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

Name of Center: McKinley Elementary Stepping Stones **Enrollment:** 22 **License ID No. (Reapplications)** 20818

Street: 1716 Kenwood Ave **City:** Davenport Iowa **Zip** 52803 **County:** Scott

Mailing Address: 1002 W Kimberly RD, Davenport, IA, 52806

Director's Name: Shaney Ford **Phone Number:** 563-528-0973

On-Site Supervisor(s): Kendall Carr **E-Mail:** dcsdsteppingstones@gmail.com ShaneyFord08@gmail.com

Date(s) of Visit: 01-28-2025

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

Date Inspected: 01-27-2025

Comments : Room 303 is only approved for second through fifth grade children.

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

Get-Well Evening Care Special Needs

SCHEDULE: Year-round X School-Year Summer Only

HOURS:	*Year-round*	*School-Year*	*Summer Only*

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General				70	70
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 03-01-2024 to 03-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Heidi Hungate **Date:** 01-30-2025

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

N/A

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced off year visit was completed at this center on 1/28/25. This program is owned and operated by the Davenport Community School District and is located in the McKinley Elementary School building. Shaney Ford is the center director for all of the Stepping Stones child care programs. Shaney was not present at the center on the day of the visit. Kendall Carr is the on site supervisor for the program, and she was present along with other staff. This center serves school age children from this school only. The program operates on school days only.

The gymnasium and cafeteria are the primary licensed spaces for this center and are always available for the program. The center also has permission to use room 303 (maximum of 33 children) in the building but only for second through fifth grade children per the fire inspector. The center also uses the library. The center has been advised that the rooms will need to meet all licensing requirements before each use. The center uses tables set up in the cafeteria for activities. The center uses separated boys and girls restroom areas located in a hallway adjacent to the cafeteria. Additional hallway restrooms with multiple toilets and sinks are also available.

The center provides snack. Snack is prepared and supplied by the school cafeteria and left out or placed in the milk cooler where accessible for the program.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center provides a needed service to the children and families from this school. This center is well managed. Materials are highly organized. The staff work well together and appear to know the children well. Staff provided close supervision of the children. The children respond well to the staff. The center typically provides several various enrichment programs partnering with ISU Extension, the Putnam Museum, and Iowa PBS throughout the week at each site, and these programs are provided at no extra charge to the families. Files and other licensing documentation were again found to be highly organized.

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

N/A

V. SPECIAL NOTES/RECOMMENDATIONS:

1. Ensure the medication form specifies the period of authorization for the center to administer the medication.

The center will continue with a full license. Please address the violation(s) and/or concern(s) noted in the report so that corrections are obvious and ensure that items remain in compliance. This report does not require a written response. Thank you.

*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.