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

Name of Center: Cougar's Den Daycare & Preschool **Enrollment:** 79 **License ID No. (Reapplications)** 16172

Street: 413 State ST **City:** Ackley Iowa **Zip** 50601 **County:** Hardin

Mailing Address: 413 State ST, Ackley, IA, 50601

Director's Name: Amy Weichers **Phone Number:** 641-847-2699

On-Site Supervisor(s): Sharese Willems **E-Mail:** aweichers@agwsr.org

Date(s) of Visit: 06-13-2023

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: 12-12-2022

Comments : Inspection date 09-28-22 and compliance on 12-12-22

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 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	8	24	58	30	120
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 08-01-2023 to 08-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 06-26-2023

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 Cougar's Den Day Care & Preschool in Ackley on 07-13-23 where I met with the center director Amy Weichers. Amy is well qualified for the position with extensive experience and on-going training in early childhood care. Amy started with the center when it opened in 2003 and worked at two previous child care programs prior to starting with this center. The center operates out of a free standing building that was designed to be a child care center. The center is over seen by the school board and an independent board. The program provides daycare and preschool programming to infants through school-aged children, and the school district also operates a formal preschool class during the school year. The preschool programming includes a three and four-year-old preschool program operated by the daycare, and a four and five-year-old preschool program and a Pre-K program operated under the Department of Education. There are 79 children enrolled in the program served by 12 teachers. All aspects of the program subject to Licensing Standards were reviewed.

The general layout and design of the facilities and classrooms remains the same as observed in prior years. The program operates out of several classrooms determined by age groups. Each classroom was observed to be clean with no concerns noted due to maintenance or design. Each classroom has secondary egress from the room with several providing direct access to the outdoors. All emergency exits from programming spaces were clear of obstruction and opened freely and easily. Each classroom with the exception of the infant room has restroom facilities located just off the classroom space so that the children do not need to leave the room. Changing stations are present in the infant room, and other classrooms where children may need diaper changes. Each classroom has sinks in the room to facilitate hand washing. All required postings for diapering and handwashing were present by all stations. Each room has windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. The facility has a basement space which is used as a tornado shelter and for storage.

Each room is divided into activity centers through the placement of low shelves, furniture, and play structures and again the furniture arrangements remain generally the same as in prior visits. The infant room is divided by a counter space and mobile gate structures to define one side for non-mobile infants, and one for mobile infants. The arrangement of each room did not create any blind areas and provide the children with ample room to move and play. Each room had a good variety of toys and materials that were appropriate to the ages of the children present in the room and which were observed to be in good repair. There were a couple toys with small wheels in the infant room and it was reviewed that items that have parts of less than 1 1/ 4 inches in diameter and 2 1/4 inches in length are considered choking hazards and should be limited for use by children over 3 years of age. Each room had a copy of the daily schedule and curriculum posted. As an example in the toddler room the curriclum focus was on the letter X. The center does generally follow a more relaxed curriculum in the summer and during the time of the visit many of the older children were engaged in an off-site activity. Ratio was maintained in each room as required by age, and Amy confirmed that additional staff accompanied the children who went off-site. During the visit the remaining younger children did laydown for nap time. One issue that was discussed in the toddler room was a child that was observed to be falling asleep leaning against a wall. The teacher in the room identified that the child's parent had requested that the child not be allowed to nap as the parent picks the child up around that time. It was reviewed that while the center can provide the child with other quiet activities and engage with the child during nap

time they should not prevent the child from sleeping. If the child does fall asleep they should provide the child with a cot and allow the child to nap. Conversely when visiting the infant room all children were put in cribs for nap time despite none of the children appearing to be tired. While implementing schedules for older infants can help them begin to develop routines younger infants should be allowed to sleep on demand as needed. For infants being placed in cribs as an attempt to develop routines staff should not leave children in cribs for more than 15 minutes if they do not fall asleep.

Good health and safety practices were observed during the time of my visit. I was not able to observe a diaper change during the time of my visit but the staff were able to identify proper changing procedures when asked about the process in the center. It was noted that a family had provided a powder product to apply for an infant and it was reviewed that powders and aerosolized sprays should not be used in infant rooms due to the particulate matter they put in the air which can be a health risk for infants as their lungs are still developing. Use of creams and spray containers that produce a heavier droplet are better options. Good hand washing practices were observed with the staff ensuring that the children washed their hands as needed and in an effective manner. The center did not have any children that were currently taking any medications but does have good policies and procedures regarding the administration and documentation of medications should it become necessary in the future. Allergy response plans were in place for children with diagnosed allergies. Over the counter medications were properly stored and labeled. First aid kits are present in each classroom and on the playground and contained materials necessary to address most common first aid needs. Chemical cleaners, purses, and other items that could pose a risk to children are stored in areas where they are not accessible to children. Good safe sleep practices for observed for infants under 1 year of age. Spacing that allowed for reducing the risk of disease transmission and allowing access to cribs and cots was maintained in each room.

The playground was observed to have two areas with one for infants and toddlers, and one for preschool and school age children. The playground is fenced to both enclose the playground spaces and to separate the preschool and toddler areas. Fall surfacing in both playground areas consists of a unitary foam system. A large mature tree provides ample shade. The center has organized the storage shed which provided greater access for the children to find and retrieve toys to play with when on the playground. The equipment was generally observed to be in good repair but some issues were noted. The slide chute of the larger climbing structure was observed to have a loose anchor bolt and while the other bolts were tight so that there was no significant separation of the chute from the frame the bolt does need to be tightened. Some of the other equipment was observed to be damaged including a small pink residential grade plastic ground rocker that had a crack in the seat, and a dramatic play house structure that parts of the structure was missing. These should be repaired, or removed and disposed of if repair is not possible.

The center has a full kitchen and meals are prepared on-site. Good food storage and handling practices were observed in the kitchen and classrooms. A copy of the menu is posted and provides a good variety of nutritious meal options. The meal served on the day of my visit was consistent with the planned menu. The center uses a 5 week menu rotation. Meals are served in the classrooms and staff do pre-portion the meals. While the teachers did not eat with the children supervision is provided at the tables.

In reviewing administrative records all required notices were posted in an area readily accessible and visible parents and visitors. A random sample of staff and child files were selected for review and compared to the self-audits completed by the center which were found to be accurate. The review and self-audit identified that all child files contained all required information with the exception of 4 that needed an updated physical. The review of staff file identified that all staff files contained all required information with the exception of 3 who's physical had recently expired, and 2 that had not completed the required training within the first 90 days of employment. All required inspection logs and certificates were current and available with the exception of Radon and Fuel Burning Appliance inspections. The last radon test expired in March and while the tested level of 0.3 piCu/L was well below the cut-off limit of 4.0 piCu/L testing is required to be renewed every 2 years. The last documented fuel burning appliance inspection was dated 10/21. All fuel burning appliances must be inspected annually and it is recommended to have this completed in the fall prior to the start of the heating season to ensure that there are no gas or carbon monoxide leaks.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is participating in the Quality Rating Scale (QRS) program which seeks to implement best practice recommendations and that certificate is due to expire soon. The program is in the process of completing the certification for the IQ4K program which will replace the QRS program and which will have a more stringent compliance criteria for best practice recommendations.

Amy identified that during the past year the center has been very stable with regard to both children and staff.

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

109.7(1): All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of

child abuse.At least one hour of training regarding universal precautions and infectious disease control.Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) OR equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross,American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the department.A valid certificate indicating the date of training and expiration date shall be maintained.Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
-- 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: 3

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: 4

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 outdoor playground required maintenance with an anchor bolt for the slide chute needing to be tightened, and damaged toys needing to be repaired or removed. Toys with parts of less than 1 1/4 inch diameter and 2 1/4 length present choking hazards and should be removed from classrooms serving children under 3 years of age.

109.11(7)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 had expired 3/23 and renewed testing is needed.

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 had expired 10/22 and renewed inspection is needed. The renewed inspection should be completed prior to the start of the fall heating season.

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. 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.