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

Name of Center: Little Cats' Daycare **Enrollment:** 102 **License ID No. (Reapplications)** 51683

Street: 912 Woodland AVE **City:** Riceville Iowa **Zip** 50466 **County:** Howard

Mailing Address: 912 Woodland AVE, Riceville, IA, 50466

Director's Name: Brooke Watson **Phone Number:** 641-985-2288

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

Date(s) of Visit: 03-20-2024

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: 06-13-2022

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	19	22	22	37	100
Summer					0

QRS Rating: 1

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 04-01-2024 to 04-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 03-24-2024

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced visit was made to the Little Cats Daycare on 03-20-24 where I met with Courtney Rights who is the lead teacher in the infant room as the center director, Brooke Watson, was not in on the day of the visit. Brooke took over the director role in 2022 and is well qualified for the position with a BA in Family Services, prior experience in early childhood care and education, and on-going training. The ownership and operation of the center was transferred to the school and oversight by the school board in 2022. The program is located in the Riceville Community Elementary School and makes use of 5 classrooms for primary programming activities. The center provides full range programing to infants through school age children, and also provides a formal 3 year old preschool program. There are currently 102 children enrolled in the center served by 26 teachers. All aspects of the program subject to Licensing Standards were reviewed during the visit.

The general layout of the program and classrooms remains the same as in prior reports. As noted the program operates out of 5 classrooms determined by age group with infants being split in to two rooms with one for birth – 1yoa, and the for 1-2 years of age. The room utilized for the school age children has some areas sectioned off using tall panel dividers to create storage areas that are not counted as part of the useable programming space. Each room was observed to be clean with no immediate concerns noted due to maintenance. Each room has windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Three of the rooms have secondary exits that provide direct access to the outdoor playground. The other classrooms used for the school age and preschool programming only have the main entry. While there are windows for those classrooms they open onto an enclosed courtyard that would not allow for secondary evacuation. All emergency exits, and evacuation cribs were maintained so that they were clear of obstruction and operated easily and freely. Each room has sinks available in the classroom to facilitate hand washing. Bathrooms are located off the main corridor and are designated as being for the daycare program. Each room has a small dorm size refrigerator present in the classroom. Each room is divided in to activity areas through the use of furniture, shelving, and play structures arranged in a manner that allowed the children room to move and play without creating any blind areas.

Activity centers vary by classroom with increasing options that are developmentally appropriate for older children. Examples of activity centers include large and small manipulatives, blocks, art/crafts, reading, sand/water/discovery, dramatic play, and group learning. Each center was stocked with a good variety of toys and materials. Copies of the daily schedule and lesson plans were present in each classroom including infants which had more of a general theme compared to older age classrooms that had specific learning concepts such as numbers and letters. The toys, materials, and displayed child art work was supportive of the identified curriculum plans. The center does use a Positive Behavior Support approach with the children to encourage appropriate behavior. This was observed with teachers using reminders, praise, and redirection with the children. Ratio was maintained as required in each classroom. One supervision issue that was observed was with the 4-5 year old preschool classroom where there was only one teacher present in the room. This did result in concerns when children requested to use the restroom, or to put things in their lockers. While the teacher did step to the door at times to try to provide supervision to the children that were in the room as well as those that had left there were still periods where children were not within direct line of sight/sound. While these moments were brief it would have been enough for a child determined to flee or engage in inappropriate behavior to do so. Requesting assistance from another co-worker, or taking the class as a group would have been better options.

In reviewing health and safety policies and practices both positive and negative issues were observed. The required postings for diapering and handwashing were present as required. I was able to observe several diaper changes and staff did generally follow good practices however one employee was observed to use chemical cleaners while holding the child. It was reviewed that the child should be returned to the programming space before using chemical agents. Chemical cleaners, purses, diaper bags, and other items that could pose a safety risk to children were stored were they were not accessible. Several over the counter medications were not labeled with the name of the child to whom it belonged but this was corrected immediately during the visit. It was noted that there were items in the infant and toddler rooms that contained small parts. Items and toys with parts that are less than 1 ¼ inches in diameter and 2 ¼ inches in length are considered choking hazards and need to be removed from classrooms serving children under 3 years of age. It was also noted that some of the equipment did require maintenance such as cribs with loose hardware, or cords that were not secured. First aid kits are maintained in the classrooms and were generally stocked with materials necessary to address most common first aid needs. Additional supplies are maintained in the program office, and staff would also have access to the school office and nurse. Safe sleep practices were followed for infants under 1 year of age. One issue that was observed was a crib mattress with a torn waterproof cover that needs to be replaced.

Meals are prepared by the school and a copy of the menu was posted. Meals are served in the classrooms and food is brought in covered containers. Good food service and handling practices were observed during the visit. In addition to the meals served by the school some food and snack items are kept in the classrooms. Several food items were not properly stored. It was reviewed that all food items whether intended for child consumption or not must be placed in air tight sealable food grade containers labeled with the contents and date placed in storage once the original packaging seal has been broken. This helps to reduce the risk of exposure to insects/rodents, and spoilage. Supervision is provided at the tables when eating. While the teachers did identify that they are able to eat with the children they did chose not to.

The center has a separate playground space that is better suited to the preschool age children but can also make use of the school playground for older children. The preschool playground includes a variety of equipment including some preschool sized climbing structures, sandboxes, and other toys. Rubber mulch is used for fall surfacing and had been displaced in some areas and needs to be raked back into fall zones. Mature trees provide shade. As noted the program does have access to other school facilities and large grassy areas but does not have responsibility to maintain those structures so staff need to limit the children to use of those that are in good repair if any issues are noted.

In reviewing administrative records The required notices for Mandatory Child Abuse Reporting, Availability of Standards and Consultant Contact, and No Smoking were all present and posted in an area readily accessible to all parents and visitors. The center uses the Pro Care file management and communication system. Infant daily sheets were reviewed and inconsistent practice was observed with some staff/classrooms logging all required information daily and others that did not. It was reviewed that daily feeding, sleeping, diapering, disposition, and activities must be logged for each child under 2 years of age each day. It was reviewed that when using electronic communications applications an acceptable alternative would be take a photo of children as a visual depiction of their mood and activities, and that this should be done in the morning and afternoon to show if there are any changes in functioning. A random selection of approximately 20% of both staff and child files were reviewed and compared to the self-audits completed by the center. All reviewed files contained all required information, and the self-audits were accurate. The center employee and staff have been previously submitted for review and approval.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is currently participating in the IQ4K program which seeks to implement best practice recommendations. The center is currently rated as a Level 1 program on a 5 level scale with Level 5 being the highest level.

The staff of the program do seek to provide quality care and all were very motivated during the visit asking questions about how to improve, and taking immediate action to address those issues which they could such as labeling the over the counter medications.

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

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.
-- Items and toys with parts that are less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking risks and

need to be removed from classrooms with children under 3 years of age. Cords that can be an entanglement risk need to be secured. Loose hardware on cribs and other equipment needs to be tightened or replaced. Children need to be directed to not play on cots designated for use by other children. Crib mattresses with torn covers need to be replaced.

109.15(5)b: Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed.Staff preparing food that have injuries on hands wear protective gloves.Staff serving food use clean serving utensils and have clean hands/wear protective gloves.
-- All food items whether intended for child consumption or not needs to be placed in air tight sealable food grade containers labeled with the contents and date placed in storage once the original packaging seal has been broken.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license is recommended 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.

*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.