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

Name of Center: First Steps Early Learning Center **Enrollment:** 89 **License ID No. (Reapplications)** 17740

Street: 300 5th Ave NE **City:** Clarion Iowa **Zip** 50525 **County:** Wright

Mailing Address: PO Box 184, Clarion, IA, 50525

Director's Name: Alecia Frink **Phone Number:** 515-532-2778

On-Site Supervisor(s): Joleen Gonzales **E-Mail:** kidskorner@clargold.org

Date(s) of Visit: 01-05-2023

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

LICENSING VISITS

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

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

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

Date Inspected: 08-11-2022

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	40	15	32	21	108
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 01-01-2022 to 01-01-2024
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 01-17-2023

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An announced visit was made to the First Steps Early Learning Center on 01-05-23 where I met with center director Alecia Frink. Alecia is well qualified for the position with a BA in Family & Human Development, and prior experience in early childhood care and education. Joleen Gonzales the on-site supervisor and is also well qualified for the position based on her experience and on-going training with the center. Joleen has worked in early child care since 2002 and been the director of this program since 2015. This program was previously known under the name of Kids Korner Day Care Center and operated out of the Clarion middle school. The center is now operating as First Steps Early Learning Center and moved to the current location in the late summer of 2022. A visit was made to the program on 10-24-22 following that move during which much of the physical facilities were reviewed. The center provides programming for infants through school age children. There are currently 89 children enrolled in the program served by 10 teachers. The primary focus of the visit was to review the administrative records with a brief review of additional work completed in classrooms from the October visit.

The layout and design of the center remains the same as identified in the prior licensing report from October. The center makes use of a shared facilities building but has secured access doors between the areas used by the daycare, and those used by other tenants. The center makes of use of classrooms that are determined by age with separate rooms for infants, toddlers, 2 year olds, 3 year olds, 4 year olds, and school age children. The infant area is further divided with a primary programing area, nursing room, changing room, and sleeping room. With the separate rooms for programming and sleeping the center will need to ensure that staff are present in each room when children are in the room. In addition the infant capacity is determined with no cribs being used in the primary programming area allowing for 35 sq.ft. per child. The other classrooms have a more open design with the classrooms for the 2, 3, and 4 year old children having a long open floor plan. The toddler and school rooms have an L shape design which does create some area where line of sight would be limited depending on staff positioning. This is more notable in the school age room and staff will need to ensure that they are aware of where the children are playing that they are responsible for and position themselves in a manner so that they can observe all children at all times. The infant, toddler, and 2 year old rooms have restroom facilities available directly from the room. The preschool and school age children make use of restrooms located off the main corridor outside of the classrooms. A large multi-spigot sink is located outside of the restrooms in the main corridor, and all classrooms with the exception of the school age room have additional sinks in the room. Each classroom has a secondary exit providing direct egress to the outside. Each room has windows that provide ample natural light and a view of the outdoors. The center does have a large open room that was initially intended as dining room area for meal service, or possible large motor indoor play but which will now be used as a staff break room. This space was not considered in the available capacity of the program but could be added for use in the future if needed. There were some construction issues that were still pending completion due to supply delays for materials but none that presented an immediate safety concern.

The center has made substantial progress on setting up classrooms. The had received a large shipment of furnishings and other materials around the time of the prior visit in October and has completed the assembly and installation of those items. Some work is still being undertaken with regard to decoration of classrooms with hanging commercially produced learning concepts postings, and art work completed by the children. The toys and materials that were present were in good repair and appropriate to the ages of the children present. Furnishings were arranged to provide the children with room to play and without creating any blind areas. Good interactions were generally observed on the day of my visit with staff being engaged

with the children and attending to their needs to varying degrees. During the visit supervision was noted to be an area of concern with children being allowed to leave classrooms to use the restroom unattended and unsupervised by classroom staff. Children must be within sight and sound of staff at all times. The center did have sufficient staffing that there were at least 2 staff members in each classroom and if necessary the classroom could reduce staffing to 1 employee in the room while the other provides supervision to children making use of restrooms.

Health and safety policies and procedures are in place though some need to be reviewed. Good cleaning practices were observed during the visit with chemical cleaners stored where they were not accessible to children, and staff waiting for children to be out of the immediate area when using chemical cleaners. When observing a diaper change staff did not wash the child's hands following the diapering and identified that they do not wash their hands unless the child has touched a contaminated surface. It was reviewed that every child needs to have their hands washed following every diaper change. In addition when observing older children who had used the restrooms off the main corridor several either did not wash their hands, or did so in an ineffective manner such as just holding them under the water. Over the counter medications were labeled and stored where they were not accessible to children. A first kit is present in the center and does contain a good supply of materials necessary to address most common first aid needs. Chemical cleaners, purses, diaper bags, and other items that could pose a safety risk to children were stred where children would not have access. Safe Sleep practices were followed on the day of the visit.

The center does have a full kitchen and meals are prepared on-site. A menu is posted and substitutions were documented. The kitchen was clean. Good food storage and handling practices were observed on the day of my visit. Meals are served in the classrooms with the teachers sitting and eating with the children at the tables. The teachers did wear food service gloves, and used measured scoops when portioning meals. The meal served on the day of the visit did have a well balanced plate that met CACFP guidelines.

The center does have an on-site playground space which is fenced but is still under construction and is not being used at this time. The center is currently making use of a public park located across the street from the center. While this is allowable staff will need to ensure that they inspect the equipment and grounds each day prior to use, and ensure that children are limited to the equipment which is developmentally appropriate to the children.

All required notices were posted in an area that was readily visible and accessible to parents and visitors. Evacuation maps that include both written and diagram instructions for fire and tornado evacuation were posted by all exits from all programming spaces. A random sample of 16 (20%) child files were selected for review. Of those files 3 were found to have an expired physical but all other required documentation was present. Allergy plans were present for children who had a diagnosed allergy. A random sample of 10 staff files were selected for review and of those 2 had an expired Iowa SING background check, 4 had an expired or missing physical, and 1 had not completed the training required within the first 90 days of employment. Inspection logs and certificates were current with the recent renovations to the building but the center will need to conduct Radon testing within the next year.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

This program has relocated to a large facility that provides for expansion of programming and the number of children that can be served. The center has seen an increase of enrollment by 15 children since the visit in October.

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.
-- Number not in compliance: 1

109.9(1)b: All files contain:A signed copy of DHS criminal history record check or any other permission form approved by the Department of public Safety for conducting an Iowa or national criminal history check. A copy of Request for Child Abuse Information.Copies of the results of Iowa records checks conducted.Copies of national criminal history check results.Any Department-issued documents sent to the center related to records check.

-- Number not in compliance: 2

109.9(1)d: All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, Child Care Provider Physical Examination Report.
-- Number not in compliance: 4

109.10(1)a: Preschool (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
-- Number not in compliance: 3

109.10(8): Children's hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed:Immediately before eating or participating in food service activity.After using the restroom or being diapered.After handling animals.
-- Children's hands were not being washed following diaper changes unless the child touched a contaminated surface. Children's hands must be washed following every diaper change. Older children were observed to either not wash their hands, or wash them in an ineffective manner by not using soap following restroom use. Staff need to provide supervision to ensure that children wash their hands and do so in an effective manner.

109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.
-- Children were observed in hallways, and allowed to leave classrooms unsupervised. Children must be with direct line of sight and sound of staff at all times.

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.