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

Name of Center: Kiddie Cats Child Care & Learning Center **Enrollment:** 98 **License ID No. (Reapplications)** 49999

Street: 25 3rd ST N **City:** Dakota City Iowa **Zip** 50529 **County:** Humboldt

Mailing Address: PO Box 93, Dakota City, IA, 50529

Director's Name: Jim Murray (school superintendent) **Phone Number:** 515-332-9710

On-Site Supervisor(s): Kristin Skow, and Katia Camarena **E-Mail:** director@kiddiecatschildcare.com

Date(s) of Visit: 04-27-2023

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

Date Inspected: 09-09-2019

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	27	18	34	73	152
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 06-01-2022 to 06-01-2024
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 04-28-2023

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced complaint follow-up and annual visit was made to the Kiddie Cats Child Care center on 04-27-23. The center is currently being overseen by Jim Murray who is a board member and superintendent of the school district who's office is in a wing of the school attached to the daycare. Mr. Murray is well qualified for the position based on his education, experience, and training. Kristin Skow is acting as an on-site supervisor currently overseeing the day to day operation of the center while working toward becoming qualified to take over the director role. Kristin began with the center in January 2023 and has some prior experience as a para-educator, and completed some college courses but not obtained a degree. Kristin is currently attending training and is exploring other options for advanced courses in early childhood care and education. Katia Camarena is also acting as on-site supervisor helping to oversee the day to day operations. This program is located in a building that was constructed in 2018 and specifically designed for use as a daycare. The center is attached to the local elementary school but is operated independently as a non-profit entity overseen by a separate board of directors. The center provides daycare programming to infants through school age children. There are currently 98 children enrolled in the program served by 24 teachers. All areas of the center subject to licensing standards were reviewed. Additional review was made with regard to the complaint that had been received that the center has consistently been out of ratio in all classrooms identifying numbers as high as 14 infants with 1 teacher, or 26 school age children with 1 teacher.

The center has had some changes to the physical design of the building since the time of the prior visit. The changes include the removal of intervening walls between two of the infant spaces, and two of the preschool classrooms. While this does not change the licensed capacity of the center it does provide more space in the rooms. The combined infant rooms removed only half of the wall leaving the wall and counters where the sinks were located. This configuration does result in limited sight lines and staff do need to be mindful of positioning so that children are within direct line of sight and sound at all times. Each room has direct access to restroom facilities just off the programming space. Additional sinks are located in the classrooms to facilitate hand washing, and food preparation. Each room has direct exits to the outdoors which were observed to be clear of obstruction and opened easily. Evacuation cribs are used for assisting with the evacuation of infants and were also free of obstruction either in or under the crib. Windows along the exterior walls provide natural light, a view of the outdoors, and ventilation. Windows along the interior walls allow parents and staff to observe classroom operations without being intrusive. Each room has an open floor plan and staff have arranged activity centers so that there are no blind areas. The facilities were observed to be clean with only minor concerns related to maintenance such as damaged paint that did not rise to the level of being an immediate safety risk.

As noted activity centers are created in each classroom through the placement of furniture and play structures. The available centers increase with older age groups as appropriate to their developmental level. All classrooms have large/small manipulatives, art/crafts, and reading, with older classrooms adding options of dramatic play, group learning, games/puzzles, math, and science. Each activity center had a variety of toys and materials that were observed to be in good repair and appropriate to the ages of the children present. Each classroom had a copy of the daily schedule and planned curriculum. The planned curriculum varies by each class. As an example the older infant room had a learning focus of "Bugs", while the 3-4 year old class had more specific learning concepts of an identified Letter, Number, Color, and Shape. Staff were engaged with the children and attentive to their needs. This included staff providing care activities such as

changing diapers and feeding children, to engaging in activities such as reading to the children and doing craft activities. Each classroom was in ratio on the day of my visit as required by age. In addition Kristin and Katia were both available to step in and provide breaks and other assistance if needed.

Good health and safety policies and practices were generally observed on the day of my visit. I was able to observe a diaper change and the staff did follow established procedures. One issue that was noted was that when cleaning the changing station staff wiped the surface dry immediately following the diapering procedure. The center is currently using a product, "Envirox H2Orange2" which is a multipurpose sanitizer and virucide depending on the dilution ratio. When used as a virucide the product information does identify a 5 minute dwell time. When using chemical cleaners staff did wait for children to be out of the immediate area. All medications were labeled and secured. Chemical cleaners, personal items, medications, and other items that could pose a safety risk to children were stored in areas where they were not readily accessible to children. First aid kits are maintained in each classroom and taken as a whole the center has materials necessary to address most common first aid needs. Safe sleep and disease transmission practices in the infant rooms do need to be reviewed. With regard to safe sleep it was noted that one infant was making use of a weighted sleep sack. These items are prohibited due to concerns of increased risks associated with overheating, chest compression, and children rolling over and being unable to roll back. In addition it was noted that cribs were arranged along the walls so that they were directly side by side. Children were observed to be sleeping in cribs that were directly touching the crib next to it. While the staff did attempt to create some separation by pulling the cribs out about half way this still results in a situation where there could be cross contamination and disease transmission between cribs. Cribs should be spaced a minimum of 2-3 feet to reduce the risk of children reaching between cribs, and to allow staff access to sleeping infants.

The center currently contracts with the local school for meal service. Meals are transported in hot/cold holding containers. Snacks are prepared on-site and generally consist of pre-packaged individual serving items. Meals are served in the classrooms and the teachers do sit with the children and provide supervision at the tables. The meal served was consistent with the planned menu and included spaghetti and meatballs, grapes, cauliflower, bread, and milk. Meals were pre-portioned by staff and good food handling practices were observed. It was noted however that staff did modify either the grapes or meatballs to reduce the risk of being a choking hazard. It was reviewed that foods with a high risk of choking need to be modified for children under 4 years of age. For those with round shapes such as grapes and meatballs this would include cutting into quarters to eliminate the disc shape of the item. In addition some items served and in storage did not meet credibility requirements. This included serving flavored (chocolate) milk to children 2-5 years of age, and items such as "PopTarts" used for snack or breakfast options.

The center has access to 3 playground spaces. One area is a fenced open grassy area that has a variety of non-climbing toys primarily used by the younger children. A second playground space has a preschool age climbing structure and other equipment. The third playground space is used by the school which contains a variety of school age climbing structures. Each playground is enclosed by fencing and several of the retaining clips used to secure the fence to the support poles were missing or broken and need to be replaced. The climbing structures, and other equipment were observed to be in good repair. Wood mulch is used for fall surfacing beneath the climbing structures and a good depth of material was present. Large mature trees provide ample shade.

In reviewing administrative records the center had all required notices posted in an area that was readily accessible to all parents and visitors. Other required postings were not present in all required areas such as some changing stations that needed diapering procedures, handwashing postings by sinks, and emergency evacuation notices that included diagram and written instructions for both fire and tornado evacuation. The center makes use of an electronic file management system, ProCare, and also maintains hard copy files. The ProCare system is primarily used for billing, contact information, and a communication app for items such as infant daily sheets. While that system does have the functionality to allow a fully electronic file for each child that could be used to track needed elements the center is currently using a hardcopy filing system for items such as physicals, immunizations, and incident reports. A random selection of 20% of the child files were reviewed and of those files 8 were found to have a missing or expired physical. Given that the center does not have a self-audit system currently in place this would equate to approximately 45% of the total files needing an updated physical. It is noted that 5 of the 8 files identified as not having a current physical were for infants and preschool age children where the center using a Parental Statement of Health. It was reviewed that all children must have a current physical from within the past year provided within 30 days of enrollment, and that for children that are enrolled in school the center may use a form where the parent attests that their children are healthy and can participate in activities when updating files. In reviewing staff files again a random sample of 20% of files were reviewed were generally found to contain all required documentation with the exception of FBI Fingerprint Background Checks for employees hired since the first of the year. Kristin stated that this was due to her not knowing the process for conducting those checks. In reviewing inspection logs and certificates the center had completed emergency drill practice for fire and tornado as required with the exception of the month of February 2023. Documentation of Fuel Burning Appliances inspection was not present and it is noted that this is the second year this has been cited. As a reminder all fuel burning appliances, (furnaces, hot water heaters, stoves, etc.) must be inspected annually for any gas or carbon monoxide leaks and to ensure they are operating properly. Radon Testing results also could not be located on the day of my visit. As a reminder radon testing is required every 2 years and must be conducted in all child programming spaces. The center handbook has been previously reviewed and all required written polices were present.

In response to the complaint that had been received that the center has been out of ratio Kristin did confirm that this was true, but denied that it was on the level reported with 1 employee present for 14 infants, or the 1:26 ratio for school age children. Kristin stated that the concern has been due to having difficulty with finding individuals to hire and so if an employee calls in sick, does not arrive for a scheduled shift, or unexpected children arrive they do not have extra staff available. Kristin stated that she and Katia will step in but they have had times where that has still not been sufficient to maintain ratio. Kristin stated that when that occurs the center has worked to move staff into classrooms with younger children to maintain ratios for the more vulnerable children, combine classrooms to share staff, and will have fewer staff with the older preschool and school age children. It was reviewed that while centers can combine classrooms and age groups for children over 24 months of age as means to share staff and open slots, the center does need to schedule attendance in accordance with the staffing they can provide. If staff are unavailable or additional children arrive once the maximum ratio has been reached then the center would need to refuse acceptance of additional children.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has had a recent change in the leadership of the program but does have several employees who have been with the center for extended periods of time that help to provide stability. Kristin has also identified a strong desire to further her knowledge of early childhood care and education and providing strong leadership in the center.

This center has made substantial progress in the development and implementation of curriculum plans to create an engaging program that helps children develop age appropriate, and school readiness skills.

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

109.8(2): Ratio maintained in center as required by age.
-- While the center was in ratio on the day of the visit Kristin did confirm that the center has been out of ratio in the past several weeks.

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.
-- The national criminal history check based on fingerprints had not been submitted for all employees hired since January 2023. These must be submitted prior to employees being hired and beginning work at the center.

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: 15 It is noted that most of the missing physicals were due to the use of a parental statement of health which is not acceptable for children who are not school age (enrolled in Kindergarten or above).

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 drills were not conducted for the month of February 2023. Emergency evacuation notices that include diagram and written instructions for both fire and tornado were not posted by all exits from all classrooms.

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.
-- Documentation not available on the date of the visit.

109.11(7)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.
-- Documentation not available on the date of the visit. NOTE: 2ND YEAR CITED

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.
-- One infant was using a weighted sleep sack. Cribs were arranged with insufficient spacing such that they did not allow full access from staff, or reduce the risk of disease transmission.

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.
-- Not all food items were properly stored in air tight sealable food grade containers labeled with the contents and date placed in storage once the original packaging seal had been broken.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license will remain in effect at this time. Please provide written notification to the licensing consultant identifying a plan to correct and maintain those aspects cited as not meeting licensing standard and an anticipated date of compliance. At least one visit will be made to the center during the next year.

NOTE: Information regarding National Fingerprint Background Check submissions was provided to the center on 04-28-23. All employee files for which initial or updated fingerprint checks are needed shall be submitted as soon as they can be scheduled. Please provide confirmation of the names, and dates of submission for employees to the DHHS Licensing Consultant by 05-15-23.

NOTE: The complaint regarding violation of ratio was substantiated. It was reviewed that the center must schedule to be in ratio and once the center has reached the maximum allowable ratio capacity shall refuse acceptance of additional children.

*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.