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

Name of Center: Hampton Community Christian Day Care **Enrollment:** 115 **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: 03-16-2023

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

Licensing Consultant: Raymond Salsbury **Date:** 03-29-2023

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 03-16-23 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 115 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. 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. These "Happy Meal" toys are not subject to CPSC or ASTM standards and are frequently made with small parts that can break off, lead based paints, or have other issues that can be a safety concern and need to be removed. Each classroom, with the exception of the school age room, had a copy of the daily schedule and planned curriculum posted. The visit took place during the time when the school was closed for Spring Break and the school age children were attending. The engagement of the staff varied from room to room with some being very engaged presenting the planned curriculum, and others engaging in more observational supervision with the children spending long periods of time in self directed free choice play. While it is understood that the routines were changed due to the more relaxed atmosphere of spring break the center does need to ensure that a basic schedule and curriculum is maintained. The result of the less focused rooms were escalating stimulation and behavioral issues of the children that included frustrations and minor conflict. In response the teachers moved from more proactive to more reactive behavior management with some responses that could be considered prohibited discipline. As an example one staff member was heard to tell children, "those who are not listening will go over to take a nap". Punishments or threats of punishment associated with illness, lack of toileting progress, food, or rest are prohibited. Ratio was maintained in each classroom as required by age, and with at least two employees 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 essential established procedures but also engaged in practices that increased the risk of disease transmission that were not recognized. This included placing the clean diaper beneath the child before removing the soiled diaper and cleaning the child. This is a common practice by parents and individuals using communal facilities as a way to present a barrier between the child and a possibly contaminated surface, but in a daycare setting where the surface has been cleaned and disinfected increases the risk of cross contamination. Other practices included the staff using a baby wipe to clean the infant's hands following the change. Baby wipes are not an acceptable substitute for handwashing when soap and running water are available. It was reviewed that staff could use a paper towel with soap on it wash a child's hands and then rinse with a wet towel if a child does not tolerate having their hands washed in a sink. Good hand washing practices were observed in all other aspects staff ensuring the children washed their hands as needed and in an effective manner prior to meals, after using restrooms, and before administering medications. Good cleaning practices were generally observed with staff wiping tables before meal service, and waiting for children to be out of the immediate area before using chemical cleaners. One issue that was observed was with regard to using disinfectants and treating surfaces such as changing stations. The staff would spray the surface and immediately wipe the surface dry. To be effective disinfectants typically require a minimum period of time where the product must be allowed to remain on the surface. This dwell time can range anywhere from 1 minute to required air dry. The staff need to read and follow the manufacturer label directions for all cleaning products to ensure that they are safely and properly used and stored. 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 were 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. Records were maintained for children taking prescription medications but the center does need to ensure that documentation regarding when and the reason for a medication not being give is also maintained. Good safe sleep practices were observed during the time of my visit.

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. Meals are served family style in the classrooms with the staff and children eating together. Measure scoops were used to ensure that each child received a full serving. A copy of the planned menu was posted and the meal served did follow the planned menu which included 100% beef hotdogs, sliced peaches, salad, and milk. While 100% beef hotdogs are allowed by CACFP standards they are considered a high choking risk food item and as such must be modified to reduce the risk of choking by eliminating the disk shape by cutting the length of the hotdog to create two half moon sections, or cutting into smaller pieces. Children were observed in some classrooms to have hotdogs that had not been cut. In addition the peach slices were also left whole in some classrooms which resulted in some children placing the entire slice in their mouth which could also result in possible choking. Cutting large items into smaller more manageable sizes for children can help them with practicing good eating habits.

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 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 larger climbing structure but the sand had been displaced in the area with an older and smaller structure. Additional fall surfacing will need to be added to ensure the minimum 9 inches of depth for structures that have platform heights of no more than 4 feet. 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 posted though the handwashing postings in the school classroom restrooms were missing. 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 16 that needed an updated or renewed physical. In reviewing staff files the self-audit identified 1 that needed an FBI Fingerprint background check, 2 that needed a current physical, and 2 that had not completed all required training within the first 90 days of employment. All inspections logs and certificates were available and current. The radon testing results were noted to be borderline high ranging from 4.2 - 4.6 piCu/L which is above the 4.0 cutoff limit but the center has been engaged in construction which could impact the results and the center will work with the IDHHS radon coalition regarding retesting and mitigation if needed.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has been working on various renovations to the facility including the office, reception, and kitchen areas in addition to the child programming areas that had been renovated previously.

The center has a strong core group of employees who have been with the program for several years which helps to improve services with staff who are knowledgeable of the center expectations, and who have received on-going training.

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

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 manufactured as promotional items for food vendors do not conform to CPSC or ASTM standards and shall be removed from use.

109.12(5)b: Infants diapered in a sanitary manner as needed in central diapering area.One changing table for every 15 infants/toddlers needing diaper changes.Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area.
-- Clean diapers should not be placed beneath soiled diapers when changing to reduce the risk of cross contamination. Baby wipes are not an acceptable alternative to washing infants hands following diaper changes when there is access to soap and running water. When using chemical disinfectants staff need to read and follow label directions of use to ensure the product is effective including required minimum dwell times.

109.15(2): Center shall follow minimum CACFP menu patterns for meals and snacks.Menus planned one week in advance, made available to parents, and kept on file with substitutions noted.Avoid foods with high incident rate of causing choking.
-- Hotdogs were served and were not modified to reduce the risk of choking by cutting or modifying the hotdog to eliminate the disk shape of the product.

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.