

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

**Name of Center:** Little Nikes **Enrollment:** 70 **License ID No. (Reapplications):** 20025

**Street:** 700 S Roosevelt Ave **City:** Burlington **Iowa Zip:** 52601 **County:** Des Moines

**Mailing Address:** 700 S Roosevelt Ave, Burlington, IA, 52601

**Director's Name:** Kerry Hopper **Phone Number:** 319-752-3776

**On-Site Supervisor(s):** LeAnn Tillow **E-Mail:** nd.daycare@bnotredame.org

**Date(s) of Visit:** 09-21-2017, 10-18-2017

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

**LICENSING VISITS**

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

**Signed Application (470-0722) Received** X **Yes** No NA **Date Signed:** 10-24-2016

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

**Date Inspected:** 11-04-2016

**Comments :** Does Comply. due annually, performed by Burlington Fire Dept. Mark Crooks

**LICENSE TYPE:** X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

**Financial Type:** Profit X Non-Profit NA

**Accreditation:** Accredited NAEYC NSACA Other X NA

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

Get-Well Evening Care Special Needs

**SCHEDULE:** X Year-round School-Year Summer Only

<b>HOURS:</b>	<u>Year-round</u>	<u>School-Year</u>	<u>Summer Only</u>		
<b>LICENSE CAPACITY</b>	Infants	2 Years	Preschool	School-Age	Capacity
General			60	40	100
Summer					0

**QRS Rating:** N/A

<b>RECOMMENDATION FOR LICENSE:</b>	
X	<b>FULL</b> license from 11-01-2016 to 11-01-2018
	<b>PROVISIONAL</b> license from
	<b>DENIAL</b> of initial application
	<b>SUSPENSION</b> of license
	<b>REVOCAION</b> of license

Licensing Consultant: Jill Seibert

Date: 10-19-2017

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

N/A

**II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:**

Notre Dame Daycare is located in one classroom and the school gymnasium (for aftercare) at Notre Dame Elementary School in a commercial district of Burlington. The center provides full day child care for preschool age children enrolled at Little Nike Preschool, also located at Notre Dame Elementary School, and before and after school child care and summer school age child care for daycare and elementary school age children who attend Notre Dame Elementary School. The center is owned and operated by Burlington Notre Dame Catholic Schools. This center has been licensed since 1994.

Ms. Hopper and I met in person at the center and had communication several times via email and over the phone post visit . The director is Kerry Hopper. Ms. Hopper has 11 years of experience in child care centers and preschools. There is no on-site supervisor at this site. It was recommended last year that one be appointed, yet this has not occurred.

On 9/21/17 and 10/18/17 I made unannounced off year visits to Notre Dame Daycare (Little Nikes) and met with director Kerry Hopper and staff members. At the time of the visit the staff was actively engaged in providing the preschool child care program to the children. I observed the preschool room on the second visit but Ms. Tillow was not present at that time.

Hours: 7 a.m. to 5:30 p.m. They center accepts children ages 3-12 years old. During the school year only Notre Dame students are accepted. During the summer enrollment is open.

When asked about the mission statement:

We are dedicated to fulfilling the teaching ministry of the Church by promoting Catholic Values and assisting students in reaching their full personal potential through Christ centered academic and co-curricular programs. This professionally operated program allows children to experience a rich diversity of growth activities within a Catholic environment. Activities are planned to complement the philosophy and value systems of the school and family. Art and craft projects, games, recreation, and snack time are some of the growth activities planned. The program goal is to provide individual attention , security, consistency and fair treatment for children of working parents while striving to maintain a large family environment. We all work together to help each other grow by gaining self-respect and understanding for others.

The extended day program is staffed by a credentialed director and one or more aides. Children are provided a light breakfast and after school snack. Various activities and games are available for the use of the children. Older students are given the opportunity to work on homework assignments. Fees are the sole support of the program. The center currently has 4 employees and one teacher that assists.

Program Observations:

The center classrooms are clean, bright, attractive and equipped with a satisfactory variety of child sized furniture, equipment, toys, games, and activities for the children. The main daycare room is also self-contained with its own phone, restroom, snack preparation area, and direct exit to the outdoors. The activity program is largely self-selected for both preschoolers and school age children. The classrooms contain computers, a DVD player, and a selection of toys, games,

crafts, and activities for both group and individual active and quiet play. The center has its own restroom. One adult sink and one child sink are available. Cubbies and coat hooks are located to the right of the entrance. The room is arranged in an open manner, so that children can be supervised at all times. The room was decorated in a fall scheme and was clean.

In the afternoons for after school care children have been utilizing the daycare only room. We discussed this last year, and I noted that the room will be over capacity if school age children are allowed to come to the daycare room in addition to daycare children. Capacity for the entire program will be. Kitchens, restrooms, halls, lobby and storage areas, and other space not designated as activity space were not included as program space or counted in useable floor space in either measurement. The gymnasium should have electrical outlet covers if it is going to be used daily and preschool children are taken to this area. Children were choosing activities and working quietly together. I observed the children in free play prior to lunch. Several age appropriate toys were available for use. Children chose to play with puzzles, kitchen toys and plastic dinosaurs. I observed children transitioning to several activities, including hand washing routines after restroom use.

Center Nutrition Practices Observed: The noon meal is prepared in the elementary school kitchen and catered to the classroom. Breakfast and snacks are prepared by center staff in a small kitchen area in the classroom. Children may also choose to bring meals from home. Meals are served family style and posted menus indicate that minimum nutritional requirements are met. Fruit is served frequently. The summer school age program does not serve a noon meal. Children enrolled in that program bring sack lunches from home. This room does contain a rather large kitchen area containing a refrigerator, microwave, an adult sized hand washing sink, counter space and cabinetry. A cleaner that has not been approved by IDPH is used to clean lunch room surfaces after washing. I made a referral to IDPH Child Care Nurse Consultant Nancy Granaman on this issue.

I observed the kitchen area and inspected the refrigerator/freezer unit. Temperatures for cooling should be 40 degrees or below. Freezing temperatures should be maintained at zero degrees or colder. Refrigeration and freezer units should have thermometers in clear view so they can be checked daily for safe food storage temperatures. I observed the kitchen area and inspected the refrigerator/freezer unit. Both units contained thermometers this year. Temperatures for cooling should be 40 degrees or below. Freezing temperatures should be maintained at zero degrees or colder. We discussed this. I observed dry food storage. All opened food should be placed in a sealed container.

The large food waste container located by the small sink was covered. This was discussed last year. I did not observe snack during this visit. Staff did escort children to lunch during the visit, which is served in the cafeteria.

Center Health and Safety: The center director and I discussed regulations regarding staff and child hand washing, storage and maintenance of a first aid kit, emergency plans and drills for fire and tornado. I observed a labeled First Aid kit in the filing cabinet inaccessible to the children. The Director presented me with the most recent object list containing each supply in the First Aid Kit. A mobile first aid kit should be taken outdoors or to the gymnasium each time the children leave the room. The Director agreed to do this last year however this has not been done. The kit was complete meeting all necessary supplies on the list.

Ratio was met at the center both visit days. Every staff member must be trained and have criminal background checks and fingerprints. This has been discussed in the past. Every child occupied program room has adult supervision in the room. At least one staff is present in every room where children are resting. If ratio reduced to 1 staff per room during nap time - does not exceed 1 hour and ratio in center is still maintained. Ratio maintained during mealtimes. Ratio maintained during outdoor activities at the center. If ratio reduced to 1 staff at the beginning or end of center's operation - timeframe does not exceed two hours and occurs only when six or fewer children are present with not more than two of the children under 2 years of age. Two adults are present when 7 or more children over age three are on the premises. If ratio reduced to 1 staff at the beginning or end of center's operation - timeframe does not exceed two hours and occurs only when six or fewer children are present with not more than two of the children under 2 years of age.

The center director and I discussed regulations regarding general regulations regarding safety and sanitation policies and procedures. The room is cooled by a window air conditioner. The rest of the building does not have air conditioning. All electrical outlets were covered. Windows can be opened if necessary to contribute to air quality and ventilation. An adequate amount of natural light is provided by windows and other lighting available is overhead fluorescent lighting. Air quality, ventilation and lighting were adequate on both visit days.

We reviewed environmental testing and the maintenance of any necessary detection equipment, An annual fuel burning appliances was conducted by the state of Iowa each August, with no code violations cited. An inspection was not present on the initial visit. The annual heating inspection is kept by maintenance (Ross Hopper). Radon testing is conducted every two years. The center does have a battery operated carbon monoxide detector located high on the wall. It should be replaced with non-battery operated UL approved detector. As of 9/15/15 the Director indicated a carbon monoxide detector had been purchased with battery backup. The school is on city water, therefore water analysis is not required. The building was constructed in 1997 therefore lead based paint assessment is not required.

The center director and I discussed licensing regulations regarding prescription and non-prescription medication,

specifically regarding requirements of physician directions, and parental consent. The center was in compliance with this rule. An action plan and a medication form should be on file for emergency medications. Medication is kept in the top cabinet of a filing cabinet out of the reach of children. The ill/injured area is located in the school office.

Two inch foam mats are kept in the room and used daily. The children bring their own stuffed animals and blankets and take them home daily. Parents are responsible for the washing of toys and blankets used in the program. I observed nap time. Cots were spaced at least 3 feet apart, which meets the standard of at least 2 feet apart.

We discussed the importance of appointing an onsite supervisor in case of the director's absence last year. Despite this discussion there is no onsite supervisor for this site. Due to the enrollment numbers it is strongly recommended that one be appointed.

Center Playground: The daycare play area is 2 years old. The rubber chip surfacing material is of adequate depth. The school has installed separate outdoor play areas for school age and preschool age play. The school age area is for children (ages 5-12). The area is fenced but lacks natural shade. Some shade is provided by the play structures. The school age area features a very large, anchored, climbing and activity toy on a unitary rubber surface. The preschool age play area features a large, anchored, metal climbing and activity toy on rubber surfacing and a sand box. There is also a plastic playhouse in the area for dramatic play. I observed the play area. Neither area were observed to have safety hazards. A small storage bin is located in the area for ball and toy storage.

Playground inspections are overdue.

The director reports she works with Cheryl Flaaten, with Community Action of Southeast Iowa 319-753-0193 when assistance is needed. I referred her 2 years ago to Child Care Resource and Referral. The Director has made no contact with CCR&R. Cheryl Flaaten assists with CACFP.

Center Transportation Arrangements/Field Trips: The center provides no transportation and does not take field trips. If walking field trips are taken this year parents must sign a field trip permission form.

Center Administrative Records: Child misbehavior is addressed by discipline intended to be remedial and instructive in nature. Individual teachers are allowed to develop methods of dealing with misbehavior consistent with that philosophy and short of methods that employ corporal punishment. The center director and I discussed regulations regarding required notices and postings and required written policies provided to parents in the form of a parent handbook. All mandatory postings including a No Smoking sign, mandatory reporter information, the center license and licensing consultant contact information were present.

Emergency evacuation plans/maps are posted by each door. The Director indicated she now has emergency phone numbers posted by the phone with posting adjacent for emergency numbers for police, fire and poison control center. Center street address and phone should be included in posting. We discussed this and she added this the day of the visit.

Staff and child files are not complete or well organized. All staff records required for licensing should be integrated into a single file for each staff member. Child files were reviewed with administrative staff and the Director. Not all children have emergency numbers on file. All child physicals and immunizations are kept in the front office. The center has 30 days from the beginning of school to procure all child physicals.

Staff files were reviewed with the Director on licensing years. Universal precautions, updated physicals, CPR/First Aid, Iowa criminal/child abuse checks, mandatory reporting and continuing education courses on employees were up to date. Fingerprints are due every 4 years.

I observed fire and tornado drills. They were thorough and complete for the past year. Emergency evacuation plans/maps are posted by each door. Emergency numbers are now posted by the phones.

Curriculum and schedules should be posted.

### **III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:**

The center has great ratios of staff to children.

The center would like to work on Quality Rating Scale.

The center offers a wide variety of age appropriate activities.

The center has two pet guinea pigs. They are clean, well cared for and enjoyable for the kids to watch.

The Director has many years of experience at the center.

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

1. 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 occurs every 5 years. If significant changes occur to content, the Department may require the training be renewed. AM staff must meet all training requirements. The school gym teacher provides care in the a.m. He must have required training as a regular staff member would.

2. 109.10(9): First aid kit: The center shall ensure that a clearly labeled first aid kit that is sufficient to address minor injury or trauma is available and accessible to staff at all times when children are:In the center.In the outdoor play area. On field trips. Each kit should be inaccessible.

3. 109.10(15)a: The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intruders within the center, intoxicated parents, and lost or abducted children.Shall have guidelines for responding or evacuating in case of blizzards, power failures, bomb threats, chemical spills, earthquakes, or other disasters that could create structural damage to the center or pose health hazards.If center is within 10 miles of nuclear power plant, center shall have evacuation plan. Emergency plans shall include written procedures including plans for- Evacuation to safely leave the facility- Relocation to a common, safe location after evacuation- Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue- Lock down to protect children and providers from an external situation- Communication and reunification with parents or other adults Responsible for the children which includes emergency telephone numbers- Continuity of operations- To address the individual children, including those with functional or access needs.

4. 109.11(3)a: Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. Sufficient space provided for dining. Sufficient lighting shall be provided. Sufficient ventilation. Sufficient heating. sufficient cooling. Sufficient bathroom and diapering facilities. Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. 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. A cabinet in the preschool room should be secured so that it is not a potential toppling hazard. The sand box should be tarped each evening. The large television in the daycare room should be secured as well. This was fixed by the second visit.

5. 109.11(3)d: Record of monthly inspections of outdoor recreation area and equipment shall be kept.

6. 109.11(7)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034. This was present by the second visit. CORRECTED

#### **V. SPECIAL NOTES/RECOMMENDATIONS:**

Based upon this review, it is recommended that this center remain in Full licensing status. The center is directed to correct the items listed in Section IV. The director gave me a verbal commitment that the noted rule violations would be promptly corrected. It is important to note, all DHS licensing standards and procedures must be maintained during the renewal period. Since the first visit Ms. Hopper printed off CACFP guidelines so that the center may provide approved snacks to the children.

\*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact me (641

-684-3949 or [jseiber@dhs.state.ia.us](mailto:jseiber@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.

I encourage you to contact your local nurse consultant. Child Care Nurse Consultants work with child care and early education businesses. Businesses may call or send questions to a child care nurse consultant about health and safety policies, health programs, health of personnel, and specific child health or safety issues. Please visit the following website to find out who your consultant is: <http://idph.iowa.gov/hcci/consultants>

I encourage you to contact Child Care Resource and Referral. They offer centers assistance with meeting the DHS regulations, QRS, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. Please visit the following website to find out who your consultant is: [http://www.iowaccrr.org/who\\_we\\_are/region\\_5/](http://www.iowaccrr.org/who_we_are/region_5/)

\*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.

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