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

Name of Center: Hope Learning Center **Enrollment:** 103 **License ID No. (Reapplications)** 25991

Street: 1711 Osceola AVE **City:** Chariton Iowa **Zip** 50049 **County:** Lucas

Mailing Address: 1711 Osceola AVE, Chariton, IA, 50049

Director's Name: Ashley Jeffers **Phone Number:** 641-774-0629

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

Date(s) of Visit: 06-26-2024, 06-27-2024, 06-28-2024

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 05-15-2024

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

Date Inspected: 03-08-2024

Comments : Due every 3 years, performed by SFM Curt Seddon. The inspection was approved after the DHS visit on 11/18/21

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 X Other NA

Program Serves: X Infants (0-23 mo.) X 2 Years X Preschool-Age X School-Age

Get-Well Evening Care X 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	24	18	52	41	135
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
	FULL license from
X	**PROVISIONAL** license from 06-01-2024 to 06-01-2025
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Jill Seibert **Date:** 07-29-2024

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Hope Learning Center is the only licensed child care center in Lucas County. This center is governed by a Board of Directors. The center is located on the edge of Chariton in a modern 2 story building located in a business complex (Vredenburg Center). Care is offered for newborns to 12 year old children. This is a secure building where a door code must be used to enter the facility, or the doorbell must be rang. A door camera is present so they can see who has rang the doorbell before opening the solid wood door that has no window.

Visits were conducted by HHS personnel on 6/26/24, 6/27/24 and 6/28/24. HHS met with the Director and designated persons in charge during the visits. All program areas were observed at that time. Ms. Jeffers began job duties with the center as Director in July 2022. She meets the points required for the position. She holds a CDA and has 7 years' experience in Head Start early childhood and 7 years child care center experience prior to that before accepting this promotion. During the visit in June the center did not have an approved OSS. Having an approved OSS present allows for restroom breaks for staff and contributes to ratio and supervision practices. A center this size requires an onsite supervisor be present, so that at least one person in charge of the center can be consulted outside of the classroom when issues arise. HHS requested OSS request be sent on 6/27/24. As of 7/15/24 this has not occurred. Two staff will be requesting OSS approval through IPOWER.

Care is offered for newborns to 12 year old children. This is a secure building where a door code must be used to enter the facility, or the doorbell must be rang. A door camera is present so they can see who has rang the doorbell before opening the solid wood door that has no window.

Center NUTRITION:

Children are served breakfast, am snack, lunch, and a pm snack. The center has a long term kitchen staff- who is trained on regulations. Menus are a six week rotation. A current monthly menu was posted at various places in the center. Refrigerators contain thermometers that are checked to make sure safe temperatures are maintained. Food items are stored according to NHSPS guidelines. The staff sit and eat with the children. Family style eating is introduced to children when they are in the two year old room. The center participates in the CACFP program. Most food is stored in the kitchen but some food is stored in individual rooms. Staff are aware of food storage practices.. Administration reviewed sanitizing and disinfecting products with their Child Care Nurse Consultant to ensure they are safe for childcare. Bleach and water solution is made each morning by the opener.

Children dine at child sized tables and chairs in their classrooms.

Children with food allergies have allergy action plans and they are posted in the classroom. HHS staff met with the kitchen lead during the visit.

Center HEALTH AND SAFETY:

Medicines are kept in each classroom in a locked cabinet. Every room has a fully stocked first aid kit. We discussed allergies and required forms. I observed over the counter medication and adjoining medication administration paperwork.

Monthly fire and tornado drills are practiced and documented each month. An annual furnace inspection is conducted each fall. Plug in carbon monoxide detectors are present. Cleaners should be gone over with IDPH to ensure they are safe for childcare.

Radon testing is required every five years and it is recommended the testing be done during the winter months when the ground is frozen. A test kit is to be placed in every room serving children except kitchens, bathrooms and laundry areas. Radon testing is current for the program and has been conducted within the past 5 years. The building was constructed after 1960 therefor a lead-based paint assessment is not required.

We discussed Safe Sleep requirements. They were met the date of the visit. Lighting, crib spacing, no blankets in cribs, clear vision of all infants and all other Safe Sleep requirements were being met. This is an improvement from years past.

Children with allergies of any sort have allergy action plans. Plans must be signed by parents and a physician. Staff supervising the child should be trained on the plan.

Supervision is an issue identified as needing improvement at the center. The center began breaking the children into groups in July so that careful supervision is achieved.

Center PLAYGROUND:

Three playground areas are present. One space is specifically for children under the age of two, and one is for ages two to five. The other playground is for the school age children. The school age playground had some drainage work done so the children can now play on this playground. Rubber matting and wood mulch is used for surfacing in these areas. Wood mulch has been added to the area to meet adequate surfacing depth requirements. The school age children also have access to a large grassy area.

Monthly playground inspections are documented. Canopies provide the shade in separate areas on the playground. The sand box should be monitored to ensure animals are not entering the play area. During the summer they take gallon thermos jugs of water out to the playground, so the children stay hydrated. The Child Care Weather Watch should be utilized on days where outdoor play is questionable due to varying weather conditions.

A first aid kit, emergency contacts and emergency medications are taken outdoors with the children.

Children should be counted and supervised by the staff person designated as their caretaker. Children should not be left outdoors by their caretaker. It is the responsibility of the staff assigned to the child to ensure the child leaves the outdoor play area with staff assigned to their care.

Center TRANSPORTATION/FIELD TRIPS:

The center has two vans that are 15 passenger vehicles. Field trips are taken by children ages three and up. The field trips are primarily to places in town but have not been utilized this past year. The hospital conducts annual maintenance on the vans. A first aid kit, emergency contacts and emergency medications are taken on field trips with the children.

Center ADMINISTRATIVE RECORDS:

Conferences are held twice a year for the children ages three and up. The Director has been working with staff since she took this position on implementing schedules, routines, and age-appropriate curriculum. In the past the Director reported she checked in weekly with staff to make sure daily lesson plans and curriculum are implemented. This should resume or continue. HHS recommended in June 2024 restroom breaks be added into the daily schedule. The daily schedule should be revisited with all classrooms to ensure the current schedules are being followed and/or are working.

All required postings were not present. The notice of being mandatory reporters of abuse and contact information for licensing consultant were not posted. Fire and tornado evacuation diagrams, and no smoking signage were present.

Child files are reviewed annually, and the file tracking sheet is also reviewed annually. Parents should sign annual updates at the beginning of the school year. The center is now using ProCare software. Emergency contacts, pick up authorizations, physicals, immunizations, field trip authorizations are all tracked and monitored and should also be updated annually.

Staff files are reviewed annually. Iowa SING checks due ever 2 years, National Fingerprints (every four), staff physicals, (every 3), and CPR/1st Aid training are tracked and monitored for all employees. Any employees under 18 years of age are always working with an adult unless they are supervising school age children only. Staff work four ten-hour days.

New administration reached out to CCR&R in summer 2021and had in person consultation in the center. CCR&R had several recommendations. Administration formerly reported they were often working in ratio administrative duties are not always attended to quickly. This is now corrected. Other persistent issues were staff not following directives. In 2022 administration reported this issue had been corrected by administration and the board following center policies and following through with holding staff accountable to rule. They now report staff are not following directives and are not bringing issues to administration to address. The center handbook is now utilized on a daily basis as well as Comm 204 and the DHS Licensing Rules checklist.

The emergency policies and procedures have been reviewed with all staff annually. They signed and dated acknowledgement of such.

The discipline policy uses redirection and positive reinforcement. Staff and administration report many behavioral problems with children at the center CCR&R will work with the center on positive guidance, with direction for resolving conflict and setting of limits. Behavioral policies are well defined and consistently followed. Last year HHS, and CCR&R recommend continuing or updated training in Early Childhood training to continue the learning process in how to best deal with behaviors in the classrooms. The center reports many behaviors this year. Last year they indicated behaviors had decreased due to professional development trainings were taken and content utilized consistently throughout the center. Incident reports should be written and given to parents when minor incidents occur. We discussed the use of incident/injury reports last year and this year. These were being documented and kept in child files for behaviors, physical injuries or other minor incidents. However, staff and administration now report incident reports are not being completed on sexualized behavior or when children are temporarily out of the classroom or left outdoors.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has been actively involved with Karen Lauer, CCR&R .

The Director and OSS are holding staff meetings so staff and administration have good communication.

Center administration met with CCR&R and IDPH twice to form a plan to ensure violations are quickly resolved.

The center recently switched to four ten hour days for staff and report it is working out well so far.

When staff do not follow protocol issues are quickly and systematically addressed.

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

1. 109.4(2)c: Curriculum or program structure developmentally appropriate and activities designed to the developmental level/needs of children served.

109.12(1)a: Program provides a curriculum or program of activities that promotes self-esteem and positive self-image, social interaction, self-expression and communication, creative expression, and problem-solving skills. CCR&R gifted the center curriculum. It should be utilized daily in each room. Many staff reported curriculum is not being implemented on a regular basis. The Director is responsible for overall functioning of the center.

2. 109.4(4): Requirements and procedures for mandatory reporting of suspected child abuse shall be posted where they can be read by staff and parents. It was noted these postings were not present. Staff did not have a reference number or contact information to report concerns to HHS.

109.4(5): Child Care Centers and Preschool Licensing Standards and Procedures shall be available in the center and a notice stating a copy is available for review. Contact information of the child care consultant shall be included in the notice. It was noted these postings were not present. Staff did not have a reference number or contact information to report concerns to HHS.

Karen Lauer (CCR&R) sent the postings via email on 7/29/24.

3. 109.6(2): Director or on-site supervisor on-site during the hours of operation or a minimum of six hours of center's hours of operation. Information on on-site supervisor's qualifications is submitted to the consultant prior to employment and is

sufficient to make a determination. On-site supervisor meets qualifications or is “qualifiable” with a plan established to meet qualifications. The Director was gone on vacation for a week. The center did not have an approved OSS at that time. All OSS requests must be approved through IPOWER. Staff indicated that when issues arose with supervision of children they were told the designated person in charge was not "stable' enough to handle the issue. It is important an OSS be appointed so the Director can take leave and coverage is available. As of 7/29/24 the OSS request has not been submitted. HHS has requested this be sent in the past month.

5. 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.

109.7(8): The Director, On-site supervisor, and any person designated a lead in the absence of supervisory staff shall have all completed all pre-service orientation training outlined in 109.7(1).

The files have been reviewed by CCR&R and HHS in person. IPOWER was also reviewed, but many certificates are not uploaded there. CPR/1st Aid, Fingerprint results, drivers license, Mandatory Reporter Training, Essentials training is delinquent for some staff. The Director believes some of the certificates and results are present but just could not be found the dates of the reviews. She is working to gather the certificates/results.

6. 109.9(2): All child files are updated at least annually and when a change occurs.

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: 60 The CCNC also reviewed files and stated there was something wrong with "every single file" Some files did not have dental or medical information, immunization certificates, physicals, etc... The Director is working with parents to acquire all information necessary to update child files.

7. 109.9(2)e: Files contain documentation of injuries, accidents or other child-related incidents.

109.10(10): 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 significant change in health status. An incident includes 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. Serious injuries and deaths must be reported to the Department within 24 hours.

Staff reported incidents of leaving children in a room or outdoors. The staff assigned to the child's care did not notice the child was left behind. Staff reported several incidents of children acting out sexually. Incident reports were not completed for these issues. Each time children have significant behaviors, this should be documented and placed in the child file.

Number not in compliance: 10

8. 109.10(9): 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. All kits should be labeled.

9. 109.10(15)c: Center shall develop procedures for annual staff and volunteer training on emergency plans. All staff should be trained on the Emergency Preparedness plan and sign and date acknowledgement of such.

10. 109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. Center supervision has been addressed by administration. Staff report supervision issues persist. Staff reported a school ager was left in the restroom, children have been left outdoors by staff supervising them and a child was recently unaccounted for for approximately 45-50 minutes. One staff indicated at times babies are not being fed

on schedule when regular staff are on break. Staff reported a child hid behind mats another time, and took a few minutes to find him.

Karen Lauer with CCR&R is providing support regarding staff dealing with child behaviors and on supervision practices. Center administration indicated they immediately implemented safe supervision practices assigning specific staff to specific children.

V. SPECIAL NOTES/RECOMMENDATIONS:

The Director agreed to contact CCR&R to ask for assistance with implementing curriculum last year. She may also utilize Iowa Department of Public Health Child Care Nurse Consultant for health and safety issues such as choosing a sanitizer/disinfectant, playground issues, hand washing, diaper changing, Safe Sleep, sanitizing and disinfecting, child files, etc..

HHS made a technical referral to Child Care Resource and Referral on similar issues in 2021. CCR&R met with the program regularly after the HHS referral in October and reported, "Moving forward the program is working on making sure that they are meeting all of the HHS guidelines. Once they are able to ensure that all guidelines are being met and they have systems in place that will continue to show that they are always meeting these guidelines they will move towards best practices. "

It is important to note these issues were communicated to the childcare board. The Director reported on 11/16/21, "We have met with the board and had a long conversation discussing the provisional. They are being very supportive and helping us. We have came up with a plan to basically have a checklist for the board where a board member will have their own checklist to ensure all requirements are being met monthly. They will look over our monthly drills, fire and dhs binders, etc. They have agreed to allow us to utilize an onsite supervisor and the center will now have 2 professional development days each year where the center will close to allow us to get trainings, deep cleaning and extra done."

In 2022 the center corrected violations and had processes in place and were being implemented daily. A long term plan was structured and followed. The center was removed from Provisional Licensing as it was observable that operational issues had been corrected and solutions applied consistently ensuring necessary adjustments are practiced daily and systematically. The center was restored to a FULL License, however after a complaint was lodged HHS licensure and other HHS personnel conducted assessments at the program in 2024. Supervision issues, and records such as incident reports have not been completed and filled out and many things are missing from child and staff files. CCNC Comer and Consultant Karen Lauer met with the Director three times in July 2024 after the HHS referral. CCNC Comer noted many child file discrepancies, such as no dental information, missing and overdue physicals, etc... She will be working with the center to gain compliance in this area as wells as supervision. Consultant Lauer is working with the center to gain compliance with staff files and training, as well as supervision, curriculum, routines and consistency. The center is working with CCNC Comer and CCR&R Consultant Lauer to correct violations.

They are specifically working on increasing supervision and altering the environment to keep children engaged in activities. The Board and Administration held and emergency staff meeting in regard to overall center functioning. The center has applied for a grant to get better a better camera system. The Director is frequently checking on staff in rooms to assure they are supervising specific children assigned to their care. Staff were immediately disciplined by the designated person in charge the date of the incident.

Peggy White, Board President indicated on 6/28/24 she and the board would provide support to both administration and staff to ensure licensing standards are consistently met. Supervision issues must be addressed, and a long-term system put in place to assure future continued compliance.

The program will be placed on a Provisional License until issues can be corrected and a plan implemented to ensure all violations are resolved long-term. The Department may issue a provisional license at time of new application or renewal when the center does not sufficiently meet licensing laws and rules. A provisional license may be in effect for up to one year. A center cannot receive a provisional license for more than two years in a row for being out of compliance with the same licensing standards.

When the center submits documentation or it can otherwise be verified that the center complies with the licensing regulations or standards, the license will be upgraded from a provisional to a full license status.

In addition, if a center is issued a license indicating it is fully in compliance with licensing requirements, but at a later date within the license period fails to be in compliance, the Department may reduce a license to a provisional status. Upon correction of the deficiencies and approval by the child care consultant, the provisional license may be upgraded to a full

license.

*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.