new test kit and planned to conduct testing over the July 4th holiday. The center did not have documentation of fuel burning appliance inspections but Heather reported that a technician had been to the center on 06-20-25 to perform maintenance. With regard to emergency drills the center did not conduct and/or document drills for any time other than a single fire drill in May 2025, and a single tornado drill in March 2025.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is currently working to participate in the IQ4K program which seeks to implement best practice recommendations.

The staff do appear to have worked to develop and implement a curriculum that provides more engagement and focus on

skill development rather than self-directed large motor and social play with the children spending large amounts of time at community parks. While the center does still engage in play at city parks there was more engagement in teacher lead cognitive and language based skill development activities at the center during the visits.

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

109.9(1)a: All files contain:Copy of a department criminal history record check form or any other permission form approved by Department of Public Safety for conducting an Iowa or national criminal history record check. Copy of a request for child abuse information form, when applicable.Copies of results of Iowa record checks conducted through the SING for review by the department upon request.Copies of national criminal history check results.Any department issued documents sent to the center related to a record check, regardless of findings.
-- Documentation of FBI Fingerprint checks was missing for all reviewed files. 1 employee had an incomplete Iowa SING background check which required the center to re-check the record to obtain final results.

109.9(1)b: 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: 3 Documentation was missing for 1 employee, expired for 1 employee, and on an invalid form for 1 employee.

109.9(1)c: 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: 5 Documentation of current training certificates of one or more required trainings was missing from every reviewed file.

109.9(3): Daily written records are maintained for each child under two years of age and include:The time periods in which the child has slept.The amount of food consumed and the times at which the child has eaten.The time of and any irregularities in the child's elimination patterns.The general disposition of the child.A general summary of the activities in which the child participated.
-- Documentation of Daily Activity, and Daily Disposition was not recorded for each child as required.

109.10(5): Staff hand washing: The center shall ensure staff demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease
-- Staff did not wash hands immediately before preparing/serving food in the infant room.

109.10(13)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.
-- Emergency drills were not conducted and/or documented monthly as required.

109.11(3)a: Center shall ensure that:Facility and premises are sanitary, safe, and hazard free.Sufficient lighting shall be provided.Sufficient ventilation.Sufficient heating.Sufficient cooling.Equipment placed in the program area is maintained so as not to result in injury to the children.
-- Chemical cleaners were used when children were in the immediate area and eating and this cannot occur.

109.11(8)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.
-- Documentation of Radon testing was not present at the time of the visit as the submitted sample was rejected. If renewed testing samples are rejected the center will need to contact the Iowa Radon Coalition or Dept of Public Health to request assistance from an air quality control specialist.

109.11(8)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.
-- Documentation of annual inspection of fuel burning appliances was not present on the day of the visit.

109.12(4)b: Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.
-- Infants hands were not washed following diapering. Changing station surfaces were not fully saturated when cleaning to ensure they were properly disinfected.

109.12(4)d: Safe, washable toys, large enough so they cannot be swallowed and with no removable parts, shall be provided.

All hard-surface toys used by children shall be sanitized daily.
-- Items and toys with parts that can easily break off which would be a choking hazard need to be removed from classrooms serving children under 3 years of age.

109.12(4)e: The provider shall follow safe sleep practices for infants under one year of age:Infants shall always be placed on their backs for sleep.Infants shall be placed on a firm mattress with a tight fitted sheet.Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface.No child shall be allowed to sleep in any item not designed for infant sleeping, including but not limited to an infant seat, car seat, swing, or 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 and an expiration date.
-- Infants under 12 months of age were observed to be sleeping in swings, bouncers, and lap sleeping.

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.

NOTE: Documentation was received on 07-14-25 from Heather that she has updated staff files for training, Iowa SING background checks, and had staff schedule appointments for physicals, and Fingerprint submissions.

NOTE: A referral has been made to Child Care Resource and Referral to assist the center in developing and implementing a plan of correction to address those issues cited as not being in compliance.

*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.