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

Name of Center: Hanson Family Life Center **Enrollment:** 40 **License ID No. (Reapplications)** 22430

Street: 306 S 6th ST **City:** Forest City Iowa **Zip** 50436 **County:** Winnebago

Mailing Address: 916 W I ST, Forest City, IA, 50436

Director's Name: Faith Kahler **Phone Number:** 641-585-5187

On-Site Supervisor(s): **E-Mail:** childcare@forestcityymca.org
fkahler@forestcityymca.org

Date(s) of Visit: 06-30-2025

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

LICENSING VISITS

New Application X **Re-Application** **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: 06-20-2024

Comments : Note:

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.) X 2 Years X Preschool-Age X 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	13	12	74	30	129
Summer					0

QRS Rating: 1

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 07-01-2024 to 07-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-23-2025

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

NA

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Hanson Family Life Center on 06-30-25 where I met with center director Faith Kahler. Faith became the director of the center in December 2023 and is well qualified for the position having extensive experience and training in early childhood care. The center is operated as a non-profit program overseen by a board of directors. The facility is the main administrative office for this, and a school age program provided at the YMCA operated under the authority of Hanson Family Life and the board. The facility currently serves infants through 3 year old children at this location. There are approximately 40 children currently enrolled in the center served by 35 staff. All aspects of the program subject to licensing standards were reviewed during this visit. It is noted that when reviewing employee files the review encompassed employees for the satellite programs as well.

The general layout and design of the physical facilities remains the same as in prior visits. The facility has 6 classrooms and a large cafeteria/gym area. The center did make a change over the past year of consolidating the preschool program that had been housed at the elementary school building bringing those children back to the main building location so that all classrooms are now being used. In observing classrooms each was clean with only minor maintenance issues that did not rise to the level of being an immediate safety concern. The two infant rooms have half walls that define sleeping areas and mobile gate structures were present to separate those spaces from the primary programming area. It has been previously identified that those walls do create some limitations for line of sight of sleeping infants and the teachers in the classrooms need to be mindful of this and position themselves such that they can observe sleeping infants. Each room has windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Each room has bathroom facilities directly accessible from the room and additional sinks in the classrooms to facilitate hand washing. The Infant, toddler, and 3 year old rooms also have changing stations present. Each classroom has secondary exits with several of the rooms having a connecting passage between two rooms as the secondary exit. These connecting passages are also used as a staff work space and storage area. Exit doors were observed to open easily and freely. Evacuation cribs are used in classrooms with the infants and those were also observed to be clear of obstruction. Each room is divided into activity areas through the placement of furnishings and play structures that were arranged so as not create any blind areas.

Each classroom had a copy of the daily schedule and planned curriculum posted. Good engagement was observed in each classroom with the teachers being actively engaged with the children and following the planned activities. This included teachers engaging in large group activities such as reviewing specific learning concepts from the planned curriculum, reading to the children, or otherwise attending to their needs. The center continues to make effective use of positive behavior support techniques. One example of effective implementation of this was in the 2 year old classroom where one teacher was engaging the children in a group activity but one child was refusing to join the group. The other teacher in the room gave the child the option to chose a toy to take back to the rug to play with where the other children were. This approach avoided a power struggle with the child and was very effective with the child joining and participating in the group activity. In all classrooms each teacher was observed to use calm and encouraging tones and words when speaking to the children. Ratio was maintained in each classroom as required by age.

Good health and safety policies and practices were observed through out the center on the day of my visit. I was able to observe a diaper change and staff did follow the required procedures. Good cleaning practices were observed with staff not

only waiting for children to be out of the immediate area but then monitoring and redirecting children until the treated surfaces were dry. Chemical cleaners and other items that could be a safety risk to younger children were stored in areas that were not readily accessible to the children. There were some items and toys which would be considered choking hazards present in classrooms. Items and toys with parts 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. First aid kits are kept in classrooms, and a larger supply of materials to replenish kits is also maintained. Good medication storage and documentation practices were observed. Response plans were posted in classrooms for children with identified health care needs. Safe sleep practices were observed for infants under 1 year of age.

The center playground also remains much the same as in the prior visit with a commercial grade climbing structure, paved riding track, and grassy areas. The equipment was observed to be in good repair with a unitary pour in place foam fall surfacing beneath climbing equipment. The playground fully enclosed by chain link fencing and there is one area with a low spot that does create a significant entrapment risk with the fence.
This was identified in the prior report as well and the center has attempted to correct the issue and Faith identified that the do have plans to have a contract come and install an option to raise the low area. Shade is provided by the building, equipment, and trees.

The center has a full kitchen and meals are prepared on-site. A copy of the planned menu was posted and provides a good variety of meal options. Good food handling practices were observed with the teachers wearing gloves and using measured utensils to ensure each child received a full serving. While the teachers did not eat with the children supervision was provided at the tables. The kitchen was observed to be clean, and good food storage practices were generally observed however it was noted that some items were not stored in air tight sealable food grade containers once they had been opened as required.

The required notices for No Smoking, Consultant Contact, Mandatory Abuse Reporting, and the License Certificate were posted in an area that is readily accessible to parents and visitors. Required postings for emergency evacuation, handwashing, and diapering were present as required. In reviewing administrative records there were several issues noted. In reviewing child files a number of files were randomly selected for review and many of the files had missing or expired physicals. When reviewing staff files a smaller sample of four files were reviewed but each one was incomplete missing several required elements with only one having a current Iowa SING background check. Inspection logs and certificates were unavailable for Fuel Burning Appliances, and Radon. Emergency Evacuation drills were not conducted monthly as required with a fire drill only being documented for the month of April, and a tornado drill only being documented for the month of June.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has made several significant changes over the past year with a strong focus on curriculum and staff engagement. As examples the 3 year old classroom had a curriculum focus of "Pirates" and the materials in the room strongly reflected this with having changed out toys that included boats, flags, and other items related to pirates. In the toddler room one teacher was reading a "see and feel" book with a couple children and talking about different textures, while the other teacher was reading an animal book to another group and talking about the sounds they make.

The center is participating in the IQ4K program which seeks to implement best practice recommendations and is currently rated as a Level 1 center out of a possible 5 level scale with 5 being the highest rating.

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

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 missing from several files on the day of the visit.

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 missing from several files on the day of the visit.

109.9(1)b: 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.
-- Documentation missing from several files on the day of the visit.

109.9(1)c: All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training.

-- Documentation missing from several files on the day of the visit.

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.
-- Documentation missing from several files on the day of the visit.

109.10(13)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.
-- Drills were only documented as having been conducted once in the current year.

109.11(2)a: The center will provide sufficient and safe indoor play equipment, materials, and furniture. It must meet the developmental, activity and special needs of the children.
-- Items and toys with parts that can break off which would be 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. One crib was observed to have loose hardware that needs to be tightened.

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 low area of the playground along the west edge creates an entrapment risk with the fence and needs to be corrected.

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 not available 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 not available on the day of the visit.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license will remain in effect at this time. Please provide a written response to the licensing consultant identifying a plan of action to correct and maintain those aspects cited as not meeting licensing standards and identifying an anticipated date of compliance. At least one visit will be made to the center during the next year.

Note: Verification of file review for both children and staff identifying missing/expired elements shall be provided to the licensing consultant by 07-31-25 unless approval of a later response date is granted.

*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.