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

Name of Center: Tracey's Tots Daycare Co - Fort Dodge **Enrollment:** 35 **License ID No. (Reapplications)** 7448

Street: 109 S 8th ST **City:** Fort Dodge Iowa **Zip** 50501 **County:** Webster

Mailing Address: PO Box 7, Churdan, IA, 50050

Director's Name: Tracey Wilson (owner) **Phone Number:** 515-576-5437

On-Site Supervisor(s): **E-Mail:** traceystotsdaycare@frontier.com

Date(s) of Visit: 01-06-2025, 03-10-2025, 05-09-2025, 10-29-2024, 11-06-2024, 11-15-2024

X **Licensing Visit** X **Unannounced Visit** **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 **State** X **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 06-22-2022

Comments :

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	12	38	15	25	90
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 06-01-2025 to 06-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 05-26-2025

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

The center was placed on a provisional license following a complaint where a number of licensing violations were cited.

A service referral was made to Child Care Resource and Referral, and Public Health to provide training and assistance. Those services were accepted and included training on Safe Sleep, curriculum development, health & hygiene, and administrative record maintenance. The center completed a corrective action plan, and worked with services to implement those services. Substantial compliance with the corrective action plan, and licensing standards were observed on subsequent visits.

Tracy also attend and completed a Center Director Training pilot program

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Unannounced and announced visits were made to Tracey's Tots Daycare on 10/29/24, 11/06/24, 11/15/24, 01/06/25, 03/10/25, and 05/09/25 to review corrections, and/or address complaints that had been received. During the visits I either met with the center director and owner Tracey Wilson, or an employee who was identified as being the supervisor in charge. The center has had several changes in personnel and Elizabeth Nostrum is the designated supervisor in charge when Tracey is not present at the center. The program is located in the downtown area of Fort Dodge and provides daycare programming for infants through school age children. The center is privately owned and operated as a for profit business by Tracey Wilson. There are approximately 16 children enrolled in the program served by 11 staff. All areas of the program subject to licensing standards were reviewed during the visits.

The design and layout of the building remains the same as in the past. The facility has a large central room where the school age children are located, and 4 classrooms for the other children are along the perimeter. The center has two rooms which were previously used for older infants, and 2-3 year old children that are currently vacant and being used for storage. Tracey did identify that she is considering options of using that space for either specialized programming to serve children with identified needs such as autism spectrum disorders, or as calm-down rooms where children struggling with behavior in the larger groups can go to regain control. The preschool children are located in a larger classroom along the east side of the building. Each room with the exception of the room in the northeast corner has multiple entrances though several of these are accessed through another classroom. There are multiple direct exits that lead from the main open space where the school age children are located. All exits opened easily and freely. The preschool room has taller shelving units that have been placed to create an access corridor for the northeast corner classroom but which also restricted the preschool room from accessing the secondary exit from that room. It was discussed that this may be a violation of the fire code requirements and the center would need to review with the fire marshal to determine if that arrangement were acceptable or if other options would need to be considered. The young infant room, northeast corner room, preschool room, and central area used by the older children have windows that provide natural light, a view of the outdoors, and ventilation. Bathrooms are located off the central classroom area with separate facilities for boys and girls and multiple stalls in each restroom. Changing stations are present in the infant area and the two unused classrooms that have served younger age groups in the past. There is also a changing room with a small sink located just off the main central area used for the preschool age children who still require diapering. There is an additional sink for hand washing off the school age programming area. The center makes use of a basement area for emergency severe weather shelter. Each classroom has activity centers created through the placement of furniture and play structures which were arranged so as not to create any blind areas. The toys and materials

present were appropriate to the ages of the children present and those items that could be a choking hazard had been removed from classrooms serving children under 3 years of age. A daily schedule and curriculum were posted in each classroom.

Varied levels of interaction and supervision were observed at different times. In earlier visit concerns that included staff sleeping during nap time were observed though it was reported that those employees were not on the clock at the time. At other times staff were observed to be providing observational supervision simply watching the children as they engaged in free play activities. In later visits more engaged interactions were observed with the staff presenting specific activities, or sitting with groups of children playing a game. During the various visits there situations in which the children did have behavioral problems and the staff response was varied with some being more directive with redirecting the children to other activities or options, and others being more passive telling children to stop but otherwise not intervening as much. While the staff have improved in how they respond to addressing behavioral issues the center would benefit from implementing a specific system with opportunities for staff training in that system which would allow for more consistency for both current, and future staff. Ratio was maintained in the center as required by age during each visit.

The center has worked with services to improve both the policy and practices regarding health and safety procedures. Diapering procedures postings were present by all changing stations, and good practices were observed in later visits. Good handwashing practices were also observed during the visit for both staff and children. This included not only washing at required times, but also washing in an effective manner. The center has been observed to be clean during visits with observed indications of insect or rodent infestation. Medications, chemical cleaners, and other items that could pose a safety risk to children were stored where they were not accessible. Over the counter medications were labeled with the name of the individual to whom it belonged as required. Safe Sleep requirements were an area where staff continued to struggle in earlier visits with children under 1 year of age still being observed sleeping in equipment, or in cots with blankets and bottles. These practices were discontinued by later visit though it is noted that on some visits there were no infants in attendance at the time of the visit.

The center playground primary climbing structure is of an age that Tracey is exploring options to remove or replace the structure. It has been previously noted that the structure is showing wear and damage such as the slide chute pulling away from the anchor points and deforming the plastic and use of those elements that are damaged and unsafe need to be discontinued until they are repaired or replaced. There is also a dome climber that was in good repair as well some other dramatic play and toys for the children to play with. In addition to the main climbing structure there were some storage sheds present which also have maintenance needs such as protruding screws, and exposed sharp edges for metal drip edging. These should also be repaired or replaced and staff will need to direct children away from those structure when on the playground. The center has installed pea gravel over the entire playground space, and wood chips for fall surfacing beneath climbing structures. Many of the trees that provides shade have been removed and either replanting new trees, or use of constructed or mobile shade structures is needed. The playground is fully enclosed by chain link fencing which was observed to be in good repair.

The center has a full kitchen and meals are prepared on-site. A menu is posted and a good variety of food options are identified. Food storage practices has continued to be an issue over each visit as not all food items had been placed in air tight sealable food grade containers, and labeled with the contents and date placed in storage as required. There has been substantial improvement in this with fewer items being improperly stored in recent visits but given past issues is an area that Tracey will need to continue to monitor and enforce. The kitchen area, refrigerators, and other appliances were observed to be clean and again there was no evidence of insect or rodent infestation. The children do eat in the classrooms and staff provide supervision while the children are eating. Meals are pre-portioned and staff use measured scoops to ensure that each child receives a full serving.

In reviewing administrative records all required notices were posted in an area readily accessible and visible to all parents and visitors. Tracey has made substantial changes to the file maintenance systems of the center with having updated and developed a self-audit of all child and staff files. All files were reviewed during the last visit and with the exception of 1 child, and 2 staff who needed a current physical all files contained all required information. The center does have two center owned vans used to transport children to and from school. The vans appeared to be in good repair and documentation of recent maintenance was present. In response to a recent complaint the center has revised the processes used when transporting children to/from activities and ensuring staff are aware of the children they are to be responsible for and tracking transitions of custody. The center has worked with the referred services to revise several of the center policies which were reviewed during various visits as they were developed.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Tracey and the staff have worked very hard over the past several months with participating in services and training to improve the practices that are followed at the center. This has resulted in steady improvements over time with the staff showing more consistency and maintaining of licensing standards.

Tracey is working to apply for grants to continue to make improvements to the center such as renovations of the playground to remove and replace the large climbing structure. Other options for the playground with a focus on outdoor curriculum planning were discussed.

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.
-- Staff have not completed all required training with the first 90 days of employment. -- CORRECTED

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: 2

109.9(4): Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities.
-- Daily documentation of child disposition and activities continues to inconsistent with some staff including the documentation, and others not.

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.
-- Children were observed to be in classrooms where staff were not present. -- CORRECTED

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 continues to have issues with the large climbing structure needing repairs and having elements that need to be restricted from use. The storage sheds also have several maintenance needs and children need to be directed away from those structures when using the outdoor playground area.

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.
-- Children were observed to be sleeping in equipment, in cribs with blankets, and in cribs with bottles. -- CORRECTED

V. SPECIAL NOTES/RECOMMENDATIONS:

The center has participated in services, and make corrections that have returned the program to being in substantial compliance with licensing standards. A full license is recommended at this time. Please continue to implement the corrective action plan activities for those issues identified as not having been fully corrected. At least one visit will be made to the center annually.

*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.