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

Name of Center: Mustangs Child Care **Enrollment:** 50 **License ID No. (Reapplications)** 46117

Street: 223 E 2nd St **City:** Newell Iowa **Zip** 50568 **County:** Buena Vista

Mailing Address: 205 S Clark ST, Newell, IA, 50568

Director's Name: Molly Montag **Phone Number:** 712-272-4147

On-Site Supervisor(s): Jami Sievers **E-Mail:** montagm@newell-fonda.k12.ia.us

Date(s) of Visit: 07-02-2024

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

LICENSING VISITS

New Application **Re-Application** X **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: 09-13-2022

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.) 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	6	17	20	13	56
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:** 07-23-2024

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

NA

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An announced annual visit was made to the Mustangs Child Care center on 07-02-24 where I met with the center director Molly Montage. Molly took over as the director of the program at the start of June 2023. Jami is an administrative assistant with the school that maintains the programs personnel files and other administrative records. The program makes use of a free standing building year round for the daycare programming and a commons area in the school during the school year for after school programming. The facilities are owned and overseen by the elementary school and provides daycare programming to infants through school age children. There are approximately 50 children enrolled in the program though not all attend at any given time. The program is served by 11 teachers. All aspects of the program subject to licensing standards were reviewed.

The physical layout and design of the center and classrooms remain essentially the same as in prior reports. The daycare center is divided into 4 classroom areas with an infant room for children birth to 18 months, a toddler room for children 18-36 months, a preschool room, and a school age area located in a common dining area. The commons area of the school building used for after school programming is a large open space with several exits to both interior and exterior areas of the school. The center was observed to be clean with a few minor maintenance issues none of which rose to the level of being an immediate safety concern. Molly did state that the program did have a planned closing for the following week that was to include deep cleaning, repairs, and other general maintenance. Each room has direct secondary exits to the outdoors. All exits were observed to be clear of obstruction and opened easily and freely. It is noted that the exits do open onto the fenced outdoor play area and the the fence gates were unlocked. The infant room does make use of evacuation cribs which were in good repair and clear of obstruction. Bathrooms are located off the main commons area, and another bathroom is located just off the programming space of the preschool room. Changing stations are also present in the infant and toddler rooms. Sinks are available in each classroom to allow for hand washing. The toddler and preschool room have a large archway opening that connects the two rooms but a mobile fence and gate system provides for separation of the rooms. During the visit it was observed that an employee did step over the barrier rather than using the installed gate system. This creates a substantial risk of injury to children from staff tripping and either falling on a child, dropping a child, or dropping an item on a child. When mobile barriers are used to separate and define programming areas staff must use gates or other means of access that do not require or allow them to step over the barrier. Windows along the exterior walls and in exit doors provide natural light and a view of the outdoors. Each room is divided into activity centers through the use of shelves, furniture, and play structures which are arranged so that they do not create any blind areas.

Each activity center had a good variety of toys and materials that were observed to be in good repair and appropriate to the ages of the children present. A television set was present in the school age area and this has been changed from being a free standing unit to a wall mounted unit. This has been identified as a concern in prior reports and if the unit cannot be secured it should be removed. Copies of the daily schedule and curriculum were not posted but Molly stated that this is due to preparations being made for the planned maintenance work. Molly stated that part of that work will include installation of new notice boards where the schedule, curriculum, and other parental notifications will be posted in each room. Despite not being posted it was obvious that each classroom was following a planned schedule as the children moved from general center play, to lunch service, and then nap time. Good interactions were observed on the day of my visit with the staff being engaged with the children and attending to their needs. This included teachers engaging in play activities, serving and

assisting with lunch, and helping to soothe the children while laying down to nap. Good behavior management techniques were observed with the teachers recognizing positive behaviors, reminding children of expected behaviors, and redirecting the children as needed.

Good health and safety policies and procedures were generally observed. I was able to observe a diaper change during the time of the visit and the teacher did follow proper procedures. Lunch was served during the time of my visit and it was observed that children in the infant and toddler rooms did not have their hands washed prior to eating. This has been identified as an issue in prior reports and it was reviewed that if it is difficult to hold or have children wash their hands at the sink the center can use an option of using a separate wet soapy wash cloth or paper towel to wash each child's hands. There were no children currently taking any prescription medications, and over the counter medications were properly labeled with the name of the individual to whom it belonged. Chemical cleaners, medications, personal items, and other items that could pose a safety risk were stored in areas where they were not readily accessible to children. First aid kits were present and included materials necessary to address most common first aid needs but do need to be replenished. In addition to the first aid kits the center also maintains and Automated External Defibrillator (AED) unit. Safe sleep practices were followed in the infant room. Changing mats and crib mattresses that had been identified as being damaged in the prior report had been replaced.

Meals are prepared by the school during the school year, and during the summer the children attend the Summer Lunch Program. Meals are brought to the center in hot/cold holding containers. While the school also provides the snacks daily a limited supply of snack items is also maintained at the center. Good food storage practices were generally observed but the thermometer in the refrigeration unit was non-functional and needed to be replaced. A copy of the planned menu was posted. Good food handling and service practices were observed during the visit. The teachers did sit at the tables and eat with the children to provide supervision and model good eating habits. One issue that was noted is that the portioning is tightly controlled such that the amount of food sent on the day of the visit was equal to what should be provided to the children without any additional or left over amounts. In addition while there were 11 staff the center contract only includes meal service to accommodate 5 staff. This close adherence to strict portioning control does create a potential for several concerns that can arise such as if a child has a meal that is dropped, contaminated, or otherwise needs to be disposed of there would be insufficient amounts to re-serve the child. The center generally addresses this by the staff forgoing meals until the children have eaten to ensure that there is enough for the initial service and additional portions if requested. While it is not a requirement that staff eat with the children doing so can provide both supervision and modeling of good eating habits.

The center has two on-site playground spaces with a green play space on the west side of the building which was reduced due to the construction of a new covered entry and sidewalks, and the other playground has a small preschool sized climbing structure, a riding merry-go-round, and paved areas where the children can play. Foam tiles are used for fall surfacing beneath those structures that are intended to elevate children. Those tiles are beginning to show their age with curling at the edges and should either be scheduled for replacement, or evaluated to ensure that they are still sufficient to provide the fall attenuating properties required by the CPSC Public Playground Safety Handbook. The equipment was observed to be in good repair. A retractable awning has been installed on the east side playground to provide shade, and limited shade is also available on the north side of the building from an overhang of the roof. Both playgrounds are fully enclosed by chain link fencing which was observed to be in good repair.

A review of administrative records found all required notices were posted in an area readily accessible and visible to parents and visitors. In reviewing child files the center does have families complete a new enrollment form each year. The enrollment forms do include a Parental Statement of Health. It was reviewed that the Parental Statement of Health is allowable for school age children enrolled in Kindergarten or above, but infants through preschool age children must have an annual physical from their medical provider. I was unable to access the staff files on the day of my visit and a request for documentation was made. It was identified that staff who had been at the center for more than 2 years needed renewed Iowa SING background checks. All inspection logs and certificates were current and available with the exception of the Fire and Tornado drill logs which had not been completed for fire drills since January, and tornado drills since April. As a reminder these are required to be conducted and logged each month.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has been working to complete repairs and renovations. As noted there is a planned closing in which substantial work will be completed. Other issues that have been addressed include replacement of damaged equipment on the playground.

The center is currently working with Child Care Resource and Referral and applying for IQ4K which seeks to implement best practice recommendations.

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: 2

109.10(8): Children’s hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children’s hands shall be washed:Immediately before eating or participating in food service activity.After using the restroom or being diapered.After handling animals.
-- Children's hands were not washed immediately before meal service

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.
-- Drills were not conducted for fire evacuation since January, or for tornado evacuation since April.

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.
-- When mobile barriers are used to define programming spaces staff must use gates or other means of access that do not require or allow them to step over the barrier.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license will remain in effect at this time. Please provide a written response to the licensing consultant identifying a plan 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.