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

Name of Center: Clarksville Child Development LLC **Enrollment:** 54 **License ID No. (Reapplications)** 44490

Street: 111 S Main St **City:** Clarksville Iowa **Zip** 50619 **County:** Butler

Mailing Address: PO Box 279, Clarksville, IA, 50619

Director's Name: Jessica Reints **Phone Number:** 319-278-4076

On-Site Supervisor(s): **E-Mail:** clarksvillechilddevelopment@butler-bremer.com

Date(s) of Visit: 03-04-2025

X **Licensing Visit** X **Unannounced Visit** **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: 03-08-2024

Comments :

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	20	18	20		58
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 03-01-2025 to 03-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 03-07-2025

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

N/A

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to Clarksville Child Development, LLC in Clarksville on 03-04-25 where I met with the center director and owner, Jessica Reints. This center was given permission to open on 12/01/14. Jessica is well qualified as the director with a BA in early childhood education and previous experience with Head Start. The center provides daycare programming to infants through school-age children, and preschool programming each day from 8:30 am until 3:00 pm. There are currently 54 children enrolled in the center served by 14 staff. All aspects of the program subject to licensing standards were reviewed.

The design, layout, and programming of the center remain the same as in the prior report. The program is located in a storefront building in the downtown area of Clarksville. The building has a long central corridor with three classrooms, restrooms, and a kitchen. The classrooms are defined by age with one for infants, one for 2-3 year olds, and one for preschool and school age children. Each classroom has a secondary exit providing direct egress to the outdoors. All exits opened easily and freely but chairs had been placed in front of the doors for both the preschool, and toddler rooms. Staff in both rooms stated that these are not normally stored there, and did move them once identified as a concern but access to emergency exits must be maintained clear of obstruction at all times. Each room has a window that provides natural light and a view of the outdoors but all are sealed and do not provide ventilation. Restrooms are directly available from the toddler and school age rooms, and additional restrooms are available off the main corridor. Changing stations are available in the infant and toddler rooms. Each classroom has sinks present in the room to facilitate hand washing, and food preparation. Each room has refrigerator and microwave to assist with cooling or heating food. Each room was observed to be clean with only a few minor maintenance issues that did not rise to the level of being a safety concern. Each room is divided into activity centers through the placement of shelving, furniture, and play structures that are arranged so as not to create any blind areas. The equipment and materials in each room was in good repair and appropriate to the ages of the children present. A copy of the daily schedule and curriculum was posted for each classroom.

Good interactions were observed in each classroom throughout the visit with each teacher being actively engaged with attending to the children's needs and implementing the planned curriculum. This included moving through activities such as self-directed center play, teacher lead group activities, lunch, and nap time. The center curriculum uses a general focus theme paired with specific learning concepts of letters and numbers. The center also develops specific learning goals for each child depending on their developmental skills and needs such a helping a child learn a letter sound, or fine motor skill. When speaking and interacting with the children the tone varied between the teachers with some having a harsh and direct tone. It was noted however that this appeared to be more of normal speaking tones as opposed to concerns of frustration or anger given that every teacher used positive and encouraging word choices, and the children displayed a level of affection for all of the teachers. The center does use a proactive approach to behavior management of implementing routines, transition activities, praise, encouragement, and redirection. Ratio was maintained in each classroom as required by age with at least 2 teachers in each room.

Good health and safety practices were generally observed but some do need to be reviewed. I was not able to observe a diaper change on the day of my visit but the required procedures posting was present by each changing station and staff were able to identify the practices they follow which were consistent with those procedures. Handwashing practices were

mixed with staff supervising the children when washing their hands following restroom use, but during the visit the preschool children did not wash their hands prior to meal service. In addition one staff did wash their hands prior to serving lunch, and one used a hand sanitizer but later did wash their hands after helping children in the restroom. First aid kits are kept in classrooms and taken as a whole the center does have materials necessary to address most common first aid needs. Good cleaning practices were observed with staff waiting for children to be out of the immediate area before using cleaning products, and storing the products in areas that were not readily accessible to children. Safe Sleep practices were an issue on the day of my visit with two infants using swaddling sleep sacks with the wrapping enclosing the arms. The staff did immediately free the arms when this was pointed out as being prohibited. During the visit the teachers in the infant room did inquire about options regarding illumination during nap as one child was reacting to the lights being on but dimmed. Various options were discussed but the teacher elected to move the cribs closer to the shaded window to allow more light in order to be able to observe the children.

The center does have a small playground space at the back of the building. All equipment and the fencing had been removed as Jessica stated that due to parking issues the playground was being reduced in size to allow the center park a van at the back of the property. Jessica stated that once the fence is replaced the center will also install fall surfacing consisting of artificial turf over sand which would provide a surface that would also allow the infants to make use of the space.

The center has a small kitchen space and meals are prepared on site. The center uses a menu rotation and copies of the planned menu were posted. Lunch was being served at the time of the visit and good food handling and service practices were observed. The kitchen was observed to be clean with no evidence of insect or rodent infestation. Good food storage practices were observed with items placed in air tight sealable food grade containers once the original packaging seal has been broken. Sone issues were noted however including the need to have working thermometers in refrigerator and freezer units. The digital thermometer in the kitchen refrigerator was not working and needed a battery, and the refrigeration units in the classrooms needed thermometers installed. Lunch was served in classrooms and were pre-portioned by the teachers. During the service the children were asked if they wanted each element and if the child said no it was not provided. While pre-portioning meals is an acceptable method that can help to reduce food waste it does require that each child be provided with a full serving of each food option.

The required notices for Consultant Contact, Mandatory Child Abuse Reporter requirements, Certificate of License, and No Smoking were posted at the main entrance where they were readily accessible and visible to parents and visitors. A random sample of 10% of staff and child files were reviewed and all were found to contain all required information. Two issues were noted with child records regarding infant daily sheets, and allergy plans. The center uses a communications application to track infant daily sheets and documentation was inconsistent with regard to Disposition and Activities where that information was present on some days, and not on others. It was reviewed that there are five elements that must be recorded each day, Eating, Toileting, Sleeping, Disposition, and activities, and that these should be logged throughout the day to identify any changes in functioning that could indicate illness or other concerns. With regard to allergy plans the center did have plans in place for children that had food related allergies but not for environmental or medication related allergies. It was reviewed that a response plan is required for all identified allergies and sample forms were sent to the center. All inspection logs and certificates were current and valid.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Jessica stated that she currently has a very strong group of teachers who work well together and have developed strong relationships with the children and families. Jessica stated that the program is also developing strong relationships in the community identifying one example being an arrangement with the local school of allowing high school students interested in careers related to care care and education to visit and observe the program. Jessica stated that this has helped the center with several of those students applying to work at the center.

Jessica stated that the center is considering participating in the IQ4K program which seeks to implement best practice recommendations.

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

109.10(8): Children’s hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children’s hands shall be washed:Immediately before eating or participating in food service activity.After using the restroom or being diapered.After handling animals.

109.10(15)d: Daily checks to ensure all exits are unobstructed.

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: mattresses with torn water proof coverings need to be replaced, cover sheets are required for all cots and cribs.

109.12(5)e: The provider shall follow safe sleep practices recommended by AAP for infants under one year of age:Infants shall always be placed on their back for sleep.Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child will be allowed to sleep in any items not designed for sleeping but not limited to, an infant seat, car seat, swing, bouncy seat.No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.No co-sleeping shall be allowed.Sleeping infants shall be actively observed by sight and sound.If an alternate sleeping position is needed, a signed physician or physician assistant authorization with statement of medical reason is required.

109.15(1): Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines.Staff shall provide supervision at table during snacks and meals.Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep.
-- Meals were pre-portioned and children were asked if they wanted certain element. If the child said no that element was not served. CACFP guidelines do require that if staff are portioning meals that a full serving of each element must be provided.

109.15(5)a: Sufficient refrigeration is provided appropriate to perishable food.
Additional concerns: Al refrigeration/freezer units used to store child food items must have a working thermometer to ensure proper cold holding temperatures are maintained.
-- Working thermometers were not present in all refrigeration/freezer units as required.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license is recommended 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: 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.