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

Name of Center: Kandiland Day Care Center **Enrollment:** 96 **License ID No. (Reapplications)** 52642

Street: 821 S 25th ST **City:** Fort Dodge Iowa **Zip** 50501 **County:** Webster

Mailing Address: 821 S 25th ST , Fort Dodge, IA, 50501

Director's Name: Kandi Jameson-Altman **Phone Number:** 515-206-1095

On-Site Supervisor(s): **E-Mail:** kandiland_1@hotmail.com

Date(s) of Visit: 01-06-2025, 10-28-2024, 12-17-2024

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 09-05-2024

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

Date Inspected: 10-31-2024

Comments : Initial fire inspection approval with limited use for gymnasium area provided on 09-09-24. Temporary occupancy approval for remainder of programming space granted on 10-31-24 with requirements to complete specified renovations.

LICENSE TYPE: X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

Financial Type: X Profit 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	37	31	89	66	223
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 09-17-2024 to 09-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 01-14-2025

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Unannounced visits were made to the Kandiland Daycare Center on 10-28-24, 12-17-24, and a scheduled file review visit on 01-06-25. These were the initial licensing visits for the center which was given permission to open on 09-17-24. The program opened in a two phase manner with initially providing only before/after school programming (BASP) for school age children to assist the community when another BASP program discontinued. The BASP programming operated out of a large gymnasium space while additional renovations to the building were completed. The center later opened additional classrooms to provide full range daycare to infants through school age children. The program is operated as a for program center with Kandi Jameson as the owner, and director. Kandi is well qualified for the position with extensive experience and on-going training in early childhood care having operated a registered in-home program for many years. The program is located in a building that previously provided medical and physical therapy services but which has been renovated for child care programming. The building is a large facility and additional renovations are being made to additional classroom space which will expand the available capacity to the full 233 children. Other renovations to the building are being completed to another wing which be leased to other businesses. Security doors are being installed to limit access to the child care programming areas from the areas that will be leased to other businesses. The program currently has 96 children enrolled served by 9 staff but is continuing to expand.

The program is currently making use of three classroom spaces, and a large gymnasium space but as noted renovations are being completed which will provide additional space. The classrooms are determined by age with the infants and toddlers combined in two rooms with a large connecting corridor where one side is currently used for primary programming, and the other for napping and feeding. At the time of the final visit the center had moved cribs into the main programming room. Kandi did identify that the group may be separated in the future with one side used for non-mobile infants, and the other for mobile infants. Additional classrooms are used for 2-3 year old children, and preschool age children. The gymnasium continues to be used for the older school age BASP programming. All programming spaces with the exception of the gymnasium space have been renovated to have direct exits to the exterior of the building. The classroom spaces are connected by large archway openings and mobile barriers are used to prevent children from moving between the rooms. During each visit staff were observed to step over the barrier and it was reviewed each time that this cannot be allowed as it creates a significant trip/fall risk. As noted other areas of the building are still being renovated and those areas are closed off to prevent children having access and to reduce the risk of contaminates such as dust infiltrating to the programming space. Some issues from the construction were noted such as classrooms having a cold feeling though the measured temperature was 67 degrees F. with work being on the boilers, and water lines having air and discoloration of the water with plumbing work being completed. The issues with the water were addressed by the time subsequent visits but the temperature issues were still present. The center had taken steps such as continuing to have the children and staff wear warmer clothing, and making use of portable space heaters. The space heaters were of a design that did not become hot to touch to the point of being a burn risk, and cords were hidden behind shelving units to reduce the risk of entanglement. While this situation does not rise to the level of being an immediate concern it does show a need for the center to continue to monitor as it may be necessary to send children home or close if heating cannot be maintained. Classrooms have windows along the exterior walls that provide ample natural light, and a view of the outdoors.

In viewing classrooms each had a variety of toys and materials present but activity center options were limited to primarily

choices of large and small manipulatives, a dramatic play structure, and art/craft materials. Some of the materials were noted to have small parts that were less than 1 ¼ inches diameter and 2 ¼ inches length which can be a choking hazard for children under 4 years of age that may be prone to mouthing toys and items. This was pointed out during each visit and while the staff had removed many of the choking hazards noted in earlier visits there were still several items in the 2-3 year old room that were identified in the final visit. The center had also obtained additional toys and materials that are age appropriate and which provide other interests by the time of the final visit and Kandi identified that she is continuing to look for other materials. Each classroom had a copy of the planned daily schedule and curriculum posted. The curriculum plans included a general learning focus theme related to the holiday/season along with specific hard learning concept elements. As an example during one visit the theme included Gingerbread men and Christmas trees, and hard learning concepts of the letter A, color Red, and Triangle shape. The observed interactions varied during the visits and between classrooms with some staff being more engaged with the children, and presenting the planned curriculum. Overall this improved with each visit as staff shifted from providing more observational supervision to more engaged interaction. One example was in the preschool room where the teachers were observed to be engaged in a teacher lead activity of reading a story to the children, and then transitioning to a group learning activity regarding the letter concept identified in the planned curriculum. In other classrooms examples of the children's art work, and worksheets were present indicating that staff were also implementing planned activities. Good behavior management techniques were observed with the teachers using redirection when children were observed to engage in inappropriate or dangerous behavior. The staff did use calm and positive tones when speaking with the children.

The center does have health and safety policies in place and implementation of those were observed to improve with each subsequent visit. During initial visits personal items which could pose a safety risk to children such as purses and diaper bags were left in areas where they were accessible to children. It was reviewed that these frequently contain materials such as medications and other items that can be a safety risk to children and need to be stored in cabinets or other areas out of the reach of children. In subsequent visits these, and other items such as first aid kits, and chemical cleaners had been moved to where they were not accessible. I was able to observe several diaper changes in multiple rooms and staff were not following required procedures during earlier visit. When observing diaper changes some staff did not use gloves and while that is a best practice approach the staff did not wash or use a hand sanitizer between handling soiled and clean materials. In addition the staff did not wash the children's hands, or their own hands following diapering. When cleaning changing stations one classroom was not using an approved disinfectant, staff held children while using chemical cleaners, and staff did not pre-clean or fully saturate changing station surfaces. This may be due in part to the required postings not being present and copies of the procedures postings were sent to the center. By the time of the last visit the required postings were present, and staff were able to identify the required procedures from memory. During nap time the center did follow safe sleep practices for infants under 12 month of age, but it was noted that the fitted crib sheets on several mattresses were too large and allowed material to gather during initial visits. Again this had been corrected by the time of the final visit with the center having obtained new sheets, and cot covers that were properly fitted. Good hand washing practices were observed when staff and children did wash their hands following diapering, before meals, and other times that they became soiled. The center does have first aid kits present and during the initial visits these were observed to be smaller kits that maintained insufficient materials. The center had obtained additional kits and supplies by the time of the final visit to ensure that materials necessary to address most common 1st Aid needs were present.

The center does not currently have an established playground but does have outdoor space that includes a paved interior courtyard space surrounded by the building on three sides, and a large open green space on the northeast side of the building. Kandi did identify that there are plans to fence the green space which will be used for the outdoor playground space in the spring. In addition to outdoor space, as previously noted the center does have a large indoor gymnasium space which can be used for large motor play activities.

The center has multiple kitchen facilities available and is currently using a smaller kitchen space just off the programming space of the infant room used for sleeping. The kitchen has a residential stove but lacks a fire suppression hood and so all cooking was limited to options that can be cooked in the oven, or which do not create grease laden vapors. The kitchen area was observed to be clean with no indication of insect or rodent infestation. Foods were properly stored in air tight sealable food grade containers that were labeled with the contents and date placed in storage. Thermometer units were present in freezer and refrigeration units. Menus were posted but were being completed on a daily basis as meals were determined by what was available rather than being prepared in advance. The meals being served did contain credible meal options such as the observed meal during the second visit which consisted of breaded fish sticks, fruit cocktail, corn, and milk. During the meal service some issues were noted. This included one child having dropped a utensil and the staff picking it up and giving it back to the child to use rather than providing the child with a clean replacement. When serving meals the staff did not use food service gloves and while it was not observed they did identify having washed their hands prior to meal service. In addition when plating food the staff used serving spoons and it was recommend to use measured utensils to ensure that each child received a full serving. Supervision was provided at the tables when children were eating.

In reviewing administrative records all required notices for Consultant Contact, Mandatory Abuse Reporting, No Smoking, and the Permission To Open letter were posted in an area that was readily available and visible to all parents and visitors. In reviewing child files the center did have files for each child but some elements were inconsistent such as ensuring that parents had signed/dated all forms, and identifying all required contacts such as dental providers. It was noted that the

failure to identify dental providers were primarily for younger children and infants. It was reviewed that the provider does not have to be an individual that the child has seen, but rather one that could be contacted in the event of an injury to the teeth, gums, or soft pallet. Another element that was missing were allergy plans. It was reviewed that care and response plans are required for all children that have an identified/diagnosed allergy or health concern. Sample forms were sent to the center to develop the required plans. In reviewing staff files all staff had all required documentation with the exception of 1 employee that needed a physical, and 5 that needed 1st Aid/CPR training but Kandi did note that training had been scheduled for 01-14-25 for those employees. Inspection logs and certificates for fire and tornado evacuations were current, and work is still being completed on the boiler system which will be inspected for proper function once the work is completed. The center will need to conduct Radon testing in each programming classroom to ensure that levels are below the 4.0 cutoff limit, or install a mitigation system. The center does provide transportation services to/from school using center owned vehicles and maintenance /service records were available.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

This is a new center that was opened to help meet the needs of the community.

The center has been very responsive to both required corrections, and best practice recommendations that were identified during visits. This included more practical elements such as ensuring that any repairs, missing notices, or other environmental issues were quickly corrected as well as those aspects that were more procedural such as diapering, cleaning practices, and curriculum engagement. Kandi has been very involved with working with community partners such as Child Care Resource and Referral, and Public Health to provide guidance and training in addition to trainings that she has done with staff.

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

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: 1

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 and items with parts less than 1 1/4 inches diameter and 2 1/4 inches length need to 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 under 4 years of age. When mobile barriers are in place staff cannot step over the barrier.

109.9(2)g: Any child with allergies, a written emergency plan. Copy shall accompany child if they leave the premises.

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 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.