Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Grundy Community Preschool & Childcare Center

Provider No.: 22321

Address: 1001 8th St, Grundy Center, IA, 50638

County: Grundy

Director's Name: Kim Brower

On-Site Supervisor: Rhonda Kruger

Phone Number: 3198253565

E-Mail: kbgcpcc@gcmuni.net

HHS Visit Date: 09/23/2025

Licensing Period: 12/01/2025 to 12/01/2027

Fire Inspection:

Date Inspected: 03/18/2024

Comments:

Report Visit Type:

- [ ] PTO
- [ ] 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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Program Population Served:

- [X] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [ ] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	27	14		25	66
Summer					0

1. Basic Overview

An unannounced annual visit was made to Grundy Community Preschool & Child Care Center on 09-23-25 where I met with the center director Kim Brower. Kim is the director of this program and also the director of Grundy Community Preschool which is located in the same building but operated under a separate license. Kim has been with the center since 1995 and is well qualified for the position based on her experience and training. The center is located in a remodeled building that was previously an elementary school and operated as a non-profit program overseen by a board of directors. The center provides daycare programming for infants through school age children. There are currently 68 children enrolled in the program served by 14 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The general layout of the building and classrooms remains the same as in the prior visit. The building has programming space on two levels with the daycare operating on the main floor, and the preschool program operating on the upper floor. As noted the formal preschool program is operated under a separate license and while the space of those classrooms is available for use by the daycare program when the preschool is not in session that capacity is not included in the capacity determination, nor for programming for the daycare license. The program has access to 5 classrooms with two infant rooms, a 2 year old room, 3 year old room, and 4-5+ year old classroom. Due to decreased enrollment and staffing levels the 2 year old classroom was not in operation at the time of the visit and those children were combined in the classroom with the 3 year old children. There is also a large indoor gymnasium space that the program can make use of but which is also available to other tenants of the building, and general members of the community. The 4-5 year old classroom has a direct exit to the exterior. The two infant rooms have a connecting doorway that provides for secondary exit from either room. The 2 year old and 3 year old classrooms have secondary exits on opposite ends of the rooms that open onto the main corridor. All exits opened easily and freely and were clear of obstruction. All rooms have windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Each classroom has restroom facilities directly accessible from the classroom, with additional sinks located in the classrooms. The building does have a basement level which is used for emergency storm shelter. All programming spaces were observed to be clean with no maintenance issues noted.

Each classroom is arranged with activity centers created through the placement of furniture and play structures which are arranged so as not to create blind areas. Each activity center was stocked with a variety of toys and materials. The toys were generally appropriate to the ages of the children present and were in good repair. It was noted that the older infant room did have two toys present, and items and toys with small parts that could break off were present in the combined 2-3 year old room. Items and toys with small parts that are less than 1 1/4 inches diameter, and 2 1/4 inches length are considered choking hazards and need to be removed from classrooms serving children under 3 years of age. With the 2 year old children being combined with the 3 year old children there is still a high potential for the older children to mouth toys. Those items which could have a risk for choking hazards should be kept in storage where they can be brought out for supervised play.

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2. Identify Observed Strengths of the program

A copy of the daily schedule and curriculum themes were posted for each classroom. While each classroom developed their own curriculum they all follow a general approach of identifying a focus theme, and specific number, letter, shape learning concepts. All teachers were observed to be implementing the planned schedule and curriculum during the time of the visit. This included transitioning between activities such as outdoor play, indoor child directed center play, and teacher lead group activities such as reading to the class. The teachers were actively engaged with the children either directly with regard to attending to direct care needs of changing diapers, preparing meals, presenting the planned curriculum, or indirectly with moving through the group and joining with the children in their play. As an example the teacher in the young infant room was working with a child on developing skills to allow the child to sit up on their own. All teachers were observed to be very positive in their interactions with regard to their tone of voice, word choices, and calm demeanor. Good behavior management techniques were observed with the teachers recognizing positive behavior, giving specific direction, and redirecting children if needed. One example was in the 2-3 year old room where a child was observed to have an escalating level of stimulation and excitement that began head butting into the teacher's torso when she was sitting next to the child. The teacher did not get upset and punish the child but rather remained calm telling the child, "No thank you, that hurts". This was repeated a couple times but was successful in the child discontinuing the behavior. Ratio was maintained in the center as required by age with at least two teachers present in each classroom with the exception of the young infant room where there was only 1 teacher with 2 children.

Good health and safety practices were observed on the day of my visit. I was able to observe a diaper changing procedure and the required steps were followed. Good hand washing practices were in place with staff ensuring the children washed their hands following restroom use, prior to eating, and other times as needed such as after children blew their nose or put their hands in their pants. First aid kits were observed to contain materials necessary to address most common first aid needs. Good cleaning practices were observed with the teachers sanitizing tables prior to meal service and waiting for children to be engaged in activity away from the area before using chemical cleaners. Chemical cleaners, medications, personal belongings, and other items that could pose a safety risk to children were stored in areas where they were not accessible to children. Safe sleep practices were being followed in the center for children under 1 year of age. Older children make use of cots that do have appropriate bedding, and which were arranged to allow space between them.

The center has a full kitchen and meals are prepared on-site. The kitchen area was observed to be clean with no indication of any insect or rodent infestation. Good food storage procedures were observed during the time of my visit for both dry pantry and refrigerated items in the kitchen, and classrooms. A menu is posted and followed and identifies a good variety of nutritious food options. Lunch was served during the time of my visit. Good food service practices were observed with teachers and children washing their hands prior to eating and handling food or food service items, and using measured scoops to portion meals. The teachers did sit at the tables and ate with the children to provide supervision and model good eating habits.

The playground has several areas with one for the daycare children which is fully enclosed by fencing and further divided into an area for infants and toddlers, and an area for older children. There is another playground for the formal preschool program children. Also adjacent to the playground space is the elementary school playground, a large open grassy football field, and paved area where the children can play. All of the equipment was observed to be in good repair and properly installed. While not rising to the level of being an immediate safety concern it was noted that hardware used to connect the covered slide of the older playground climbing structure was allowing the slide chute to pull away from the anchor point and needs to be monitored until they can be tightened. It was also observed that some of the retention clips used to secure the fence to the support posts were missing and/or broken and need to be replaced. The daycare playground makes use of foam tiles for fall surfacing. An awning and mature trees provide shade.

Administrative records were reviewed and all required postings for No Smoking, Mandatory Abuse Reporting, License Certificate, and Consultant Contact were present at the main entry where they could be readily observed by parents and visitors. Other required postings for emergency evacuation, emergency contacts, diapering, handwashing, and classroom schedules and curriculums were also present. A random selection of 20% of child files were reviewed and each file was found to contain all required information. Children with identified health concerns did have response plans present. A random selection of 30% of staff files were reviewed and again all were found to contain all required information with the exception of one in which a renewed national fingerprint background check could not be found. Inspection logs and certificates were current and available for all required elements. The center handbooks have been previously updated and found to contain al required policies.

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3. Identify the aspects that fall below the standard

109.6(4)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs.
-- Documentation of a renewed national background check could not be found for 1 employee.

109.10(3): Infectious disease control: Centers shall establish policies and procedures related to infection disease control and use of universal precautions with handling of bodily fluid. Soiled diapers shall be stored in containers separate from other waste.
-- Classrooms serving infants and those that have routine diapering procedures did not have separate waste containers for diapers.

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

Kim stated that she would renew the missing background check, and would acquire additional waste containers.

5. Special Notes/Recommendations

A full license is recommended at this time. At least one visit will be made to the center during the next year.

Date: 10/07/2025

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**.