Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Gilmore City-Bradgate Child Care Center
Provider No.: 16250

Address: 402 SE E Ave, Gilmore City, IA, 50541

County: Humboldt

Director's Name: Darlene Box
On-Site Supervisor:

Phone Number: 5153736020
E-Mail: dbox@gcb.k12.ia.us

HHS Visit Date: 06/04/2026

Licensing Period: 08/01/2026 to 08/01/2028

Fire Inspection:

Date Inspected: 04/27/2023

Comments:

Report Visit Type:

- [ ] PTO
- [X] 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	5:30 AM to 6:00 PM		
Tuesday	5:30 AM to 6:00 PM		
Wednesday	5:30 AM to 6:00 PM		
Thursday	5:30 AM to 6:00 PM		
Friday	5:30 AM to 6:00 PM		
Saturday			

Program Population Served:

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	21	23	72	50	166
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Gilmore City Bradgate Child Care Center on 06-04-26 where I met with the center director, Darlene Box. Darlene took over the director role starting in July 2023 and is well qualified having been the on-site supervisor for the past several years. The center is located in the Gilmore elementary school and makes use of several classrooms and other areas of the school. The program is owned and overseen by the school and school board. The center offers daycare programming to infants through school age children. The school also offers a formal 3 year old preschool program which was previously not licensed but had included children under an IEP and Department of Education oversight but which will now be included under the daycare license to allow for continuity when an IEP child is not enrolled. There are 108 children currently enrolled in the center served by 22 teachers. All aspects of the program subject to licensing standards were reviewed during the visits with the exception of the formal 3 year old preschool which was not in session.

The general layout of the building and classrooms remains much the same as observed in prior visits however the center is in the process of exploring options to make changes. The program makes use of several classrooms, and an area of the cafeteria for the school age children. The children also make use of more of the cafeteria space but are also making more use of the gymnasium and school library. The school was previously offering a formal 3 year old preschool program which will be included under the daycare license and adds a classroom with a capacity of 25 children. All classrooms were observed to be clean with no immediate concerns noted due to maintenance. The infants are served in two classrooms that share a connecting door. The younger infant and 3 year old classroom are also connected to an intervening storage/work room. Each classroom has secondary egress either through an intervening space or directly to the outdoors. All exits were observed to clear of obstruction, and opened easily and freely. Each classroom has windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Restrooms are located off the main hallway corridors

and children are escorted to the restroom when needed except for the 2 year old classroom which has restroom facilities located directly off the classroom space. Changing stations are also located in the classrooms serving infants and 2 year olds. Sinks are present in all classrooms to provide for hand washing. One sink in the older infant room was observed to be not draining and staff did contact a maintenance worker. Each room is divided into activity centers through the placement of furniture and play structures which are arranged such that they do not create any blind areas.

2. Identify Observed Strengths of the program

Child Interaction & Programming
The center uses a curriculum that has a general centerwide learning focus posted at the main entrance, and each classroom did have a copy of the schedule posted. The curriculum focus was, "Hats", and this was reflected in posted art/craft projects, lesson plan activities, and materials available in activity centers. During the summer the curriculum for the school age children is modified to be more activity focused with weekly "camps" that identify as general theme and off-site activities. All staff were observed to be providing supervision to the children during the visit with some providing more engaged interaction, and others providing more observational supervision. While this is not uncommon it was discussed with Darlene who stated she is working with staff to be more engaged. Suggestions for how to assist staff in having a more engaged curriculum focus were discussed. Despite the differences in engagement all staff did maintain a focus on safety and redirecting child behavior and identifying when there was a potential risk of injury. Each of the teachers used calm tones and positive word choices when speaking with the children. Ratio was maintained and the teachers knew each of the children by name and sight, and appeared to know many of the children on a personal level.

Health & Safety
Several issues were observed regarding health and safety practices. I was able to observe a diaper change in multiple classrooms during the visit and training on required procedures is needed. Staff were observed to not wash infants' hands following diapering, and did not disinfect changing stations between children. Diapering procedures postings were present by some changing stations, but not by others. Good hand washing practices were observed with older children with staff ensuring that children washed their hands before meals, following restroom use, and at other times as needed when they became soiled. All prescription medications were labeled, but not all over the counter medications were labeled or were labeled on the packaging rather than the product container where the labeling could become separated from the product. Medications, chemical cleaners, personal items, and other items that could present a health or safety risk to children were stored in areas where they were not accessible. First aid kits are maintained in classrooms, and both the center and school offices. Safe sleep practices were followed for children under 1 year of age. Cots were used for older children napping and appropriate bedding which can be removed and laundered as needed was present. A few toys were present in the 2 year old classroom which had small parts that could break off which would be a choking hazard and it was reviewed that these need to be removed from classrooms serving children under 3 years of age. A tabe was observed in the older 1 year old infant room which had been placed on it's side to create a make-shift barrier preventing children from accessing part of the room where changing stations and high chairs were present. During the visit staff were observed stepping over this barrier even after discussion of this being prohibited due to the risk for tripping and falling on a child, or dropping an object or child.

Kitchen & Meal Service
The center is currently contracting meal preparation and service through the school during the school year, and participating in the summer school meal program. During the summer meal program children and community members that are not enrolled in the daycare program do come to the school for lunch but sit in an area separate from the children in the program. The staff from the daycare do sit with the children to provide supervision at the table. A menu is posted and did identify a good variety of meal options that meet CACFP guidelines. Meals were modified to reduce the risk of choking for younger children. When feeding infants a child under 6 months was observed being lap fed in a reclined position and the staff did adjust the child when it was reviewed that infants under 6 months must be fed in an upright position. It was further discussed that all children should be positioned in an upright manner when eating but if an infant is able to hold a bottle on their own and choose to feed reclined on the floor they can do so though this is not recommended.

Playground
The playground space remains much the same as observed in prior visits. The center has a playground area that is divided into a main playground for preschool and school age children, and a playground for toddlers. The toddler playground was observed to have a swing structure and paved riding track but all other equipment had been removed and based on the observed maintenance levels for issues such as the length of the grass did not appear to be a space that was being used. The space is fully enclosed by fencing and shade is provided by a large tarp awning. The preschool/SA playground space is a large open area with several mature trees, a grassy space, and an area with climbing structures and swings. Foam tiles are

used for fall surfacing beneath the climbing structures. The equipment was observed to be in good repair with the previously identified maintenance issues having been corrected. The preschool/school age playground is also fully enclosed by fencing and buildings. Shade is provided by the buildings and several mature trees.

Administrative Files
A review of administrative records found that all required postings for Consultant Contact, Mandatory Abuse Reporting, No Smoking, and License Certificate were present in an area readily accessible to parents and visitors. Other required postings for emergency contacts, evacuation, handwashing, diapering, daily schedule, curriculum, and menu were present though as noted some were missing in one or two specific locations and need to be replaced. The center uses a combination of an electronic tracking system, (Playground), and hard copy systems for child and staff files. Child files were found to contain current contact information but a number appeared to have expired or missing physicals. Darlene did identify a large stack of documentation that still needed to be filed and it is possible that the information was present but not readily accessible. Infant daily sheets are maintained in the Playground application and staff were using daily photographs as a means to visually depict infant activity and disposition. In reviewing staff files several were again found to be missing current information some of which was found to be present in the unfiled documentation. During the visit the center did have a number of staff rotating through a 1st Aid/CPR training event. In reviewing inspection logs and certificates all were current and available. The parent handbook was reviewed and the center had not included all required information in the most recent revision.

3. Identify the aspects that fall below the standard

109.4(1): Written policies on: Enrollment and discharge. Field trips and non-center activities. Discipline/Behavior/Biting. Nutrition. Health and safety policies. Transportation if applicable. Assurance people do not have unauthorized access to children at the center. Protecting children's confidentiality.
-- Required policies were either missing or needed to be expanded to include all required elements for Discharge, Off Site Activities, Transportation, Health & Safety (handwashing, safe sleep, immunization exemption, response plans), Incident Reporting (significant change, sexual behavior), Staff Orientation/Training, Access, Confidentiality, Emergency Plans.

109.9(1)a: All files contain:Copy of a department criminal history record check form or any other permission form approved by Department of Public Safety for conducting an Iowa or national criminal history record check Copy of a request for child abuse information form, when applicable.Copies of results of Iowa record checks conducted through the SING for review by the department upon request.Copies of national criminal history check results.Any department issued documents sent to the center related to a record check, regardless of findings.
-- Documentation was missing or could not be located for several files.

109.9(1)b: 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.
-- Documentation was missing or could not be located for several files.

109.9(2)i: 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, Chiropractor, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
-- Documentation was missing or could not be located for several files.

109.11(3)a: Center shall ensure that:Facility and premises are sanitary, safe, and hazard free.Sufficient lighting shall be provided.Sufficient ventilation.Sufficient heating.Sufficient cooling.Equipment placed in the program area is maintained so as not to result in injury to the children.
-- When using barriers to define programming space the center shall install gates that can be opened and closed so that staff do not step over barriers. Items and toys with small parts that can break off that would be less than 1 1/4 inches diameter, and 2 1/4 inches length are considered choking hazards and need to be removed from classrooms serving children under 3 years of age.

109.12(4)b: Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There

shall be at least one changing table for every 15 infants.
-- Infant hands must be washed following every diaper change. Changing stations must be properly cleaned and disinfected following every diaper change.

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

Consultation was provided during the visit regarding the various concerns that were observed several of which were immediately corrected such as Darlene removing the table that was being used as a barrier in the 1 year old classroom, and notifying maintenance personnel of the sink that was not draining.

A list of all required written policies with suggestions for implementation, and other document samples were provided to the center.

Darlene acknowledged that her child and staff files were not up to date for all documentation having been filed. An agreement was made that Darlene would file documentation and review all files for missing information by 06-30-26. An e-mail was received on 06-08-26 that Darlene was creating an account with Fieldprint for digital national fingerprint submissions, had identified staff and child files that needed updated information, and included a copy of a prepared letter notifying staff and parents of the information that needed to be updated and establishing a date of compliance.

Darlene identified that the center is currently working with CCR&R and the Nurse Consultant and would contact them to provide training.

5. 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.

Date: 06/08/2026

HHS Licensing Consultant: Ray Salsbury

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**.