Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Stratford Early Learning Center

Provider No.: 16109

Address: 1000 Shakespeare AVE, Stratford, IA, 50249

County: Hamilton

Director's Name: Katie Kinsella

On-Site Supervisor:

Phone Number: 5158382204

E-Mail: kkinsella@stratford.k12.ia.us

HHS Visit Date: 05/13/2026

Licensing Period: 08/01/2025 to 08/01/2027

Fire Inspection:

Date Inspected: 05/26/2023

Comments: The fire inspection is due to expire soon. If a renewed inspection is not automatically conducted the center will need to contact the state fire inspection office to schedule a renewal.

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

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

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	6:00 AM to 6:00 PM		
Tuesday	6:00 AM to 6:00 PM		
Wednesday	6:00 AM to 6:00 PM		
Thursday	6:00 AM to 6:00 PM		
Friday	6:00 AM to 6:00 PM		
Saturday			

Program Population Served:

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	12	8	20	20	60
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Stratford Early Learning Center on 05-16-26 where I met with the center director Katie Kinsella. Katie took over the director role in August 2025 and is well qualified for the position having been the director of another licensed child care program. The program is owned and overseen by the school. The program serves infants through school age children. The program does intend to modify services at the end of the current school year with not offering school age summer programming. There are approximately 35 children enrolled though not all attend at any given time and the numbers reflect the open nature of the after school program that is available. There are 8 employees providing care in the program. All aspects of the program subject to licensing standards were reviewed.

The general design and layout of the center and classrooms remains the same as in prior reports. The center has 3 distinct classrooms with one room for infants, toddlers, and the preschool/school age children. The center did make a change with regard to the use of the rooms with the infants returning a smaller classroom on the northern end of the building, and the preschool age children making use of the larger classroom on the southern end of the building. The center also has a larger open central area that is used for meal service and provides additional space for the school age and preschool children. It is noted that the space used for the after school program makes use of space in the school cafeteria, gymnasium, and art room of the school building. Each classroom of the daycare building has direct secondary egress to the outdoors. The exits were clear of obstruction and opened easily but it was noted that the door of the preschool room was sagging on the hinges making it more difficult to open and should be monitored for repairs if it begins to stick or become difficult to open. The infant room does make use of evacuation cribs which were in good repair and clear of obstruction. The center makes use of an interior bathroom for emergency tornado shelter which was clear of obstruction. Each classroom has windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Each room has elevated changing stations. Toilets are located off a corridor from the main commons area. Each classroom has sinks available in the

classroom space to facilitate hand washing. The layout of each room is generally open with activity centers created through the placement of furniture, and play structures. The arrangement of preschool room was such that a shelving unit and table had been positioned to create a storage area for excess equipment. While children are not intended to make use of this space it is still accessible and would restrict observation of children that are seeking to engage in inappropriate behavior and avoid detection. Options for reconfiguring the arrangement were discussed with Katie.

2. Identify Observed Strengths of the program

Each classroom had a copy of the daily schedule and a general center wide curriculum plan was posted. The curriculum had more of an activities plan specifying books and craft projects. Katie did state that she and the teachers are working to develop the curriculum plan to be more developmentally skill focused. During the visit much of the focus was self-directed outdoor play for the 2 year olds and preschool age children. The staff did provide supervision and assistance to the children as needed throughout the center and the day. This included being outside with the children on the playground, assisting with restroom/diapering, and lunch service. Each of the teachers presented a positive attitude and interacted with the children in a manner that suggested a high level of familiarity with the children and their families. The center uses a positive behavior support approach to encourage appropriate behavior with the use of planned activities, routines, and reminders. Ratio was maintained as required in each classroom.

While the center does have established health and safety policies some practices do need to be reviewed. I was able to observe a diaper change while at the center and the teacher did not deglove between handling soiled and clean items, did not clean the changing station properly in accordance with the manufacturer directions for the disinfectant being used, and did not wash their own hands following the diaper change. Other hand washing practices were mixed with the teachers directing the children wash their hands after restroom use and assisting to ensure that the children washed in an effective manner. One issue that was observed was that prior to meal service children were directed to sit on the floor, read books, or engaged in other play activities but were not instructed to re-wash their hands immediately prior to meal service. Medications, chemical cleaners, first aid kits, and personal items that may contain materials that could be a safety risk to children were stored in a mixed manner where they were not readily accessible to the children, and others that were left out where they were accessible. When cleaning tables, changing stations, and other areas the staff did wait for the children to be out of the immediate area before using chemical cleaners. The center has a first aid kit that contains materials necessary to address most common first aid needs but some supplies do need to be replenished. Good safe sleep practices were observed for infants under 1 year of age. Cots with cover sheets were present for older children that nap.

The center is contracting breakfast and lunch service from the school. While the school also provides the snack items the center staff do prepare the snacks on-site. Meals are transported to the center in hot/cold holding containers. The center does have a small kitchen area where meals are prepared and portioned. A menu is posted and the meal served on the day of my visit was consistent with the planned menu. While the staff did not eat with the children supervision was provided at the tables. Good food handling practices were observed with the staff wearing food service gloves, and using measured scoops to ensure each child received a full portion. Good food handling and service practices were observed with staff wearing food service gloves, and cutting foods into smaller manageable and bit sized pieces for the children. The kitchen area was observed to be clean with no evidence of insect or rodent infestation. Food storage practices do need to be reviewed for dry pantry items with several packaged items having been rolled closed after they had been opened in both in the kitchen and classrooms. These need to be placed in air tight sealable food grade containers to reduce the risk of being an attractant to insects and rodents.

The center has a small toddler playground, and also makes use of the school playground. Wood chips are used for fall surfacing in both areas where there are climbing structures. The wood mulch in the toddler area has compacted and composted and some material should be removed to allow for replacement with fresh material as the current depth of material is insufficient. The equipment was generally in good repair but the retaining bolt for two of the tumblers of the spinner element was missing allowing movement in the tumbler and need to be replaced. The program also has access to the larger school playground but does not have authority over maintenance of that equipment. Both playgrounds are enclosed by fencing and a fence also separates the two playgrounds. Large mature trees provide shade on both playgrounds.

In reviewing administrative records all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted in an area that was readily visible and accessible to parents and visitors. Other required postings for emergency contacts, emergency evacuation, handwashing, diapering, schedule, curriculum, and menu were also present though some postings had fallen down and needed to be replaced. The center has implemented the use of

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the Playground, electronic communication application to document infant daily sheet information. In reviewing the information provided to parents the staff were not logging daily disposition and activities as required. It was reviewed that the system does have the functionality to attach photos to individual feeds and this would be considered a visual depiction of activity and mood but if choosing that option staff would need to take a photo of every child every day in the morning and afternoon. When reviewing child files the center uses the school enrollment and record management system to ensure they have current information for all families. While the school had maintained documentation of physicals for the school age children many of the files for the younger children did not have a copy of a current physical. This may have been over represented as the files contained a mixture of children that are currently attending, and those that no longer attend. In reviewing staff files it was reported that the center does maintain some information on-site but that the school administration office is the primary entity that maintains records and that office was also contacted. With regard to staff files 5 need updated background checks, and all needed one or more training elements. In reviewing inspection logs and certificates those for Radon, and Fuel Burning Appliances are maintained by the school facilities department and copies of the documentation had not been provided to Katie. All other logs for emergency drills, carbon monoxide, playground were available. The parent handbook was reviewed and contained all required written policies but some were identified which should be expanded.

3. Identify the aspects that fall below the standard

109.6(4)c: Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.
-- Documentation missing for 5 staff.

109.6(4)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs.
-- Documentation missing for 4 staff.

109.7(1): All staff (within first three months of employment):Iowa’s training for the mandatory reporting of child abuse.At least one hour of training regarding universal precautions.Certification in 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, (Essentials) approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
-- Documentation of one or more elements missing or expired for all staff.

109.7(2): Center directors and all staff have the required contact hours of training.
-- Documentation missing for all staff.

109.9(2)i: 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, Chiropractor, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
-- Documentation missing for several children.

109.9(3): Daily written records are maintained for each child under two years of age and include: The time periods in which the child has slept. The amount of food consumed and the times at which the child has eaten. The time of and any irregularities in the child’s elimination patterns. The general disposition of the child. A general summary of the activities in which the child participated.
-- Documentation of daily Disposition and Activity was not being logged as required.

109.10(6): Children’s hand washing: Center shall ensure staff assist children in personal hygiene.
-- Children were directed to sit on the floor and read books while waiting for lunch service and did not wash their hands immediately prior to eating.

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109.11(2)b: Program space must meet the following conditions:Room must be arranged so as not to obstruct the direct observation of children by staff.Individual covered mats, bed, or cots and appropriate bedding will be provided for all children who nap.Equipment and materials are maintained in a sanitary manner.Sufficient spacing must be maintained.The center will have sufficient toilet articles for each child for hand washing.
-- The preschool age room was arranged to have an area of limited sightlines created by the placement of a book shelf and table to define a storage space where children seeking to avoid observation could hide. Purses were left out and accessible to children.

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 did not deglove between handling soiled and clean items, did not allow the disinfecting agent to dwell for the required time, and did not wash their hands following diapering.

109.13(5)b: Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed.Staff preparing food that have injuries on hands wear protective gloves.Staff serving food use clean serving utensils and have clean hands/wear protective gloves.
-- Dry pantry items were not stored in air tight sealable food grade containers after the original packaging seal had been broken. Bottles and other food service items were stored within close proximity of the changing surface in the infant room with barrier for disease transmission.

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

The center is currently working with Child Care Resource and Referral (CCR&R) and Katie and it is recommended that Katie reach out to that consultant to assist with developing training plans and processes to update administrative records, as well as assisting with the other identified concerns.

The school district administrative office was contacted regarding updating staff background checks and confirmed that these would be renewed.

5. 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.

Date: 05/20/2026

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**.