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

Name of Center: Precious Beginnings Children's Center **Enrollment:** 50 **License ID No. (Reapplications)** 51603

Street: 4101 Amherst St **City:** Des Moines Iowa **Zip** 50313 **County:** Polk

Mailing Address: HPCDA Inc4101 Amherst ST, Des Moines, IA, 50313

Director's Name: Philip Herman **Phone Number:** 515-422-4386

On-Site Supervisor(s): N/A **E-Mail:** philip@hpccdsm.org

Date(s) of Visit: 02-08-2023

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 09-12-2021

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

Date Inspected: 09-15-2022

Comments : Fire inspections are due at least every three years.

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	16	12	47	65	140
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:		
	FULL license from	
X	**PROVISIONAL** license from	03-30-2023 to 09-30-2023
	DENIAL of initial application	
	SUSPENSION of license	
	REVOCATION of license	

Licensing Consultant: Debbie Hammer **Date:** 03-30-2023

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

This center is being placed on a provisional license due to disregard for licensing regulations and serious infractions that could lead to jeopardizing the health and safety of children enrolled in the program. Background checks have not been completed on staff prior to staff being placed in ratio, 7 of the 9 staff employed at the center did not have SING or fingerprinting completed for background checks for criminal history, child abuse history, registered sex offender history or dependent adult abuse history at the time of the visit on 2/8/23; these were staff hired between March and November of 2022. One staff hired in April of 2022 had a criminal history, which was revealed when SING checks were completed after the visit on 2/14/23. As of the writing of this report, the Record Check Evaluation process for approval for this staff to work at the center still has not been completed. Staff have not received or taken required and necessary training within their first three months of hire, including Mandatory Child Abuse training, Universal Precautions training, Essentials training and CPR/First aid training. A complaint visit which took place on the 16th of March showed the center was not following CACFP guidelines for food, serving food that was not creditable, and not completing a menu or posting a menu.
A Corrective Action Plan which outlined rule violations, plan of resolution for the rule violations and dates associated with the plan was emailed to the director on 3/30/23.
The center is placed on a Provisional License as of the writing of this report and this provisional license must be posted on the main posting board at the center.

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An off-year visit was conducted on 2/8/23. A follow up visit to discuss and address concerns identified during the visit on 2/8/23 took place on 3/28/23. The director was present throughout the visits.

All areas of the program were observed. These areas observed consisted of classroom observations and activities, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review.

This program was given Permission to Open on 9/28/2021. The center is located in the Highland Park Community Church, in the basement. This is a non-profit center with a board of directors. Pastor Philip Herman is the Director of Community Engagement and has oversight over this program. Pastor Philip Herman became the director of the center in September of 2022. Philip has a Bachelor's degree in Social Work and has been at this center since it opened and the previous summer program. The center is looking to hire a qualified On-Site Supervisor.

The center opened using five spaces for programming. The fellowship hall is used for school age children and has a capacity for 51 children. The school age children also use a youth room which has a capacity for 14 children. At this time, the center can now use all of their classrooms and their full kitchen. The infant room has a capacity for 9 children, this will be capped at 8 children by the center. The toddler room has a capacity for 10 children and this will also be capped at 8 children by the center. The two year old classroom has a capacity for 13 children, and this is capped at 12 by the center. The 3/4 preschool classroom (which was being used as an infant room) has a capacity for 13 children. The 4's classroom has a capacity for 20 children and the younger preschool classroom for older two's and younger 3's has a capacity for 14 children. The playground has been completed and is separated into two sections with fencing.

The center provides care to children aged 4 weeks through 5th grade, up to age 12. The center is not using a set curriculum. Weekly lesson plans will be completed and themes. The director is working on obtaining funding to hire educated teachers for preschool and is talking to the Des Moines school district about the SWVPP.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center offers a much needed childcare service to families in the community.

The center not only provides for the care of children, but also has a desire to assist the family as a whole as well by providing resources to families. The center has a food pantry where parents can take home food when dropping off or picking up their child, both dry storage food and fresh food, as well as refrigerated food.

The center plans on applying for a IQ4K rating and plans on being on the food program.

The director states the center works hard to get children ready for kindergarten.

The center has grown in enrollment and has done so mostly through word of mouth.

The center is now able to use all of their classrooms, their full kitchen and their completed playground.

The director feels staff are clear about their job and expectations.

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

109.4(4): Requirements and procedures for mandatory reporting of suspected child abuse shall be posted where they can be read by staff and parents.
A mandatory reporting of suspected child abuse requirements and procedures was not posted.

109.7(1): All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of child abuse. At least one hour of training regarding universal precautions and infectious disease control. Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) OR equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained. Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the department .A valid certificate indicating the date of training and expiration date shall be maintained. Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.

Currently there are 9 staff employed at this center, all past their first three months of employment. Eight staff have not completed Essentials training, or the documentation of this cannot be located. Three staff have not completed CPR/First Aid training, only two of the other six staff completed the training within their first three months of hire. Eight staff have not completed MRT training, or the documentation of this cannot be located. All nine staff have not completed UP training, or the documentation of this cannot be located.

109.9(1)a: All files contain statement signed by staff indicating whether they have a criminal conviction or founded child/dependent adult abuse.
Number not in compliance: 9

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: 9
During the visit on 2/8/23 a review of staff files took place, 7 of the 9 staff did not have SING checks completed, or the waivers signed for the SING check. None of the 9 staff had the national criminal history check completed. All SING checks and fingerprints were completed by the 14th of February, and one had a criminal hit for a staff who has been employed at the center since April of 2022. The record check evaluation was not completed prior to the staff being in ratio, and is still not completed.

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: 9
Two staff files did not contain a pre-employment physical exam report, one staff had a start date of May of 2021, and one

had a start date of September of 2022. The other seven files contained a physical exam report, however none of the exam reports were completed six months prior to hire or submitted to the director within the month of their start date.

109.9(2)b: All files contain sufficient information and authorization to allow the center to secure emergency medical and dental services at any time child is in center's care.
Number not in compliance for medical: 1
Number not in compliance for dental: 1
Information lacking: One child file reviewed did not have any information regarding a preferred doctor or dentist.

109.10(1)a: 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, PA, Chiropractor or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
Number not in compliance: 1

109.10(15)a: The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intoxicated parents, and lost or abducted children. Shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, or other disasters that could create structural damage to the center or pose health hazards .If center is within 10 miles of nuclear power plant, center shall have evacuation plan. Emergency plans shall include written procedures including plans for- Evacuation to safely leave the facility- Relocation to a common, safe location after evacuation- Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue- Lock down to protect children and providers from an external situation- Communication and reunification with parents or other adults Responsible for the children which includes emergency telephone numbers- Continuity of operations- To address the individual children, including those with functional or access needs.
This is a Repeat Violation from last year's visit.

109.10(15)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.
Fire and tornado drills were not documented, or the documentation could not be located, for the months of January to May of 2022 or for the months of January and February of 2023.

109.11(3)d: Record of monthly inspections of outdoor recreation area and equipment shall be kept.
A monthly record of inspections of the outdoor recreation area have not been kept.

109.11(7)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.
The center had a year after opening to complete radon testing, this has not been completed.

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.

Additional concerns: A climbing structure with a slide that was over 18 inches tall was placed inside in the toddler classroom, without adequate ASTM surfacing, this was not a safe indoor play equipment. The changing station mat in the toddler classroom had a rip on the surface, creating a surface that cannot be fully cleaned and sanitized and creating a higher risk of transmission of disease. The toddler classroom did not have adequate toys and play equipment to meet the developmental needs of the children.

109.15(3)b: Children under six months held or fed in sitting-up position. Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle. Spoon feeding is adapted to developmental capabilities of child.
An infant was sleeping in a crib with a bottle.

V. SPECIAL NOTES/RECOMMENDATIONS:

The center has not completed their emergency preparedness plan. A template was sent to the center after last year's visit and a referral was made to CCR&R to assist the center in completing their plan. This plan is still not completed. Another template was sent to the director on 3/30/23 and another referral will be made to CCR&R, not only for assistance with the preparedness plan, but for assistance with other concerns identified in this report, to include staff files, infant classrooms, menu planning, training of staff, and classroom safety and arrangement.

Discussion took place with the director regarding hiring a qualified On-Site Supervisor or Director, to allow him to focus on his other duties within the church, and share responsibilities. There is a sense that the director has too much to manage between the church and community and the center.

A corrective action plan was sent to the director on 3/30/23, outlining the below standards/rule violations and a plan to address these violations and come into compliance with regulations.

Discussion took place with the director on 3/28/23 regarding meal planning and serving food that is creditable and following CACFP patterns and guidelines.

This consultant has sent several emails to the director and the center over the past year with mass communication to centers and individual communication to the center regarding regulations, background checks and forms; this center has been well informed regarding regulations. On 2/9/23 this consultant sent an email to the director with fire and tornado drill logs, playground inspection logs and a mandatory reporting poster. On 2/16/23 this consultant sent an email with a Record Check Guide attached, this guide was also sent in a mass communication to the center in July of 2022 and prior to the center opening. On 3/20/23 this consultant sent a mass email with information on rule changes, a copy of the update Comm 204 (licensing standards and procedures), and other information regarding funding and child care nurse consultants and radon. On 3/29/23 this consultant sent the director an email with the Employee statement form and an employee file checklist form; as well as a list of what is needed for each staff member at the center, what is missing in their files, and information on I-power.

The provisional license will remain in place until the center comes into compliance and shows a willingness and ability to stay in compliance with regulations.

*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.