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

Name of Center: Metro Kids - Capitol View **Enrollment:** 31 **License ID No. (Reapplications)** 36560

Street: 320 E 16th St **City:** Des Moines Iowa **Zip** 50316 **County:** Polk

Mailing Address: 2100 Fleur Dr, Des Moines, IA, 50321

Director's Name: Kelsi Stanley **Phone Number:** 515-242-7951

On-Site Supervisor(s): Megan Garza **E-Mail:** Kelsi.Stanley@dmschools.org

Date(s) of Visit:

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 12-29-2021

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

Date Inspected: 08-18-2021

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: Infants (0-23 mo.) 2 Years 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			40	60	100
Summer					0

QRS Rating: 5

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

Licensing Consultant: Melinda Larson, Child Care Licensing Consultant **Date:** 01-25-2024

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Metro Kids - Capitol View has been in operation since 1987. The center provides child care services for children that attend this school. This summer, the center is providing programming for children that attend this school and children that attend near by schools. The school has secured entrances. The center uses the school's gym and cafeteria. The outdoor playground is used by the center. Megan Garza is the on site supervisor. Megan has been employed with Metro Kids since 2021.

An unannounced visit was completed on today's date. All areas subject to DHHS licensing rules were reviewed. Mandatory postings are in place at the entrance. The summer schedule and lesson plan was available. A monthly newsletter was also posted.

An unannounced visit was completed. Megan was present and she assisted with today's visit. Ten staff were working today. Thirty children were present at the time of the visit. In addition to the gym and cafeteria, three classrooms are used for programming. Children are divided up into three smaller groups: Kindergarten and 1st grade, 2nd and 3rd grade, and 4th and 5th grade. During today's visit, children were observed in the gym and cafeteria. Children were observed during lunch time and child directed play activities.

School staff maintain the playground. The center completes monthly playground checks.

The center provides snack during regular programming and during breaks.. During summer programming, the school is a site for free breakfast and lunch through Des Moines Public Schools. The storage of the snacks is sufficient. Menus reflect snacks meet CACFP requirements.

Metro Kids Programs use Des Moines School buses for transportation for field trips.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center participates in QRS and has a five star rating. The center has a nice amount of play and learning materials for children's use. Children are offered large motor play activities daily through the use of the gym and playground.

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

109.7(1): All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of

child abuse.At least one hour of training regarding universal precautions and infectious disease control.Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) OR equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross,American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the department.A valid certificate indicating the date of training and expiration date shall be maintained.Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.

V. SPECIAL NOTES/RECOMMENDATIONS:

The center has a full license.

Capacity has changed as the center is providing care for preschool age children.

*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact me (phone 515-362-7823; email mlarson@dhs.state.ia.us) so that we may discuss the issue. If necessary, I can make a notation in your record. You may also send a letter that will be included in your licensing file noting any disagreement you may have with this report. If you have the need for any additional information discussed during my visit, please contact me and I will forward the information to you. Thank you.

*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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An administrative change is being made to move the licenses for all Metro Kids locations to 1-1-2020 to 1-1-2022

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*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.