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

Name of Center: Sioux Central Childcare Center **Enrollment:** 27 **License ID No. (Reapplications)** 29110

Street: 515 Elm St **City:** Sioux Rapids Iowa **Zip** 50585 **County:** Buena Vista

Mailing Address: PO Box 43, Sioux Rapids, IA, 50585

Director's Name: Denise Riley **Phone Number:** 712-283-2395

On-Site Supervisor(s): Renea Dean **E-Mail:** danddriley@icloud.com

Date(s) of Visit: 06-01-2023

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: 04-13-2023

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.) 2 Years Preschool-Age 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	23		27		50
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 07-01-2022 to 07-01-2024
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 06-06-2023

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 Sioux Central Childcare Center on 06-01-23 where I met with center director Denise Riley, and on-site supervisor Renea Dean. Denise has been the director of this program for 19 years and is well qualified based on her experience and training. Denise identified that she is looking to retire from the director position and is currently providing primarily file and billing oversight with working in the center only a couple days a week. Renea Dean is the on-site supervisor and is fully qualified for that position based on her experience and on-going training. Renea has been with the program since April 2021 and is taking training courses to become fully qualified for the director position. The program operates in several classroom areas of the old elementary school. While the program has a strong collaboration with the school district it is operated independently under a separate board as a non-profit entity. The center provides full range childcare programming serving infants through school age children. There are currently 27 children enrolled in the center served by 12 teachers. All areas of the program subject to Licensing Standards were reviewed during the visit.

The general layout and design of the program remains the same as in prior reports. The center makes use of 3 classroom areas, and the gymnasium. The infants are served in one classroom on an upper split level. Older mobile infants and toddlers are served in the lower level classroom. The preschool and school age children are served in a large open area on the lower level. The older school age children make use of the gymnasium as their primary programming area during the summer, and during the school year combine with the preschool classroom. The gymnasium is available as a large motor skill programming area for the center throughout the year but is also typically used by various sport teams in the after school hours from the school during the school year. Each room was observed to be clean. There some maintenance issue noted such as damaged plaster/paint, and a leaking drain pipe for a urinal in the boys bathroom used by the school age children. While the leak was minor it was noted that there was an odor of urine in the restroom which could have been due to the leak, or due to the bathroom not being properly cleaned. Windows along the exterior walls provide natural light in the infant room and toddler room. Artificial lighting is used in the preschool room and the gymnasium. Each room has multiple exits from the room with the infant and toddler rooms having a connecting office space that serves as a pass through. All exits were clear of obstruction and opened freely but it was noted that the hardware for one door of the toddler room was damaged and needs to be repaired or replaced. Restrooms are located just off a hallway of the room used for the preschool classroom, but additional restrooms are available in the building including one just outside the gym in an entry area. While the building is a secured facility the staff will need to escort children to restrooms that are located out of the direct line of sight of staff such as those in the entry area of the gym. Diaper changing stations and sinks for hand washing are located in both areas that serve infants. The diaper changing procedures posting does need to be re-hung by the changing station in the toddler room.

Each classroom has a good variety of toys and materials that were observed to be in good repair and appropriate to the ages of the children present. The gymnasium did not have activity centers established but did have a variety of toys, some tables present where children were able to engage in craft activities, and a TV set on the stage that the children were able to watch as a quiet time activity option. Each room is arranged so that the children have ample room to move and play without having to compete for space without any blind areas. A copy of the daily schedule and planned curriculum were posted in each room however the curriculum of the school age room primarily identified the movie that would be available during the

quiet activity time. Good interactions were observed with all staff being actively engaged with the children attending to their needs, playing with the children, and implementing the planned activities. Good behavior management techniques were observed during the visit with the staff using positive approaches such as redirection, and guided problem solving. Ratio was maintained in each classroom as required by age.

Good health and safety practices were observed during the time of my visit. I was not able to observe a diaper change but the staff were able to verbally describe the procedures that are followed. Good hand washing practices were observed with the staff ensuring the children washed their hands following restroom use, and prior to meal service, and other times they became soiled. Medications, chemical cleaners, and other items that could pose a safety risk to children were stored where they were not accessible to children. First aid kits are present and contained materials necessary to address most common first aid needs. Good safe sleep practices were generally observed however there were some issues that were reviewed. During the visit two infants were sleeping in cribs where blankets were hung on the rails. While these were not in the cribs with the children it was reviewed that these should be moved to a different location. In addition several heavier quilted style blankets were present and it was reviewed that these, and knitted/crocheted afghans are prohibited.

A small kitchen space is present and meals are prepared on-site. Good food storage and handling practices were generally observed. Food items in the kitchen, and classrooms were kept in sealed containers once the original packaging seal had been broken. One issue that was noted was in the infant room with regard to breast milk. A container was observed to be present with the names of 2 children written on tape and packets of breast milk stored for each child in that same container where they were able to come into contact with the packets for the other child. In addition the packets were only labeled with the date they were expressed and not with the child's name. Breast milk needs to be labeled with the name of the child to which it belongs and stored in separate containers. Staff did wash their hands and/or wore food service gloves before handling food. A menu was prepared and posted which identified a good variety meal options that were generally compliant with CACFP guidelines. The meal served on the day of the visit included chicken nuggets, green beans, peaches, and milk and was consistent with the planned menu. Meals are preportined and it was noted that the staff used large serving spoons to plate meals where each child appeared to receive the same amount.
It is recommended that the center use measured scoops to ensure that each child is provided with a full serving. Meals are served in the classrooms and while the teachers did not eat with the children they did provide supervision at the tables.

The facility has access to large open green spaces including a football field. The center does not have any climbing structures but does have balls, and other toys that the children can play with. The program also has access to an indoor gymnasium where the children can engage in large motor play activities when weather conditions do not allow for outdoor play.

In reviewing administrative records all required notices were posted in an area visible and accessible to parents and visitors. In reviewing staff and child files the center does maintain a self-audit which was found to be accurate when compared to randomly selected files. The self-audit and review of the child files did identify 7 children needed an updated physical. In reviewing staff files 1 needed an updated Iowa SING background check which had just recently expired, and one did not have a completed FBI Fingerprint background check. It was determined that the individual needing the national record check was an employee under 18 and it was reviewed that a recent change did require that all staff must have a national background check and if under 18 needed parental consent to conduct that check. Inspection logs and certificates were current and available for all required elements. Denise did identify that the Radon testing had shown elevated levels and the center has contracted with a company to install a mitigation system.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Denise identified that the center has worked hard over the past year to identify options to ensure that ratio is maintained and her staff have been very flexible on that point. The center has several new employees for the summer who also bring knowledge and skills they have been obtaining while attending school.

The center has also been very engaged with Child Care Resource and Referral in developing a behavior management system by having those consultants conduct observations and provide feedback. Denise stated that the feedback they received was overall very positive and helped the center continue to improve practice.

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.
-- Number not in compliance: 1

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: 1

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.

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: 7

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.
-- A fitted sheet or other appropriate bedding is needed for cots. Blankets need to be removed from crib railings when children are sleeping in cribs. The damaged hardware on the exit door of the toddler rooms needs to be repaired or replaced. The damaged pipe of the urinal in the school age boys bathroom needs to be repaired or replaced.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license will remain in effect at this time. Please provide a written plan identifying steps to correct and maintain those aspects cited as not meeting licensing standards and 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.