Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Cardinal School District Head Start

Provider No.: 25005

Address: 5414 Highway 16, Eldon, IA, 52554

County: Wapello

Director's Name: Liz Fairchild

On-Site Supervisor: Dana Belzer

Phone Number: 6416828741

E-Mail: lfairchild@sieda.org

HHS Visit Date: 10/07/2026

Licensing Period: 10/08/2026 to 11/01/2027

Fire Inspection:

Date Inspected: 01/24/2024

Comments: Due every 3 years, conducted by State Fire Inspector Seth Jones

Report Visit Type:

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

License Type:

- [ ] Full
- [X] Provisional

Quality initiative:

Quality Rating: 4

- [ ] Accrediation

Program Duration:

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

Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday			
Tuesday		8:00 AM to 3:30 PM	
Wednesday		8:00 AM to 3:30 PM	
Thursday		8:00 AM to 3:30 PM	
Friday		8:00 AM to 3:30 PM	
Saturday			

Program Population Served:

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General			140		140
Summer					0

1. Basic Overview

Cardinal School District Head Start is located at Cardinal Elementary School in rural Eldon. Cardinal preschool is a full day, 4 day a week program housed inside Cardinal Elementary. It serves 3 and 4 year old students. Currently, there are four 3 year old rooms and four 4 year old classrooms. Cardinal has a partnership with SIEDA Head Start. The 3 year and 4 yr old programs stay in the same classroom the whole day.

Students in both the 3 year old and 4 year old program are taught Music, Art, and PE by licensed, Cardinal teachers. Students in the preschool program have field trips, special guests, and assemblies.

On 10/8/26 I made an unannounced licensing visit to Cardinal School District Head Start and met with staff members that lead each classroom, as well as aides, OSS Belzer and Assistant Principal Sivak. The program has 8 classrooms. The program has two Family Development Specialists appointed OSS on site. HHS spoke with Director, Liz Fairchild via phone after the visit.

Preschool classes are not offered on Mondays. The center is owned and operated by Southern Iowa Economic Development Association (SIEDA). The director Ms. Elizabeth Fairchild also directs several other SIEDA Head Start programs in southern Iowa. Ms. Fairchild has a BA degree in K-6 Elementary Education and 14 years of experience in Head Start programs. She was formerly a Head Start teacher for 4 years was a Center Supervisor for 6 years. She currently directs Keokuk County, Jefferson County, and the Cardinal Community Partnership, Wapello County sites, Appanoose and Davis County sites. The program on site supervisor is Dana Belzer. She is on site daily and meets qualifications.

The preschool rooms are within the school or nearby modular buildings.

CHILD CARE CENTER ANNUAL EVALUATION

Center Nutrition:

Breakfast, a noon meal, and snacks are provided by Cardinal Elementary School and prepared in the school kitchen by school staff. Meals are served in the school cafeteria. Snacks are prepared by Head Start staff and served in the classroom. Posted monthly menus indicate that minimum nutritional requirements are not met. Some USDA food items are not creditable for CACFP. Snack and breakfast menus did not meet requirements the date of the visit. This will be ongoing since the school provides snack and both meals. Staff reported lunch is often served cold in the modular buildings and children wouldn't eat the food. Other staff reported many foods are repetitive, not child friendly and do not meet requirements.

Children dine at child size tables and sit in small chairs. During snack, the children are read to, and they discuss books or staff sit and visit with the children. All tables, chairs and sinks are sanitized with this method are sanitized with IDPH approved products that I observed. The children help set the table, pour their own drinks, and clean the table at lunch time.

Center Health and Safety:

Medication policies and procedures including prescription and non-prescription medication administration in accordance with licensing regulations, physician directions, and parental consent were reviewed. Medications (including sunscreen) are stored in their original containers with physician/pharmacist directions and label intact when on the premises. Emergency medication is kept in the child's room and inaccessible to children. An ill/injured area is the nurse's office if she is available or a designated space in each classroom. All prescribed medication should have current pharmacy/physician label intact and accompanying documentation. Emergency medication should follow the child so it is accessible in an emergency.

Food allergy action plans and diet modification forms were reviewed.

Room arrangements are somewhat neat and organized. Most staff identified storage as an issue, and some rooms were somewhat cluttered. Storage is in plastic crates and closets.

The children have access to sink/toilets in a hallway. The new school building has 11 toilets accessible to all children in the program. The program should have one toilet and sink for 15 children in each room. Hand washing posters were easily observed. Since children must use a single stall restroom in the hallway, maintaining ratio is difficult when one staff must leave the room to assist the child. A floater must be present to cover the classroom and maintain ratio.

Room lighting consists of both natural light from windows as well as adequate interior lighting. The classroom and bathroom facilities were observed to be clean. All classrooms have new censor lighting, and a newer ventilation system. New fire alarms and an emergency lighting systems are present. Heating and cooling is provided by a Geothermal system and is forced through ceiling vents

Storage and maintenance of first aid kits in each room were viewed. Some staff did not know where first aid kits were. Some first aid kits were not labeled. All kits should be labeled, (even mobile units).

Environmental testing and the maintenance of any necessary detection equipment were reviewed. Radon testing has been conducted within the past 5 years. Results were within EPA guidelines (under 4 pCi/L). The school installed a Geothermal heating and cooling system so an annual fuel burning appliance inspection is not required. An inspection was conducted on the new system in October 2013. Non-battery-operated carbon-monoxide detectors should be in the rooms. At least 2 units should be in opposite ends of the program space. Carbon monoxide detectors are present. The school has outdoor air exchanges. The Elementary School building was built in 2010. As a result, a lead paint assessment is not required. The school building is on rural water. As a result, a private analysis is not required.

General regulations regarding safety policies and procedures were reviewed. All cabinetry or shelving that could be toppling hazards are anchored to the wall.

The program has no pets or plants. Each program room should accommodate each child so that they have at least 35 square feet of usable floor space.

Sufficient toileting articles and hand washing supplies were observed in the restrooms. Food waste containers were covered

CHILD CARE CENTER ANNUAL EVALUATION

in all rooms.

The program should utilize the correct Volunteer Form. The program does utilize volunteers. This was noted in years past.

Emergency plans and drills for fire and tornado were reviewed. Drills should be completed monthly. Tornado and fire drills are practiced and documented once a month. Emergency safety plans were posted in each room. Evacuation procedures were posted. A "safe room" is available that all children have access to in case of an intruder or a weather emergency.

Staff are using a school provided cleaner to clean toilet and table areas reviewed by CCNC Kelsey Stooksberry (Iowa Department of Public Health).

To maintain supervision staff should know the names and ages of children they are supervising.

Center Playground:

The center uses a newly installed outdoor play area on school grounds specifically designed for preschool age children. The area is fenced and is not near any obvious hazard. The area is naturally shaded. Shade is provided by a canopy over the climbing and activity toy, the building and trees around the perimeter of the play area. The area features a large, anchored, metal/plastic climbing and activity toy. It also contains benches, basketball hoops and a swing set. The entire play area is surfaced with rubber matting. Children also use riding toys on the rubber matting surface. The playground also contains a large grassy area and the children may access the school track to maintain adequate space requirements. Each child should have a minimum of 75 square feet of usable space.

Playground inspections are conducted and documented monthly. Wood chip surfacing is low beneath climbing equipment.

Center Transportation Arrangements/Field Trips:

Transportation for field trips is provided in school bus vehicles owned and operated by Cardinal School District. All children in the program have signed parental waivers to ride the regular school bus. A first aid kit is on every school bus. Children that do not ride the buses are transported by parents to and from the program. CPR certified staff and emergency contacts are taken on field trips as well as first aid kits. The center staff report that field trip ratio rules are followed.

Center Administrative Records:

Child misbehavior is addressed by Positive Behavioral Interventions and Supports. Intervention strategies are developed for each child depending on their level of social and emotional skills. Interventions include reminders to the child of appropriate behavior, direct instruction in problem solving skills, redirection, planned ignoring, and positive reinforcement of appropriate behavior. Child misbehavior is addressed by PBIS. Classrooms are not self-contained. They have phones but lack direct exit to the outdoors. The curriculum is Creative Curriculum. Staff relate that many children have behaviors that do not respond to PBIS. They indicate they need more support with behaviors than what administration can provide. OSS Belzer is in each room twice a day but is not physically able to respond to all requests for help immediately. FDS workers can also assist but are not always available.

Postings, including Emergency evacuation postings and mandatory abuse reporter, no smoking postings were observed hanging in the rooms were not on the parent boards. They should be posted where parents drop off or pick up children. The license and state consultant contact information were present. We discussed that the license should be posted. Special upcoming events calendars were also posted. A Copy of Comm 204 is kept in each room.

Emergency evacuation maps as well as 911, Emergency and Poison Control numbers, center phone & address posted by the phones in each room. A new emergency preparedness plan has been reviewed and an acknowledgement should be signed and dated by all employees.

Regulations regarding required written policies provided to parents in the form of a parent handbook. The Center handbook and Emergency Preparedness Plan contain all required policies.

Child files are reviewed annually. They are kept in child plus. All children are required to have updated physicals and immunizations. If children do not have updated physicals, the Head Start Nurse alerts the OSS and Family Service

Workers. Children may not attend the program without an updated physical. All children must have updated emergency contact information, dental and medical provider information and pick up authorization information. CCNC Jamie Crouse is working with the program on updating all medical provider information. Ms. Sparks and Ms.Emery help manage child paperwork for the program including recording child physical updates. Immunization audits are conducted annually.

Staff files are reviewed annually. All staff employed by this program are over 18 years old. Tamara Wheaton, Child Development Administrative Assistant from the main Head Start office in Ottumwa provides me with these records (4/28/24). Head Start employs 11 staff. Iowa Criminal Record Checks (2 yrs), Staff Physicals (3 yrs), Fingerprints (4 yrs), Criminal Conviction Form (once), CPR (2 yrs) First Aid (2 yrs), Mandatory Reporter training (3 yrs), Continuing Education Hours (12 hours yr per Head Start standards) were reviewed. School district staff must also take 6 hours of PD approved by HHS per year. Per Head Start the training the school district takes meet HHS standards. All staff have taken Essentials training. It should be noted SEIDA has an excellent history of record keeping and compliance with training and background check requirements. This is duly noted. However, at times records are hard for HHS to access. This has been discussed the past few years. Cardinal developed a tracking system in 2023 for the Cardinal Head Start staff ensuring all HHS requirements are met and updated annually. Dana Belzer stated on 3/29/23 she would work with Principal Heather Buckley on this task. I also phoned Director Liz Fairchild regarding easily accessible staff records in 2023. Accessing staff records were challenging again this year. Cardinal School District personnel records were provided May 8, 2024 upon request after HHS contacted the program three times. By HS report, it appears nearly all staff requirements are met, which is an improvement. However, the issue of access has not been completely addressed. Head Start administration is working on a solution.

The Emergency Preparedness Plan is specific to the program. Staff are trained on the plan annually and sign and date acknowledgement of such.

2. Identify Observed Strengths of the program

The center sends a monthly newsletter to parents.

The center provides vision screening services to the children in cooperation with the local Lions Club.

The center provides hearing screening services to the children by SIEDA nursing staff.

The center provides dental and fluoride varnish services to the children in cooperation with River Hills Center for Community Health.

The center provides Brigance screening services to the children to monitor physical, social, and emotional development.

The program participates in IQ4K and had an injury prevention checklist done with the CCNC this year.

3. Identify the aspects that fall below the standard

1. 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. Ten regular staff were behind on SING checks but this has been corrected. Various substitutes from the school district are often used in ratio but do not have SING checks. Three staff providing specials do not have SING checks.

2. 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. Six regular staff were behind on fingerprint results. Substitutes from the school district are often used in ratio but do not have fingerprint results. Three staff providing specials do not have fingerprint results.

3. 109.7(2): Center directors and all staff have the required contact hours of training. Many staff do not have six hours of professional development training.

CHILD CARE CENTER ANNUAL EVALUATION

4. 109.8(2): Ratio maintained in center as required: Brief absence of staff person permitted for 5 or less minutes when another staff person is present. At least one staff is present in every room where children are resting. If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained. Staff report they are often not given restroom breaks so restroom breaks are taken throughout the day causing one staff to be alone with children. Staff report when changing children in a restroom out of the classroom they are leaving the room out of ratio at times. Family Development Specialists or the OSS fill in as a staff member when they can but they are not always available due to regular duties. When staff leave taking children to the bus at day's end the other staff are left alone with children and out of ratio. Staff should be assigned to specific children so they know the names and ages of all children they are supervising.

5. 109.9(1)b: 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. No staff had a current physical on file.

6. 109.9(1)c: All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training. Nine regular staff do not have current CPR/First Aid training. All substitutes or anyone else in ratio must have First Aid/CPR training. Three staff providing specials who are in ratio do not have CPR/First Aid certification.

7. 109.9(2)k: Any child with special health needs, a written emergency plan. Copy shall accompany child if they leave the premises. All children with allergies, asthma or special health needs must have a written emergency plan. The plan should follow the child so it is accessible to staff. Some children do not have allergy/asthma or other health plans accessible to staff or staff are not aware of the plans.

8. 109.10(7): 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 (away from the center). Several first aid kits should be labeled. Staff, even subs, need to know where first aid kits are located.

9. 109.10(8): Recording incidents: Parents shall be notified on the day of the incident involving a child that includes: Minor injuries. Minor changes in health status. Minor behavioral concerns. Incidents resulting in injury to a child. Shall be verbally notified immediately when there is: A serious injury to a child. An incident resulting in a significant change in health status. An incident includes the child being involved in inappropriate, sexually acting out behavior. A WRITTEN report, fully documenting every incident, shall be provided to the parent or authorized person. This should be completed by staff that witnessed the incident and retained in child file. Staff report many times incident reports are not completed. A child was recently restrained and the staff who witnessed the incident did not fill out the report.

10. 109.11(4)a: Center must have safe outdoor program area adjacent to the center, with sufficient square footage to accommodate at least 30 percent of the enrollment capacity at any one time at 75 spear feet per child. Outdoor space must: Be free from litter and unsafe materials and free from contamination by the drainage or ponding of sewage or storm water. Include safe play equipment and an area of shade. Include fencing to protect from bodies of water or vehicular traffic. Fall surfacing is low outdoors beneath climbing equipment.

109.11(3)a Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Modular buildings report trouble with ant and mouse infestations. One building is splitting in the middle causing ceiling tiles to hang down. Staff are purchasing peppermint spray and door barriers to try to stop mice from coming in.

11. 109.12(2)a-d: The center shall not use as a form of discipline: Punishment which is humiliating or frightening or causes pain or discomfort is not allowed. When restraints are part of a treatment plan for a child with a disability authorized by a parent and a psychologist or psychiatrist, staff shall receive training on the safe and appropriate use of the restraint. Staff report both they and administration have restrained children without IEPs this year and in past years. Staff report several children are displaying behaviors such as eloping from the room, and aggression toward staff and other children.

12. 109.13(1 and 2): Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines. Staff shall provide supervision at table during snacks and meals. Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep. Menus shall be made available to parents and kept on file with substitutions noted. Avoid foods with high incident rate of causing choking. Posted monthly menus

indicate that minimum nutritional requirements are not met. Some items with USDA are not creditable for CACFP. Snack and breakfast menus did not meet requirements the date of the visit. Jello was a component served at breakfast and snack was a chocolate pop tart and water. This will be ongoing since the school provides snack and both meals. Staff reported lunch is often served cold in the modular buildings and children wouldn't eat the food (such as chicken teriakyi, etc..). Other staff reported many foods are repetitive, not child friendly and do not meet requirements. Staff report some food served such as hot dogs, chicken legs (w/ bone) and popcorn are choking hazards. This was cited by CCNC Stooksberry earlier in the year. Staff reported children who must have substitutions due to diet modifications do not get adequate substitutions. They state they rarely get fresh fruit and a typical snack is a raisin snack or fruit cups that are served so frequently the children will not eat it. Staff report some children do not eat all day which effects child behaviors.

13. 109.6(1) Center Director requirements: Centers that have multiple sites must have a center director or on-site supervisor in each center. The center director is responsible for the overall functions of the center, including supervising staff, designing curriculum and program administration. The director must ensure services are provided for the children within the framework of the licensing requirements. The center director must have overall responsibility for carrying out the program and ensuring the safety and protection of the children. The Director was unaware of many of the violations occurring in the center. This program serves approximately 120 preschool age children. It is recommended the Director be present on site to observe day to day program operation and ensure policies are followed. It is recommended the Director meet with staff regarding adherence to HHS rule. If the Director is unable to be present due to supervising several sites, another On Site Supervisor should be appointed to assist the current On Site Supervisor to ensure rule is being consistently met.

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

Director Fairchild and the OSS are working on a plan to correct each issue. The program may engage CC&R and IDPH CCNC to work with the program to gain compliance in all areas. OSS Belzer is assisting 8 classrooms throughout the day and responsible for all program paperwork. HHS recommends an additional OSS be hired as well as other program staff to assist with child behaviors, give staff breaks and help address other violations listed above.

5. Special Notes/Recommendations

The program will be placed on a Provisional License until violations are corrected and a system is in place to rectify rule violations on a long term basis.

IHHS encourages you to contact your local nurse consultant with IDPH. 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. CCNC Kelsey Stooksberry Child Care Nurse Consultant Iowa Department of Public Health) in cooperation with the American Home Finding Association serves as CCNC for this center. The center is responsible for contacting CCNC Stooksberry for consultation regarding health and safety issues such as hand washing, outdoor play area regulations, toppling or tipping hazards, allergy action plans, medical issues, child files, etc....

IHHS recommends the center consult with Child Care Resource and Referral. They offer centers assistance with meeting the HHS regulations, IQ4K, preschool 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 for more information: http://www.iowaccrr.org. Your consultant is Karen Lauer. She is available to assist with questions or concerns related to curriculum, supervision, transitions, behaviors, etc...

The program worked with both CCR&R and IDPH the past year on IQ4K.

Date: 10/08/2026

CHILD CARE CENTER ANNUAL EVALUATION

HHS Licensing Consultant: Jill Seibert

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**.