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

Name of Center: Danville Early Learning Center **Enrollment:** 110 **License ID No. (Reapplications)** 38069

Street: 419 S Main ST **City:** Danville Iowa **Zip** 52623 **County:** Des Moines

Mailing Address: 419 S Main ST, Danville , IA, 52623

Director's Name: Luann Walker **Phone Number:** 319-392-4627

On-Site Supervisor(s): Sally Bailey **E-Mail:** luann.walker@danvillecsd.org

Date(s) of Visit: 02-27-2023, 03-07-2023

X **Licensing Visit** X **Unannounced Visit** **Off Year Visit** **Administrative Change**

LICENSING VISITS

New Application X **Re-Application** **NA**

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 03-15-2023

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

Date Inspected: 08-12-2020

Comments : Does Comply. Fire inspections must be completed every three years. Conducted by State Fire Marshall.

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	11	23	54	33	121
Summer					0

QRS Rating: 4

RECOMMENDATION FOR LICENSE:	
	FULL license from
X	**PROVISIONAL** license from 04-01-2023 to 07-01-2023
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Jill Seibert **Date:** 03-31-2023

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

1. 109.6(3): Another responsible adult is clearly designated as the interim on-site supervisor if the on-site supervisor is temporarily absent from the center. On 2/27/23 I visited in the late afternoon. No staff present in the facility knew who was the designated person in charge. This same issue was specifically addressed in January 2023 and has been addressed the past few years. When I called the center on 3/17/23 Sam indicated the leads were in charge when LuAnn and Sally were both absent. This will be an ongoing practice that must be in place.

2. 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. SING checks were not present on the first or second visit. This has been discussed the past several years. Staff files must be accessible to DHS staff. The Director reported all checks were present and in the office in March and results are present in the childcare facility. CCR&R verified this on 3/30/23. This will be an ongoing practice that must be in place.

3. 109.6(6)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs. Fingerprint results were not present on the first or second visit. The Director reports this is now corrected and results are present in the childcare facility. CCR&R verified this on 3/30/23This will be an ongoing practice that must be in place.

4. 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.

109.7(2): Center directors and all staff have the required contact hours of training.

Number not in compliance: 10 staff were behind on professional development training including Essentials and Universal Precautions training. This will be an ongoing practice that must be in place.

5. 109.8(2): Ratio maintained in center as required by age. On the second visit to the center the infant room combined with the one year old room.

109.8(2)e: At least one staff is present in every room where children are resting. If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained. Ratio in infant rooms is always maintained.

In February a two year old child left the classroom, exited the building and was found near or in the road by a community member. When IIHS was notified about this concern on 2/27/23 IIHS and CCR&R had lengthy discussions with staff and administration on ratio and supervision. However, during another visit on 3/7/23 a staff member gave an infant child to the one year old room staff. This left two staff responsible for 9 infants . The same date I observed a staff member leave the

room out of ratio to make copies in the enrichment classroom. I addressed this with both staff and the Director as the Director did not address the situation. On 3/8/23 staff were again observed leaving their classrooms out of ratio by CCR&R Consultants Norton and Copeland.

The Director must correct staff when they are not following ratio and supervision practices. This will be an ongoing practice that must be in place.

6. 109.10(10): Recording incidents: Parents shall 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. Shall be verbally notified immediately when there is: A serious injury to a child. An incident resulting in significant change in health status.

When a two year old child left the building unnoticed in February no staff completed an incident report on the incident. Incident reports must be completed on behavioral concerns, minor changes in health status or incident resulting in injuries to a child. Staff indicated to IHHS that administration discouraged staff from reporting this incident and stated if they told the truth they were in fear they would lose their job. This will be an ongoing practice that must be in place.

6. 109.10(15)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year. Emergency Preparedness training should be conducted annually. The Director reports this is now completed. This will be an ongoing practice that must be in place.

7. 109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. Adequate supervision is not occurring when staff are allowing children to leave the building unattended and staff continue to leave the rooms out of ratio even after this incident occurred. A staff meeting was held by the Director covering supervision and ratio in February, yet staff continue to violate supervision and ratio rules. Remediation of supervision requires ongoing practice that must be in place.

8. 109.12(1): Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served. Program complements but does not duplicate school curriculum. Schedule of program is posted in a place visible to parents. Curriculum is not being provided on a routine basis in the enrichment room. The room has been described by center staff, other DHS personnel and CCR&R as chaotic. This has been an ongoing issue for years. Remediation of inconsistent curriculum requires ongoing monitoring, consultation and practice that must be in place.

9. 109.11(1) 35 square feet of usable floor space per child. Staff report the school age room is often over capacity. This is not acceptable and is a violation. The center must have a schedule in place and know what children are coming to the program on a daily basis.

10. 109.11(1) 35 square feet of usable floor space per child. Staff report the school age room is often over capacity. Capacity for any room in the center cannot be violated. This is a safety and fire hazard. Administration should know which children are attending the program so they can plan to have appropriate staffing present as well as classroom space.

11. 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.
On 3/30/23 CCR&R made a scheduled visit to the facility and noted a Safe Sleep violation. Safe Sleep information has been provided by CCR&R.

12. Mandatory Reporting of Child Abuse The center must have written policies established that include procedures for reporting suspected
child abuse. Center staff serving in a caretaking role with children are mandatory reporters of child abuse. Iowa Code Section 232.69 requires any director or employee of a licensed child care center to report to the Department within 24 hours when, in the course of working with a child, you have reason to

believe that the child has suffered abuse or neglect. The person who has witnessed the abuse or the effects of the abuse should make the reports. Staff may report suspected child abuse by calling the county Department of Human Services office or calling the 24-hour, toll-free, Child Abuse Hotline number: 1-800-362-2178. The Director took Mandatory Reporter Training in January 2023. The Director did not ensure suspected child abuse was reported in February 2023 when a 2 year old child left the building unnoticed. In fact, staff reported to DHS personnel that they were pressured not to report the issue.

On 3/15/23 the Director wrote,
"I am writing to address issues that are in the process of being resolved at Danville Early Learning Center.

1. Enrichment Room: rearranged in centers and structure has been put in place. A routine is being followed and curriculum put in place. Shawn Perkins has been a huge help with this task. Pictures have been placed to show correct placement of toys for the children. Children are getting into the routine and following rules much better.

2. ALL fingerprinting and SING checks are present in The Learning Center Office. They are current and filed in a locked drawer.

3.The staff member who left the room was given verbal warning as per handbook. (1st offense), Staff was written up as per handbook (2nd offense) Last offense will be termination. All rules are being strictly enforced.

4. All staff are currently working on professional development hours to be in compliance. They are signed up for classes on IPower and have more training being completed every day.

5.The handbook has been handed out and gone over with each staff member again individually. Luann has discussed all policies and procedures with staff. All staff have signed and dated a paper indicating they have read and do understand the handbook.

6. Emergency exit door has an alarm placed on it so when the door is opened it will sound off to indicate that the door has been tampered with.
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These are just some of the changes we have implemented and are working for our facility."

On 3/31/23 the Director indicated she is taking classes on an accredited IACET provider named Smarthorizons indicating, "My training supervisor is Emily AtchisonI have just completed my first hour: Child Abuse: Identification and Reporting. Completion date was: 3/23/2023. I will continue to take these classes to renew my NAC credentials. I have taken my Mandatory Child and Adult abuse reporter training on 1/6/23. I will send those certificates to you and my first IACET certificate and all other certificates as I finish my classes.

Infant room: All issues are being corrected in the infant room today 3/31/23 and will not be an issue. I have added the Infant safe sleep policy to our handbook and each staff member has signed and dated the policy. We will have parent signatures done by the first of the week. We have put up the one sign we were missing and I have copied off the Safe to sleep booklet for ALL employees to read and adhere to."

All issues noted above have been cited by DHS in the past and services provided by CCR&R and IDPH. However, the Director continues to allow staff to violate basic childcare rule. The Director violated basic rule when she did not report suspected child abuse in February 2023. This center will be placed on a Provisional License.

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Danville Early Learning Center is located inside Danville Elementary in a residential area of Danville. The center operated for several years under the Department of Education. The center is owned and operated by the School District.

The program consists of three separate classrooms for infants, toddlers, and school age children as well as two preschool classrooms. An office and conference room completed the facility. The daycare/preschool rooms are within the school and can only be accessed by first entering the school building. Visitors to the school must check into the building at the front office. When a visitor arrives they must enter the front door, as all other doors are locked. A visitor badge will be given at the time of sign in to fill out. Visitors are directed by office staff to wear the tag in a visible area. Visitors must also sign out. It has been discussed multiple times the past few years a staff must be present at the beginning and the end of the day to allow parents access to their children.

Luann Walker has directed this program since 2020. She was formerly the program On Site Supervisor. Ms. Walker worked in the center for several years as the Office Manager. Sally Bailey was appointed On Site Supervisor in April 2021. She is a para professional and has been teaching three year preschool for 17 years. I arrived at the center on 2/27/23 for an unannounced off year visit. I met with Kelly Rase and several staff members. The program was in session and children were present during this visit. I made another unannounced visit to the program on 3/7/23 and met with Director Walker and OSS Bailey. All program areas were observed at that time. Either the Director or On Site Supervisor is present during programming hours. The visits this year consisted of classroom observations and activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, administrative review and discussion on each. Also covered were health and safety practices as it pertains to the Coronavirus pandemic.

Students in both the 3 year old and 4 year old program are taught Music, Art, and PE by licensed teachers. Students in the preschool program also have field trips, special guests, and assemblies that the rest of the building participates in.

PHILOSOPHY
By utilizing the approach of a developmentally appropriate program of learning, we provide each individual the opportunity to develop physically, emotionally, socially, and intellectually as a whole person. We believe that interaction with other children in a stimulating environment is vital for success in life. It will be curiosity that stimulates the learning process. We will provide a challenging environment with a variety of opportunities for learning and encourage them to use their freedom to exercise their abilities and potential.

Observation of Rooms: The classrooms are self-contained. They have phones and direct access to the outdoors. The curriculum is Creative Curriculum. Materials were organized and child accessible. The Center appears to have an adequate amount of equipment including games and activities that appear to be of high quality. Interest centers available to the children include: blocks, children's literature, dramatic play, toys and games, puzzles and small manipulatives, art, music and movement, science and discovery, sensory tables, writing center, and computer area.

Center Nutrition:

Breakfast, a noon meal, and snacks are provided by the School. Breakfast and lunch are prepared in the school kitchen by school staff. Preschool students in the voluntary preschool program bring a snack each day. Snacks are prepared by daycare staff and served in the classroom. The school chooses what will be served for snack to all other classrooms but the 4 year olds. The school follows USDA guidelines. Some snacks provided by the school do not meet CACFP guidelines.

Food storage practices were observed. Dry goods were stored appropriately. Open food was placed in a sealed container or bag. Generally expired or opened food is not an issue. Thermometers should be in each refrigerator/freezer unit. Cooling temperatures should be 40 degrees or below. Freezing temperatures should be zero degrees or below. Food items should be accessible so that the Director and OSS can ensure snack or foods being served meet CACFP requirements.

Meals are served family style in each classroom. Children dine at child size tables and sit in small chairs. During snack, the children are read to and they discuss books or staff sit and visit with the children. Food menus for all meals and snacks should be kept on hand.

Center Health and Safety:

The first visit the program placed locks on the doors so children could not leave the rooms. This was in response to a two year old child leaving the classroom, walking the hallway and exiting through two heavy doors past the school parking lot to the road in front of the school. An appropriate response would have been training staff to properly supervise the children assigned to their care. Ratio was not met and maintained on the second visit. Staff have gotten in the habit of leaving the room to run errands throughout the program day. This is not acceptable and leaves rooms out of ratio multiple times per day. This likely contributes to chaos in the classrooms. At the beginning and the end of the day a staff must be present to allow parents access to their children. If staff are leaving the room multiple times the room is out of ratio and supervision lapses occur.

All classrooms have new censor lighting, and a newer ventilation system. The program also has new fire alarms and an emergency lighting systems. Heating and cooling is provided by a Geo-Thermal system and is forced through ceiling vents.

Prescription medication was reviewed regarding accordance with licensing regulations, physician directions, and parental consent, as well as medication policies and procedures. Medications (including sunscreen) should be stored in their original containers with physician/pharmacist directions and label intact when on the premises. Director Walker has every medication in the center logged in a central location. This is an improvement from years past and duly noted. Any consultation or information regarding medication can be provided by Child Care Nurse Consultant Nancy Ganaman.

An ill/injured area is the preschool office area or a designated space in each classroom.

Storage and maintenance of first aid kits were reviewed. Many supplies were present to address minor trauma. The Director had the most recent first aid kit checklist. Labeled first aid kits were identifiable and easy to access in a high cabinet in each room. I discussed this with staff. The school nurse can be accessed during school hours if necessary. Allergies should be posted so that staff are aware of how to react in an emergency. All children currently have an Allergy Action Plan on file and signed by a physician.

Environmental testing and the maintenance of any necessary detection equipment were reviewed. Radon testing is due every 2 years. Testing is current and readings are below 4 pciL. The school installed a Geothermal heating and cooling system so an annual fuel burning appliance inspection is not required. A non-battery operated carbon-monoxide detector is in the preschool room. The center has outdoor air exchanges throughout the school so ventilation is adequate. The Elementary School building was built in 2013. As a result a lead paint assessment is not required. The school building is on Danville City water. As a result, a private analysis is not required.

General regulations regarding safety policies and procedures were reviewed. Storage is not an issue in the classrooms.

Lighting was appropriate at nap time. All cots were spaced at least two feet apart or more. Cribs should be spaced at recommended distance. More on this topic can be found at Caring For Our Children.

The program has a pet guinea pig in the preschool room. The cage and guinea pig were clean and the animal appeared to be healthy. The Director indicated all plants in the rooms are on the safe plant list.

Each program room should accommodate each child so that they have at least 35 square feet of usable floor space. Capacity cannot be over in any program room. Staff reported the Director is aware capacity is being violated with the school age children.

I reviewed emergency plans and drills for fire and tornado. Tornado and fire drills should be practiced and documented once a month. The entire program area has secure windows and reinforced walls and ceilings. The center/preschool is the safe area for the Elementary School. When tornado drills occur all elementary children are taken to this area.

Electrical outlets are child safe. Staff personal belongings were stored out of the children's reach in cabinetry.

General regulations regarding sanitation policies and procedures were observed in each room. Sufficient toileting articles and hand washing supplies were observed in the restrooms.

Hand washing posters were easily observed. Wipes or any other materials should not be stored on changing tables. Room arrangements are neat and organized. On past visits we discussed blind spots and room arrangement. This did not appear to be an issue on the visit. The program should have one toilet and sink for every 15 children in each room. Storage is located in plastic crates and closets. Room lighting consists of both natural light from windows as well as adequate interior lighting. The classroom and bathroom facilities were observed to be clean.

Staff have reviewed sanitizer/disinfectant by the Iowa Department with the of Public Health. Sanitizers and Disinfectants vary in each room. Each classroom has a set of opening, nap time, closing and weekly cleaning tasks.

The infant room moved to a larger room 4 years ago. Safe Sleep practices should be utilized in this room. We measured to ensure space requirements of 40 square feet per child are met a few years ago. On past visits we discussed staff positioning so that they could observe infants by sight and sound at all times as we have in years past. No supervision concerns were noted in the infant room this year during my visits but a Safe Sleep violation was noted on 3/30/23 by CCR&R.

Center Playground:

The center uses a newly installed outdoor play area on school grounds specifically designed for preschool age children. The area is fenced with tall chain link fence. The area is not naturally shaded. Shade is provided by the building and the storage shed. The area features large, anchored, metal/plastic climbing and activity toys. It also contains benches, basketball hoops and a swing set. The entire play area is surfaced with rubber matting. Children also use riding toys on the rubber matting surface. Riding toys are available but kept in a nearby shed.

The program monitors screws/bolts on the fence so that no more than two thread bolts are exposed. When in outdoor play each child should have a minimum of 75 square feet of usable space. The program further monitors the bottom of the fence so that when it becomes loose it is quickly fixed and doesn't become an entrapment hazard. Rubber mulch was also added.

Playground inspections should be conducted and documented on a monthly basis. The Child Care Weather Watch should be utilized in determining if outdoor play is appropriate in varying weather conditions. Children should be outside if weather is conducive to outdoor play.

Center Transportation Arrangements/Field Trips:

Teachers may decide and are encouraged to conduct short, unannounced field trips including but not limited to: walks as a class around the perimeter of the building and/or nearby neighborhoods. The center provides no transportation. Transportation for field trips is provided in school bus vehicles owned and operated by Danville School District. All children in the program have signed parental waivers to ride the regular school bus. A first aid kit is on every school bus. CPR certified staff and emergency contacts are taken on field trips.

Center Administrative Records:

Redirection is used on a regular basis. Curriculum has been an ongoing issue for the program. CCR&R may be utilized at any time to provide consultation and observation on current practice. DHS and CCR&R have encouraged the center to have a schedule and routine followed daily as well as age appropriate curriculum.

Postings, including Emergency evacuation postings and mandatory abuse reporter, no smoking postings were observed hanging in the rooms on the parent boards. The state consultant contact information were also present. Special upcoming events calendars were also posted. 911, Emergency and Poison Control numbers were posted. Center phone and address should be posted by the phones in each room.

Administration has had conversations with staff regarding child confidentiality. 237A.7 states: Information regarding a child in a child care center or their relative is confidential. If this information is released by visual, verbal or written means, written consent from the parent or guardian is in the file or a court order allowing the release of the information. Staff not following this rule

Regulations regarding required written policies provided to parents in the form of a parent handbook and staff handbook are met. The handbook contains limited and unlimited access policies. The Center has a biting policy which is available in the handbook.

The program must utilize the correct Volunteer Form if volunteers are utilized. School personnel can volunteer but must sign the Volunteer Form and have background checks conducted.

Child records and incident reports are kept in the Office and are now accessible. This is an improvement from past years. All children are required to have updated physicals and immunizations, emergency contact information, dental and medical provider information and pick up authorization information. Each child should have an Allergy Action Plan that has a food or other type of allergy. Incident and injury reports are on file. LuAnn Walker, Director is the record keeper for child records. CCNC Nancy Granaman visited the center in March at my request. On 3/22/23 she emailed the following information, "Hello Ladies. I visited Danville this morning and wanted to share my findings. The child records and immunization forms were discussed and reviewed. All children had a file and an immunization record. L.W. was waiting on a few health records that needed updated. We downloaded all the potential special needs forms that may be needed in the future, and she is aware of where to look on the intake form for allergies, etc. that may not be listed on the health record. An asthma action plan for 1 child will be sent home with the parent for completion and physician signature. A few of the immunizations were missing signatures which I signed. Other than those things, the charts where pretty much on par with other center reviews. I gave her a guide that shows DHS requirements and HCCI best practice that each child should have on file. Lions and I Smile come for eye/dental screenings which I encouraged her to include copies of/date those were done. There is the same issue of the 3 year old and younger kids lacking lead levels recorded on the health record. Many times it has been done, just not documented. She is now aware, and will have the parent ask the physician for those if missing. We discussed having a physical form/parent statement ready with the yearly update of intake forms to make data collection easier.

I will continue to work with her on IQ4k in the future, but let me know if there is anything else I can do to help. Everyone most likely has some improvement needed in the record keeping department, but I honestly don't feel that there are any issues that can't be easily remedied at this time.
Nancy Granaman, RN
Des Moines County Child Care Nurse Consultant"

The center should be utilizing her services on a regular basis.

Staff files (SING checks and Fingerprint results) were not accessible again this year from the daycare. This has been sited for several years past and continues to be an issue. We reviewed required training such as Universal Precautions, CPR/First Aid, Mandatory Reporter training and professional development. Updated physicals are due at start of employment and every 3 years. Current Iowa Criminal background checks and Fingerprint results were present on staff. Any staff concerns should be documented, and quickly addressed. This has not been the case again this year. This center has a history of high turnover and staff conflict within.

Annual emergency procedures plan is present. Staff should be trained annually on the plan and have signed acknowledgement of such.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Teaching Strategies GOLD is the assessment tool used by the programs to evaluate and track each child's individual development.

The program meets a childcare need in the community.

The center may occasionally access the gym for gross motor activity.

The center director may consult with Danville CSD Superintendent on any center issue.

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

1. 109.6(3): Another responsible adult is clearly designated as the interim on-site supervisor if the on-site supervisor is temporarily absent from the center. On 2/27/23 I visited in the late afternoon. No staff present in the facility knew who was the designated person in charge. When DHS called the center on 3/17/23 Sam indicated the leads were in charge when LuAnn and Sally were both absent. All staff in the building should be aware of who the designated person in charge is throughout the day.

2. 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. SING checks were not present on the first or second visit. This has been discussed the past several years. Staff files must be accessible to DHS staff. The Director reported on all checks were present and in the office.

3. 109.6(6)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs. Fingerprint results were not present on the first or second visit.

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Consultants Norton and Copeland.

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When a two year old child left the building unnoticed in February no staff completed an incident report on the incident.

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8. 109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. Adequate supervision is not occurring when staff are allowing children to leave the building unattended and staff continue to leave the rooms out of ratio even after this incident occurred. A staff meeting was held by the Director covering supervision and ratio in February, yet staff continue to violate supervision and ratio rules. The Director took Mandatory Child Abuse training in January 2023 and when a 2 year old child left the building in February 2023 the Director did report this.

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Infants shall always be placed on their back for sleep.
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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.

On 3/30/23 CCR&R made a scheduled visit to the facility and noted a Safe Sleep violation.

All issues noted above have been cited by DHS in the past and services provided by CCR&R and IDPH. However, the Director continues to allow staff to violate basic childcare rule. The center director is responsible for the overall functions of the center, including supervising staff, designing curriculum and administering programs. The director shall ensure services are provided for the children within the framework of the licensing requirements and the center's statement of purpose and objectives. The center director shall have overall responsibility for carrying out the program and ensuring the safety and protection of the children.

CCR&R provided an updated on 3/30/23 stating, "Hello Luann,
Thank you for letting us come and support your program today. Below are the highlights of what we discussed.

Supervision: Staff showed us the lanyards they have with the pictures and information of each child in their primary care group. We spoke about adding a white board that had the total number of students and their names up were staff can see it along to go with the primary care pictures on the lanyards as another way to ensure supervision and proper ratios
We saw the daily check-in chart staff have made for the students. We discussed benefits of moving it down a few inches for easier reach for children.

Fire Door: A alarm has been placed on the fire door in the enrichment room to alert staff if that door is opened.

Sing, FBI and other required HHS records: Luann showed us that she had the staff Sing, FBI and other required paperwork for HHS in the office with the Fingerprints locked up appropriately. She also showed us the policy book she had had staff sign that has a cell phone policy stating that cell phones are not allowed int the classrooms and explains ratios requirements.

Safe Sleep:
COMM 204 Page 116 section E. Of infant environments states . "The provider shall follow safe sleep practices as recommended by the American Academy of Pediatrics for infants under the age of one"

Staff were spoken to about the requirements for safe sleep practices in child care settings. Luann was given the IDPH safe sleep checklist, several pamphlets on safe sleep along with posters for the infant room. Luann does have a safe sleep policy in her employee handbook that was seen. A copy of a safe sleep policy and the safe sleep checklist approved by IDPH is attached to this email. Luann stated that infant room staff will be attending a training on safe sleep in Mt Pleasant at the child Care summit. Flier attached.

Other things: Staff have placed a visual schedule in the enrichment classroom and rearranged the room to group like material and make centers such as dramatic play, library, a quiet area, etc. A visual schedule was seen that seems to reduce sitting time for the age group.

Please contact me if you have questions or concerns. Have a great day and I look forward to supporting you in the future.
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This center will be placed on a Provisional License until CCR&R, HHS and IDPH witness long term solutions being implemented on a daily basis All issues have been addressed to this date but ongoing correction and implementation of center policy must be practiced on a daily basis for lasting change.

V. SPECIAL NOTES/RECOMMENDATIONS:

IHHS encourages you to contact your local nurse consultant with IDPH. 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. CCNC Nancy Granaman (Des Moines County Child Care Nurse Consultant Iowa Department of Public Health) completed an Injury Prevention Checklist a few years ago. She may be consulted on any health and safety questions. CCNC Granaman met with the center in March after a referral from DHS and assisted the Director with file review. HHS recommends the Director continue to reach out to CCNC Granaman.

IHHS encourages you to contact Child Care Resource and Referral. They offer centers assistance with meeting the DHS regulations, QRS, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. http://www.iowaccrr.org/who_we_are/region_5. Your Consultant is Jodi Norton. Consultant Norton provided many hours of consultation and observation in 2020 and 2021. She is assisting the center again in 2023 and she and Tabitha Copeland will visit the program once a week. She may be accessed with any questions regarding scheduling, curriculum, staff issues, ratio, etc...

A technical referral was made to CCR&R in April 2021 due to staffing issues in the center.. CCR&R, the School Superintendent and the Director met and formed a plan to address non compliant staff members. A technical referral was made to CCR&R in March 2023f or similar issues. All staff must follow licensing regulations. The Center Director is accountable for maintaining compliance with licensing rule throughout the year.. A new school Superintendent has been hired and is willing to counsel the Director on employee issues. The Director and OSS reported they are not able to correct staff for fear staff will quit leaving the program with not enough staff. This is not acceptable practice.

IHHS further recommends the Director collaborate with another area Director for support. Several suggestions have been provided to the Director.

Based upon this review, it is recommended that this center be placed on Provisional licensing status. The center is directed to correct the items listed in Section IV. The Director gave me verbal and written commitment that the noted rule violations would be promptly corrected It is important to note, all DHS licensing standards and procedures must be maintained during the renewal period.

The Department may issue a provisional license at time of new application or renewal when the center does not sufficiently meet licensing laws and rules. In some instances, the child care consultant may request a corrective action plan, including timelines. When the center submits documentation or it can otherwise be verified that the center complies with the licensing regulations or standards, the license will be upgraded from a provisional to a full license status. Upon correction of the deficiencies and approval by the child care consultant, the provisional license may be upgraded to a full license.

*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.