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

Name of Center: ChildCare Discovery Center **Enrollment:** 152 **License ID No. (Reapplications)** 17939

Street: 2329 1st Ave S **City:** Fort Dodge Iowa **Zip** 50501 **County:** Webster

Mailing Address: 2329 1st Ave S, Fort Dodge, IA, 50501

Director's Name: Tammy McNeil, Courtney McNeil **Phone Number:** 515-576-6771

On-Site Supervisor(s): Deb Breon **E-Mail:** ourworld@childcarediscoverycenter.com

Date(s) of Visit: 05-03-2019

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 **State** X **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 05-23-2017

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	20	45	70	105	240
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 06-01-2018 to 06-01-2020
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 05-13-2019

I. IF CURRENT LICENSE IS PROVISIONAL, IDENTIFY THE CORRECTIVE ACTIONS

NA

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Childcare Discovery Center on 05-03-19 where I met with center director Courtney McNeil and owner Tammy McNeil. Courtney is well qualified for the position having extensive experience and professional development in early childhood care. The program is located in a strip mall setting in Fort Dodge. The center provides both daycare and preschool programming serving infants through school age children. The preschool does participate in the State Wide 4 Year Old Preschool Grant program. There are currently 152 children enrolled in the center. All areas of the program subject to licensing standards were reviewed.

The over layout and design of the building and each classroom remains the same as that which has been identified in past reports. Each room was observed to be clean with no immediate concerns noted due to design or arrangement. While there were some minor maintenance issues none were noted that would present an identified immediate risk to the children. Each room has multiple exits from the room with several having direct access to the outdoors. It was noted that several of the secondary exits were blocked by items that were placed in front of the doors or in access corridors that restricted the access path. Much of the blockage in the classrooms was due to temporary rearrangement to accommodate cot placement but the obstructions could have been placed elsewhere to ensure clear access. There was also a exit from a common area of the building where a push buggy stroller and car seats were stored and it was recommended that the center speak with the fire marshal regarding whether the arrangement would need to be changed. Evacuation notices that include both diagram and written instruction for fire and tornado evacuation also need to be posted by each exit from each programming room. Some exits did not have the notices posted, and some did not contain all the required information. Several of the classrooms have sinks in the room. Each room was observed to have adequate lighting either from natural or artificial light. The arrangement of the classroom provided the children with space to move and play without creating blind areas. The one exception to this is the school age classroom which has several small that are used for activity centers. While these spaces have large windows they can still create blind areas unless the staff are strategically arranged to provide supervision. Options for opening the spaces up for improved supervision have been discussed with the center.

Each classroom has a daily schedule and curriculum in place. The center was engaged in nap / quiet time during the time of my visit with many of the younger children napping, and the older children engaging in quiet activity play. It was noted that children were not required to nap and even some of the younger children were allowed to color or play quiet games if they were not napping. The toys and materials present were appropriate to the ages of the children present and generally in good repair. Good interactions were observed through out the center with the staff implementing the planned curriculum and/or attending to the children's needs.

The center does have 2 classrooms that provide care to infants with one for younger infants and one for older infants. While visiting the younger infant room staff were observed to place an infant in the crib on the infants stomach. This is a violation of Safe Sleep practices and significantly increases the risk of SIDS. Courtney did re-position the child when it was pointed out.

Each room is equipped with a first aid kit which is reviewed by the lead teacher and replenished as needed on a monthly basis from a large supply of materials that are maintained in a storage room. The center did not have any children taking

any prescription medications at the time of my visit but identified that medications are stored in the center office, or in the kitchen if requiring refrigeration. Good storage and documentation practices were generally observed for the non-prescription medications that were being kept at the center. The staff do need to ensure that all containers are labeled with the name of the child, employee to which it belongs or if it is purchased by the center for general use should be labeled with the center name.

The center does have a fully functioning kitchen and meals are prepared on-site. Good food storage and handling practices were observed. A menu was posted and the planned meal was served.

The center playground is enclosed by a tall wooden fence and is also divided into three separate areas by shorter fencing. The wood was noted to be weathering but did not show signs of splintering. One area is designated for infants and toddlers, and the other two areas are used by the preschool and school age children. One space for the older children has climbing and other play structures and the other is an open grassy area. The equipment was installed in the previous year and continues to be in good repair. Rubber mulch is used for fall surfacing and rubber mats are also used in heavy traffic areas to reduce displacement. Despite this some of the material has been lost and the center will need to continue to monitor the depth of fall surfacing and add material as needed.

All required notices were posted in an area readily available and visible to parents and visitors though it was recommended that disease exposure notices be moved to the atrium area so that individuals can have advance notice before entering the center. Inspection certificates and logs were were available and current. The center uses both an electronic and hard copy file system to maintain child and staff files and is in the process of implementing a new electronic system. A review of randomly selected files found both to be consistent and accurate. The electronic system allows the center to track information and run reports to identify those files that need updates. Courtney did print reports for both child and staff files. The child file report identified 4 files that needed an updated physical, 7 needed an annual update, and 1 needed updated immunizations. Staff files were found to contain all required documentation but it was reviewed that recent changes now require that FBI Fingerprint Background checks be submitted prior to employment. The center handbooks have been previously reviewed and found to contain all required written policies.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has continued to update the program with the new computer system that also allows for improved communication with parents who can access information via an on-line app. The center has also updated the camera system. The center has also purchased several new vans for use in transporting children to and from school.

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

109.9(2): All files are updated at least annually and when a change occurs.
-- Documentation needed for 7 files.

109.9(3): Signed and dated Iowa immunization certificates are on file for each child enrolled.
Number missing: 1

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: 4

109.10(15)d: Daily checks to ensure all exits are unobstructed.
-- Items were stored in front of emergency exits that either blocked or restricted access. Emergency exits must remain clear at all times.

109.12(5)e: The provider shall follow safe sleep practices recommended by AAP for infants under one year of age:Infants shall always be placed on their back for sleep.Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child will be allowed to sleep in any items not designed for sleeping but not limited to, an infant seat, car seat, swing, 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.

-- An infant was observed to have been placed in the crib on the child's stomach.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license is recommended at this time. Please provide a written response to the licensing consultant within 10 working days of the receipt of this report identifying a plan of action to correct 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 me (phone 515268-2277 (office) 515-339-2456 (cell); email rsalsbu@dhs.state.ia.us so that we may discuss the issue. If necessary, I can make a notation in your record. You may also send a letter that will be included in your licensing file noting any disagreement you may have with this report. If you have the need for any additional information discussed during my visit, please contact me and I will forward the information to you. Thank you.

*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.

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