

RECOMMENDATION FOR LICENSE:	
X	FULL license from 12-01-2016 to 12-01-2018
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCACTION of license

Licensing Consultant: Nate knepper

Date: 08-30-2017

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

N/A.

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

The center has added onto their program space. The capacity of the center will now change from 60 children to 90 children. Room capacity from youngest to oldest is 8 , 16, 21, 17, 28. Below is the report from the visit on 11/29/16:

A full licensing visit was conducted on 11/29/16. The owner/head director and assistant director were both present throughout the visit.

Step Ahead Child Care and Preschool is a new center that was given permission to open on 10/24/16. The center is located in the old Learning Ladder building center building. The center serves children six weeks in age to five/six years in age using the Creative Learning Curriculum in their teachings. Hours of operation are 6:30am - 6:00pm Monday through Friday and year-round.

The owner and head director of the program is Crystal Steffen. Crystal has an AA degree in Business Administration. Crystal has worked in child care for several years. Laura Erie is the assistant director. Laura has taken college courses and has also worked in child care for several years. Cheryl Halas and Lindsay Butterfield are the on-site supervisors. Cheryl and Lindsay both have degrees and have worked in child care for several years.

The main parent board is located near the main entrance. The permission to open letter (temporary license), state licensing consultant information, and Mandatory Reporter notice were all posted. There is a No Smoking sign posted on the front door. The weekly food menu is posted in classrooms.

INFANTS: This room serves children six weeks to 18 months in age. There is a No Shoes policy in this room. At the time of the visit, there were six children and two staff members present. One child was having his hands washed after a diaper change. A proper diaper change was discussed and observed. There is a diapering table with diapering and hand washing procedures posted in all rooms requiring diaper changes. One child was napping in a crib. Each child has their own crib. Cribs are sanitized at least weekly and sheets are washed at least weekly. Children are placed on their backs initially to nap. No blankets or any other objects are allowed in cribs. Age-appropriate toys were observed. Toys are submersed in soapy water, then rinsed, and then sanitized in bleach daily. The center, because they are mixing bleach and water daily for their sanitizing and disinfecting, will need to have two bleach and water bottles as the sanitizing and disinfecting solutions are different. There is a small refrigerator that had a thermometer in it. All bottles were labeled. Diaper creams are considered medications and should also have parent authorization/staff documentation medical forms. Daily sheets are completed for each child.

18 MO - TWO YEAR OLD ROOM: No children were present when this room was observed as they were all outside on the playground. On the playground, there were eight children and two staff members present. Staff were spaced out among the children and had their first-aid kit with them. In the classroom, age-appropriate toys were observed. At this age, children transition from napping in cribs to napping on cots. A daily schedule and weekly lesson plan were posted. Daily sheets are completed for each child.

THREE/FOUR/FIVE YEAR OLD ROOM: When this room was observed, there were six children and one staff member present. All of the children were engaged in free-choice play at the different learning stations in the classroom. Learning stations observed consisted of dramatic play, blocks, manipulatives, dress-up, art, writing, library, and sensory. Sensory tables should not contain lima beans or kidney beans as they are considered a hazard. At age two, toys can start to be submersed using the three step method above weekly instead of daily. That is what is practiced in this room. Each child has their own cot for napping. Cots are sanitized weekly and sheets are washed weekly. Staff stated cot spacing is at least two feet apart which is sufficient. A daily schedule and weekly lesson plan were posted.

ROOM NOT CURRENTLY IN USE: No issues were noted for this room other than staff should not set a radio/CD player on the ledge of the open window. In the future, the plan is to enclose all window openings with actual windows.

NUTRITION: The center is not part of the food program, but they follow those guidelines. Menus are posted in classrooms for the week. All food items on the menus were credible. The center orders their food from HyVee. The center serves breakfast, lunch, and a PM snack to children. Children eat in their classrooms at the child-size tables and chairs. Family-style dining is practiced. Staff sit at the tables with children as much as possible. Tables are cleaned with soap and water, then rinsed, and then sanitized with bleach water. There is a separate kitchen area. There is a refrigerator and freezer. Thermometers are needed in both units. All dry food, refrigerated, and frozen food storage, if not entirely consumed, should be stored in zip lock bags and/or plastic containers. Styrofoam should not be used plates/cups/bowls) as it is considered a potential hazard.

HEALTH AND SAFETY: The center will dispense medications to children as authorized by parents. Diaper creams are considered medications and should have medication forms with them as well. All medications should be labeled. Staff and child hand washing was observed during the visit. There is an indoor and an outdoor first-aid kit. One kit was checked and found to be fully stocked. The center will need to create a disaster/evacuation kit. Fire and tornado drills are being practiced and recorded monthly. Radon testing is due within the first year of being given permission to open and then every two years thereafter. The furnace was last checked in 1/2016 so it is coming due again soon. The center has a carbon monoxide detector. Evacuation procedures were posted in all classrooms. Emergency numbers were posted. Restrooms were sanitary. Carpets are vacuumed daily and will be steam-cleaned two to three times a year.

PLAYGROUND: The playground is located in the back of the building and is fenced in. However, the bolts on the fence will need to be cut and capped as there are more than two threads exposed. There are not any climbing structures as the entire fenced in area is grass. There is some outdoor play equipment and a play house. The building and trees provide sufficient shade. The center sometimes will go to the nearby park. Monthly playground checks are being recorded.

TRANSPORTATION/FIELD TRIPS: At this time, the only field trips that are taken by the center are walking field trips in and around the area and most likely, the park behind the center building. For these walking field trips, staff take children emergency contacts as well as a first-aid backpack.

ADMINISTRATION: The center is missing an Unlimited Access policy. See notes/recommendations section below regarding other written policies in the handbooks.

There are not any subs or volunteers.

There are currently 25 children enrolled in the center. Five children files were reviewed. All files need to have a field trip permission statement on the child forms.

There are eight staff members employed at this center. Two staff files were reviewed. Both files were current and complete. There were some difficulties obtaining current staff physicals that were somewhat out of the center's control so staff are getting new physicals and these are scheduled.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

This is a new center/center under different ownership.

The center works with CCR&R on a regular basis.

The center uses the electronic Pro Care sign in/out system for staff and families.

Monthly staff meetings are held.

The center has a Facebook page and is working on having their own website.

Several of the staff have worked together in the past.

Children and staff files are organized.

There is a secure entrance into the building.

There is a washer and dryer on site.

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

109.5(1): Written policy notifying parents of unlimited access provisions.

This policy was missing and needs to state that parents have unlimited access to the center and staff during center hours of operation "UNLESS RESTRICTED BY A COURT ORDER".

109.9(2)f: All files contain parent authorization for attendance at center-sponsored field trips and non-center activities.

If an inclusive authorization form for activities is used, a copy is kept on file at the center.

Number not in compliance with center-sponsored trips: 5

109.10(3)c: For ongoing, long term medications, authorization shall be obtained for a period not to exceed the duration of prescription.

Diaper creams are considered medications and should have medication forms signed by parents. All medications should also be labeled.

109.11(3)a: Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Safe outdoor play equipment and shade. Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease. Kidney beans should not be used in sensory tables. The bolts on the playground fence will need to be cut and capped so that no more than two threads are exposed. The center, because they are using regular bleach, need to have a bottle mixed for disinfecting as well as a bottle mixed for sanitizing.

109.15(2): Center shall follow minimum CACFP menu patterns for meals and snacks. Menus planned one week in advance, made available to parents, and kept on file with substitutions noted. Avoid foods with high incident rate of causing choking. Styrofoam should not be used to serve food on to children not school-age as there is a higher risk of choking.

109.15(5)b: Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed.

Additional concerns: Thermometers are needed in the refrigerators and freezers.

V. SPECIAL NOTES/RECOMMENDATIONS:

The center has added onto their program space. The capacity of the center will now change from 60 children to 90 children. Room capacity from youngest to oldest is 8, 16, 21, 17, 28. Below are the notes/recommendations from the visit on 11/29/16:

The new changes to the food program (CACFP) were discussed at the visit. The center should implement these changes now.

The new Federal mandates to state licensing were discussed. Some staff are signed up for the Essentials training for the near future. The center still needs to create a disaster/evacuation kit. The center is working on their written disaster/evacuation plans.

It was noted that the owner is looking into QRS.

Centers can use any product they want to sanitize and disinfect, but the product must have an EPA registration number and staff must follow the manufacturer's instructions on how to mix and/or use.

Radon testing is due within one year of being given permission to open so no later than 10/24/17. Radon testing is then due every two years. All classrooms should be tested. Radon levels cannot be higher than 4.0.

Fire and tornado drills should be done different days if possible.

In the staff handbook - staff have three months to get certain trainings completed within their first year of employment , not six months.

Parents should be notified immediately as well as 911 (if necessary) for all serious incidents/accidents. This should be added to the handbooks.

The transportation policy should be modified as discussed after the visit (Des Moines not Huxley).

Medication do not need to necessarily be locked up. It is recommended that rescue-type medications (epipens, etc.) not be locked up. All medications should be inaccessible to children.

The center should add what are not appropriate forms of discipline to their handbooks (page 140 of the licensing manual A-D).

A new, full, two-year license is recommended.

*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.

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