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

Name of Center: The Wolverine Den Child Care Center **Enrollment:** 42 **License ID No. (Reapplications)** 18150

Street: 15 Second St North **City:** West Bend Iowa **Zip** 50597 **County:** Palo Alto

Mailing Address: PO Box 287, West Bend, IA, 50597

Director's Name: Kali Bleuer **Phone Number:** 515-887-7777

On-Site Supervisor(s): **E-Mail:** theden@ncn.net

Date(s) of Visit: 01-18-2024

Licensing Visit X **Unannounced Visit** X **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: 04-06-2021

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	10	10	20	26	66
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 01-01-2023 to 01-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 01-23-2024

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 Wolverine Den Child Care Center on 01-18-24 where I met with Kali Bleuer who took over the director role in August 2023. Kali was not fully qualified at that time and an agreement for provisional approval was made while she completed additional on-going professional development. Kali does have an educational background in Business Administration, and was a classroom teacher for a year with the center prior to taking over the director role. The program is operated out of the old St. Peter and Paul Catholic Elementary School building in West Bend. The center is operated separately from the school and church as a non-profit program overseen by a board of directors. No other services or programs are provided in the building during the hours when the center is in operation. The program provides daycare services to infants through school age children. There are currently 42 children enrolled in the program served by 8 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The physical structure and layout of the building and classrooms remain the same as in prior reports. The center is currently using three classrooms though additional rooms are available for expansion if needed. Each room has a large bank of windows along the exterior walls that provide natural light, a view of the outdoors, and serve as secondary emergency egress. Each room has a toilet and sink located just off the programming space so that children do not need to leave the room. Additional toilets are located off the main hallway. Each room also has a second sink available in the classroom. A changing table was available in the infant room, and an old crib with one side rail removed was being used as a changing station in the younger preschool room for those children that were not fully toilet trained. Each room was observed to be clean. There was a distinct odor when entering the building which Kali stated she has been told before that it is due to sewer gases from the restrooms off the main hallways not being used. Kali stated that the maintenance department for the school which owns the building has poured hot water down the drains in the past to address that and she would notify them of the need to address that again. No other maintenance issues were noted.

The infant room is divided into three areas through the use of tall cubical panels and low shelving units. The panel dividers create a sleeping area that has limited visibility, and the shelving units divide the remaining space into two areas for mobile and non-mobile infants. The issue of the obstructed view sleeping area has been identified in the past and the center has responded to this by placing a chair in a location where staff can fully observe the cribs and having a teacher sit in that location when children are sleeping. It has been reviewed that better options would be to replace the panels with a divider that is shorter or which can be seen through. The toys and materials in the room were appropriate to the ages of the children present. Good interactions were observed with the staff being attentive to the children's needs for feeding, diapering, and moving children from restrictive equipment when it appeared they were no longer engaged by the activities of the equipment.

The preschool/school age rooms have an open design where activity centers are created through the placement of furniture and play structures. The older preschool room has options that do include options such as an air hockey table. Good interactions were observed such as in the older preschool room which was engaged in a group activity of the children putting on puppet shows. Good behavior management techniques were observed with the strong focus on programming and teacher engagement creating an atmosphere where there were very few issues and those that did arise were addressed with simple redirection.

Good health and safety practices were generally observed. I was able to observe a diaper change on the day of my visit and the staff did follow the posted procedures. Staff also ensured the children washed their hands prior to eating and after restroom use as required. Chemical cleaners, medications, personal items, and other things that could pose a safety risk to children were stored in areas where they were not accessible. Over the counter medications and sun screens are labeled with the name of the individual to whom it belongs. There were no children taking any medications on the day of my visit. There were no children with any diagnosed allergies but the center does have forms should it become necessary in the future. First aid kits are maintained in classrooms and contain materials necessary to address most common first aid needs. Safe sleep practices were observed during the time of my visit.

Meals are contracted through the local adult care facility and brought into the center in coolers for hot/cold temperature holding. The center does have an electric roaster, and refrigerators to maintain hot and cold holding temperatures until meals are served. Refrigerators are present in each classroom. Thermometers were present in all refrigeration/freezer units as required. The center does maintain some food at the center and good food storage and handling practices were observed for both refrigerated and dry pantry items. Meals are served to the children pre-portioned and the staff do provide supervision at the tables. Good food handling practices were observed with the staff wearing food service gloves when plating meals and handling food. Measured scoops were used to ensure that each child received a full portion. A copy of the menu had been posted and did identify a good variety of nutritious meal options.

The center playground was not reviewed during this visit due to snow cover but will be assessed at a later date and any issues identified will be addressed with the center at that time. The center playground has a fenced area with climbing equipment, a paved basketball court, and a large open grassy area. Pea gravel is used for fall surfacing beneath climbing structures. Shade is provided by a covered sandbox area, and the climbing structure. The center has also made use of portable shade structures in the past. During the visit the center did make use of the interior hallways for large motor skills play. It was reviewed that hallways are not approved for programming activities and Kali did state that this is not a common practice but was due to the fact of the inclimate weather of the day preventing the children from getting outside to play.

All required notices were posted in an area readily accessible and visible to parents and visitors. Postings for emergency evacuation were present in all rooms. In reviewing administrative records the center does have a self-audit system for tracking required information for both child and staff files which were found to be accurate when compared to randomly selected files. The children's files were found to be up to date and contained all required information. In reviewing employee files there were several significant issues identified. Most significant was the lack of documentation of an FBI Fingerprint Background check having been completed for several staff. Kali did provide documentation following the visit for those staff. In addition training was needed for several staff. In discussing options with Kali she did indicate that she would follow up with the option of a planned staff in-service day to complete training. In reviewing required inspection logs and certificates all were current and available with the exception Radon testing.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center had a recent change with Kali taking over as the diretor. The center does have other staff who have been with the program for a number of years which helps to create stability and continuity.

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.

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.

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: 2

109.9(1)b: All files contain:A signed copy of DHS criminal history record check or any other permission form approved by the Department of public Safety for conducting an Iowa or national criminal history check. A copy of Request for Child Abuse Information.Copies of the results of Iowa records checks conducted.Copies of national criminal history check results.Any Department-issued documents sent to the center related to records check.
Number not in compliance: 3

109.9(1)e: All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training.

109.11(7)b: Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.

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 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 following 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.