Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Osage Community Day Care

Provider No.: 22415

Address: 510 Mechanic ST, Osage, IA, 50461

County: Mitchell

Director's Name: Shelley Parks

On-Site Supervisor:

Phone Number: 6417323992

E-Mail: OCD@osageia.net

HHS Visit Date: 06/15/2026

Licensing Period: 09/01/2025 to 09/01/2027

Fire Inspection:

Date Inspected: 06/14/2024

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	8:00 AM to 5:00 PM		
Monday	8:00 AM to 5:00 PM		
Tuesday	8:00 AM to 5:00 PM		
Wednesday	8:00 AM to 5:00 PM		
Thursday	8:00 AM to 5:00 PM		
Friday	8:00 AM to 5:00 PM		
Saturday	8:00 AM to 5:00 PM		

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	50	21	40	45	156
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Osage Community Day Care to conduct a complaint review and a full licensing visit on 05-15-26 where I met with center director Shelley Parks. Shelly has a BS in elementary education and has been with the center since 2007. The program is located in a free standing building that was designed and constructed as a child care center, and occupied in 2019. The building is located so that it shares playground space with the local elementary school. While the program has a very strong collaborative relationship with the school it is operated independently under a separate board of directors. The center provides daycare and preschool programing serving infants through school-aged children. There are approximately 175 children enrolled in the program served by 25 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The general design and layout of the building and classrooms remains the same as in prior visits. The program operates out of 5 classrooms in the daycare building for the infants through preschool age children, and out of the school gym for the school age children. The young infant room has an active play area defined by low 1/4 walls with an access gate where children can engage in floor play. A sleeping area is defined by part of that space and a taller 3/4 wall of shelving/storage cubbies. This separation does create limited sightlines for which the center has a rocking chair where a staff member can be present to provide supervision when children are napping. Each room of the main center has windows along the exterior walls that provide natural light, ventilation and a view of the outdoors. The gymnasium is an interior space that has no windows but has good artificial lighting. Both the main building and the gymnasium have air conditioning to maintain temperatures. Each room has secondary exits that provide direct egress to the outdoors. All exits were maintained to be clear of obstruction and opened easily and freely. Each room of the main daycare building has access to restroom facilities directly from the room, and sinks in the classrooms to facilitate hand washing. Changing stations are available in the infant and toddler classrooms. Restrooms are located outside of the gymnasium off of a commons area and staff do escort children

to the restroom as needed. The infant room also serves as the emergency tornado shelter. The facilities were observed to be clean with no maintenance issues noted. Activity centers are created through the placement of furniture and play structures which were arranged so as not to create any blind areas.

2. Identify Observed Strengths of the program

Child Interactions & Programming
Each classroom had a well defined curriculum which identified a general weekly focus theme and specific daily activities. Mixed interactions were observed during the time of the visit with some staff being very actively engaged with the children presenting planned curriculum activities and attending to the children's needs while others provided more observational supervision. One example was when arriving a large group of children were observed to be out on the playground and spread out such that they were widely dispersed making use of different elements. One staff member was observed to be more strategically placed closer to a large climbing structure where a number of children were playing while several other teachers were sitting under a shade structure engaging in what appeared to be a craft activity with other children. While those staff were engaged in an activity with the children they were very task focused where they did not look up from the activity leaving a large portion of the children effectively unsupervised. While there were no problems that occurred during that time it was discussed that reminding staff of the need to be positioned and actively supervising the children can help to reduce the risk of behavioral and other concerns. Similar to the observation the interactions were also mixed with some staff being very positive and using calm tones with the children and using proactive behavior management techniques while others were more reactive with responding when there were behavioral concerns using firmer tones and a more consequence based approach. Ratio was maintained in the center as required by age with at least two staff present in each classroom.

Health & Safety
The center does need to review hygiene practices as several issues were observed during the visit. I was able to observe several diaper changes in multiple rooms during the visit. In each changing procedure each staff engaged in various practices that were minor deviations from the posted required practices individually. This included a new employee not washing infant hands following the diapering but she did do so after another individual informed it was required for all children. Other staff did not deglove between handling soiled and clean items, and others held the children while using chemical agents to clean and disinfect the changing stations. Later during lunch service staff in one classroom were observed to use the counter where the changing station was located including the area of the changing surface to prepare plates for lunch service. With regard to handwashing staff did supervise and assist children to ensure that they washed their hands in an effective manner following restrooms and before eating in general but issues were observed for the 3 year old classroom. Following restroom use children were sent to sit on the floor and watch a video while waiting for peers. The class then transitioned to walking to the school cafeteria to participate in the summer lunch program and the staff did not have the children re-wash their hands before eating despite there being handwashing facilities immediately available in the cafeteria area. Chemical cleaners, medications, and first aid kits were stored in areas where they were not accessible. In several classrooms purses were observed to have been hung on hooks that while not part of the primary programming area were still in areas where children would have reasonable access and it was reviewed that these should be moved to a secure location. Medications were properly labeled, stored, and documentation maintained regarding administration. Safe sleep practices were observed for infants under 1 year of age. Older children make use of cots and appropriate bedding was provided for each child that napped.

Playground
The center has access to several playground areas which also remain much the same as identified in prior visits. The primary playground is accessible directly from the pre-school rooms and has a variety of structures and surface coverings. There is a large climbing structure, swings, music stations, riding equipment, and other toys. The equipment was observed to be in good repair. A unitary foam rubber fall surfacing is in place beneath climbing structures. Woodchips are used for fall surfacing beneath swings and additional material had been added to ensure a proper depth of material was maintained, The toddlers have a separate fenced space with paved and grassy areas. There are no climbing structures in this space but a shed is present where toys and materials are stored. The center also has access to the school playground areas for older children. The school provides maintenance for the playground areas but the daycare staff do conduct regular inspections. The school completed construction of a large shelter space between the playground areas which can be used as a shade structure, and a large shade awning had been installed in the playground area used by the daycare children. A pole has been added to the toddler playground to install a shade awning but work has not yet been completed. The playground is fully enclosed by the buildings and fencing which was observed to be in good repair.

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Nutrition
The center does have a full kitchen and breakfast and snacks are prepared on-site along with lunch for the infants and toddlers.. The center does participate in the Child and Adult Care Food Program (CACFP) for the 3 year old through school age children. Good food storage and handling practices were observed on the day of my visit. Meals are served in the classrooms and staff wore food service gloves and used measured scoops when serving children. The center uses a four week menu rotation and copies of the menu were posted and provided a good variety of nutritious meal options. There were some issues with regard to supervision during lunch service and this was most notable in the 2 year old classroom. During the visit mixed levels of supervision were provided with one staff setting her plate at a table to eat with a child, and others standing and holding their plates while eating. While staff did respond to children who had various behavioral and other issues while eating the response was delayed compared to if the teachers were at the tables where they could assist as needed.

Administration
In reviewing administrative records all required notices for No Smoking, Consultant Contact, Mandatory Abuse Reporting, and License Certificate were posted in an area readily accessible and visible to parents and visitors. Other required postings for emergency evacuation, emergency contacts, diapering, handwashing, daily schedule, curriculum, and menu were also present. The center is using an electronic file management system, Playground, to maintain child enrollment information and infant daily sheets. There was some inconsistency in infant daily sheets with some staff taking photos of children to show disposition and activity and other that were not. It was reviewed that all elements of feeding, diapering, napping, disposition, and activity need to be documented daily and either a photo needs to be taken, or the information entered in narrative format in the Playground application. In reviewing child physicals about half of all reviewed files had missing or expired physicals and Shelly did state that a large number have been provided but not yet filed. With regard to staff files the center has changed procedures and is maintaining training certificates in a binder, and physicals and background checks in files. While the training records were found to be in general compliance there were issues with regard to background checks in that each reviewed file was missing either the Iowa SING check, or the national FBI fingerprint check. Shelly stated that she has completed all of those checks but the center was moving to a new system of maintaining them to ensure confidentiality. The center does have a center owned vehicle and does provide transportation. Inspection logs and certificates were available and current for all required elements. The parent handbook was reviewed and the center was missing several required written policies and others needed to be updated to ensure all required information was present.

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.
-- Written policies were missing and/or needed to be expanded for Health & Safety (handwashing, safe sleep, immunization exemption, response plans), Incident Reporting (sexualized behavior), Staff Orientation & Training, Confidentiality.

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 of all required record checks could not be found for all staff on the day of the visit.

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 of a current physical could not be located for approximately 50% of all reviewed files.

109.10(6): Children’s hand washing: Center shall ensure staff assist children in personal hygiene.
-- Children's hands were not washed following diapering, or immediately prior to meal service as required.

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

A list of all required written policies with suggestions for implementation was provided to the center.

Shelly stated that child physicals, and staff background checks had been completed but had not yet been filed. A form was provided for Shelly to identify all current staff, and the date that both Iowa SING and national FBI fingerprint based background checks had been completed. Shelly would also ensure that child physicals were filed and notify those that were missing of a deadline date to provide an updated physical.

Shelly confirmed that she would review with staff in their next staff meeting requirements for handwashing, supervision, and behavior management.

5. Special Notes/Recommendations

A full 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 next year.

6. ADDENDUMS:

- Addendum1: 06-25-26 Verification was received from Shelly that she had found the background check documentation for all staff. Shelly was able to provide documentation of the date both Iowa SING and FBI Fingerprint checks had been conducted for each employee, and that all were current.

This Addendum is approved by supervisor on 6/26/2026 3:55:14 PM

Date: 06/16/2026

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**.