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

Name of Center: Community Early Childhood Center **Enrollment:** 103 **License ID No. (Reapplications)** 7446

Street: 1315 S 24th St **City:** Fort Dodge Iowa **Zip** 50501 **County:** Webster

Mailing Address: 1315 S 24th St, Fort Dodge, IA, 50501

Director's Name: Renea Passena - Interim **Phone Number:** 515-573-5461

On-Site Supervisor(s): **E-Mail:** cecc@mediacombb.net

Date(s) of Visit: 03-25-2025

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

LICENSING VISITS

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

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

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

Date Inspected: 04-12-2024

Comments :

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 Other X NA

Program Serves: X Infants (0-23 mo.) X 2 Years X Preschool-Age X School-Age

Get-Well Evening Care 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	59	51	56	105	271
Summer					0

QRS Rating: 1

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 04-01-2024 to 04-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 04-14-2025

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

NA

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to Community Early Childhood Center on 03-25-25 where DHHS co-worker Leann Steinhauer and I met with interim director Renea Passena. Renea has been with the center for a number of years an is serving in the interim role while the board conducts a search for a new full time director. The program is located in a free standing building and is overseen by a board of directors. The program provides daycare and preschool programming serving infants through school age children. There are approximately 103children currently enrolled in the center served by 35 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The layout and structure of the building, and of the classrooms remains much the same as in previous visits but some interior renovation was completed. The renovation consists of removing erected walls that created a classroom in a central commons area. With the removal of the wall the space is returned to a central commons that will be used for indoor large motor skill activities. The space was previously counted as useable programming space and so the over capacity of the center will remain the same. Programming is provided to the children in classrooms determined by age and developmental ability. Each room has windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. Each room has secondary exits that provide direct access to the outdoors in all but one of the infant rooms. That room has a secondary exit that connects to another classroom. The exterior emergency exits are arranged so that two classrooms on either side of a dividing wall connect to a small entry room. These entry rooms were used for additional storage which was an issue in that some doors were not able to open fully though they did open enough so as not to be fully blocked. Areas around exits must be maintained clear of obstruction at all times so that they open easily and fully. Each room has counters with multiple sinks in the room so that one can be used for hand washing and the other for food preparation related activities. All but one of the rooms have direct access to restroom facilities, and additional restroom facilities are located off the main central play area, and access corridors. Rooms were observed to be clean with only a few minor maintenance issues noted which did not rise to the level of being an immediate safety concern. Each room is divided into activity centers through the use of furniture, low shelves, play structures, or mobile fencing to define the activity centers which were arranged so as not to create any blind areas.

While each activity center was well stocked with toys and materials that were readily accessible to the children, not all items were developmentally appropriate for the classroom. This included items and toys with parts that can break off which are less than 1 1/4 inches in diameter and 2 1/4 inches in length are considered choking hazards and need to be removed from classrooms which serve children under 3 year of age, and kept in storage where they can be brought out for supervised play for children 3 years of age. In older age classrooms toys that had been produced as promotional items for food vendors were present and these are prohibited and need to be disposed of. Information on how to identify those toys was provided to the center. Each classroom had a copy of the daily schedule and curriculum posted. Ratio was maintained in each classroom as required by age with at least 2 staff present in each room. Good interactions were observed in all classrooms with each teacher using active engagement with the children implementing the planned curriculum and/or attending to their needs. Examples included the teachers playing with the children during self-directed center play, presenting information in teacher lead activities such as reading or doing a craft activity, serving meals, or changing diapers. The center as a whole use proactive methods of behavior management such as implementing routines, praising positive behavior, and redirecting negative behavior.

Good health and safety practices were generally observed throughout the center. I was able to observe several diaper changes and staff did follow established procedures but one issue that was noted was the center as a whole was using a labeled Sanitizer for cleaning changing stations rather than a disinfectant. Information regarding the need to use, and how to identify if a product has been approved by the EPA for use as a disinfectant was provided. Diapering procedures and handwashing postings were present by all changing stations and sinks though the bathrooms located off a common area near the large indoor space did not have the required handwashing procedures postings. Good hand washing practices were observed both with the staff and the children washing their hands as required prior to meals, after restroom use, and other times that they became soiled. Good cleaning practices were observed with the staff directing the children away from the area when using chemical cleaners, and staff sanitizing tables and high chairs before and after meals and other messy play. Bedding is laundered and changed on a routine schedule. Chemical cleaners, medications, personal belongings, and other items that could present a safety risk to children were stored in areas where they were not readily accessible. Most medications are stored in a cabinet in the kitchen that is not readily accessible to children and visitors. Medication administration documentation was reviewed and did contain the required information. Each classroom does maintain a first aid kit and additional supplies are also available to replenish as needed. Good safe sleep practices were generally observed for children under 1 year of age. One child was observed to be sleeping in a swing when I entered the room and the staff did move the child to a crib as soon as they had a reasonable opportunity to do so. One child was observed to be sleeping in a crib where a bib had been left hanging on the railing. It was reviewed that while items such as blankets and bibs can be hung on the rails of the crib assigned to the child those items belong to they must be removed once the child is placed in the crib. Other children sleeping on cots did have appropriate bedding, sufficient illumination, and staff were positioned so that they could observe all children.

The center does have a full kitchen and meals are prepared on-site. The kitchen was observed following lunch preparation and good cleaning practices were being followed with regard to cleaning dishes, floors, and work surfaces. Good food handling and service practices were observed in the classrooms with staff wearing gloves when handling food, and using measured scoops when serving. Good food storage practices were observed with items placed in an air tight sealable food grade container in the kitchen and classrooms, and labeled with the date placed in storage. A menu is posted and provides a good variety of meal options that meet CACFP guidelines. The staff did provide supervision at the tables with the children when eating.

The center playground is divided into two areas with one for older children and one for the toddlers. Rubber mulch is used for fall surfacing beneath climbing structures in the playground used by the older age children and a good depth of material was present in fall zones though some material had been displaced and needed to be raked back into place. All equipment appeared to be in good repair. The toddler area does not have any climbing structures but does have a crawling structure, sandbox, and other toys. Foam rubber tiles provide a soft play area for the children. The playground is fenced both around the full perimeter and between the two spaces. Ther area along the south side of the playground where the ground level drops creating a wider gap between the bottom of the fence and the ground creating an entrapment risk has been corrected with the addition of a spacer fence. Shade is provided by the building, mature trees, and an awning structure in the toddler area.

All required notices were posted in an area that was readily accessible and visible to all parents and visitors on the day of my visit. A random selection of staff and child files were reviewed and compared to the self-audits completed by the center which were found to be accurate. Based on the self-audit and reviewed files there were 20 children that needed an updated physical. Based on the self-audit and reviewed files there were 3 employees needed one or more elements of training that is required within the first 90 days, and 7 needed an initial or updated physical, and 1 needed an updated background check. Inspection logs and certificates were current and available for all required elements with the exception of Radon testing. Emergency drills had also not been completed for January and February 2025 for fire drills, and December 2024 and February 2025 for tornado drills. The center does own several vans that are used for transportation and vehicle maintenance and service records were available for each vehicle.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is in the process of searching for a new director but has been able to maintain a strong program with Renea stepping in as the interim, and assistance from the board members. The program also has several long term teachers who have been able to maintain continuity in the classrooms.

With the changes in administration the center is also looking to update information with enrollment forms, and other documents.

The center is participating in the IQ4K program which seeks to implement best practice recommendations and is currently rated a Level 1 program out of a 5 Level scale with 5 being the highest level.

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

109.10(15)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.
-- Drills were not conducted and/or logged for each month as required for both fire and tornado drills.

109.12(4): Sufficient toilet articles are provided for handwashing.Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM.Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children.Room's arrangement does not obstruct the direct observation of children.Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap.Procedures are developed and implemented to maintain equipment and materials in a sanitary manner.Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs.Sanitary procedures are followed for use and storage of personal hygiene articles.
-- Toys marked as promotional items for food vendors are prohibited and must be removed. Toys and toys with parts that can easily break off of less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards and need to be removed from classrooms serving children under 3 years of age.

109.12(5)b: Infants diapered in a sanitary manner as needed in central diapering area.One changing table for every 15 infants/toddlers needing diaper changes.Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area.
-- Use of sanitizing agent used to clean changing stations. When cleaning changing stations an approved disinfectant must be used.

V. SPECIAL NOTES/RECOMMENDATIONS:

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.

*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.