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

Name of Center: First Steps Early Learning Center **Enrollment:** 79 **License ID No. (Reapplications)** 17740

Street: 210 2nd St NW **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: 01-24-2025

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

LICENSING VISITS

New Application X **Re-Application** **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 01-01-2024 to 01-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 02-12-2025

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced visit was made to the First Steps Early Learning Center on 01-24-25 where I met with center director Alecia Frink. Alecia took over as the director in 2022 and is well qualified for the position with a BA in Family & Human Development, and prior experience in early childhood care and education. Joleen Gonzales is the on-site supervisor and is also well qualified for the position based on her experience and on-going training. The center provides programming for infants through school age children. There are currently 79 children enrolled in the program served by 16 teachers. All aspects of the program subject to licensing standards were reviewed during the visit.

The layout, design, and programming of the center remains the same as identified in the prior licensing reports. 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. 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 do 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. All exits were clear of obstruction and opened easily and freely with the exception of the exterior exit of one room which did drag making it harder to open than the others but not to the level of requiring immediate repair though it should be monitored. 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 a dining room area for meal service, or possible large motor indoor play but which is used as storage and 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. Each classroom is divided into activity centers through the placement of furniture and play structures which were arranged so as not to create any blind areas. The toys and materials that were present were in good repair and generally appropriate to the ages of the children present but there were some toys that presented choking hazards to younger age groups which need to be removed to rooms for older children.

Each classroom had a copy of the daily schedule and planned curriculum present. Each classroom develops their own curriculum with examples of the 5 senses in the 2 year old class, and Transportation in the 3 year old class. Each class then identified specific activities to implement those themes such as the 2 year old class engaging in "blindfold painting", "different tastes", and "different smells". Good interactions were observed throughout the visit with all staff being engaged with the children attending to their needs and presenting the planned curriculum. The teachers did move through the planned schedule with classrooms being observed to engage in teacher lead large and small group activities, child self directed center play, lunch, and nap time. Ratio was maintained as required by age with at least two teachers present in

each classroom. As noted the infant room does have separate programming and sleeping areas and a teacher was present in each room when children were in the room. Staff were observed to use proactive techniques to engage with the children with the use of routines, reminders, and recognition of positive behaviors. All staff were observed to use positive tones of voice when interacting with the children. There were no issues related to behavioral concerns with the children that required any more intervention than simple redirection.

Good health and safety policies and procedures are in place. I was not able to observe a diaper change but all staff working in classrooms where diapering is conducted were able to identify the required procedures from memory as the practices they follow. Good cleaning practices were observed during the visit with chemical cleaners, medications, and other items that could pose a safety risk to children were stored where they were not accessible to children. Staff did wait for children to be out of the immediate area when using chemical cleaners. Not all over the counter medications and ointments were labeled with the name of the child to whom it belonged. In addition it was noted that a parent had provided a home mixed blend of products for a diaper cream. It was reviewed that while this is allowable information needs to be provided regarding what products were used. Good hand washing practices were observed with both children and staff. A first kit is present in the center and does contain a good supply of materials necessary to address most common first aid needs. Safe Sleep practices were followed children under 1 year of age. One issue that was noted was with regard to responding to sick/ill children. While at the center when entering the room Alecia did notice that a child did not look well and the staff confirmed that the child had been acting in a manner that they were well but they had not checked the child's temperature yet. Alecia did confirm that the child had a temperature and notified the parent to come pick up the child. While waiting the child was observed to sit next to the wall but the staff had not gotten a cot, or directed other children away from the child while waiting for the parent to arrive.

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 with no evidence of rodent or insect infestation. Good food storage were generally observed but there were a couple items in both the kitchen and classrooms that had not been placed in air tight sealable food grade containers after the original packaging seal had been broken. As a reminder this is required for all food items whether intended for child consumption or not. Meals are delivered in covered dishes and 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 included tuna & noodles, grapes, pears, and milk, and was consistent with the planned menu. The grapes had been modified for younger children under 4 years of age with having been cut in half but these should have been quartered to eliminate a disk shape and reduce the risk of being a choking hazard.

The center does have an on-site playground space which is fenced both for the entire space, and a smaller area defined for infants and toddlers. It was noted that while the retention clips securing the fence to the posts and rails were present there was significant movement at the bottom of the fence of the infant toddler area which does create a entrapment risk for a child that may attempt to crawl under the fence. Options for securing, or blocking the fence to prevent it from flexing away from the support posts were reviewed, and staff do need to be aware of the concerns an ensure supervision is provided. A larger climbing structure is present in the area used for older preschool and school age children and was observed to be in good repair. There is a paved area around the structure and the ground was observed to uneven around the pavement and at the transition point. Additional dirt should be added or the ground leveled to reduce the risk of tripping related injuries. Foam tiles are used for fall surfacing beneath the climbing structure. A gazebo style shade structure is present.

All required notices were posted in an area that was readily visible and accessible to parents and visitors. Child files were not reviewed during this visit as Alecia identified they are in the process of migrating information to an electronic communication and management system, Procare. Alecia stated that the center has established a plan that all parents will have their children's files updated by 02-15-25. The center is using the procare system to complete infant daily sheets and it was noted that staff were not including documentation of daily Disposition, and Activities as required. It was reviewed that the Procare system does have the functionality to either select preloaded narrative format options, or attach photos which could be used as a visual representation of both mood and activity. A random sample of 4 staff files were selected for review and again the self audit was accurate. The self-audit identified 7 staff had an expired or missing physical, and 2 had not completed the training required within the first 90 days of employment. Inspection logs and certificates were current and available with the exception of the boiler inspection which had expired and needs to be renewed. A Carbon Monoxide detector has been installed.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has received several grants, and has applied for others to continue to improve the facilities and services provided. This includes grants to install a basketball hove and paved court, develop curriculum, and obtain other equipment.

The center has seen strong support from the community and currently has a waiting list for infants. The center also discontinued accepting drop-in child enrollment and will be focusing on children enrolled on a full time basis. This is not

only a way to ensure that those families seeking services have access, but will also assist the center in assessing their financial management and overall program stability.

Alecia identified that the center will be enrolling all staff in PBIS training to for a center wide approach to using proactive behavior management.

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: 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: 7

109.11(7)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.
-- The inspection certificate is expired. All fuel burning appliances must be inspected annually, or in the case of boiler systems as required by the identified expiration dates.

109.12(4): Sufficient toilet articles are provided for handwashing.Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM.Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children.Room's arrangement does not obstruct the direct observation of children.Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap.Procedures are developed and implemented to maintain equipment and materials in a sanitary manner.Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs.Sanitary procedures are followed for use and storage of personal hygiene articles.
-- Nursing pillows were used for floor positioners and their intended purpose of being an aid to nursing mothers. When using mobile divider fencing and gates/barriers staff must not step over barriers but use the gate or other opening. Toys and materials or with parts that can break off which would be less than 1 1/4 inches diameter and 2 1/4 inches length that would be a choking hazard must be removed from classrooms serving children under 3 years of age, and kept in storage where they can be brought out for supervised play for children 3-4 years of age.

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.