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

Name of Center: Hancock County Learning Center **Enrollment:** 44 **License ID No. (Reapplications)** 51393

Street: 110 5th St NW **City:** Britt Iowa **Zip** 50423 **County:** Hancock

Mailing Address: 110 5th ST NW, Britt, IA, 50423

Director's Name: Noland Stewart **Phone Number:** 641-843-0166

On-Site Supervisor(s): **E-Mail:** hclcdirector@gmail.com

Date(s) of Visit: 08-05-2024

Licensing Visit X **Unannounced Visit** X **Off Year Visit** **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: 08-25-2021

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: 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	17	12	15	17	61
Summer					0

QRS Rating: 1

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 09-01-2023 to 09-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 08-07-2024

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Hancock County Learning Center on 08-05-24 where I met with the center director Noland Stewart. Noland took over as the director of this program at the beginning of August 2024 and is well qualified for the position based on prior experience as the executive director for several licensed YMCA based child care programs, formal education, and on-going training in early childhood care and education. The center is located in a free standing building in Britt operating as a non-profit program overseen by a board of directors. The center provides daycare programming to infants through school age children. There are currently 44 children enrolled in the center served by 12 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The general layout of the facility remains the same as in prior visits. The program makes use of 4 classroom spaces with one room for infants, and a larger space that has been divided into three classrooms for 2 year olds, 3/4 year olds, and school age children. The infant room has a secondary exit that leads directly to the outdoor playground area. The latch mechanism was very difficult to open and requires immediate attention to repair or replace. The other classrooms share a secondary exit that leads to the outdoor playground, and another off the school age area that opens onto the parking lot from a small hallway both of which opened easily and freely. Access to all exits were clear of obstruction. Evacuation cribs are used in the infant room. Restroom facilities are located just off a central hallway and just off the programming space for the toddlers. Sinks are present in the restrooms, and in the infant, 2 year old, and preschool classrooms. Hand washing procedures postings were present by all sinks used for handwashing. Changing stations are present in the infant and two year old classrooms and the required changing procedures postings were present. Windows are located along the exterior walls and provide natural light, ventilation, and a view of the outdoors. Each room was observed to be clean with only minor maintenance issues but none of which rose to the level of being an immediate safety concern.

As with the general building layout the layout of classrooms also remains much the same as observed in prior reports. Each room had a variety of activity centers that increased in complexity and options for older age groups. All rooms contained options such as large/small manipulatives, art/crafts, and reading, with older age groups adding group learning, dramatic play, puzzles/games, math/science, and media. Each activity center was stocked with toys and materials that were generally appropriate to the ages of the children present. Toys and items that are less than 1 1/4 inches in diameter and 2 1/4 inches in length are considered a choking risk and had been removed from rooms with children under 3 years of age. There were some toys in the school age room that were labeled has having been produced as promotional items for food vendors which are prohibited and need to be removed. Each classroom had a copy of the daily schedule and planned curriculum posted. The posted curriculum plans had strong focus on helping children develop strong cognitive, physical, and social skill with general learning concepts themes, and specific activities. The teachers were observed to follow and present the planned schedule and curriculums in all classrooms. Ratio was maintained in each classroom as required by age. Good interactions were observed in all classrooms with the teachers being engaged with the children and attending to their needs. The staff were observed to used positive support approaches such as routines, reminders, and redirection to help children make appropriate behavior choices. All teachers were observed to use calm tones, positive and supportive language when talking with children.

While the center has established health and safety policies in place some practices do need to be reviewed. During the visit

I was not able to observe a diaper change but the staff did identify the procedures followed. In reviewing the procedures the staff identified that they do not deglove between handling soiled and clean items, do not wash the infants hands following each diaper change, and while using an approved disinfectant were not following the label directions to ensure the product was effective. Chemical cleaners and other items that could present a safety risk to the children were stored in areas where they were not accessible to children. First aid kits were present in the classrooms and do need to reviewed and replenished to ensure they contain materials necessary to address most common first aid needs. During the visit one child did suffer a minor injury and the staff did follow good procedures with wearing gloves while caring for the child and applying a bandage. Over the counter medications were labeled and good storage practices are in place. The center does have lock box maintained in the kitchen for prescription medications. Safe sleep requirements were followed for children under 1 year of age. The preschool children did have cots with proper bedding available but the school age children did not and there was at least one school age child that was observed to have fallen asleep on the floor. While it is allowable for a child to fall asleep on the floor or in a piece of equipment children should be moved to a crib, cot, or sleeping mat as soon as a reasonable opportunity is available. In addition it was noted that when the lights are turned off the interior spaces of the toddler and preschool rooms have insufficient illumination. It was reviewed that illumination does need to such that staff can observe a child regardless of where the child and staff are positioned and determine if the child is in distress and needs assistance. It should also be bright enough that an individual coming from a brightly lit hallway does not have a period of momentary blindness while waiting for their eyes to adjust.

The center does have a full kitchen and meals are prepared on-site. Good food storage and handling practices were observed for foods stored in the kitchen, dry pantry, and classrooms. A copy of the planned menu is posted and identifies a good variety of nutritious food options. Lunch was served during the time of the visit. Good food service practices were observed with the staff wearing food service gloves and using measured scoops when portioning out meals. While the staff did not sit to eat with the children supervision was provided at the tables. One child that arrived at the center later in the day shortly after lunch service had ended was still provided a meal to ensure the child received proper nutrition.

The playground includes three areas with a large open grassy area, area with a climbing and dramatic play structures for the older children, and an area for the infants and toddlers. All were enclosed and divided by chain link fencing which was in good repair. Foam tiles were installed in the infant area for use as fall surfacing to allow for the use of some climbing structures. The preschool/school age playground has a wooden climbing structure which was observed to be in good repair. Pea gravel is used for fall surfacing and the center which has developed a hardpan layer in high traffic areas and either needs to be aerated, supplemented, or use restricted until there is a sufficient depth of loose material. Suspend awning shade structures in both the infant and school age playground spaces provide shade. The center also added a substrate rock bedding area and foam tiles to address a low area where ponding would occur leading from the main entry from the building.

In reviewing administrative records the required notices for Consultant Contact, Mandatory Abuse Reporting, and the License Certificate were posted in an area readily accessible to parents and visitors. The center had completed some work on the main entry door which included new signage but in doing so the required No Smoking notice had been removed and does need to be replaced. In reviewing staff and child files Noland stated that he is in the process of reviewing files and will be updating those for both children and staff. A sample of both sets of files were selected for review and it was noted that many of the child files did not have documentation of an annual update, and several did not have a current physical. In addition when visiting the infant room the center does log daily contact information for the children using the ProCare communication application and while that program does have the ability to log daily activities and disposition for the children the staff were not including this. It was reviewed that this information does need to be logged each day for both AM and PM timeframes to help identify any changes in functioning. The ProCare application does have the functionality to take photographs and attach them to the children's files and the staff could use this as a visual depiction of the activities and disposition of the children. In reviewing staff files Noland did state that the center was re-submitting all employee FBI fingerprint checks as when these were previously submitted a required identification number had not been included and so the submitted cards were rejected and returned to the center. A sample of 4 files were reviewed and of those 1 new employee did not have a copy of a current physical, and one background check had just expired for another employee. All inspection logs and certificates were available and current.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has a very strong focus on curriculum both with the developed plans, and the implementation by staff.

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

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.
-- The center is resubmitting all FBI Fingerprint background checks as prior submissions were rejected and returned due to incomplete documentation of a center identification number. 1 file needed an updated Iowa SING background check.

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: 1

109.9(2): All files are updated at least annually and when a change occurs.
-- The center is in the process of reviewing and updating all child files.

109.9(4) Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities.
-- Daily records did not include documentation of disposition and activities each day for each child under 2 years of age.

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, Chiropractor 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: 4

109.10(11): Smoking and use of tobacco products shall be prohibited in the center and every vehicle used to transport children. Prohibited in outdoor play area during hours of operation. Nonsmoking signs shall be posted at every entrance and in every vehicle used to transport. Signs shall include:Telephone number for reporting complaints.Internet address to DPH.
-- The required posting had been removed from the center entrance and needs to be replaced.

109.10(15)d: Daily checks to ensure all exits are unobstructed.
-- The infant room emergency exit latch was extremely difficult to open and needs to be repaired or replaced.

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.
-- The fall surfacing of the outdoor playground has developed a hard pan layer and needs to be aerated or supplemented to ensure a proper depth of loose material.

109.12(5)b: Infants diapered in a sanitary manner as needed in central diapering area.One changing table for every 15 infants/toddlers needing diaper changes.Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area.
-- Staff identified that standard procedures implemented include not degloving between handling soiled and clean items, not washing the infant hands, and using disinfecting agents in a manner not consistent with the label directions.

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: Confirmation was received on 08-06-24 that a contractor had been contacted inspect and address the issues with the emergency exit of the infant room by 08-09-24.

*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.