Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: SCICAP-Chariton Head Start

Provider No.: 28396

Address: 418 N Main St, Chariton, IA, 50049

County: Lucas

Director's Name: Jennifer Mitchell

On-Site Supervisor:

Phone Number: 6417744723

E-Mail: jmitchell@scicap.org

HHS Visit Date: 03/12/2026

Licensing Period: 04/01/2026 to 04/01/2028

Fire Inspection:

Date Inspected: 02/02/2026

Comments: due every 3 years, conducted by State Fire Inspector Brad Pollard

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 3

- [ ] Accrediation

Program Duration:

- [ ] Year-Round
- [X] School Year
- [ ] Summer Only

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday		6:00 AM to 6:00 PM	
Tuesday		6:00 AM to 6:00 PM	
Wednesday		6:00 AM to 6:00 PM	
Thursday		6:00 AM to 6:00 PM	
Friday		6:00 AM to 6:00 PM	
Saturday			

Program Population Served:

- [ ] Infant(0-<24 Months)
- [ ] Toddler
- [X] PreSchool
- [ ] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General			42		42
Summer					0

1. Basic Overview

SCICAP (South Central Iowa Community Action Program) administers this program. Chariton Head Start is located in a single story, modular building directly across from Chariton High School in a residential/business area of Chariton. The center is owned and operated by South Central Iowa Community Action Program, a not-for-profit community service agency. The Head Start Director position for 5 counties in SCICAP is Jennifer Mitchell. Jennifer Mitchell is the administrator over all the Head Start programs in the SCICAP region and Directs this program as of 2023. She meets 100 points required to qualify as program director. Each SCICAP Head Start site has an on-site supervisor/lead teacher who meets the 75 points required for the position. Kourtney McCurdy meets qualifications for OSS and assisted me during the visit. Julie Glenn is the current designated person in charge until she sends an OSS request in IPOWER Tricia Cobb also meets qualifications for this position. She visits the building to assist with IQ4K compliance.

This site is located in a modular building that has two identical sides so they can have two programs operating under one roof. Each program has their own entrance into their side of the building. The doors are kept locked at all times. Each room has a bathroom and sink in the program part of the room. There is also another bathroom that is adult size in the hallway connecting the two rooms. Head Start serves children ages three to five. All students attend all day unless they go to the school for IEP services.

The Chariton center has two classes and they have school Monday through Friday. The class time is 8:00-3:00 M, T, Th, F and on Wednesdays they have class 8:00-1:30.

Wrap around is offered Monday-Friday from 6:00 am. to 8:00 a.m. and 3:00 p.m. to 6:00 p.m.

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On 3/21/26 I made an unannounced licensing visit to the program. At the time of the visit, staff were actively engaged in providing the Head Start program to the children. All program areas were observed at that time. I met designated staff in charge Kourtney M. and later collaborated with Director Mitchell.

This center typically has 7-10 staff present. Shannon Briggs, the new (2024) OSS and former Family Resource Advocate is present frequently. Kaylee F. was working with a child displaying behaviors during the visit.

The philosophy of the SCICAP Early Childhood Program is that all children are capable of learning and growing regardless of their abilities or disabilities. We believe it is our responsibility to create a safe, healthy, and predictable environment with many opportunities for children to explore, play and learn at their individual pace.

Head Start has a policy council made up of parents, a community representative from each of the counties served (Clarke, Decatur, Lucas, Monroe and Wayne). Individuals served three one year terms.

Mission statement and philosophy:
We are a comprehensive program. Teachers provide developmentally appropriate activities in all developmental areas- Physical and health, social-emotional, literacy, language and interests, cultural background, learning styles, and needs. Parents play an important role in our program. As their child's primary educator, we encourage parental input to support learning at school and at home. Our program goal is to prepare all of our children for school by providing interesting, safe and predictable environments creative, hand-on activities that allow children to play and learn, involving parents and their home cultures, and by teaching to the whole child.

Program Observations:

All program areas were observed during the visits. The visit consisted of classroom and building area review and observations of activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review.

The center consists of two classrooms separated by an office, kitchen, and restrooms. The classrooms are clean, bright, attractive and equipped with a sufficient variety of new child sized furniture, toys, games, and learning activities for the children. The curriculum is Creative Curriculum. Interest centers available to the children include: blocks, children's literature, dramatic play, toys and games, puzzles and small manipulatives, art, music and movement, science and discovery, sensory tables, writing tables, and computer area.

Children in both class rooms are a mix of three and four year old children. Ratio was met and maintained per my observations. Kitchen staff were present.

Center Nutrition Practices Observed:

The noon meal is prepared by kitchen staff who I met with. She has taken Serve Safe training. Breakfast, snacks and lunch are prepared in the moderate sized center kitchen. The kitchen is adequately furnished and equipped and is separated from child rooms so that children cannot access the area. It contains dry food storage as well as storage for food preparation. Meals are served family style and posted menus indicate that minimum nutritional requirements are met. On the visit it appeared that CACFP guidelines were met.

This program participates in the federal food program. They use a ten week rotating menu, and current menus were posted. Food is prepared from scratch as much as possible. All refrigeration/freezing units are equipped with working thermometers per my inspection. Temperatures were below recommendations of 40 degrees or lower for cooling and zero degrees or lower for freezing. The temperature of the refrigerators are monitored and documented. Dry and canned food storage is present in a closet. No dry food items in storage were opened that had not been sealed. No food items were on the floor. Food items were stored according the NHSPS guidelines.

The children who attend the morning classes are provided breakfast and lunch. Children attending the afternoon class eat lunch and an afternoon snack. The program dines family style and a staff person sits at each table with the children.

Staff utilizes a dishwasher for daily dishes. Centers should provide a three-compartment dishwashing area with dual integral drain boards or an approved dishwasher capable of sanitizing multi-use utensils.

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The center uses a bleach and water mixture to sanitize eating surfaces daily. Staff report the cook mixes it each morning. I observed staff wearing a hairnet and gloves preparing snack. Toys are sprayed throughout the week and sanitized in the dishwasher once a week. The kitchen was very clean, orderly and well kept.

Menus are posted on the Parent Board. We discussed if children are present for wrap care later in the day a third snack must be served. Food must be served at least every three hours. The snack must meet CACFP guidelines.

Center Health and Safety:

A medication box is kept in the kitchen cabinetry. It should not be locked if emergency medications are stored here. Children do not have access to the kitchen. Staff and I discussed licensing regulations regarding the administration of prescription and non-prescription medication, physician directions, and parental consent. Other medication may be kept high in cabinetry inaccessible to children, and this bag goes everywhere the children go, including outdoors. An ill/injured area should be designated.

First Aid Kits are in both rooms. All kits should be labeled. Kits are kept inaccessible to children. A Head Start Health Specialist ensures each kit is stocked with sufficient supplies. The program should access the first aid kit checklist from CCR&R so that the kit is stocked with all items.

Staff and I reviewed environmental testing and maintenance of detection equipment. An annual fuel burning appliances inspection is not required as the center has no gas appliances. All electrical outlets are child safe. Waste containers were covered. Air temperature and ventilation was adequate on both visits. Air is forced for both heating and cooling. An adequate amount of light is provided by both natural light (windows) and overhead fluorescent lighting.

Two battery operated carbon monoxide detectors are in each room. They should be replaced with non-battery operated UL approved units. Radon testing was conducted within the past 5 years with recorded levels under 4 pCi/L. Testing is due every five years and should be conducted in the winter when the ground is frozen. A test kit is to be placed in every room that serves children except the kitchen, bathrooms and laundry areas. The building is on Chariton city water, therefore water analysis is not required. The building was constructed after 1960, therefore lead based paint testing or assessment is not required.

We reviewed general regulations regarding safety policies and procedures. We discussed nap time and that cots should be spaced at least 2 feet apart. Adequate indoor space is provided, but very tight. The indoor space design must allow for ease of movement by children and staff.

No staff employed at the program are under 18 years old.

The center has volunteers come in on a regular basis. Volunteer records are kept in the main office and not on site. Volunteers should always be under the direct observation of staff. All volunteers and substitutes shall sign a statement indicating whether or not they have one of the following:

a. (1) Conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.
(2) A communicable disease or other health concern that could pose a threat to the health, safety, or well being of the children.

b. (1) Complete form 595-136 DHS Criminal History Record Check, Form B
(2) Complete Form 470-0643, Request for Child Abuse Information.
(3) Sign a statement indicating the volunteer or substitute has been informed of the volunteer’s or substitute's responsibilities as a mandatory reporter.

SCICAP requires all volunteers to be trained by staff before they volunteer in the center. They reported that volunteers are going to be a “regular” volunteer then criminal background checks and fingerprints are conducted. The HHSvolunteer guidelines were given to a sister center in 2014. Any visitors to the Center shall complete the tasks above.

The center has a large parking lot in the back of the building as well as a small one for pick up in the front. No potential safety hazards were observed around the perimeter of the building or in either lot.

Space regulations indicate children must be allowed 35 square feet of usable floor space. The program agreed to provide a

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floor plan so that square feet of classrooms may be calculated. Director Ferris sent this in April 2021. A nap chart is used and children are spaced at least 2 feet apart during naps. Children sleep in the same place in the room each day. Staff report that bedding is washed on site at least weekly, but more if needed. A washing machine and dryer are located in the kitchen. The program installed new flooring 4 years ago. The building has newer paint and in 2019 new windows were installed as well as new skirting and insulation.

We reviewed emergency plans and drills for fire and tornado, drills were completed monthly.

We reviewed general regulations regarding sanitation policies and procedures. Bleach and water is mixed daily by the Nutrition Aide. Staff clean the building. A cleaning chart/schedule is utilized.

Some of the children in the program are not toilet trained yet. They need assistance changing diapers. When cleaning toileting or diaper changing surfaces dwell time for a bleach/water solution is five to ten minutes depending on the directions on the bottle. We discussed other options for cleaning toileting surfaces. ADDITIONAL INSTRUCTIONS are located on the NATIONAL HEALTH AND SAFETY PERFORMANCE STANDARDS WEBSITE at <http://cfoc.nrckids.org/Bleach/Bleach.cfm>

All food waste containers were covered.

Regulations regarding staff and child hand washing are followed. Hand washing posters are hanging above the sinks. Adequate hand washing and toileting supplies were observed in the restroom. Toilet plungers are stored in buckets.

Center Playground:

A newly developed outdoor play area is directly behind the center. It is fenced and naturally shaded. The area features a large, anchored metal/plastic climbing and activity toy that was installed in August 2024. No hazards were noted on the climbing structure. Rubber chips are used for surfacing material of adequate depth. Shade is provided by a portable shade structure that can be opened and closed and re-positioned as needed. The area is fenced with chain link and also includes an open grass area.

Playground inspections from the beginning of the year are sent to Central office. Per HS regulation staff keeps a copy of all inspections sent the past 2 years. Screws on the fence were taped to prevent possible injury. No more than two thread bolts should be exposed. A large sandbox is present and is a very popular place for the children to play. It should be covered with a tarp each night. The area is clean, free of debris, open and fits needs of the children. Gaps around the gates in the outdoor play area should be either less than 3.5 inches or greater than 9 inches so they are not potential entrapment hazards. Stakes holding in plastic border in this area have been tamped so that they are even with the border.
New rubber mulch was installed in August 2024. Boards on the deck have been replaced. A slat on the porch of loose, but a work order has been put in.

Staff note that the Child Care Weather Watch is referenced to determine whether outdoor play is suitable on questionable weather days. Staff report ratio is maintained outdoors. If children are not dressed appropriately, staff have extra appropriate clothing available for children to use. A first aid kit is always taken outdoors along with any emergency medication.

Center Transportation Arrangements/Field Trips:

Transportation to and from the center is provided by a local public transit agency (10-15). 10-15 Transit is a state and federally funded PUBLIC transportation system. One staff accompanies children on the bus route home. Parents can provide transportation to and from the site for children. Children are picked up by a bus the program has a contract with, and a Head Start person always is riding along. A list of emergency numbers for each child taken by staff when transporting children for school.

The center takes walking field trips only. They may go to the town square, or in the local neighborhood. Each staff is CPR/First Aid certified. A list of emergency numbers for each child taken by staff when on walking field trips. A first aid kit is also taken on each trip. The program does have community members visit the program for presentations including: a dentist, nutritionist, the head librarian at the local library and a conservationist.

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Center Administrative Records:

Child misbehavior is addressed by positive reinforcement of appropriate behavior, redirection, and modeling. Conflict resolution techniques are employed to encourage children to resolve their own disagreements. The policy of the Early Childhood Program is to use the Program Wide-Positive Behavior and Intervention Supports (PW-PBIS) Model. Program Wide-Positive Behavior Supports is an approach for addressing challenging behavior, offering methods that identify circumstance and interactions that trigger problem behavior. Creative Curriculum is being utilized this year.

Staff and child files are complete and well organized. Child physicals and immunizations were reviewed. Emergency contact information as well as pick up information and dental and medical information are typically reviewed annually Most all requirements were present. Children are not allowed to participate without a physical.

Staff files are not kept on site. They are reviewed annually. They are located at the SCICAP central office in Chariton. This information is typically provided to me by SCICAP Head Start/Early Head Start. Records were provided by Jen Mitchell on 4/1/25. No staff at this site are under 18 years of age.

Approximately 9 staff are employed at this site. All staff have updated physicals (updated every 3 years). All staff are current on mandatory reporting (updated training due every 3 years). Iowa Criminal background checks (due every 2 years) and Fingerprints (due every 4 years) are up to date on all employees. Training for all employees for CPR and First Aid are current. Continuous education hours are up to date. Each staff member has a signed form regarding no criminal/child abuse convictions from the beginning of employment. These records are typically kept by the Professional Development Specialist for Head Start in Chariton. All employees had more than required professional development hours. It should be noted that SCICAP has a record of compliance regarding staff training and a history of excellent record keeping.

Required written policies are provided to parents in the form of a parent handbook are present. Emergency plans include written procedures for transporting children, notifying parents, emergency phone numbers, diagrams, and considerations for immobile children. An evacuation of immobile child policy is available to parents for this site (hanging up). The new Emergency Preparedness Plan is present for this site. We discussed training annually regarding the emergency preparedness plan. Staff will be trained on the plan and have them sign and date acknowledgement of such.

Regulations regarding required notices and postings were compliant. All mandatory forms including mandatory reporting information, licensing consultant information, and the center license is posted in the facility. Emergency evacuation postings with maps are located by all doors. Emergency numbers are posted by the phone in the staff office. 911, Poison Control & the center phone number and address are posted by the phone in each classroom. A daily schedule is posted in each classroom on the Parent Board. A No Smoking sign is posted on the outside of the entrance to the classrooms. Notification of infectious disease are posted in the center when necessary.

All centers/schools are using the research based online Teaching Strategies GOLD.

2. Identify Observed Strengths of the program

The center has a parent advisory board and active parent involvement.

The center sends a monthly newsletter to parents.

The center provides vision screening services to the children in cooperation with a local Lion's Club.

The center provides hearing screening services to the children in cooperation with the local AEA.

The center provides dental screening and fluoride varnish services to the children in cooperation with Lucas County Department of Public Health.

The center provides Brigance screening services to the children to monitor physical, social, and emotional growth.

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AEA works with the program staffing a child's IEP and behavioral intervention plans.

The classroom environment is warm and inviting for the children. The staff are very interested in teaching the children and makes learning fun for them.

At every site, the lead teachers have an education degree with an early childhood endorsement. Every assistant teacher has at least their CDA.

The building has new siding put on this year.

3. Identify the aspects that fall below the standard

4. Any corrective action plans, provisional license, and safety plans-steps to get into compliance

5. Special Notes/Recommendations

HHS encourages you to contact Child Care Resource and Referral consultant. 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 for more information: http://www.iowaccrr.org Karen Lauer is your consultant. Consultant Lauer provided information to the program the past year on IQ4K.

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. Please visit the following website for more information. http://idph.iowa.gov/hcci/consultants. CCNC Heather Marsh completed the following this past year: Heather d'Auteuil <hdAuteuil@maturaia.org> is the Child Care Nurse Consultant for this site. She provided the following the past year: A Health and Safety Checklist-
2/18/26- onsite visit for HSC #1
2/23/26- onsite visit for HSC #2
3/2/26- onsite visit for HSC #3

Director Mitchell and I discussed behavioral interventions. She stated, "SCICAP Head Start takes a proactive approach to behavior management that starts at new hire orientation and continues throughout the year. Staff receive both Conscious Discipline and PBIS training at hire and receive refresher training during annual pre-service training. In addition to annual and new-hire training staff have access to our Behavior Specialist and Education Coordinator to discuss behavior concerns with students in the classroom. Staff are encouraged to step out of the classroom for a short period if they feel that they are becoming frustrated or need to de-escalate themselves before re-engaging with a student. All center staff are observed many times throughout the school year and are given feedback to address any concerns."

Date: 03/18/2026

HHS Licensing Consultant: Jill Seibert

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Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Care License. Please take steps necessary to completely address each of the violations noted above.

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at **https://iowaccrr.org**.