

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

**Name of Center:** YMCA Summer Camp/After-School Program      **Enrollment:** 175      **License ID No. (Reapplications)** 21912

**Street:** 1840 S Monroe Ave      **City:** Mason City      Iowa      **Zip** 50401      **County:** Cerro Gordo

**Mailing Address:** 1840 S Monroe Ave, Mason City, IA, 50401

**Director's Name:** Megan Bedford      **Phone Number:** 641-422-5999

**On-Site Supervisor(s):** Megan Bedford      **E-Mail:** mbedford@masoncityymca.org

**Date(s) of Visit:** 07-13-2017

X    **Licensing Visit**      X    **Unannounced Visit**      **Off Year Visit**    X    **Administrative Change**

**LICENSING VISITS**

**New Application**    X    **Re-Application**      NA

**Signed Application (470-0722) Received**      X    **Yes**      **No**      **NA**      **Date Signed:** 03-27-2017

**FIRE INSPECTION**      **State**    X    **Local**      **NA**    **Is Fire Inspection Approved?**    X    **Yes**      **No**      **NA**

**Date Inspected:** 09-27-2016

**Comments :**

**LICENSE TYPE:**    X    **Child Care**      **Preschool (ages 3-5 meets three hours or less per day)**

**Financial Type:**      Profit      X    Non-Profit      NA

**Accreditation:**      Accredited      NAEYC      NSACA      Other    X    NA

**Program Serves:**      Infants (0-23 mo.)      2 Years      Preschool-Age    X    School-Age

Get-Well      Evening Care      Special Needs

**SCHEDULE:**      X    Year-round      School-Year      Summer Only

HOURS:	<i>Year-round</i>		<i>School-Year</i>	<i>Summer Only</i>	
LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General	0	0	0	200	200
Summer					0

**QRS Rating:** N/A

<b>RECOMMENDATION FOR LICENSE:</b>	
X	<b>FULL</b> license from 06-01-2017 to 06-01-2019
	<b>PROVISIONAL</b> license from
	<b>DENIAL</b> of initial application
	<b>SUSPENSION</b> of license
	<b>REVOCATION</b> of license

Licensing Consultant: Becky Frost

Date: 07-18-2017

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

N/A

### II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

On 07/13/17 I made an unannounced licensing visit to the YMCA Summer Camp/After School Program in Mason City. I met with Megan Bedford, the director. She has worked for the YMCA for several years and became the director in 2016. She has a BS in elementary education. Dylan Hal, a lead counselor, is in charge when Ms. Bedford is not present. I also met with Liz Conley, the executive director of the YMCA. The program employs twenty-eight staff members.

The program operates out of a classroom and the gym area in the Mason City YMCA building. The program also makes use of other facilities in the building. The program operates Monday through Friday. During the summer months the program operates from 7:00 am until 6:00 pm. During the school-year they operate from 3:00-6:00 pm. The program serves children who are in Kindergarten through sixth grade. There are currently 175 children enrolled.

I reviewed documentation of monthly fire and tornado drills. Please remember to document the drills immediately after they occur. A radon test was completed in April 2017 and is good for two years. Results were within EPA guidelines. The fuel burning inspection was completed and no concerns were noted. A carbon monoxide detector was in the office, but it was not plugged in because it needs batteries. This must be corrected immediately. The fire marshal inspection occurred on 09/27/16.

Please remove all first aid ointments from the first-aid kits. They cannot be used without maintaining a medication authorization form signed by parents.

One child did not have a health statement, but there was not a pattern of disregard so this will not be cited.

### III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Ms. Bedford is a terrific leader and very organized. She has a lot of great ideas to entertain the children.

Staff members were observed to have terrific interaction with the children.

The YMCA program offers a lot of activities to the children within the building and they also participate in field trips.

The program is a bus stop for most schools in Mason City. The program does provide transportation for two schools.

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

109.9(1)b: All files contain: A signed copy of DHS Criminal History Record Check, Form B, that was submitted prior to employment. 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

Fingerprint results could not be located for one staff member.

109.9(1)d: All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, Child Care Provider Physical Examination Report.

Number not in compliance: 2

Two staff members did not have physicals on file.

109.9(2)b: All files contain sufficient information and authorization to allow the center to secure emergency medical and dental services at any time child is in center's care.

Number not in compliance for medical: 2

Number not in compliance for dental: 2

Information lacking: Files must contain emergency contact information for the doctor and dentist of each child. The doctor and dentist's name, phone number and complete street address must be provided. Two files did not provide any doctor or dental emergency contact information. There were additional files missing information, but Ms. Bedford made corrections immediately.

109.9(3): Signed and dated Iowa immunization certificates are on file for each child enrolled.

Number missing: 8

109.10(2): Medical and dental emergencies: Center shall have sufficient information and authorization to meet medical and dental emergencies of children. Shall have written procedures for emergencies and shall ensure that staff are knowledgeable of and able to implement the procedures.

You must develop a written dental emergency policy. The policy should explain how staff members will handle dental emergencies.

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.

You must post the fire and tornado evacuation diagrams by all program doors and exits.

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.

The program had a carbon monoxide in the drawer in the office, but it was not plugged in because it needed batteries. This must be corrected.

## **V. SPECIAL NOTES/RECOMMENDATIONS:**

A full license is issued. All DHS licensing standards and procedures must be maintained during the renewal period.

An administrative change is being made to change the capacity to 200 children.

\*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact me (phone 319-292-2429; email rfrost@dhs.state.ia.us so that we may discuss the issue. If necessary, I can make a notation in your record. You may also send a letter that will be included in your licensing file noting any disagreement you may have with this report. If you have the need for any additional information discussed during my visit, please contact me and I will forward the information to you. Thank you.

\*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.

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