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

Name of Center: Osage Community Day Care **Enrollment:** 180 **License ID No. (Reapplications)** 22415

Street: 510 Mechanic ST **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: 07-15-2024

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: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 09-01-2023 to 09-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-23-2024

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 07-15-24 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 180 children enrolled in the program served by 22 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. A large air conditioning unit was added to the gymnasium during the past year. The daycare center has central air conditioning to maintain temperatures. Each room has secondary exits that provide direct egress to the outdoors. All exits were maintained to be clear of obstruction and opened easily and freely. Each room has access to restroom facilities directly from the room, and sinks in the classrooms to facilitate hand washing. Changing stations are available in the infant and toddler classrooms. Changing procedures postings were present by all changing stations, and hand washing procedures postings were present by all sinks. There are phones with emergency numbers posted in the rooms. Emergency fire and tornado procedures were posted by each exit. 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 the level of being 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. Staff were observed to use the gate when accessing that space. The wall that separates the sleeping area is a taller 3/4 wall that does create some blind areas depending on staff positioning. The center did add a rocking chair to that area where staff can be positioned when children are sleeping so that they can supervise sleeping children.

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. The toys that were identified as choking hazards had been removed from classrooms serving children under 3 year of age, and the toys manufactured as promotional items for food vendors had been removed from the center. A copy of the daily schedule and lesson plans were posted for each room. Each classroom develops their own curriculum which generally identifies a learning focus for each week. As an example one classroom had a focus of "Ice Cream" and had just finished doing an art/craft project related to that theme. During the visit all staff were observed to attend to the children's needs however the level of engagement and supervision varied ranging from staff who were actively involved in direct care activities such as

serving lunch, changing diapers, or reading to the children to others that were less engaged with sitting and providing more passive observational supervision. Regardless of the level of engagement all staff were attentive to the children ensuring they were within direct line of sight and sound, and responded to any issues or needs that arose. One issue that was observed which suggested an improved need for supervision was in regard to restroom use in the preschool age classroom (s). There was an area with pooling urine behind the toilet suggesting the child needed assistance and that staff were unaware of that need. Ratio was maintained in the center as required by age with at least two staff present in each classroom. The center does have policies regarding use of positive behavior management approaches and all staff were observed to use those techniques. This included use of routines and reminders of expected behavior, recognizing and praising positive behavior, and redirection of inappropriate behavior. When speaking to the children all staff used calm and encouraging tones.

Good health and safety practices were observed during the time of my visit. I was able to observe a diaper change and good practices were followed. One issue that was identified is that staff in a couple of the classrooms identified that they will use diaper wipes when washing children's hands following diapering. It was reviewed that this is not an acceptable alternative as diaper wipes have no detergents but if a child cannot be held or stand at a sink with soap and running water staff can use a separate soapy cloth or paper towel to wash the children's hands. It was also reviewed that for classrooms with diapering stations a separate trash container is required for soiled diapers and materials from diapering. Good cleaning practices were observed with staff ensuring children were not in the immediate area when using chemical cleaners. 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. Medications for the children were labeled with the name of the child to whom it belonged. The center does have information regarding response plans for children with identified allergies. First aid kits are maintained in classrooms and contained materials necessary to address most common first aid needs. Each classroom also maintains an emergency supply kit to provide for care in the event of the need to relocate. Safe sleep practices were followed for infants under 1 year of age.

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.. The center did have a large pile of new mulch that would be used to supplement the existing material. It was noted that the existing material has composted significantly and the center should consider removing that material to replace with fresh material. 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. A sandbox with a cover was recently added to this area. 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. The school completed construction of a large shelter space between the playground areas which can be used as a shade structure. Shelly did identify that a shade awning will be installed in the playground area for the children.

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). The center is currently preparing meals for the infants through 2 year old children, and the preschool and school age children are participating in the school summer lunch program. Good food storage and handling practices were observed both in the kitchen and classrooms of the daycare and school. Staff wore food service gloves and used measured scoops when serving children. 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. The staff did eat with the children at the center to provide supervision and model good eating habits during the meal service, but due to the requirements of the school summer lunch program did not eat with the children at the school.

In reviewing administrative records all required notices were posted in an area readily accessible and visible to parents and visitors. The center did have a self-audit for both child and staff files. The self-audit for the children's files identified 3 children that needed an updated physical and of those 2 were waiting for their scheduled appointment. With regard to staff files the self-audit identified all contained current information with the exception of 1 that needed an updated physical. Inspection logs and certificates were available and current for all required elements.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center does have very strong support both with the school and the community. This is best exemplified with a local business, Kenny Services, that donated the labor to the center and school to install the new air conditioning unit in the school gym which is used by the school age children during the summer.

The center is also working with the school and other community partners to assess the future needs for expansion of the

school and daycare.

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

109.12(5)b: Infants diapered in a sanitary manner as needed in central diapering area.One changing table for every 15 infants/toddlers needing diaper changes.Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area.
-- All classrooms with changing stations need separate trash containers for diapers, and all other trash. Infants hands must be washed with soap and water following every diaper change.

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.