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

Name of Center: Emmetsburg Education Center **Enrollment:** 27 **License ID No. (Reapplications)** 46288

Street: 1013 Broadway St **City:** Emmetsburg Iowa **Zip** 50536 **County:** Palo Alto

Mailing Address: 1013 Broadway St, Emmetsburg, IA, 50536

Director's Name: Tabitha Esdohr **Phone Number:** 712-330-4814

On-Site Supervisor(s): **E-Mail:** info@emmetsburgeducationcenter.com

Date(s) of Visit: 04-15-2024

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 03-29-2023

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

Date Inspected: 11-10-2021

Comments :

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	11		28		39
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 05-01-2023 to 05-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 04-17-2024

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 Emmetsburg Education Center on 04-15-24 where I met with the center director Tabitha Esdohr. Tabitha took over as the director in late 2023 and is working toward obtaining the points necessary to be fully qualified as the director. The program is located in a commercial store front building in the downtown area of Emmetsburg. The program is operated as a non-profit center overseen by a board of directors. The program provides daycare to infants through school age children. There are currently 27 children enrolled in the program served by 6 staff. All aspects of the program subject to licensing standards were reviewed.

The general layout and design of the building and classrooms remains the same as in prior visits. Direct exits are located at both the front and rear of the building. During the visit it was noted that the deadbolt lock on the rear entrance was engaged, and the lock of the front entrance does not disengage when the handle is operated. These need to be left unlocked when the building is occupied, or replaced with a system that allows the door to open from the interior with a single operation of the handle mechanism. A large store front window provides natural lighting and a view of the outdoors at the front of the building. A window in the rear door provides natural light and a view at the other end of the building. Restrooms are located just off the main programming space. Additional sinks are located in the infant room with one that allows for hand washing, and the other that allows for food preparation. The building has a long open floor plan divided into two programming areas by a wall, infant gate, and shelving units. The infants are located in an area at the rear of the building and the rest of the space is used for preschool and school age children. The infant area is divided in to a general programming space and a sleeping space where cribs are located that has an L shape. The configuration is such that it does create limited sight lines and staff need to be aware of positioning when infants are sleeping so that they remain within direct line of sight. The preschool room area encompasses the majority of the programming space in the front part of the building. The space is divided into activity centers through the placement of furniture, shelving, and play structures which are arranged so as not to create any blind areas.

The available activity centers include options such as dramatic play, blocks, large & small manipulatives, puzzles, art/crafts, and reading. There were some toys in the infant room, specifically items such as jingle bell ringers that were not appropriate for the children in that space. Items and toys with small parts that can break off and would be less than 1 1/4 inches diameter, and 2 1/4 inches long are considered choking hazards. These need to be removed from classrooms serving children under 3 years of age. For children 3-4 years of age these should be stored in areas where they are not readily accessible and can be brought out for supervised play. There were no infants attending on the day of the visit and rest of the children ages 2-4 were combined into a single group. Ratio was maintained with two staff present. Good interactions were observed on the day of my visit with the teachers being engaged with the children presenting a craft/art activity of the children making and playing with a homemade playdough. The center does use a Child Interest approach to program development where by the children learn and develop through their own self directed play guided by their interests. While this approach can be very effective it has been reviewed with prior directors that a copy of the daily schedule, and planned curriculum does need to be posted. This has been accomplished in the past with the center identifying a general learning focus with some specific planned teacher lead activities, discussions, and providing materials that support that them and including that information in a parent notebook maintained at the center. During the visit that information was not present, and Tabitha stated that she did have a white board and had intended to post that information but had forgotten. The other

concern that can arise with a child interest approach is escalating stimulation and engagement in inappropriate play and conflict between the children. Both staff present did a good job of using positive behavior management techniques such as transition activities, discussion of possible natural consequences such as injuries, and redirection.

Good health and safety policies and procedures were generally observed. As noted there were no infants present so I was unable to observe a diaper change but the required procedures posting was present. Personal items, medications, chemical cleaners, and other items that could pose a safety risk to children were stored in an area where they were not accessible to the children. Not all over the counter medications were labeled with the name of the child to whom it belonged, and several of those that were had the name on the packaging rather than the container. By writing the name on the container it is possible to distinguish who it belongs especially given that many parents purchase the same product and these can get confused when separated from the packaging. For those products intended for general center wide use they should be labeled as belonging to the center. Good cleaning practices were observed with staff enlisting the children to help with cleaning but waiting for children to be out of the immediate area before using chemical cleaners. There were no children currently taking any medications but policies are in place should it become necessary in the future. First aid kits are present and contain a supply of materials necessary to address most common first aid needs. While there were no children under 1 year of age prior reports note that safe sleep practices are followed. During the visit it was noted that cots do need slip covers, and some cribs had loose hardware that needed to be tightened.

The center does not have a kitchen. Meals are prepared using crock pots, roasters, or options that do not require cooking. The meal planned for the day of the visit consisted of a salad with turkey, bread sticks, and milk. A refrigerator is present to maintain temperatures for foods that must be kept cold and thermometers were present. Good food storage practices were observed with items placed in sealed containers, and labeled as required. I was not able to observe the meal service but prior reports do note that staff use food service gloves, measured scoops, and do provide supervision at the table.

The center does not have a playground due to the commercial nature of the area where the program is located. The center does make use of public parks, and takes walks with the children. All field trip activities are within walking distance and no transportation services are provided.

All required notices were present and posted in an area readily accessible and visible to parents and visitors. A random selection of 20% of child files were reviewed and each reviewed file was found to contain all required contact information and physicals. One issue that was noted is that the center did not have allergy plans for children with identified allergies as required. All staff files were reviewed and 1 new employee did not have documentation of the FBI Fingerprint check being completed, and 2 needed a current physical. All inspection logs and certificates were current and present.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has had a significant change with a new director but has maintained a strong level of consistency. This is due in part to Tabitha having previously been employed at the center where she had a good foundation in the center philosophy and structure, and then returning to take over the director role.

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 or any other permission form approved by the Department of public Safety for conducting an Iowa or national criminal history check. 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

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

109.10(3)a: All medications shall be stored in original containers with physician or pharmacist directions. Labels should be intact and stored so they are inaccessible to children and public. Nonprescription medications shall be labeled with the child's name.
-- Over the counter medications were not labeled. When labeling over the counter medications the name of the child shall be written on the container.

109.10(15)d: Daily checks to ensure all exits are unobstructed.
-- Both doors were locked in a manner that did not allow the lock to disengage when the handle was turned from the inside.

The doors either need to be left unlocked, or the latch mechanism replaced by one which automatically unlocks when the handle is engaged.

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.
-- A copy of the planned schedule and curriculum were not posted on the day of the visit.

109.12(4): Sufficient toilet articles are provided for handwashing.Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM.Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children.Room's arrangement does not obstruct the direct observation of children.Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap.Procedures are developed and implemented to maintain equipment and materials in a sanitary manner.Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs.Sanitary procedures are followed for use and storage of personal hygiene articles.
-- Items and toys with parts that can break off that are less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards and need to removed from classrooms with children under 3 year of age. Loose hardware on infant cribs needs to be tightened. Cover sheets needed for cots/sleeping mats.

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 non-licensing year.

*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.