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

Name of Center: Hampton Community Christian Day Care **Enrollment:** 106 **License ID No. (Reapplications)** 22279

Street: 104 12th Ave NE **City:** Hampton Iowa **Zip** 50441 **County:** Franklin

Mailing Address: 104 12th Ave NE, Hampton, IA, 50441

Director's Name: Robyn Hill-Kofoot **Phone Number:** 641-456-4922

On-Site Supervisor(s): **E-Mail:** hamptoncommunitychristiandaycare@ymail.com

Date(s) of Visit: 04-02-2025

X **Licensing Visit** X **Unannounced Visit** **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: 01-01-2023

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	30	16	41	80	167
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 04-01-2025 to 04-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 04-18-2025

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

NA

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Hampton Community Christian Day Care center on 04-02-25 where I met with center director Robyn Hill-Kofoot. Robyn took over as the director of this program in January 2020 but has extensive experience having been a director with another program for many years, and also worked as a consultant with Child Care Resource & Referral. This program is located in a free standing building that was designed as a child care center and is the only occupant of the building. The program is operated as a non-profit entity overseen by an elected board of directors. Full range daycare services are offered for children from birth to school age. There are currently 106 children enrolled in the program served by 21 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The layout of the building, classrooms, and overall programming remain the same as in prior visits. The center makes use of multiple classrooms designated by age with infants being divided into several classrooms. Each room was observed to be clean with no safety concerns noted due to design or maintenance. Each of the classrooms have large banks of windows along the exterior walls that provide ample natural light, ventilation, a view of the outdoors, and secondary emergency egress. Each room also has a secondary exit that either provides direct access to the outdoors or connects to a classroom with a direct exterior exit. All exits were free of obstruction and opened easily and freely. The school age classroom was designed to be a severe weather shelter with heavy storm shudders. Each classroom has bathrooms directly accessible from the room, and additional sinks in the room to facilitate hand washing. Each classroom has an open floor plan that is divided into activity centers through the placement of furniture, mobile fence and gate systems, or play structures. During the visit staff were observed to use the designated gate openings when moving through the mobile fence systems. The arrangement of the furniture and equipment was such that it did not create any blind areas.

The toys and materials in each room were observed to be in good repair and generally appropriate to the ages of the children present. One issue that was noted was the presence of items or toys with small parts that could easily break off that would be less than 1 1/4 inches diameter and 2 1/4 inches length which would be considered choking hazards present in classrooms with children under 3 years of age and need to be removed. For children 3 years of age these should be kept in storage where they can be brought out for supervised play as children in this age group are still prone to mouthing toys. Each classroom had a copy of the daily schedule and planned curriculum posted and the curriculum plan appeared to be one that had been developed as a center wide learning focus of "Spring" with each classroom then determining activities to implement that theme. Good interactions were observed throughout the center with all staff being actively engaged with the children implementing the planned schedule and curriculum, or otherwise attending to the children's needs. Ratio was maintained in each classroom as required by age with at least one employee present in each room. One issue that was observed during the time of the visit was a parent that arrived to drop off a child to the 4 year old classroom and initially that parent had stopped further down the hallway sending the child to the classroom on their own. Due to the child being hesitant the parent did bring the child into the classroom and spoke with the teacher. This is a practice that needs to be monitored and if occurring on a regular basis would need to be addressed either through policy or practice. When exchanging custody of children staff need to ensure that there is direct acknowledgement and confirmation of that exchange. This ensures that there is clear understanding of who is responsible for the child, and also provides an opportunity to exchange information regarding the care needs of the child.

Good health and safety practices were generally observed but some practices such as handwashing do need to be reviewed. I was able to observe a diaper change and the staff did follow the established procedures, but in one infant room they did not wash the child's hands following the diaper change. In another infant room staff again did not wash a child's hands after diapering, nor did they wash another child's hands before feeding the child. Good cleaning practices were observed with staff waiting for children to be out of the immediate area before using chemical cleaners, and taking steps to prevent a child from touching the treated surface after the child came back into the area. Chemical cleaners, personal items such as purses and diaper bags, medical kits, and other items that could pose a safety risk to children were stored in areas where they were not readily accessible to children. Medications are stored in a locked cabinet in an office area. All medications were properly labeled and administration records were maintained. Good safe sleep practices were observed during the time of my visit for children under 1 year of age. Older children make use of cots and while most had appropriate bedding with cover sheets some did not. It was also noted that when being stored bedding was allowed to spill over onto other cots which creates an increased risk of disease transmission. When napping classrooms had sufficient illumination and staff were positioned so that they could clearly observe all children.

The center does have a full kitchen and meals and snacks for the children are prepared on-site. The kitchen was observed to be clean with good food handling, and storage practices in place although there were two bulk cereal packages that had been rolled closed and needed to be placed in an air tight container. All refrigerator/freezer units had thermometers present to ensure that proper cold holding temperatures are maintained. There was no evidence of any pest infestation. Meals are served family style in the classrooms with the staff and children eating together. Measured scoops are used to ensure that each child receives a full serving. A copy of the planned menu was posted and the meals identified are consistent CACFP requirements.

The center has two outdoor playground spaces with one for the older preschool and school age children, and one for the younger children. There is also a gym/game room area for when weather does not permit outdoor play. The outdoor play areas have climbing structures, a paved area, and a large open grassy area where the children can play. Foam rubber tiles are used for fall surfacing on the toddler playground and there was a crawling tunnel structure on that area. There was also a small residential grade slide that was present which was placed where there was no fall surfacing. This either needs to be moved to an area where there is fall surfacing, or removed from the playground. The preschool and school age playground makes use of sand for fall surfacing and a good depth of material was present beneath the larger climbing structure, but needed to be supplemented for the smaller structure which should be restricted from use until more sand has been added. A variety of toys and other materials are also present for the children to play with in both areas. All toys and equipment was observed to be in good repair. Large mature trees provide shade in both areas. Both playgrounds are fully enclosed by fencing which was in good repair.

All required notices for no smoking, consultant contact, mandatory child abuse reporting, and the center license were posted in an area readily accessible and visible to parents and visitors. Other postings for diaper changing stations, handwashing, menu, and evacuation procedures were also posted as required. The center is using an electronic file management system to maintain child files and communicate with parents. In reviewing child and staff files a random selection of each were selected and compared to the self-audits completed by the EFM system, and the self-developed audit for staff files both of which were found to be accurate. With regard to child files the self-audit identified 16 that needed an updated or renewed physical with most having only recently expired within the last month. In reviewing staff files the self-audit identified 3 that needed an updated FBI Fingerprint background check, 2 that needed a current physical, 1 that needed Mandatory Child Abuse Reporter training. All inspections logs and certificates were available and current.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has completed several renovation projects such as new flooring, and obtaining other new equipment for classrooms.

Robyn identified that the center uses identified lead teachers for each classroom who are staff who have more experience and training. Robyn identified that having these strong lead teachers has helped to improve the care in classrooms.

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

109.6(6)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs.
Number not in compliance: 3

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: 2

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: 16

109.10(8): Children's hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed:Immediately before eating or participating in food service activity.After using the restroom or being diapered.After handling animals.
-- Children's hands were not washed following diapering, or before being provided meals in all classrooms.

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 residential grade slide on the toddler playground either needs to be moved to an area with sufficient fall surfacing, or removed from the playground space. Additional sand is required for the smaller play structure of the preschool/school age playground to ensure a proper depth of fall surfacing is maintained as required by the CPSC Public Playground Safety Handbook (https://www.cpsc.gov/s3fs-public/325.pdf). Use of that structure shall be restricted until adequate fall surfacing is in place.

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.
-- Items and toys with parts that can easily break off that are less than 1 1/4 inches in diameter and 2 1/4 inches length are considered choking hazards and need to be removed from classrooms serving children under 3 years of age. All cots need cover sheets, and when storing all bedding must be maintained so as not to contact other cots.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license is recommended 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 following 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.