Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Sieda Child Development Center

Provider No.: 52387

Address: 613 Indian Hills DriveBldg 16, Ottumwa, IA, 52501

County: Wapello

Director's Name: Liz Fairchild

On-Site Supervisor: Mark Grego

Phone Number: 6416828741

E-Mail: lfairchild@sieda.org

HHS Visit Date: 01/08/2026

Licensing Period: 01/01/2026 to 01/01/2028

Fire Inspection:

Date Inspected: 01/06/2026

Comments: approved by Ottumwa Fire Department and required annually

Report Visit Type:

- [ ] PTO
- [ ] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	7:00 AM to 5:30 PM		
Tuesday	7:00 AM to 5:30 PM		
Wednesday	7:00 AM to 5:30 PM		
Thursday	7:00 AM to 5:30 PM		
Friday	7:00 AM to 5:30 PM		
Saturday			

Program Population Served:

- [ ] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [X] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	12	8	4		24
Summer					0

1. Basic Overview

The Sieda Child Development Center is located on the Indian Hills Community College Campus where the previous Indian Hills Child Development Center was located. The center only contains two rooms at this time. The program plans to expand and add preschool classrooms in the summer months. The infant room serves ages 2 weeks-18mo, and the toddler room contains ages 18mo-3yr. The center is owned and operated by Southern Iowa Economic Development Association (SIEDA). The director Ms. Elizabeth Fairchild also directs several other SIEDA Head Start programs in southern Iowa. Ms. Fairchild has a BA degree in K-6 Elementary Education and 12 years of experience in Head Start programs. She was formerly a Head Start teacher for 4 years and was a Center Supervisor for 6 years. She currently directs Keokuk County, Jefferson County, and the Cardinal Community Partnership, Wapello County sites, as well as Appanoose and Davis County sites. Mark Grego is the new program OSS.

When a visitor arrives, they must enter the front door, as all other doors are locked. The building contains an area for check in, two offices, a staff lounge and restroom, a gross motor room, a full kitchen, as well as the childcare rooms. On 1/8/26 all program areas were observed on an unannounced licensing visit. The program is currently serving infants to age three-year-old children.

Observation of Rooms:

The two classrooms are clean, bright, attractive, and equipped with a satisfactory variety of child sized furniture, equipment, toys, games, and activities for the children. The classrooms are self-contained.

Center Nutrition:

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The center follows guidelines set for by CACFP. and serves both meals and snacks. The kitchen, pantry and food preparation areas are clean. No food was observed to be outdated, or improperly stored either in the pantry,. cabinetry or in refrigeration/freezer units. Thermometers were in the freezer and refrigeration units. The program has posted menus that appear to meet CACFP guidelines. Any child with food allergies has an allergy action plan on site. The kitchen was remodeled in 2022. with grant money.

Breakfast, a noon meal, and snacks are provided and prepared in the center kitchen by staff. Food is served every three hours. Meals are served family style in the each room. Snacks are prepared by staff and served in the classroom. Posted monthly menus indicate that minimum nutritional requirements are met. No open food was observed in the unit. Other dry goods were stored appropriately. No food was observed to be stored on the floor. No expired food items were found.

Children dine at child size tables and sit in small chairs. During snack, the children are read to and staff sit and visit with the children. All tables, chairs and sinks are sanitized with IDPH approved products that I observed.

Center Health and Safety:

The center director directs other childcare programs and understands supervision and ratio requirements. The central reason for child care is that the "center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision." She has gone over this requirement with staff and each room has a plan to ensure this rule is met consistently. During the visit staff knew how many children they were supervising. Staff should have a hand off process discussing which children are present and how many. This can be achieved verbally, with a white board, a clip board, pictures of which children are assigned to which staff, etc..

Medication policies and procedures including prescription and non-prescription medication administration is in accordance with licensing regulations, physician directions, and parental consent. Medications (including sunscreen) are stored in their original containers with physician/pharmacist directions and label intact when on the premises. An ill/injured area is the nurse's office is available or a designated space in each classroom. All prescribed medication should have current pharmacy/physician label intact and accompanying documentation. Emergency medication should be stored with the child so it is accessible in an emergency. All of these regulations were met the date of the visit.

Allergy action plans were discussed. The CCNC can assist the program if assistance is needed. CCNC indicated on 12/15/23, "Any further guidance would be to reiterate; Keeping one plan in the child’s file and one with the child at all times along with the emergency medications including epi pens/Benadryl or Diastat/Tylenol etc. Individual children’s food allergies are posted where they can be seen in the classroom and wherever food is served. (Std. 4.2.0.10) " No enrolled children have documented allergies at this time.

The center must complete incident reports. Parents should be notified on the day of the incident involving a child that includes:

Minor injuries.
Minor changes in health status.
Minor behavioral concerns.
Incidents resulting in injury to a child.

The parent should sign and date acknowledgement of the incident report.

Room arrangements are neat and organized. A gross motor room is available and each child has at least 75 square feet each.

The children have access to sink/toilets in each classroom. The program meets rule of one toilet and sink for 15 children in each room. Hand washing posters were easily observed. At this time only young children are served. When preschool age children are added staff will ensure children do not use the restroom simultaneously without direct supervision.

Room lighting consists of both natural light from windows as well as adequate interior lighting. The classrooms and bathroom facilities were observed to be clean.

Storage and maintenance of first aid kits in each room were viewed. First-aid supplies were sufficient to address minor

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trauma. All teachers had the most recent first aid kit checklist. All kits are labeled, (even mobile units).

Items reviewed each year during visits include: Medication procedures and required paperwork including allergy action plans. Handwashing and diaper changing routines. Safe sleep, Sanitizing and disinfecting. First aid kits are stocked and available in each room.

Ventilation and lighting are adequate. The center has a gross motor room. All cabinetry in each room is anchored to the wall. Restrooms are shared between rooms.

Environmental testing and the maintenance of any necessary detection equipment were reviewed. Radon testing was conducted in June 2023 and meets requirements. It is due every five years. Results were within EPA guidelines (under 4 pCi/L). Non-battery operated carbon-monoxide detectors should be in the rooms. At least 2 units should be in opposite ends of the program space. The building was constructed after 1971. As a result a lead paint assessment is not required. The building is on rural water. As a result, a private analysis is not required.

Cabinetry or shelving that could be toppling hazards were anchored to the wall by the previous program.

The program has no pets or plants. Each program room should accommodate each child so that they have at least 35 square feet of usable floor space.

Food waste containers were covered in all rooms.

The program should utilize the correct Volunteer Form should they have volunteers in the future.

Emergency plans and drills for fire and tornado were reviewed. Tornado and fire drills should be practiced and documented once a month. Emergency safety plans were posted in each room. Evacuation procedures were posted.

Center Playground:

Attached behind the center is a large wooded outdoor play area. The area is divided into sections so that the younger children and older children are separated. Mulch was added to the area last year. The Director agreed to ask Child Care Nurse Consultant Crouse to perform Injury Prevention Checklists indoors and outdoors. The Child Care Weather Watch is utilized to determine if outdoor play is feasible in varying weather conditions.

Staff from each room take out a First Aid Kit and any emergency medication for children they are supervising.

Each child should have a minimum of 75 square feet of usable space.

Playground inspections should be conducted and documented on a monthly basis. These inspections will be sent in to the main office monthly.
:
Center Field Trips/Transportation:

The center provides no transportation at this time. Walking field trips may be taken around campus. CPR certified staff and emergency contacts are taken on field trips as well as first aid kits and emergency medications. If field trips are taken in the future each child shall have a signed field trip permission slip in their file. First aid kits and emergency contacts are taken on field trips. Field trip ratios must be followed.

Center Administrative Records:

Child misbehavior is addressed by Positive Behavioral Interventions and Supports. Intervention strategies are developed for each child depending on their level of social and emotional skills. Interventions include reminders to the child of appropriate behavior, direct instruction in problem solving skills, redirection, planned ignoring, and positive reinforcement of appropriate behavior. Child misbehavior is addressed by PBIS. The center implements daily curriculum. Schedules and routines are in place creating an orderly yet fun atmosphere. it is recommended staff separate younger and older children during the day so that age appropriate activities can be conducted with each age group. The center has all required postings. Child and staff files are reviewed annually as well as incident reports. The building Director/OSS should ensure incident

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reports are being written.

Postings, including Emergency evacuation postings and mandatory abuse reporter, no smoking postings were observed hanging in the rooms were not on the parent boards. They should be posted where parents drop off or pick up children. The license and state consultant contact information were present. We discussed that the license should be posted when sent. A Copy of Comm 204 is kept in the office.

Emergency evacuation maps as well as 911, Emergency and Poison Control numbers, center phone & address posted by the phones in each room. A new emergency preparedness plan will be written. Staff will be trained on the plan, and an acknowledgement should be signed and dated by all employees.

Regulations regarding required written policies provided to parents in the form of a parent handbook.

Child files are reviewed annually. They are kept in child plus. All children are required to have updated physicals and immunizations. All children must have updated emergency contact information, dental and medical provider information and pick up authorization information. Ms. Thompson helps manage child paperwork for the program including recording child physical updates. Immunization audits should be conducted annually.

Staff files are reviewed annually. The center currently employs six staff. Katie Thompson, OSS provided me with these records (1/9/26). Iowa Criminal Record Checks (2 yrs), Staff Physicals (3 yrs), Fingerprints (4 yrs), Criminal Conviction Form (once), CPR (2 yrs) First Aid (2 yrs), Mandatory Reporter training (3 yrs), Universal Precautions, Continuing Education Hours were reviewed. All staff have taken Essentials training but one. This is now corrected. It should be noted SEIDA has an excellent history of record keeping and compliance with training and background check requirements. This is duly noted. All staff should be in IPOWER.
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The Emergency Preparedness Plan is specific to the site. Staff will be trained on it annually and sign and date acknowledgement of such.

2. Identify Observed Strengths of the program

The center fulfills a need in the community.

The center Director has many years of experience directing Head Start programs.

The building is in good condition and was designed specifically for childcare.

3. Identify the aspects that fall below the standard

1. OSS Grego agreed to ensure all staff are trained over the EPP. An intoxicated parent policy should be in the latest EPP.

2. The center is low on fall surfacing in the outdoor play area beneath climbing equipment.

It is recommended the center focus on implementing age appropriate curriculum with each age group. It is recommended that one year olds and three year olds be broken up throughout the day so that activities can be deployed.

4. Any corrective action plans, provisional license, and safety plans-steps to get into compliance

5. Special Notes/Recommendations

Based upon this review, it is recommended that this center remain in Full licensing status. The center is directed to correct

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violations and continue to monitor day to day practice and adjust accordingly to continue to ensure licensing rule is met consistently. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period.

HHS encourages you to contact your local nurse consultant Kelsey Stookesberry. Child Care Nurse Consultants work with child care and early education businesses. Businesses may call or send questions to a child care nurse consultant about health and safety policies, health programs, health of personnel, and specific child health or safety issues. Please visit the following website for more information. http://idph.iowa.gov/hcci/consultants Katie Thompson reached out to CCNC Crouse on 1/17/24 and asked her to visit the new program. CCNC Crouse did visit the program in 2024. CNC Mary M. and CCR&R Consultant Karen Lauer conducted two Safe Sleep visits in 2025.

CCNC Kelsey Stookesberry visit in January She sent the following email::

From: Kelsey Stookesberry <kstookesberry@ahfa.org>
Date: Wed, Jan 7, 2026 at 3:35?PM
Subject: Observation
To: Mark Grego <mgrego@sieda.org>, Liz Fairchild <lfairchild@sieda.org>

Good Afternoon Mark and Liz,

I had the pleasure of observing 0-18 month and 18-3 year classrooms this morning. Glenda, Connie and Scotta were present for staff this morning in the infant (0-18 month room).
They were all really great at praising the children, and correcting behaviors in age-appropriate methods. One infant fell asleep while Glenda was holding them, and it was great to see them using appropriate sleep practices and placing the infant in crib on back immediately.
Connie was really engaged with the children, reading them books, discussing colors, and animal sounds. The kids loved that.
Glenda did the diapering while I was in the room. She did a really great job following protocol for diapering and cleaning the surface afterwards. I have no concerns with her diapering procedure.
The snack table was cleaned right away; it appeared to be sanitized with Oxivir spray, and I would encourage a refresher on dwell time for that particular product on the bottle. It was wiped off in less than a minute.
Areas I feel that could use some more attention would be handwashing and cleaning and sanitizing in this room, but overall, they are doing really well.
They did a great job at washing hands before and after meals, I did see a time where a child's nose was wiped, and tissue was placed in pocket and hands were not washed. This was one occurrence while I was there, and the other times their hands were washed."

HHS encourages you to contact Child Care Resource and Referral consultant Karen Lauer. They offer centers assistance with meeting the HHS regulations, IQ4K, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. Please visit the following website for more information: http://www.iowaccrr.org CCR&R worked frequently with the center in 2019/2020 prior to the pandemic. Consultant Lauer visited the program on 1/24/24. She also took updated No Smoking signs in 2024 and visited the program in 2025. CCNC Mary M. and CCR&R Consultant Karen Lauer conducted two Safe Sleep visits in 2025. She plans to visit in 2026.

Recommendations are for the program to continue working with both agencies utilizing supports of CCR&R and CCNC.

Date: 01/12/2026

HHS Licensing Consultant: Jill Seibert

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Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Care License. Please take steps necessary to completely address each of the violations noted above.

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at **https://iowaccrr.org**.