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

Name of Center: Gilmore City-Bradgate Child Care Center **Enrollment:** 140 **License ID No. (Reapplications)** 16250

Street: 402 SE E Ave **City:** Gilmore City Iowa **Zip** 50541 **County:** Humboldt

Mailing Address: 402 SE E Avenue, Gilmore City, IA, 50541

Director's Name: Darlene Box **Phone Number:** 515-373-6020

On-Site Supervisor(s): **E-Mail:** dbox@gcb.k12.ia.us

Date(s) of Visit: 06-18-2024

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: 04-27-2023

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	21	23	72	50	166
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 08-01-2024 to 08-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-05-2024

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Gilmore City Bradgate Child Care Center on 06-18-24 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 center offers daycare programming to infants through school age children. There are approximately 140 children currently enrolled in the center served by 17 teachers. All aspects of the program subject to licensing standards were reviewed during the visits.

The general layout of the building and classrooms remains the same as observed in prior visits. The program makes use of several classrooms, and an area of the cafeteria that has been sectioned off through the use of office panel dividers. 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 also connect to an intervening storage/work room. Each classroom has secondary egress 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. 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.

In visiting each room some changes to the individual layouts were observed and most notably in the school age, and two year old classrooms.
The school age space had been rearranged to remove some elements and provide a cleaner and more defined space for the children to move and play. While the majority of the space was occupied by large trestle tables there were options for the children to play with such as books, puzzles, blocks, art/craft, and media. The two year old classroom also appeared to have rearranged and removed some play structures with much of the room being very open and empty with toys and materials stored in cabinets and on shelves that were not readily accessible to the children. There were some toys in classrooms serving children under 3 years of age that had small parts of less than 1 1/4 inches diameter and 2 1/4 inches length which can be choking risks and should be removed to classrooms with older children. The center uses a curriculum that has a general centerwide learning focus, and each classroom did have a copy of the schedule posted. While it is understood that centers generally have less defined curriculum plans and activities during the summer months it was noted that much of the programming in all of the classrooms was individual free choice play, or media viewing. This in turn resulted in much of the staff interactions being primarily observational supervision. While this approach can allow children to explore and develop their own interests it also has the potential to result in escalating stimulation and behavioral problems. Maintaining the more structured and varied schedule and curriculum plan that the center follows during the school year would support a program that is more engaging for both the children and staff. Ratio was maintained in each classroom as required by age.

The center does have established health and safety policies but practices do need to be reviewed. I was not able to observe a diaper change while at the center but the required diapering procedures posting was present by all changing stations and

staff were able to identify the procedures. One issue that was identified when describing the procedures is that staff identified they do not wash the infant's hands following diapering but may use a wet towel. It was reviewed that this would not be sufficient and that if a child cannot stand or be held at the sink to wash their hands with soap and running water soap could be added to a wet paper towel for washing and a separate wet towel to rinse. Additionally during the visit it was observed that not all children washed their hands immediately prior to meal service. With regard to medications several over the counter medications were not labeled with the name of the child, employee, or center to identify ownership. Additionally one prescription medication was observed to be stored in a refrigerator despite being labeled as "Do Not Refrigerate". A call was made to the pharmacy that had dispensed the medication and it was confirmed that this would not diminish the effectiveness of the medication, only thicken it making it more difficult to pour. Additionally it was reported that it was likely the family member dropping the child off that put the medication in the refrigerator. Despite both of these mitigating factors staff do need to be aware of the medications being brought into the center and follow the label directions regarding the storage and administration of the medications. Medications, chemical cleaners, purses, 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. While taken as a whole the center has the materials necessary to address most common first aid needs the individual kits were observed to have varying diminished supplies and need to be replenished. Safe sleep practices were followed for children under 1 year of age, however it was observed that children over 1 year of age were placed in cribs where blankets were present. While not prohibited it is recommended that the center follow the safe sleep practices for all children in cribs with the best time to introduce blankets, pillows, etc. is when a child transitions to a cot or sleeping mat. One child was also observed to be lap sleeping for an extended period of time and it was reviewed that if a child does fall asleep while being held, in a piece of equipment, or laying on the floor the child should be transitioned to a crib, cot, or mat as soon as it is reasonably possible. One child was observed to be in crib with a bottle which is prohibited for children of all ages. The center does need bedding for all cribs, cots, and mats which can be removed and laundered as needed.

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. Food storage and handling practices in the kitchen were appropriate. A menu is posted and did identify a good variety of meal options that meet CACFP guidelines. The meal served on the day of the visit did include hotdogs and it was observed that the staff did not modify them as required. While the staff in the infant room did cut them into small bite sized non-disc shaped pieces the other staff did not. The hotdogs were either left whole, or cut in half perpendicular to the length which did not address the heightened choking risk that would be present for children.

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, riding track, and small residential grade climbing structure. The climbing structure was oriented in a manner that did not provide sufficient fall zones and needs to be moved and oriented so that there is a minimum of 6 feet of fall zone surrounding the unit in all directions. Rubber mulch has been installed for fall surfacing and a good depth of material was present. The space is fully enclosed by fencing. 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. Some of the equipment did need maintenance including tumbler spinners on the large climbing structure where one of the tumblers was missing, and another had a missing connecting bolt. A spinner seat was also observed to have had the anchoring fail and needs to be removed, repaired, or replaced. The main playground is also fully enclosed by fencing and buildings. Shade is provided by the buildings and several large mature trees.

A review of administrative records found that required postings for Consultant Contact, Mandatory Child Abuse Reporting, No Smoking, and License Certificate were present in an area readily accessible to parents and visitors. Emergency contact numbers were not present as required. The center uses a combination an electronic tracking system, ProCare, and hard copy files for both child and staff files. Additionally the staff files are separated with the school personnel office maintaining background checks and physicals, and the center maintaining training certificates. This approach does make it difficult for the center to monitor and maintain records. At the time of the visit Darlene stated that she was still reviewing child files and had reviewed files through the "L's", and of those 14 needed updated information. A random sample of 12 of the remaining child files were reviewed and of those 4 needed updated information. Additionally it was noted was that while the Pro Care does contain forms for completion of infant daily sheets staff were not including information regarding daily activities and disposition which are required. This was identified in the previous report as a cited issue. It was reviewed that the Pro Care system does have the ability to attach photos to each file and this could be used as a visual depiction of the activities and mood of the children. A random sample of 8 staff files were selected for review and of those 6 did not have a current physical, 4 needed a renewed FBI Fingerprint background check, and 4 needed on-going professional development. In reviewing inspection logs and certificates emergency drills for fire and tornado were not conducted for July, Aug, Dec 2023, or Feb, Apr, May 2024. It was reviewed that these drills must be conducted and documented each month. Documentation was also not available for monthly playground inspections. These issues were cited in the prior report as well.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Darlene did identify that the center has worked to develop plans for children that have additional care needs and provided an example of one child with a very strong support plan for a diabetic condition.

Darlene identified that the center has been very stable with regard to child enrollment, and staffing.

Darlene stated that the center does have 1st Aid/CPR training scheduled for early July for staff.

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

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.
-- Number not in compliance: 5

109.7(2): Center directors and all staff have the required contact hours of training.
-- Number not in compliance: 4

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: 6

109.9(2): All files are updated at least annually and when a change occurs.
-- Number not in compliance: 18

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.
-- Documentation of daily activity and disposition was not being maintained for each child as required. -- NOTE: 2ND YEAR CITED

109.10(3)a: All medications shall be stored in original containers with physician or pharmacist directions. Labels should be intact and stored so they are inaccessible to children and public. Nonprescription medications shall be labeled with the child's name.
-- Over the counter medications were not labeled with the name of the individual to whom it belonged. Staff need to read and follow label directions regarding the storage of medications as one medication labeled as "Do Not Refrigerate" was stored in a refrigerator.

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 prior to meal service. Staff were using a dampened paper towel to wash infants hands following diapering. If using this method soap must be added to ensure effective hand washing and a separate wet towel used to rinse.

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 contact number were not present as required. Emergency drills were not conducted and/or logged for several months of both 2023 and 2024 as required. -- NOTE: 2ND YEAR CITED

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 playgrounds were not safe. The climbing structure in the toddler playground needs to be moved and oriented to ensure a minimum of 6 feet of fall zone is present on all sides. The damaged equipment of the preschool/school age playground needs to be removed, repaired, or replaced.

109.15(2): Center shall follow minimum CACFP menu patterns for meals and snacks.Menus planned one week in advance,

made available to parents, and kept on file with substitutions noted.Avoid foods with high incident rate of causing choking.
-- Hotdogs were served which are identified as having a high incident rate of choking and which were not modified. While hotdogs can be served they must be cut only the length of the hotdog to eliminate disc shaped pieces and reduce the risk of choking.

109.15(3)b: Children under six months held or fed in sitting-up position.Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle.Spoon feeding is adapted to developmental capabilities of child.
-- A child was observed with a bottle in a crib.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license is recommended at this time. At least one visit will be made to the center during the next year.

NOTE: 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. A sample form will be sent to the center which can be used. Please return the completed plan to the DHHS Licensing Consultant by 08-01-24 for review and approval. Failure to return the plan and/or correct and maintain those issues cited could be reviewed as willful disregard and result in negative action being taken against the center 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.

VI. ADDENDUMS:

- Addendum1: A corrective action plan was sent to the center, and a referral made to CCR&R to provide assistance in addressing the critical issue, and repeat citation concerns. The CAP was returned and approved, and confirmation also received from the CCR&R consultant on 07-09-24 that they had met with the center to develop the CAP. Photos of corrections to the damaged playground equipment was received to verify that work had been completed.

This Addendum is approved by supervisor on 7/10/2024 11:03:39 AM