Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: NICAO Head Start-Clarksville

Provider No.: 22878

Address: 219 N Mathers St, Clarksville, IA, 50619

County: Butler

Director's Name: Trina Cox

On-Site Supervisor: Karen Krumwiede

Phone Number: 3192784213

E-Mail: mjudisch@NICAO-ONLINE.ORG

HHS Visit Date: 03/05/2026

Licensing Period: 04/01/2025 to 04/01/2027

Fire Inspection:

Date Inspected: 02/12/2026

Comments: Compliance dated 04-13-23

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

Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday		8:30 AM to 1:30 PM	
Tuesday		8:30 AM to 1:30 PM	
Wednesday		8:30 AM to 1:30 PM	
Thursday		8:30 AM to 1:30 PM	
Friday		8:30 AM to 1:30 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	0	0	20	0	20
Summer					0

1. Basic Overview

An unannounced annual visit was made to NICAO-Clarksville Head Start in Clarksville on 03-05-26 where I met with the lead teacher Karen Krumwiede. Karen is well qualified for the position with a teaching degree and extensive experience in early childhood care and education. The program operates out of a free standing building which was built specifically for the Head Start program. The center provides preschool programming serving 4 year old children only. There are currently 9 children enrolled in the program served by a teacher, and two assistants. All aspects of the program subject to Licensing Standards were reviewed during the visits.

The general layout and design of the facilities remain the same as in prior visits. The primary programing operates out of one large classroom but a second room that had been used for storage is now being used for napping where cots are maintained. A half wall and door separates the classroom from the hallway accessing the rest of the building. Windows provide ample natural lighting, a view of the outdoors, and ventilation. There are secondary exits providing direct egress to the playground from both classroom spaces. All exits were observed to be free of obstruction and opened easily and freely. Restrooms are located just off the classrooms and the staff do provide supervision and assistance as needed. The facilities were observed to be clean with no maintenance issues noted. The main classroom is divided into activity centers through the placement of furniture, low shelves, and play structures such that the children had ample room to move and play without creating any blind areas. The center had created a large car wash play structure using repurposed materials of cardboard boxes and a plastic fringe curtain that does have restricted sightlines which the staff were aware of and positioned to provide supervision. Each center was well stocked with materials that are appropriate to the ages of the children present and which were in good repair.

CHILD CARE CENTER ANNUAL EVALUATION

2. Identify Observed Strengths of the program

Good interactions were observed during the visit with all teachers being actively engaged with the children and presenting the planned curriculum. This included a small group teacher lead activity of making butter in a "shaker jar". Later during individual free choice play activities the teachers did move through the room providing both supervision, and interaction where they asked questions to help the children engage in explorative learning play. The center uses positive behavior management techniques that include routines, helper jobs, reminders, positive recognition, redirection, and guided problem solving. One example of very successful use of this approach was during center play when with the assistant teacher Tammie Garretson was playing with one child another child came asked to play. The child that was there said no and rather than reprimand that child Tammie told the child that she would share her toys and the child could play with her. This approach was very effective in modeling positive interactions and sharing and the first child also shared items and played with the second child. Each of the teachers appeared to be excited and happy to be with the class and spoke using calm and positive word choices. Ratio was maintained as required with the two teachers being in the classroom and the cook also joining at times.

Good health and safety practices were observed during the visit. During the visit the teachers were observed to assist the children in the restroom as needed ensuring children washed their hands in an effective manner. Response plans for children with diagnosed health concerns were present. First aid kits are present in the center and stored in areas where they are available but not accessible to children. The kits were stocked with items necessary to address most common first aid needs. Good cleaning practices were observed with the teachers sanitizing tables, and directing children out of the immediate area when using chemical cleaners. All chemical cleaners, medications, personal belongings, and other items that could pose a safety risk to children were stored where they were not readily accessible to the children.

The center does have a full kitchen and meals are prepared onsite. A copy of the planned menu was posted and identified a good variety of nutritious meal options. Good food storage practices were observed for refrigerated items but several dry pantry storage items were not properly stored with bulk bag packaged items just having been rolled closed. Good food handling practices were observed with the staff wearing food service gloves, securing hair, and covering foods. Meals are served in the classroom family style with the teachers sitting and eating with the children. Measured scoops are provided to ensure each child receives a full serving. The kitchen was observed to be clean.

The center has a playground which remains the same as observed in prior visits with a climbing structure, paved riding track, and grassy area. The climbing structure and equipment were observed to be in good repair. The fall surfacing consists of a unitary foam rubber surface. The playground is fully enclosed by fencing which was observed to be in good repair. Mature trees provide shade.

In reviewing administrative records all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were present and posted in an area readily accessible to parents and visitors. Other required postings for emergency evacuation, emergency numbers, disease exposure, curriculum, schedule, handwashing, and menu were also present. Staff files are maintained at the program central office where they are reviewed annually during a separate visit and any concerns identified are addressed at that time. Child files were reviewed and contain all required information. Inspection logs were current.

3. Identify the aspects that fall below the standard

109.13(5)b: Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed.Staff preparing food that have injuries on hands wear protective gloves.Staff serving food use clean serving utensils and have clean hands/wear protective gloves.
-- Several bulk packaged items were observed to have not been stored in an air tight sealable food grade container after the original packaging seal had been broken. This does create a risk of being an attractant to insects and rodents.

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

The center cook identified she did have storage containers and would ensure that all foods were properly stored.

5. Special Notes/Recommendations

Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

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 next year.

Date: 03/16/2026

HHS Licensing Consultant: Ray Salsbury

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**.