Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: MICA Head Start-Iowa Falls

Provider No.: 16214

Address: 637 S Oak St, Iowa Falls, IA, 50126

County: Hardin

Director's Name: Jayni Hirth

On-Site Supervisor: Shelly Hunter

Phone Number: 6416408759

E-Mail: jayni.hirth@micaonline.org

HHS Visit Date: 10/16/2025

Licensing Period: 11/01/2025 to 11/01/2027

Fire Inspection:

Date Inspected: 12/16/2022

Comments: Note: Inspection report issued 11/22 identified corrections to be completed and submitted with date of all corrections completed by 12/16/22.

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 4

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

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Program Population Served:

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General		12	38		50
Summer					0

1. Basic Overview

An unannounced annual visit was made to the MICA (Mid Iowa Community Action) Head Start program located in Iowa Falls on 10-16-25 where I met with Early Head Start lead teacher Shelly Hunter who is also the on-site supervisor. This program offers Early Head Start (EHS), Head Start (HS), and other community services to the families in Iowa Falls. The program is operated as a non-profit overseen by a board of directors and is one of several site locations overseen by a central office in Marshalltown. There are currently 22 children enrolled in the program between the two classes with 8 EHS, and 14 HS children served by 4 teachers, and a cook. All aspects of the program subject to licensing standards were reviewed during this visit.

The physical structure and layout of the program and classrooms remains the same as in prior visits. The program operates in two classrooms with one for the Early Head Start (EHS) serving 2-3 year old children, and one for the Head Start (HS) program serving 4 year old children. Both classrooms have sinks and toilet facilities located just off the main programming space and the EHS room also makes use of a diaper changing station for younger children that may not be fully toilet trained or who may have an accident. Each room has a secondary exit providing direct access to the outdoors. All emergency exits were maintained so that they were clear of obstruction and opened easily, and both do have alarms to reduce the risk of a child leaving the classroom unnoticed. Both classrooms have large banks of windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. Both room were observed to be clean with no issues noted due to design or maintenance. Each room makes of furniture, and play structures to create activity centers that are arranged so as not to create any blind areas. The toys and materials present in each activity center were observed to be in good repair and appropriate to the ages of the child present.

2. Identify Observed Strengths of the program

Both classes identified a planned daily schedule and curriculum which was posted in each classroom. These were followed through the time of the visit with the classes moving through activities such as large group teacher lead activities, small group teacher lead activities, self-directed center play, and lunch. During the visit the observed interactions and engagement were mixed with some being very positive and supportive, and other times very chaotic and ineffective. It is noted that the chaotic interactions were primarily observed in the HS class which had a substitute and the center cook filling in for the regular teachers. Initially very positive interactions were observed with splitting the class into two groups with half doing a teacher lead small group activity in the classroom, and the other half engaging in large motor play where the teacher had the child participate in a group activity, and then engage in self-directed play. Later however when the full group was combined and the regular assistant teacher for the class had left for the day things became very chaotic when the children began to engage in self-directed center play activities. The energy levels continued to escalate leading to attention

seeking, peer conflict, and extreme acting out by many of the children. While the teachers did seek to intervene and did use some effective interventions such as during a time when a child was engaging in disruptive behavior of laying under the experience play table and using their feet to push the tub liner out of the support frame the teacher eventually removed the unit from the classroom. Other interventions were less effective such as focusing on a child that became upset and self-isolated away from peers and while sweeping toys off a table as part of their frustration in a manner that was not destructive or endangering but was actually showing signs of the child using this as a self-soothing approach but which the teacher attempted to intervene and actually escalated the behavior. During that time one of the teachers had started a video on a tablet for the other children to watch and serve as a means to distract and focus several of the other children in the room. However with the children being left alone for that activity they began crowding in to see the small screen and seeking to choose another video after the first ended resulting in that group of children engaging in pushing, hitting, and hair pulling out of frustration. During these situations it was noted that the teachers did continue to try to use positive intervention techniques and while at times using harsher tones of voice none acted in a manner that was physical, intimidating, or threatening.

Good health and hygiene practices were generally observed but some practices do need to be reviewed. During the visit I was able to observe both a standing pull-up change, and a full diaper change in the EHS classroom. The teacher did follow good practices when assisting the child with the standing pull-up change, but when performing the full diaper change used a diaper wipe to clean the child's hands, did not wash her own hands, and allowed the child to continue to play with toy the child had while at the changing station. It was reviewed that diaper wipes are not a sufficient alternative to hand washing as they have no detergents, that both children and teachers must wash their hands following diapering, and if a child has a toy while being changed it needs to be removed to be disinfected before returning it to the programming area. In the HS classroom children were directed to wash their hands prior to lunch service but several were observed to not do so. Providing supervision to ensure that children not only wash their hands but do so in an effective manner can help to reduce the risk of disease transmission. When cleaning tables the teachers did follow good procedures for pre-cleaning and sanitizing table surfaces. Each classrooms maintains a well stocked first aid kit and the teachers do take these out to the playground. Chemical cleaners, first aid kits, personal belongings and other items that could pose a safety risk to children were stored where they were not accessible to children. There were no children taking any medications. A list of children with identified allergies was posted. The center also engages in other health practices such as brushing their teeth following meals.

The center does have a small kitchen space and all meals and snacks are prepared on-site. Good food handling, service, and storage practices were observed with staff washing their hands and wearing food service gloves. All food items were properly stored after the original packaging seal had been broken. A copy of the planned menu was posted and the center is using a 4 week menu rotation. The teachers do sit and eat with the children to model good eating habits. Meals are served in the classrooms family style with the children serving themselves.

The center has two playground spaces. The playground area used by the older children has a climbing structure and a shed where other toys and materials are stored. Rubber mulch is used for fall surfacing and a sufficient depth of material was present. The equipment was observed to be in good repair and appropriate to the ages of the children that use the space. An awning shade structure has been installed. The other playground space is smaller and used for the younger children in the Early Head Start program. This space has some small residential grade climbers and uses foam tiles for fall surfacing. Again the equipment was observed to be in good repair with no safety issues noted. Both spaces are fully enclosed by fencing which was observed to be in good repair. Mature trees also provide shade for the large playground, and the building and play structures provide shade for the other. The center also has access to a large open room which can be used when weather conditions do not allow for outdoor play. Balls, and other equipment are available to the children when making use of the indoor space.

All required postings for No Smoking, License Certificate, Mandatory Abuse Reporting, and Consultant Contact were present and posted in an area readily accessible to all parents and visitors. Other required notices for emergency evacuation, emergency contacts, diapering, handwashing, schedule, and curriculum were also present. The children's files were reviewed and found to contain all required documentation. Staff files are maintained at the program's central office and that office was able to provide documentation that all staff files contain all required documentation. All required inspection logs and certificates were available and current. It is noted that the center does have an installed radon mitigation system and as a reminder radon testing is required every two years to ensure that it is working and maintaining acceptable levels.

3. Identify the aspects that fall below the standard

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109.12(4)b: Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.
-- Staff used a diaper wipe for the child's hands following diapering which is not sufficient as diaper wipes contain no detergents. The child was allowed to have a toy while being changed and allowed to continue to play with that item after being returned to the programming space. It is not recommended for children to have toys or other items while being changed but if they do these need to be properly disinfected after diapering and before being returned to the programming area. The teacher did not wash her hands following the diapering as required.

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

Proper diapering procedures were reviewed with the center.

A call was made to the program director Jayni Hirth, to discuss the concerns observed in the Head Start classroom and a recommendation was made to provide more support and guidance in that classroom. Jayni did state that a new lead teacher would be taking over that classroom and she would also arrange for additional observation and mentoring support.

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.

Date: 11/06/2025

HHS Licensing Consultant: Ray Salsbury

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**.