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

Name of Center: Sioux Central Childcare Center **Enrollment:** 30 **License ID No. (Reapplications)** 29110

Street: 515 Elm ST **City:** Sioux Rapids Iowa **Zip** 50585 **County:** Buena Vista

Mailing Address: PO Box 43, Sioux Rapids, IA, 50585

Director's Name: Nikita Anderson **Phone Number:** 712-295-8619

On-Site Supervisor(s): **E-Mail:** danddriley@icloud.com

Date(s) of Visit: 06-03-2024

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: 04-13-2023

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.) 2 Years Preschool-Age 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	23		27		50
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 07-01-2024 to 07-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 06-07-2024

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 Sioux Central Childcare Center on 06-03-24 where I met with center director Nikita Anderson. Nikita became the director of this program in November 2023 and is well qualified based on her experience and on-going training in early childhood care and education. The program operates in several classroom areas of the old elementary school. While the program has a strong collaboration with the school district it is operated independently under a separate board as a non-profit entity. The center provides full range childcare programming serving infants through school age children. There are approximately 30 children currently enrolled in the center served by 10 teachers. All areas of the program subject to Licensing Standards were reviewed during the visit.

The general layout and design of the program remains the same as in prior reports. The center makes use of 3 classroom areas, and the gymnasium. The infants are served in one classroom on an upper split level. Older mobile infants and toddlers are served in the lower level classroom. The preschool age children are served in a large open area on the lower level. The older school age children make use of the gymnasium as their primary programming area during the summer, and during the school year combine with the preschool classroom. The gymnasium is available as a large motor skill programming area for the center throughout the year but is also typically used by various sport teams in the after school hours from the school during the school year. Each room was observed to be clean. The center has addressed some maintenance issues such as holes in the block walls, and the leaking toilet identified in the prior reports, but other issues remain such as an area of the gymnasium floor where a cover panel for access to wiring for the PA and scoreboard system was missing leaving two recessed areas open, and an electrical outlet cover was bent creating a tripping hazard. These do need to be addressed either by replacing the damaged/missing covers, or the program could pull the bleachers out so cover over those areas. Windows along the exterior walls provide natural light in the infant room and toddler room. Artificial lighting is used in the preschool room and the gymnasium. Each room has multiple exits from the room with the infant and toddler rooms having a connecting office space that serves as a pass through. All exits were clear of obstruction and opened freely with the exception of the door for the connecting passthrough of the infant-toddler rooms which was difficult to open and needs to be adjusted. Restrooms are located just off a hallway of the room used for the preschool classroom, but additional restrooms are available in the building including one just outside the gym in an entry area used by the school age children. Diaper changing stations and sinks for hand washing are located in both areas that serve infants. Activity centers are created through the use of furniture and play structures which are arranged so as not to create any blind areas.

Each activity center has a good variety of toys and materials that were observed to be in good repair and generally appropriate to the ages of the children present. There were items and toys with small parts that could break off of less than 1 1/4 inches diameter and 2 1/4 inches length that would be considered a choking hazard. These need to be removed from classrooms serving children under 3 years of age. The center had removed some of the larger equipment and restrictive play items of the infant room as well as the feeding tables in the infant and toddler rooms. The gymnasium did not have activity centers established but did have some tables present where children were able to engage in craft activities, table games, and other activities needing a stable surface. There were other items such as balls, large foam blocks, and TV set on the stage that the children were able to watch as a quiet time activity option. Each room is arranged so that the children have ample room to move and play without having to compete for space without any blind areas. A copy of the daily schedule and planned curriculum were posted in the infant room and gymnasium but not the preschool classroom. Good interactions

were observed with all staff being actively engaged with the children attending to their needs, playing with the children. One issue that was observed was with the school age children regarding supervision. During the visit the children were sent to use the restroom which as noted is located outside the gymnasium. This area is not visible from the gym, and also has a direct exterior door. While the building is a secure facility from outside intrusion children do need to be within direct line of sight and sound at all times and a staff member should escort the children to the restroom. This can help to ensure that children are provided any assistance they need, reduce behavioral issues, and reduce the risk of children leaving the center unobserved. Good behavior management techniques were generally observed during the visit with the staff using positive approaches such as redirection, and guided problem solving. Ratio was maintained in each classroom as required by age. One issue that was observed was one employee being a bit more forceful when directing one child to sit at the table compared to interactions with another child. The difference appeared to be a result of the first child being more active and getting up and leave the table rather than sitting quietly, and the other child being assisted when first arriving to the table. While the interaction did not rise to the level of being a violation for prohibited disciplines it was a situation that exploring trainings on behavior management may be beneficial.

The center does have health and safety policies in place but practice does need to be reviewed. While observing a diaper change the staff did not deglove between handling soiled and clean items, used a wet wipe to clean the child's hands which is not an acceptable alternative, did not wash their own hands, and used a sanitizing rather than a disinfecting product for cleaning the changing station. When cleaning changing stations staff must use a disinfectant that has been approved by the EPA as identified by the presence of an EPA Registry number, and use the product in a manner as directed by the manufacturer label. When washing children's hands soap and running water should be used whenever it is available, but if a not available or if a child is not able to stand or be held at a sink staff can use a wet paper towel/cloth with soap to wash, and a separate wet towel/cloth to rinse. Other areas of concern with regard to hand washing practices is ensuring that both children and staff wash their hands immediately before eating or serving meals. While medications, and chemical cleaners were stored where they were not accessible the center also needs to ensure that personal items such as purses and diaper bags are also stored where they are not accessible as they frequently have items that could pose a risk to children. First aid kits are present and contained materials necessary to address most common first aid needs. Good safe sleep practices were observed for infants under 1 year of age.

A small kitchen space is present and meals are prepared on-site. The kitchen makes of options such as crock pots, electric skillets, and roasters.
Good food storage and handling practices were observed during the time of the visit. Staff did wash their hands and/or wore food service gloves before handling food in the kitchen. A menu was prepared and posted which identified a good variety meal options that were generally compliant with CACFP guidelines. Meals are preportined and served in the classrooms. As noted at least one staff member was observed to plate food without washing their hands prior to handling food. While the teachers did not eat with the children they did provide supervision at the tables.

The facility has access to large open green spaces including a football field for outdoor play. The center has added a small fenced outdoor play area with residential grade slide intended for younger preschool age children. Pea gravel is being used for fall surfacing and the depth of material was insufficient and needs to be supplemented to ensure a minimum of 9 inches of loose fill depth of material. The playground space is fully enclosed by fencing which was observed to be in good repair. While there are mature trees along the perimeter of the grassy areas the only shade available in the playground area would be from the building and would only be present in the afternoon hours. The program also has access to an indoor gymnasium where the children can engage in large motor play activities when weather conditions do not allow for outdoor play.

In reviewing administrative records the required notices for Consultant Contact, and Mandatory Child Abuse Reporting were not posted in an area visible and accessible to parents and visitors. In reviewing staff and child files the center does maintain a self-audit. A random selection of 6 (20%) of child files were reviewed and when compared to the self-audit it was found to be accurate for information that was entered but was not accurate in respect to there being documentation present in files that had not been logged on the self-audit. Of the files selected for review 1 needed an updated physical. In addition while the center did have Allergy Plans for children with identified allergies they were incomplete in that they only identified information what a reaction might look like and how to respond. The plans did not include any information what steps the center would take to prevent or reduce the risk of accidental exposure. In reviewing staff files a random selection of 4 files were reviewed of those each was missing at least one element with 1 SING check being expired, 1 being incomplete and needing a Record Check Evaluation, Each needing a current physical, and 2 needing renewed training certificates for 1st Aid/CPR and/or Mandatory Child Abuse Reporting. Inspection logs and certificates were current and available for all required elements with the exception of Fuel Burning Appliances. In addition Radon testing results did show an elevated level and the center was having the facility retested using a more accurate long term exposure test.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has struggled to find a qualified director for the past couple of years and with Nikita taking over the center has

been addressing many of the issues that had been cited in the past. Nikita stated that the center has had some turnover in staff and now seems to have a stable group that are focused on providing quality care.

The center has also worked to improve the services provided with adding the playground area, making repairs to issues identified in past reports, and working to provide equipment and materials to support the development and growth of the children.

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

109.9(1)b: All files contain:A signed copy of DHS criminal history record check or any other permission form approved by the Department of public Safety for conducting an Iowa or national criminal history check. A copy of Request for Child Abuse Information.Copies of the results of Iowa records checks conducted.Copies of national criminal history check results.Any Department-issued documents sent to the center related to records check.
-- Number not in compliance: 2

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: 4

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, Chiropractor 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: 1

109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.
-- Staff need to escort school age children to the restroom to maintain direct line of sight & sound at all times.

109.11(3)a: Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. Sufficient space provided for dining. Sufficient lighting shall be provided. Sufficient ventilation. Sufficient heating. sufficient cooling. Sufficient bathroom and diapering facilities. Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease.
-- The pea gravel used for fall surfacing has an insufficient depth of material. The center shall follow guidelines as established in the CPSC Public Playground Safety Handbook (https://www.cpsc.gov/s3fs-public/325.pdf)

109.11(7)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 not available on the day of the visit.

109.12(4): Sufficient toilet articles are provided for handwashing.Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM.Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children.Room's arrangement does not obstruct the direct observation of children.Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap.Procedures are developed and implemented to maintain equipment and materials in a sanitary manner.Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs.Sanitary procedures are followed for use and storage of personal hygiene articles.
-- items and toys with parts of less than 1 1/4 inches diameter and 2 1/4 inches length are choking hazards and need to be removed from classrooms with children under 3 years of age. Purses, diaper bags, and other personal items that can pose a safety risk need to be stored inaccessible to children.

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.
-- Staff did not deglove between soiled and clean diapers, used baby wipes for the child's hands, did not use an approved

disinfectant to clean the station, and did not wash their hands following the diaper change.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license is recommended at this time. Please provide a written plan identifying steps to correct and maintain those aspects cited as not meeting licensing standards and 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.