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

Name of Center: Hampton Community Christian Day Care **Enrollment:** 109 **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: 03-25-2024

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: 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 04-01-2023 to 04-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 03-27-2024

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 03-25-24 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 109 children enrolled in the program served by 22 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The arrangement of the building and classrooms remain the same as in prior visits. The program 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. While there were some minor physical maintenance issues none rose to the level of being an immediate safety concern. 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. The arrangement of the furniture and equipment was such that it did not create any blind areas. When accessing areas enclosed by the mobile gate and fence structures staff were observed to open the gates rather than stepping over the fence.

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 that some classrooms contained toys that had been manufactured as promotional items for food vendors. This was cited in the prior report and while it is understood that these may be introduced from children bringing items from home, or things that are donated to the center the staff need to be educated on being able to identify these items and make routine inspection. To identify items the staff would need to look for the manufacturing stamp typically located on the bottom of the toy which would identify the entity that it was manufactured for. Stampings that include manufactured for McD, McDonalds, BK, Burger King, Wendy's, etc. would be examples to look for. 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. The visit took place during the time when children were napping. It was noted that while children were encouraged to nap in each room it was not required with an example of the older preschool children playing in the center game room doing quiet activities such as video games, table games, and crafts though some children were engaged in more active play. In rooms where children were napping the staff were observed to be sitting next to children rubbing their backs to soothe them if they were still awake, or attending to other activities if the children were napping or otherwise resting quietly. Ratio was maintained in each classroom as required by age with at least one employee present in each room.

Good health and safety practices were generally observed. I was able to observe a diaper change and the staff did follow the

established procedures. Good hand washing practices were observed for both staff and children. Good cleaning practices were observed with staff placing children out of the immediate area before using chemical cleaners, and following good practices with a 3 step process, and allowing chemical cleaners to dwell for a period of time to be effective. 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. Each classroom has a limited supply of first aid materials present and a larger supply is maintained in the center office. Good medication storage was observed with prescription and most over the counter medications kept in a locked cabinet. Over the counter medications that include diaper creams and sun screens are kept in classrooms and were properly labeled as to whom they belonged to. Good safe sleep practices were observed during the time of my visit for children under 1 year of age. Older children made use of cots which did have appropriate bedding and were spaced to provide access and reduce disease transmission. One issue that was noted is that in the preschool classroom cots were being stored in the restrooms. While it is recommended to store them elsewhere if they are stored in the restrooms they do need to be covered preferably with a waterproof material to reduce the risk of cross contamination.

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. 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. The preschool and school age playground makes use of sand for fall surfacing and a good depth of material was present beneath the climbing structures. 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. It was noted that the mandatory child abuse reporting posting did not have the phone number to call to report a concern of child abuse and an alternative form was sent to the center. Other postings for diaper changing stations, handwashing, menu, and evacuation procedures were also posted as required. In reviewing child and staff files a random selection of each were selected and compared to the center developed self-audits which were found to be accurate. With regard to child files the self-audit identified 15 that needed an updated or renewed physical with most having only recently expired. In reviewing staff files the self-audit identified 5 that needed an updated FBI Fingerprint background check, 5 that needed a current physical, 6 that had not completed all required training within the first 90 days of employment, and 2 that needed updated 1st Aid/CPR training. Robyn did state that staff needing 1st Aid/CPR including those that are past the 90 day period are scheduled to attend a training that was coming up in April. All inspections logs and certificates were available and current.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is looking at options to update the playground area for the older children. Robyn stated that they are looking at options to replace fall surfacing with options such as a pour in place foam which would help with cleanliness in the center and also be more effective. Robyn stated that they are also considering options such as installing a butterfly garden, and shade structures.

Robyn stated that the center recently completed a review for the Food Program and did very well on that review. Robyn stated that the center also receives local food grants which helps them to buy from local farms, and lockers.

Robyn identified that the center has been very stable over the past year with regard to the staffing, child enrollment, and day to day operation of the center. This has resulted in families being happy with the care their children receive and fewer issues in the center.

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: 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.
-- Number not in compliance: 6

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: 5

109.9(1)e: 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.
-- 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: 15

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.
-- Toys that are manufactured as promotional items for food vendors need to be removed. Talcum powers infant rooms shall be removed. Cots stored in restrooms shall be covered when in storage.

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 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.