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

Name of Center: Valor & Victory Academy **Enrollment:** 75 **License ID No. (Reapplications)** 52179

Street: 1369 HWY 1 **City:** Kalona Iowa **Zip** 52247 **County:** Washington

Mailing Address: 1369 HWY 1, Kalona, IA, 52247

Director's Name: Sophia Nunez **Phone Number:** 319-656-5437

On-Site Supervisor(s): Ciarra Barthelman **E-Mail:** valor_victory@outlook.com

Date(s) of Visit: 06-15-2023

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 06-01-2023

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

Date Inspected: 09-29-2021

Comments : due every three years completed by State Fire Marshal Amy Fratzke

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

Financial Type: X Profit 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 X 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	17	10	10	30	67
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 06-01-2023 to 06-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Jill Seibert **Date:** 07-10-2023

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Valor and Victory Academy is located in a split-level, wood frame building with a built on one story attachment. It is located on Highway 1 south of Kalona. The new program opened in 2023. The center provides full day childcare services to children ages six weeks through school age. The center also offers an early childhood educational program for preschool age children during the school year. The center is owned, operated, and directed by Ciarra Barthelman and Sophia Nunez. Ms. Nunez was a preschool teacher for 8 years and an office administrator in another program for a year. Ms. Barthelman has held various positions in childcare centers for ten years. She has at least two yeas completed toward a four-year degree at Kirkwood Community College in ECE. Prior to this business opening another licensed childcare center existed. The former owner of this childcare, Ms. Kim Barthelman remains employed at the new center. She has a National Administrator Credential and 28 years of experience in childcare centers. The previous center was licensed since 1999. All employees from the previous center remain at the new center.

On 6/15/23 I made an unannounced licensing visit to Valor and Victory Academy and met with directors and staff members. At the time of the visit, staff was actively engaged in providing the summer childcare program to the children. The building consists of a lower level serving infants and 1–2-year-old children. This area also has a kitchen and a restroom. for staff. Upstairs has areas for 2- to 4-year-old children. A restroom with small toilets is on one side of this space. A large school age room is on the back of the building. It is an open area and has two attached restrooms. This room has direct access to the outdoors. The rooms can be interchangeable as needed.

The former owner qualifies as onsite supervisor. Other candidates are being considered for the OSS position. The new Directors understand if a Director or OSS are not present a designated person in charge must be present.

The visit consisted of classroom observations and activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review. However, the main focus/topic of this year's visit was to discuss health and safety practices as it pertains to supervision and ratio moving forward.

Center Nutrition:

The program will be on the CACFP program. The kitchen was clean during the visit. Thermometers were in each refrigeration/freezer unit. Open food was stored in sealed containers. No food was stored on the floor. Menus were posted. Food is also stored in the classrooms. All were in sealed containers.

Food allergies have diet modification sheets and food allergy action plans.

Center Health and Safety:

HHS discussed supervision at length with the new program. It was discussed children must be supervised at all times and may not leave the classroom unattended or use the restroom together simultaneously. We discussed several strategies for improving supervision practices.

Labeled first aid kits are on both floors and contain sufficient items to provide basic first aid. Medications are stored out of the reach of children. Prescribed medications have pharmacy labels intact. Emergency medications should be kept in the room with the child inaccessible to children but easily accessed by staff in case of an emergency. They should accompany children outdoors.

Radon testing is due every 2-5 years and should be done in winter months when the ground is frozen. The last test was conducted within the last 2 years with a rate below 4 pciL. Carbon monoxide detectors are present on both floors. All cabinetry that could pose as toppling hazards are anchored to the wall.

Tornado and fire drills had been conducted and documented monthly.

The center does not contain lead based paint.

The center has two restrooms upstairs making the capacity for the school age room 30. Each child should have at least 35 square feet indoors.

The owners agreed to go through all child files to ensure no children in the program have allergies. Any allergy must have an allergy action plan present.

The center has a fish tank. It is clean.

Center Outdoor Play Area:

The center has two play areas. One in the front of the building for younger children and one in the back of the building for older children. New fencing has been added and part of the old fencing removed. Outdoor play inspections have been conducted and documented monthly. Climbing structures are present with no hazards noted. A first aid kit is taken outdoors. The Child Care Weather Watch is utilized if outdoor play is questionable due to varying weather conditions. A shade structure has been added to the front play area.

Playground inspections will be conducted monthly. Children outdoors must have at least 75 square feet each for gross motor play.

The program has water activities in the grass in summer months.

Center Administration:

The Center has a parent and staff handbook containing all required policies. The Director tracks staff information on a tracking sheet including SING checks and fingerprint results, This will be reviewed annually. Child file information should be updated annually including updated physicals, emergency contacts, dental and medical information, field trip and pick up authorizations.

Lesson plans should be utilized daily. This has been a topic of discussion in the past with the former program. On several visits the school age room has been somewhat
chaotic and loud. This has transitioned to the new center since former staff and children are present in the new center. CCR&R is available to help with implementing age appropriate curriculum, schedules and routines. DHS recommends the Director invite CCR&R to conduct observation of the classrooms and give recommendations. This occurred on 6/27/23.

The center has all required postings including Mandatory Reporter information, No Smoking signage, maps of the building for emergency evacuation. The center license and DHS Consultant contact information is also posted for parents to see.

All center staff were trained on the center Emergency Preparedness Plan and signed and dated acknowledgement of such on 6/24/22. It is due annually.

The center has written several incident reports since opening regarding child behaviors and minor incident and injuries. The center is seeking assistance from CCR&R regarding difficult child behaviors.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The new owners are willing to try new strategies.

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

1. 109.8(2): Ratio maintained in center as required by age. Ratio is not maintained when children are allowed to leave the classroom unsupervised. HHS and administration witnessed school age children being sent by staff to get objects or food from other other classrooms. This is not allowable.

109.8(2)d At least one staff shall be present in every room. At least one staff is present in every room where children are resting. Staff must be present in the room when children are napping. Children must be observable by sight at all times. If staff are unable to see children (2 year olds) all children must be moved to one side of the classroom. The classroom is shaped in a circle and children cannot be seen from all angles in this room. This has been discussed several times with staff in year's past.

2. 109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. During the visit children were hitting each other, crying, yelling, going into the restroom together unsupervised, climbing on furniture, etc... Staff are not able to properly supervise children when the rooms are chaotic. The new owners of the program agreed the center environment must change to ensure appropriate supervision can be achieved. When children were napping only one staff was watching 2 rooms. This is not permissible. All children should be moved to one room for napping or another staff assigned. A complaint was called in just weeks after the HHS visit that children sexually acted out in the restroom alone together.

On 7/10/23 the Directors emailed the following, "I just wanted to send you a video showing the wall and structured centers and schedule in action. I know the video shows the room is still very loud but I wanted to show the progress and function of it when we do have to keep both sides indoors together. I also included the bathroom pass pictures and a PDF of our new Name to Face sheets, as well as Ratio Checks that Ciarra and I are doing every half hour. We implemented all of this over the last week and have seen some major improvements in behavior and room flow. As the next few weeks go by, we will likely tweak a few things here and there depending on how well it is all working for us. We also have a meeting with Toni and Tabitha again this week.

Thank you,
Sophia & Ciarra "

It should be noted CCR&R Consultant Jodi Norton will also attend the July meeting with CCNC Krana and Consultant Copeland.

3. 109.12(1): Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served. Program complements but does not duplicate school curriculum. Schedule of program is posted in a place visible to parents.

109.12(1)a Program provides a curriculum or program of activities that promotes self-esteem and positive self-image, social interaction, self-expression and communication, creative expression, and problem-solving skills.

109.12(1)b Program provides for a balance of active and quiet, individual and group, indoor and outdoor, and staff-initiated and child-initiated activities

The new center owners agree to work on schedules and curriculum for each room so that children are engaged in activities. The classroom environment should employ structure throughout the day.

The new owners of the program are working with CCR&R and IDPH on all of the issues above. They have now implemented all recommendations and must continue to implement these practices to maintain child health and safety.

V. SPECIAL NOTES/RECOMMENDATIONS:

Based upon this review, it is recommended that this center begin in Full licensing status. The center is directed to correct the items listed in Section IV. The director gave me a verbal commitment that the noted rule violations would be promptly corrected. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period. Both Directors are engaged with services provided from IDPH and CCR&R.

HHS encourages you to contact your local nurse consultant. Child Care Nurse Consultants work with child care and early education businesses. Businesses may call or send questions to a child care nurse consultant about health and safety policies, health programs, health of personnel, and specific child health or safety issues. Toni Krana is the Child Care Nurse Consultant for the program.

HHS encourages you to contact Child Care Resource and Referral. They offer centers assistance with meeting the DHS regulations, QRS, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice

information, CDA assistance, or any questions or concerns you may have. Please visit the following website to find out who your consultant is: http://www.iowaccrr.org/who_we_are/region_5/ Tabitha Copeland is the child care consultant for this program. She met with the Directors on 6/27/23 and send the following email afterwards, "
Hello,
Meeting today with Sophia and Ciarra the following things were discussed. Please let me know if I missed something or there are questions.

Supervision: Included a handout that can help staff understand basic supervision requirements (attached). We spoke about the use of name to face roll call and the use of direct supervision practices.
Sophia and Ciarra stated they have started to implement direct care in school age room and plan to in the other rooms. We discussed videos that could help directors and staff find a way to use direct care practices effectively for them. Please see below for those.

Supervision Videos
Supervision: What's Required? This video provides great examples of different way staff can keep track of the total number of children and staff in a classroom at all times as well as which children are assigned to which teacher.
Supervision: What's the count? When, how and why children should be counted
Supervision: Positioning- Where do I Stand? Looking at 'blind spots' in a child care classroom and outdoors, where to stand to be able to see/hear all children

Ratios: Did signs for each room with capacity and ratios for staff and visitors. Discussed using a white board or other visual in each room to let staff and visitors see the total number of children present and who they are assigned to for the day for direct care to assist in maintaining ratios and supervision. Explanation of ratios can be found in COMM 204 in several places with the general Ratio rules being found on pages 59-61. Other ratios and those on infant found under those sections. Please reach out for clarification as needed. Rooms and center appeared to be in ratio at the time of my visit.

Helpful video on Ratios below:
Supervision: Ratios Are Relevant The importance of child-adult ratio and ways to ensure these are maintained
Supervising Children in Child Care Centers Additional techniques and ideas to maintain ratio and constant supervision including during transition

Curriculum: Requirements for Curriculum in Iowa can be found in COMM 204 on page 102 and go as follows.
Activities : The center shall have a written curriculum or program structure that uses developmentally appropriate practices and a written program of activities planned according to the developmental level of the children. The center shall post a schedule of the program in a visible place. The child care program shall complement but not duplicate the school curriculum. The program shall be designed to provide children with: a. A curriculum or program of activities that promotes self-esteem and positive self-image; social interaction; self-expression and communication skills; creative expression; and problem-solving skills. b. A balance of active and quiet activities; individual and group activities; indoor and outdoor activities; and staff-initiated and child-initiated activities. c. Activities which promote both gross and fine motor development. d. Experiences in harmony with the ethnic and cultural backgrounds of the children. e. A supervised nap or quiet time for all children under the age of six not enrolled in school who are present at the center for five or more hours

Discussed with Sophia and Ciarra curriculum and schedules for activities. Attached are some very basic examples for each age group. While curriculum does not need to be bought it does need to, meet HHS requirments. I have attached some examples of curriculum but I think taking the time to develop a daily schedule and routine would benefit your use of it greatly. We discussed getting together after we get things sorted for HHS to discuss that but below are some video you might find helpful. You were also going to send me a picture of the classrooms you want social stories made for. Also, color coding your materials for the sake of rotation and curriculum was something you were going to look into. We will continue to work in this area after main concerns are addressed. See below for some videos on how routines and schedules can be used to help with running curriculum effectively in the classroom.

Schedule and Routine videos
Schedules and Routines How schedules and routines help to promote children's learning and keep the day on track while minimizing behavior issues. Different ideas around creating a visual daily classroom schedule that children can learn to follow.
Daily Schedule Review Review of visual daily schedule by turning cards over when an area is complete

I would like to stop by and help you work out the kinks of the new things you are wanting to try and will be available the week of July 24 anytime that works for you. Please let me know a date and time.

Tabitha Copeland
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If supervision issues persist a change in hours or a decrease in capacity will occur. Children must be safe in childcare. To assure child safety careful supervision is tantamount.

*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.