Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Our Savior Little Lambs Day Care

Provider No.: 29420

Address: 301 3rd Street N, Swea City, IA, 50590

County: Kossuth

Director's Name: Malloree Jorgensen

On-Site Supervisor:

Phone Number: 5152724696

E-Mail: littlelambs@ringtelco.com

HHS Visit Date: 08/25/2025

Licensing Period: 10/01/2024 to 10/01/2026

Fire Inspection:

Date Inspected: 11/21/2023

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
- [X] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	12	8	5	5	30
Summer					0

1. Basic Overview

An unannounced visit was made to Our Saviour Little Lambs Day Care on 08-25-25 where I met with Audrey Griese who was identified as being the person in charge. Audrey stated the center director, Malloree Jorgensen was out on medical leave. Malloree has been the director of the center since 2021 and is well qualified for the position based on her experience, education, and on-going training in early childhood care. The center is located in a commercial store front building located in the business district of Swea City. The program is operated as a non-profit entity overseen by a board of directors through Our Saviour Lutheran Church. The program provides full range child care serving infants through school age children. Due to limitations of the physical facilities this program has operated as a two room program since it's inception with toddlers through school age children combined in a single classroom under an exception to policy that has been granted on an on-going basis. There are approximately 20 children enrolled in the center served by 4 staff and a volunteer.

The physical facilities and general layout of the building and classrooms remains the same as identified in prior reports. The center has a long open floor plan with a small room that serves as an office space. The programming space is divided into two areas by a centrally located kitchen space which is defined by counters. The space at the back of the building is used for infant programming and is further separated by mobile barriers and a gate. The front of the building is used for the combined age groups of 2 year olds through school age children. During the visit it was observed that all children were being combined and provided care in this area. It was noted that there were only 5 children attending on the day of the visit which were identified to include a 5 month old, and one child each of 1, 2.3, and 4 years of age with 2 staff present. While licensing standards does allow for combinations of age groups when there are 8 or fewer children and provided that no more than 4 of those children are under 2 years of age that rule does specify that this is limited to the 2 hours at the start and end of the programming day. There were two teachers present during the visit which would have afforded the center the ability to separate the children into two groups based on their developmental similarities.

A large store front window is located at the front of the building which provides natural light and a view. Additional windows are located at the rear of the building in the infant room which also provide natural light and a view, but which can also be opened to provide ventilation. Additional exits provide direct egress to the playground at the mid point of the building, and another exit providing direct access to a side street from the infant area. Restrooms are located off the main programming space, and a diapering station is present in the infant area with a hand washing sink also being present. Activity centers are created through the placement of furniture and play structures which are arranged along the edges of the classrooms. There areas of limited sight lines in the preschool space with an activity center in a corner that cannot be seen when staff are in the kitchen area, or making use of the area where tables are present. There is also a tall coat cubby that defines an area for children to hang coats and other materials at the front of the building which creates an area where children would not be visible to staff. The center is aware of these areas of reduced line of sight and staff were observed to position themselves to address this.

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2. Identify Observed Strengths of the program

The toys and materials present in the center were generally observed to be in good repair though some were showing their age. The toys were appropriate to the ages of the children present. As noted the infants were combined in the area used by the preschool and school age children and while there were items that would be a choking hazard to those children the staff were positioned so that they were within close physical proximity. One concern that this did raise was with regard to curriculum and skill development. A copy of the planned curriculum was not posted on the day of the visit but the staff were engaged with the children in various activities. WIth the older children this included moving though periods of self-directed play, and teacher lead activities. When engaged in the teacher lead activities they did review both specific learning concepts, as well as discussions about what the children were doing. The concern was more specific to the infants and in particular the 5 month old child where as a means to protect the child the staff either physically held or used restrictive devices such as rockers much of the time. There was a brief period where the teacher had the child on the floor but this was very much the exception. While on the surface this does appear to be a positive approach to keep the child safe from injury by older children the long term impact is creating developmental delays. Returning the children to the infant area where they can have more opportunity to have floor time would help to address this. Good interactions were observed on the day of the visit with all staff being actively engaged with the children attending to their needs. All staff used calm and encouraging tones of voice when speaking with the children. With the low numbers of children attending the atmosphere and interactions were very personal and more on the level of being cared for by an aunt or family friend. The result of this was that the children were very responsive to simple requests and redirection so that there were no behavioral concerns observed.

Good health and safety practices were observed with the teachers assisting children with toileting as needed. This allowed them to ensure that they washed their hands effectively after toileting. The teachers also ensured that the children washed their hands before meal and snack service. I was not able to observe a diaper change but the required procedures postings were present and the staff confirmed that the CCR&R and Nurse Consultant had followed up with training following a referral from the previous visit to provide training to staff on diapering. The staff were able to identify the procedures they follow which are consistent with the posted procedures. First aid kits are present and taken as a whole the center does have the materials necessary to address most common first aid needs. Chemical cleaners, medications, personal belongings, and other items that could pose a safety risk to children were stored where they were not accessible. Older children that make use of cots did have proper bedding and cots were spaced to reduce the risk of disease transmission. Safe sleep for infants was an issue in that when observing the infant area there were not cribs that appeared to be available for use as they had other play items being stored in them. When asked the staff identified that the infant under 1 year of age has a history of spitting up after eating and so they place the child in a rocker or other bouncer to help hold the child upright and sleep. When asked if there was documentation from the child's medical provider regarding this it was reported that there was not. It was reviewed that infants under 1 year of age must follow safe sleep requirements unless there is written instruction from the child's medical provider to follow other procedures. It was further clarified that this needs to be more than just an "it's OK" note but needs to identify the reason for positioning, when and how to position, and when to discontinue positioning.

The center has an attached playground space with a paved area, and an area with a climbing structure that uses pea gravel for fall surfacing. The pea gravel is insufficient due to having developed a hard pan layer. There was a small preschool climber present, but most of the materials present were ground play options of dramatic play, trucks, balls, and riding equipment. Many of the items were showing their age but none needed to be disposed of immediately.

The center does have a kitchen space and meals are prepared on-site. Good food storage practices were observed for both refrigerated and dry pantry items. A menu was present and while while showing a good variety of nutritious meal options several of the snack options would not be considered credible. This included options such as sugary cereals, cookies, chips, and candy. All centers are required to follow the guidelines of the Child and Adult Care Food Program even if they do not participate in that program for reimbursement. While centers can provide non-credible items on special occasions these cannot be part of the on-going and regular menu. Good food preparation and service practices were observed on the day of the visit.

In reviewing administrative records all required notices were posted. A review of child files was conducted but after reviewing about half the files it was found that only one recently enrolled child had a current physical and all others had expired. In addition there were children that were identified as having allergies that did not have any kind of written response plan as required. All staff files were reviewed and generally found to contain all required information with the exception of no information being found for the part-time employee, and the background checks for one employee having expired and needing to be renewed. Inspection logs and certificates also could not be located for Radon Testing, and Fuel

Burning Appliance inspections. Audrey did acknowledge that she was not certain where Malloree maintains all the documentation and that it may have been present but stored in a location other than where we were looking.

The center has previously participated in the IQ4K program which seeks to implement best practice recommendations and was rated as a Level 1 center on a scale of 1-5 with a Level 5 being the highest possible rating. That certification expired in March of this year and it was unknown if the center intended to renew the participation.

3. Identify the aspects that fall below the standard

109.6(4)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.
-- Documentation was expired and/or missing from 2 records.

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 was expired and/or missing from 2 records.

109.9(2)i: 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, Chiropractor, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
-- A random selection of 8 files were reviewed and all but 1 file had missing or expired physicals. An annually renewed physical from an approved medical provider is required for all children that are not enrolled in Kindergarten or above grades. For school age children parents can provide a parental statement of health form.

109.9(2)k: Any child with special health needs, a written emergency plan. Copy shall accompany child if they leave the premises.
-- Children were identified as having allergies and/or other health concerns but response plans were present in those children's files.

109.10(13)d: Daily checks to ensure all exits are unobstructed.
-- The exit providing access to the side street from the infant area had restricted access from items being stored such that they narrowed the access corridor. In addition the exterior door has a locking handle which does not automatically disengage when the handle is operated and the lock was engaged at the time of the visit. It has been previously identified and cited that doors with deadbolts and locks that do not automatically disengage when operating the handle mechanism must have the locks disengaged when the building is occupied.

109.11(4)a: Center must have safe outdoor program area adjacent to the center, with sufficient square footage to accommodate at least 30 percent of the enrollment capacity at any one time at 75 spear feet per child. Outdoor space must:Be free from litter and unsafe materials and free from contamination by the drainage or ponding of sewage or storm water.Include safe play equipment and an area of shade.Include fencing to protect from bodies of water or vehicular traffic.
-- The fall surfacing of the outdoor playground is insufficient to allow use of climbing structures. The center uses pea rock as a loose fill fall surfacing but the material has developed a hard pan layer, and has also been infiltrated by weeds which reduce or negate the fall attenuating properties of the material. The center either needs to aerate or supplement the fall surfacing to ensure an adequate depth of loose material, or shall restrict children from using climbing structures until such time that proper fall surfacing is installed.

109.11(8)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 could not be found on the day of the visit.

109.11(8)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 of an annual inspection could not be found on the day of the visit.

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109.12(4)e: The provider shall follow safe sleep practices for infants under one year of age:Infants shall always be placed on their backs for sleep.Infants shall be placed on a firm mattress with a tight fitted sheet.Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface.No child shall be allowed to sleep in any item not designed for infant sleeping, including but not limited to an infant seat, car seat, swing, or 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 and an expiration date. -- During the visit no cribs appeared to be set up to allow for use of the infant(s) attending the center. When asked which crib was used for the 5 month old child that was attending the staff identified the child has an issue of spitting up following feeding so the child is placed in a rocker seat to prop the child up when sleeping. The center had no documentation from the child's medical provider identifying a specific health concern or orders to position the child following feeding or when sleeping.

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

Malloree can provide verification for those documents and certifications that could not be located at the time of the visit once she returns from her medical leave. If current documentation cannot be found please submit a plan of correction identifying dates by which those records will be obtained.

Audrey did state that she would speak to the parent of the infant that was being positioned when they picked the child up that day to request documentation from the child's medical provider.

Notice was received on 09-05-25 that the center was applying for grants to replace the doors of the center.

5. Special Notes/Recommendations

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

Date: 09/05/2025

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**.