Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Emmet County Head Start

Provider No.: 30265

Address: 315 North 6th Street, Estherville, IA, 51334

County: Emmet

Director's Name: Sarina Smith

On-Site Supervisor: Chantel Kloucek

Phone Number: 7127651058

E-Mail: ssmith@udmo.com

HHS Visit Date: 01/29/2026

Licensing Period: 02/01/2026 to 02/01/2028

Fire Inspection:

Date Inspected: 12/18/2023

Comments:

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

- [ ] Year-Round
- [X] School Year
- [ ] Summer Only

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday		8:00 AM to 3:30 PM	
Tuesday		8:00 AM to 3:30 PM	
Wednesday		8:00 AM to 3:30 PM	
Thursday		8:00 AM to 3:30 PM	
Friday		8:00 AM to 3:30 PM	
Saturday			

Program Population Served:

- [ ] Infant(0-<24 Months)
- [ ] Toddler
- [X] PreSchool
- [ ] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General		31	71		102
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Emmet County Head Start program on 01-29-26 where I met with the on-site supervisor, Chantel Kloucek. Chantel is well qualified for the position based on her education, training, and experience having been with the Head Start program since 2014. The program is one of several Head Start locations overseen by Upper Des Moines Opportunities where Sarina Smith is the Program Director, and Julie Edwards is the executive director. The program is located in the old Roosevelt Elementary school in Estherville and is the only occupant of the building. The program provides Head Start (HS) preschool programming for children 3-4 years of age, and Early Head Start (EHS) serving children 2-3 years of age. There are currently 62 children enrolled in the program. The HS program is served in three classrooms by 6 teachers, and the EHS is served in 2 classrooms with 4 teachers. In addition the program has several home consultants, 2 cooks, and other staff who are also present and available to provide assistance if needed. All aspects of the program subject to Licensing Standards were reviewed.

The layout, design, and operation of the building and program remains the same as in previous reports. The program occupies five classrooms with 3 for the HS program, 2 for the EHS program, and also makes use of the gymnasium. Each room was observed to be clean with a few minor maintenance issues but none of which rose to the level of being an immediate safety concern. Restroom facilities are located off the main hallways for the HS classrooms and children are escorted to the restrooms as needed. The EHS program has a shared restroom and changing station in a central pass-through space between the rooms. Each room has a large bank of windows along the exterior walls that provide ample natural light, ventilation, and a view of the outdoors. One window in the 4 year old classroom is designated as a secondary emergency exit. The other two 3 year old HS classrooms share an intervening door that serves as secondary egress allowing them to exit through the other classroom if needed. Both EHS classrooms have direct secondary exits to the outdoors. All exits opened freely and easily though one issue that was noted was with the 3 year classrooms where a cot had been positioned so

that it restricted access to the emergency exit. The program has a lower level with enclosed locker rooms that serve as emergency tornado shelters. Sinks are located in each of the 3 year old HS classrooms, and EHS classrooms to facilitate hand washing. A new sink was installed in the hallway outside the 4 year old classroom to facilitate hand washing and staff do provide supervision to the children when using that sink. Each room has created activity centers through the use of furniture and play structures that are arranged so as to not create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were observed on the day of my visit in each classroom. All of the teachers were actively engaged with the children during the visit with either presenting the planned curriculum, playing with the children, or attending to their needs. This included the teachers joining the children in activities and using focused conversation to help the children think about their play such as asking how they had constructed something, or asking them to explain what they had created. This approach combined with the formal lesson plan implementation allows teachers to create an environment where children are continually building and practicing critical thinking and imaginative play. It also allows the teachers to engage in spontaneous learning and child focused interests. The center uses the Creative Curriculum and Gold Assessment to develop formal curriculum and lesson plans. The center uses a positive behavior support approach that is effective in reducing the occurrence of negative behavior. The teachers continue to make excellent use of routines, transition activities, recognizing and praising positive behavior, and engaging in guided problem solving. Each teacher used calm and encouraging tones of voice when interacting with the children. Ratio was maintained in each classroom with at least two teachers assigned to each room. The teachers also did an excellent job of being mindful of spatial positioning both in terms of being in different areas of the classroom with the children, and also positioning so that they were generally able to see all of the children from one vantage point or the other. The teachers did communicate with each other about who would be responsible for certain tasks such as assisting with toileting.

Good health and safety practices were generally observed on the day of my visit. While most of the children are toilet trained the center does have changing tables, and standing options both for younger children in the Early Head Start classes that may still be in diapers, and those using pull-ups or who have a toileting accident. During the visit I was able to observe teachers assisting children with toileting and pull-up changes. While none of the children being observed had soiled themselves and were able to sit on the toilet the teachers did have gloves on. The teachers did direct the children to wash their hands following toileting and either ensured the children washed them effectively on their own, or provided assistance to the children. One issue with handwashing that was observed was in one classroom the teacher had the children use the restroom and wash their hands then sent them to join the group while the other engaged in a teacher lead activity with the children while waiting for lunch to be ready. The class then got up from that activity where they had been sitting on the floor, and playing with dolls and went to eat without re-washing their hands. Each classroom has a first aid kit which contains a supply of materials necessary to address most common first aid needs, and additional supplies are maintained in the office. Good cleaning practices were observed with the teachers sanitizing tables before meals, and waiting for children to be out of the immediate area before using chemical cleaners. Chemical cleaners, medications, personal belongings and other items that could pose a safety risk to children were stored in areas where they are not accessible to the children.

The center does have a full kitchen and meals are prepared on-site. The kitchen was observed to be clean with no indication of any rodent or insect infestation. Good food storage practices were observed for both refrigerated and dry pantry food items. A copy of the planned menu was posted and the being prepared was consistent with the planned menu. Good food handling practices were observed on the day of my visit with the staff washing their hands, gloving, and securing their hair when handling food. Meals are served in the classrooms family style with the teachers sitting at the tables and eating with the children to provide supervision and model good eating habits.

The center playground was reviewed and remains the same as in prior visits. There are two areas with climbing structures with one intended for the older HS children, and the other for the younger EHS children. The playgrounds are fully enclosed, and separated from each other by chain link fencing. The center did have the bolts that secure the fencing to posts trimmed so that they do not extend more than 3 threads past the nut to reduce the risk of impalement injury. The equipment was observed to be in good repair and appropriate to the ages of the children present. Foam tiles are used for fall surfacing. The center also has a gymnasium which provides the children with an area where they can engage in large motor skill activities when weather conditions do not allow for outdoor play. The gymnasium is divided through the use of mobile fence barriers to create three separate play spaces for the various age groups.

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In reviewing administrative records all required postings for No Smoking, Consultant Contact, Mandatory Abuse Reporting , and License Certificate were present on the day of my visit. Other required postings for emergency evacuation, emergency contacts, disease exposure, diapering, handwashing, daily schedule, lesson plans, and menu were also present. All inspection logs and certificates were available and current. The center uses an electronic file system for child information and all required information was present and current for each child. Staff files are reviewed separately at the program central office and any issues identified are addressed with the parent agency at that time.

3. Identify the aspects that fall below the standard

109.10(6): Children's hand washing: Center shall ensure staff assist children in personal hygiene.
Children's hands were not washed immediately prior to meal service in at least one classroom. While the children engaged in restroom as part of the daily routine prior to lunch service and did wash their hands following that they were sent to join the class for a teacher lead activity while waiting for peers. During that activity the children were observed to sit on the floor, and also play with dolls which would have negated the benefits of washing their hands previously. Once lunch service was ready the children and staff got up from that activity and did not rewash their hands before eating.

4. Any corrective action plans, provisional license, and safety plans-steps to get into compliance

Chantel stated that the center did have a regularly recurring staff meeting scheduled and she would review the requirement to wash children's hands immediately prior to meal service.

5. 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 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.

Date: 02/08/2026

HHS Licensing Consultant: Ray Salsbury

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Care License. Please take steps necessary to completely address each of the violations noted above.

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at **https://iowaccrr.org**.