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

Name of Center: Magical Beginnings Early Childhood Center **Enrollment:** 71 **License ID No. (Reapplications)** 27235

Street: 701 E Marion ST **City:** Corydon Iowa **Zip** 50060 **County:** Wayne

Mailing Address: 701 E Marion ST, Corydon, IA, 50060

Director's Name: Heather Neal **Phone Number:** 641-872-1445

On-Site Supervisor(s): Marissa Cunningham **E-Mail:** sarahb@grm.net

Date(s) of Visit: 11-03-2023

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 05-11-2022

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

Date Inspected: 03-24-2020

Comments : due every 3 years, conducted by State Fire Marshall Curt Seddon

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 X Other NA

Program Serves: X Infants (0-23 mo.) X 2 Years X Preschool-Age 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	12	40	15	87
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 07-01-2022 to 07-01-2024
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Jill Seibert **Date:** 11-28-2023

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Magical Beginnings Early Childhood Center is a full day child care center. Magical Beginnings is located at the edge of Corydon near the Community Aquatic Center. It is off the main highway running through town, but is quite a distance from the main road, down a driveway. Care is provided for infants and children up to age 12. The building is one story and has a basement used for storage.

Sarah Peck has been the director since the center opened in 1994. She holds a degree in Child Care Administration. The center expanded and moved to the current location in 2002. A partnership was formed with the hospital at that time. On January 1, 2011, the partnership between the daycare and the hospital ended. The hospital continues to plan and cook the meals, and supply the housekeeping and maintenance person. The center is nonprofit and is governed by a volunteer board of community members.

An unannounced licensing visit was made to the program on 11/3/23. Other visits were made during the year. Director Peck was present and assisted me on the visit. Darla Bingham is the onsite supervisor for the center. She has worked in the center since 2002 in the toddler room. She has a HS diploma and served in this position since 2019.

The center philosophy is: We believe an early childhood program should be designed to enhance the learning and growth of every child in the program. The program should emphasize all areas of development: social, emotional, physical and creative while giving each child a safe and consistent environment. The curriculum designed is a wide range of creative activities that give the children an opportunity to learn in an exciting manner. Individuality will be encouraged throughout the program so that each child will have an opportunity to grow into his/her own person. Families will be encouraged to take part in the program whenever possible. Here at Magical Beginnings we believe the family is most important influence and support system that a child can have.

Program Observations:

The program space contains a small kitchen area in the back of the building, restrooms attached to each classroom and open space for each classroom. The building is clean, bright, open, attractive and equipped with a wide variety of child sized furniture, equipment, toys and learning activities.

All program areas were observed during the visit. The visits 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. Staff are practicing recommended sanitizing and disinfecting. The center purchased a thermometer that is placed at the entrance to the building so that anyone entering the center can have their temperature scanned when they stand in front of it.

Children and teachers were in the classrooms when I arrived on the both visits. Six rooms are utilized for the program. The building is 9000 square feet. The infant room serves newborn babies up to around the age of 12 months. The room has enough space for 12 infants but capacity is limited to eight. The room contains a sink. The sleeping area is separated from

the rest of the program area by a short flexible plastic like fence. Low shelves are used to store the age appropriate play toys. Toys are sanitized daily. A staff restroom connects to this room. Staff ensure infants get a good amount of tummy time which helps in the development and strengthening of their core muscles. Very few restraining devices such as swings and bouncy seats are used. The staff are nurturing and spend most of their time sitting on the floor and playing and interacting with the babies. Most parents allow the staff to make a bottle as needed using tap water. A bottle warmer is used if parents bring premade bottles of formula. I observed infant daily sheets, which had categories for activities, sleep, diapering, etc...

Angel Care monitors are utilized in the infant room. The purpose of the monitors is to help detect when an infant has stopped breathing. They look like a flat pad that is placed between the mattress and bottom of the crib. They are very sensitive and the monitor will go off if it does not detect the baby breathing. Cribs are in the back part of the room but each one can be easily seen. Crib sheets were tight fitting and SAFE Sleep practices were being utilized. Oxivir TB is used as a disinfectant on the diaper changing table, which is best practice and is duly noted. The infant room has the same caretakers daily. Evacuation cribs are available. The center also utilizes a large separation pen which helps keep older infants from the younger infants.

The toddler room is for children ages 12 months to 24 months. This room has a capacity for eight children and contains a sink. A small snack is served mid-morning to decrease incidents of biting. Low shelves are used to designate center areas such as books and blocks. Toys are rotated in and out so the children have a variety of choices at different times. Staff should be aware of directions for any cleaning product being used, including bleach (dwell times will vary).

A gate separates the toddlers from the room for the two's and younger three's. This room has a capacity for 12 children and contains a bathroom and a sink. Other activity centers are in areas that are separated by low shelves. The room contains a variety of toys.

The older three year olds are in a room that has a capacity for 16 children. They share a bathroom with the adjoining classroom of the four year olds. The bathrooms have 4 toilets and 4 sinks. The three year old room also offers a traditional preschool program four mornings a week from 8:00am-noon. This is open to children in the community who only attend for the preschool program.

The four year olds are in a room that has a capacity for 24 children. The center has a partnership with the school district to provide the Universal pre-K program for four year olds. The school district was awarded the grant and the pre-K program is held in this facility. Magical Beginnings had already offered a preschool program,. This pre-K program operates four days a week from 8am-3pm on the school district schedule. Childcare is available before or after pre-K. Parents also have to pay for child care on days when there is no school such as weather related closings, conferences, breaks, etc.

The three year old room as well as the four year old room both have a good selection of age appropriate materials for the children. Centers are arranged in clearly defined areas and there is a good supply of materials and items to accompany the centers. Walls are decorated with age appropriate learning cues and art projects done by the children.

The school age children use the lunch room as their program space. The room has a capacity for 15 children. There is a bathroom with a sink, plus there is another sink in the program area. Toys and games and art materials are stored in tall cabinets in the room. The center also has equipment and supplies stored in the basement. The teachers will rotate these things in and out of their rooms. Weekly themes and curriculum is based on a variety of different sources. Creative Curriculum, Letter People, and Handwriting Without Tears is utilized. Gold Assessment is used with the four year old preschool children. Current lesson plans were posted and appeared to meet the physical, emotional, and developmental needs of the children.

CENTER NUTRITION:

This center participates in the federal food program (CACFP). Children are served breakfast, lunch and afternoon snack. The toddlers have a mid-morning snack since there is three hours between breakfast and lunch. Four week rotating menus are planned by the hospital dietitian, the meals are prepared at the hospital and are delivered to the daycare by a hospital employee. A warming unit keeps the food hot until time to be served. The food temperature is taken and recorded to ensure a proper temperature is maintained. The kitchen was remodeled last year.

Thermometers are in the refrigerator/freezer units. Safe freezing temperatures are zero degrees or below. Food items are stored according to NHSPS guidelines. Little food is stored in the facility. I did not observe expired food items or food stored on the floor. I did not observe opened food items. Older three and four year olds eat in the lunchroom; younger children eat in classrooms.

Food allergies are posted. We discussed that every child with an allergy is now required to have an Allergy Alert Plan. I referred Ms. Peck to the local IDPH CCNC and the Healthy Childcare Iowa Website. CCR&R sent the proper form to the center last year and will be used if needed in the future.

CENTER HEALTH AND SAFETY:

Medication policies and procedures were reviewed. Medicines are stored in upper cabinets in the classrooms, or in the kitchen refrigerator. Medication documentation and rules regarding pharmacy/physician labels, and over the counter medication rules (must have full name written on it) were present. All children with allergies have allergy action plans on file per my observation.

Storage and maintenance of a first aid kit were reviewed. Fully stocked first aid kits are in the lunchroom and each classroom has a smaller first aid kit. Each kit should be labeled. I observed a first aid kit checklist with all items on the list accounted for. An AED is also located on a wall in the lunchroom area.

Environmental testing and the maintenance of necessary detection equipment were reviewed. Radon testing was conducted within the past 2 years and results are under 4 pCi/L. This testing is required to be done every two years. It is recommended the testing be done during the winter months when the ground is frozen. A test kit is to be placed in every room that serves children except the kitchen, bathroom, and laundry area. The center contains fuel burning appliances so an inspection is required. An annual heating inspection should be completed. The center is on Rathbun Rural Water so a water analysis is not required. The building was constructed in 2002, there for a lead based paint assessment is not required. A plug in UL approved carbon monoxide detector is in the lunchroom.

I reviewed general safety policies and procedures. Fire and tornado drills are practiced and documented monthly. The center added a new lock to the front door this past year and parents must have a code to enter.

We have discussed that 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.

Any visitors to the Center shall complete the tasks above.

Two adults are present when seven or more children over age three are on the premises.

The center has a pet chinchilla. The animal appeared to be of good health and the cage was clean. I also observed a rubber tree plant, kept out of the reach of children.

Hand washing is conducted upon arrival and at various other times throughout the day such as before and after eating, and after toileting.

CENTER PLAYGROUND:

The center has two playground areas. One is for children under the age of three, the other area is for children ages three and up. New poured-in-place material is surfacing under climbing equipment, and shade sails are present. A medium sized sand box has benches that serve as a fold up top. The fence is chain link with black plastic coating. Screws on the fence are two thread bolts or less and no wires are facing the inside of the play area. This is an improvements from past years. The areas also feature some commercial climbing equipment with rubber surfacing beneath it. Equipment appeared to be in good repair. Shade is provided by the building.

Playground inspections were completed and documented monthly per my observation of such.

The center utilizes the Child Care Weather Watch to determine if outdoor play and field trips are appropriate in questionable weather. A first aid kit and emergency contacts and any emergency medication is taken outdoors with the children.

CENTER TRANSPORTATION/FIELD TRIPS:

The center does not own a vehicle. A Corydon (Wayne County) District school bus is used for field trips for the preschool age children. The younger children will take occasional walking field trips. Emergency information and a first aid kit goes on all outings. Parents should sign field trip permission slips. Ratios have changed for field trips. The Director is aware of the changes.

The center has a Community Helper unit wherein people of different professions are invited to come in and talk about their jobs. The fire department usually brings a fire truck and conducts a presentation during fire safety week.

All children have signed field trip authorizations in their files. The center utilizes the Child Care Weather Watch to determine if outdoor play and field trips are appropriate in questionable weather. A first aid kit and emergency contacts and any emergency medication is taken on field trips with the children.

CENTER ADMINISTRATIVE RECORDS:

Required postings were observed. This includes the center license, licensing consultant contact information, mandatory reporter of abuse notice, evacuation diagrams, and no smoking signage. Poison control and 911 numbers as well as the center phone and address are hanging by the phones.

Child files are reviewed annually. Child files were reviewed for current physicals and updated emergency contact information, pick up authorizations and medical and dental emergency contacts. Immunization audits are conducted by Public Health annually. Three children had outdated physicals. This is not a pattern of disregard since it is less than 5% of students enrolled.

Staff files are reviewed annually and should contain all required paperwork such as: (Fingerprints and Iowa Criminal history checks), training certificates (CPR/1st Aid, Mandatory Reporter, Universal Precautions), updated physicals, and other documentation. Full time staff need at least 6 hours of on-going training every year. A review of files and the staff tracking sheet show the majority of staff meet training requirements.

Staff members under 18 are always accompanied by adult staff unless they are supervising school age children.

Required policies given to parents include all emergency policies, limited access policies, biting policies (pg. 7). Required policies such as limited access, universal precautions, specifically dealing with breast milk, and blood and emergency policies are also present. Parents should sign off on the handbook when the child is admitted into the program. The hospital has agreed to lend the center a wheelchair in case an immobile child is enrolled in the program (for evacuation purposes). The Director created an Emergency Preparedness Plan with all required emergency situations addressed. Staff have been trained on the plan and signed and dated acknowledgement of such last year. They updated it before the visit this year.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Home visits are conducted before the school year starts for the three, four and five year olds.

A spring conferences is held at the center.

Conferences for any age child can be held whenever the parents or staff feel it is necessary.

Many rooms in the center were given a fresh coat of paint 2 years ago.

Floors were professionally cleaned.

This is the only licensed child care center in the county. The Director reports there is little turnover in staff. Many staff have worked at this center for years. They are all proud of their rooms and the center. They enjoy working at this center, are very dedicated and consider it more than just a job. The staff view the child care kids as their own family members. They have seen these children grow up over the years and some have come back to work at the center when they become adults.

The universal preschool program has an I-Pad for every four year old child in the program. They also have a smart board which operates with a computer program and offers another choice for teaching children new things.

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

V. SPECIAL NOTES/RECOMMENDATIONS:

The center is aware they may access CCNC and CCR&R Consultant on a consistent basis.

Based upon this review, it is recommended that this center remain in Full licensing status. The center is directed to continue to monitor day to day practice and adjust accordingly to continue to ensure licensing rule is met consistently. It is important to note, all DHS licensing standards and procedures must be maintained during the renewal period.

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.

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 The Director has accessed CCR&R in the past. Michelle Greenough is the center consultant. The Director has consulted with Consultant Greenough in 2023.

*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.