Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: First Steps Early Learning Center

Provider No.: 17740

Address: 210 2nd St NW, Clarion, IA, 50525

County: Wright

Director's Name: Alecia Frink

On-Site Supervisor: Joleen Gonzales

Phone Number: 5155322778

E-Mail: kidskorner@clargold.org

HHS Visit Date: 01/22/2026

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

Fire Inspection:

Date Inspected: 09/24/2025

Comments:

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] 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:

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	40	15	32	21	108
Summer					0

1. Basic Overview

An unannounced visit was made to the Kids Korner, DBA First Steps Early Learning Center, on 01-22-26 where I met with the On-Site Supervisor, Joleen Gonzales as the center director, Alecia Frink, was not in. Alecia took over as the director in 2022 and is well qualified for the position with a BA in Family & Human Development, and prior experience in early childhood care and education. Joleen Gonzales is the on-site supervisor and is also well qualified for the position based on her experience and on-going training. The center provides programming for infants through school age children. There are currently 54 children enrolled in the program served by 21 teachers. All aspects of the program subject to licensing standards were reviewed during the visit.

The layout, design, and programming of the center remains the same as identified in the prior licensing reports. The center makes use of a shared facilities building but has secured access doors between the areas used by the daycare, and those used by other tenants. The center makes of use of classrooms that are determined by age with separate rooms for infants, toddlers, 2 year olds, 3 year olds, 4 year olds, and school age children. The infant area is further divided with a primary programing area, nursing room, changing room, and sleeping room. The infant capacity is determined with no cribs being used in the primary programming area allowing for 35 sq.ft. per child. It was noted that that the center was not using the infant sleeping room and had moved cribs into the primary programming room which would require the classroom capacity to be determined at 40 sq.ft./child. The capacity of that classroom would reduce from 15 infants to 13 infants with the cribs present. The other classrooms have a more open design with the classrooms for the 2, 3, and 4 year old children having a long open floor plan. The toddler and school rooms have an L shape design which does create some area where line of sight would be limited depending on staff positioning. This is more notable in the school age room and staff do need to ensure that they are aware of where the children are playing that they are responsible for and position themselves in a manner so that they can observe all children at all times. The infant, toddler, and 2 year old rooms have restroom facilities available

directly from the room. The preschool and school age children make use of restrooms located off the main corridor outside of the classrooms. A large multi-spigot sink is located outside of the restrooms in the main corridor, and all classrooms with the exception of the school age room have additional sinks in the room. Each classroom has a secondary exit providing direct egress to the outside. All exits were clear of obstruction and opened easily and freely with the exception of the exterior exit of one room which did drag making it harder to open than the others but not to the level of requiring immediate repair though it should be monitored. Each room has windows that provide ample natural light and a view of the outdoors. The center does have a large open room that was initially intended as a dining room area for meal service, or possible large motor indoor play but which is used as storage and a staff break room. This space was not considered in the available capacity of the program but could be added for use in the future if needed. Each classroom is divided into activity centers through the placement of furniture and play structures which were arranged so as not to create any blind areas. The toys and materials that were present were in good repair and appropriate to the ages of the children present.

2. Identify Observed Strengths of the program

Good interactions were observed throughout the visit with all staff being engaged with the children attending to their needs and presenting the planned curriculum. Each classroom had developed daily schedules, and the older age classrooms had formal curriculum plans identifying general focus themes and specific activities for the children, but the infant rooms had not. This was most evident in the young infant room where all children had been placed in cribs for a morning nap despite the fact that only 1 child was sleeping. It was reviewed that infants should be allowed to sleep on demand. It was further discussed that while a full traditional lesson play may not adapt well in an infant room some form of curriculum plan is still required whether a general focus theme, or individualized skill development goals. Despite not having a formal curriculum plan the teachers did play with the children, and attended to their direct care needs such as diapering and feeding the children. In older age classrooms the curriculum plans included identifying a general focus theme, and specific learning concepts related to identified numbers, letters, colors, and shapes. Again all of the teachers were actively engaged with the presenting the planned curriculum or playing with the children. Ratio was maintained as required by age with at least two teachers present in each classroom. Staff were observed to use proactive behavior management techniques of routines, reminders, recognition of positive behaviors, and guided problem solving. All staff presented positive attitudes during the visit and spoke in calm and positive tones with the children.

Good health and safety policies and procedures were generally observed but some practices do need to be reviewed. I was able to observe a diaper change during the visit and staff did not deglove between handling soiled and clean items, and used a baby wipe to wash the infant's hands.
It was reviewed that degloving before applying the clean diaper can help to reduce cross contamination, and that soap and running water should be used for handwashing as baby wipes have no detergents in them. Good cleaning practices were observed during the visit with chemical cleaners being labeled with the contents, dilution, intended use, and dwell time which staff did follow. Changing stations, tables, and toys were disinfected and sanitized as needed. When using chemical cleaners staff did wait for the children to be engaged in activities in other areas. Chemical cleaners, medications, and other items that could pose a safety risk to children were stored where they were not accessible to children. A first kit is present in the center and does contain a good supply of materials necessary to address most common first aid needs. Safe Sleep practices were followed for children under 1 year of age. Older children make use of cots which were observed to be in good repair and which had appropriate bedding.

The center does have a full kitchen and meals are prepared on-site. A menu is posted and substitutions were documented. The kitchen was clean with no evidence of rodent or insect infestation. Good food storage practices were observed. Meals are delivered in covered dishes and served in the classrooms with the teachers sitting and eating with the children at the tables. The teachers did wear food service gloves, and used measured scoops when portioning meals. The meal served on the day of the visit included a cheese sandwich, pears, peas, and milk. This was a substitution from the planned meal due to weather related closures and concerns from earlier in the week. It was noted that the meal for the 3-5 year old children also included cottage cheese as the cook noted that the cheese sandwich alone did not provide sufficient protein levels for those children.

The center does have an on-site playground space which is fenced both for the entire space, and a smaller area defined for infants and toddlers. The playground was not fully reviewed during the visit due to snow cover and weather conditions. A larger climbing structure is present in the area used for older preschool and school age children. There is a paved area around the structure, and foam tiles are used for fall surfacing beneath the climbing structure. A gazebo style shade

structure is present. The other space used for the infants makes use of ground play items.

All required notices for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse Reporting were posted in an area that was readily visible and accessible to parents and visitors. Other required postings for emergency evacuation, emergency contacts, disease exposure, diapering, handwashing, daily schedule, curriculum, and menu were also present. A random sample of child files were selected for review and compared to the self-audit completed by the center which was found to be accurate. Self audit identified that all child files contained all current required documentation. The center does use an electronic communication and management system, Procare. That system is used to complete infant daily sheets and it was noted that staff were not including documentation of daily Disposition, and Activities as required. It was reviewed that the Procare system does have the functionality to either select preloaded narrative format options, or attach photos which could be used as a visual representation of both mood and activity. A random sample of staff files were selected for review and again the self audit was accurate. The self-audit identified 2 staff had an expired or missing physical and that both had been notified to obtain an updated copy. Inspection logs and certificates were current and available with the exception of the boiler inspection which was not available in either the center records, or posted by the unit as required. The center parent handbook was reviewed and was found to have several missing required policies from the last update.

3. Identify the aspects that fall below the standard

The center Parent Handbook did not have written policies for Field Trip/Off Site Activities, Transportation, Health & Safety (immunization notice, medications, safe sleep), Incident Reporting, Curriculum Development, Staff Orientation/Training, Access, Confidentiality, and Emergency Plans. If those policies are developed and present in separate handbooks reference of such needs to be included in the Parent Handbook and where those policies can be reviewed.

Daily infant records did not document Disposition, or Activities. -- NOTE: 2ND YEAR CITED

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

Guidance of all required policies and suggestions for development were sent to the center.

Joleen stated that she would contact the building owner about either obtaining a renewed boiler inspection or providing documentation of a current approved inspection certificate.

5. 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: With the infant sleeping room not being used and cribs moved into the main programming room the classroom capacity is recalculated at 40 sq.ft./child with cribs in the room. The capacity is reduced from 15 infants to 13 infants.

Date: 01/30/2026

HHS Licensing Consultant: Ray Salsbury

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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**.