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

Name of Center: Garner Community Christian Child Care **Enrollment:** 45 **License ID No. (Reapplications)** 48449

Street: 580 E US HWY 18 **City:** Garner Iowa **Zip** 50438 **County:** Hancock

Mailing Address: PO Box 84, Garner, IA, 50438

Director's Name: Lauren Hammitt - interim **Phone Number:** 641-925-1270

On-Site Supervisor(s): **E-Mail:** director@gc4childcare.com

Date(s) of Visit: 02-17-2025

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: 11-07-2023

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	14		19		33
Summer					0

QRS Rating: 1

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 03-01-2024 to 03-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 03-05-2025

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 Garner Community Christian Child Care center on 02-17-25 where met with Lauren Hammitt. Lauren identified that she is the interim director for the center while the board is conducting a search for a full time director. The program is located in the Evangelical Free Church in Garner but is operated as a non-profit center overseen by a separate board of directors. The building is an open multiple use facility that has had other programs in operation when the daycare is operating but none were present on the day of my visit. While those programs do have access to common areas such as restrooms and hallways that are also used by the daycare the staff do ensure that there is separation so that there is no intrusion into the programming classrooms, and that the daycare children are supervised at all times. The program provides daycare services to infants through school age children. There are currently 45 children enrolled in the program served by 11 staff. All aspects of the center subject to licensing standards were reviewed.

The general layout of the building, arrangement of classrooms, and programming remains the same as in prior visits. The program is currently making use of three classrooms but has the option to expand into other rooms of the center. Each classroom was observed to be clean with no concerns related to maintenance or design. The infant, 2 year old room, and the room being used as an office have direct secondary egress to the outdoors. Play structures had been moved to block access the doors following a reported incident of an infant placing their tongue on the steel body of the door which then froze causing skin loss when the child pulled away. It was reviewed that the doors could not be blocked and options such as using painters masking tape over the steel were suggested as an alternative. The preschool room has multiple exits opening onto the main corridor with one exit that is next to an exterior exit. The preschool room has a folding curtain divider that can be used to separate the space into two rooms but which is generally left open. The two year old room has a counter unit with a wall mounted gate that defines the main programming space from a changing area and bathroom access. Each room either has windows in the egress doors, or installed in the exterior walls that provide natural light and a view of the outdoors. All windows are sealed units that do not open. There is a pass-through restroom between the infant and toddler rooms, and additional restrooms for the preschool classroom are located off the main hallway. Due to the multiple use aspect of the building children are escorted to the restroom as needed. A sink is also available in the infant room to facilitate food and bottle preparation. Each room has an open floor plan with toys and materials arranged along the walls so that there are no blind areas. A good variety of toys and materials were present in each classroom that were observed to be in good repair. The items previously identified as choking hazards in the infant and toddler classrooms had been removed. A copy of the daily schedule and planned curriculum was posted for each classroom.

Good interactions were observed in all classrooms with the teachers attending to the children's needs. The center was engaged in nap time during the visit with the teaches in the toddler and preschool rooms sitting next to children soothing them. Staff in the infant room were engaged with the children playing with them, and doing activities to help them sit, stand/walk, or providing them with toys to engage in fine motor skill grasping and touch activities. For those older children that were not sleeping the staff did encourage them to lay on their cots and allowed them options such as taking a toy or other item to their cots. The result of this approach was that the children did respond well and avoided power struggles with the children.

Good health and safety policies are in place. During the visit I was not able to observe a diaper change but the staff were

able to identify the practices followed that were consistent with the posted required procedures. The center uses a commercially supplied product to sanitize and disinfect surfaces which is provided in a concentrate form that uses an automated mixing station. The center did not have any information posted in the classrooms or on the product bottles regarding the dilution ratios, or dwell times, and there was difference in the reported dwell time between staff. The information regarding the product was researched through the EPA registry number on the product which did identify information including charts with identified organisms and required dwell times that ranged from 30 seconds to 5 minutes. This chart and directions of use should be printed and posted to help staff ensure that they are following recommended procedures. First aid kits were present and contained materials necessary to address most common first aid needs. Over the counter and prescription medications were properly labeled and stored. Required staff to child ratios were maintained in all classrooms. Good safe sleep practices were observed in the infant room during the visit. All cots and cribs had appropriately fitted bedding. Spacing was also maintained to help reduce the risk of disease transmission.

The program makes use of the church kitchen and meals are prepared on-site. Good food storage and handling practices were observed in both the kitchen and classroom areas. Meals are served in the classrooms and while I was not able to observe a meal or snack service during the visit good food service practices were observed in prior visits. A copy of the prepared menu was posted and identified a good variety of nutritious snack and meal options.

The center has a small defined playground area enclosed with chain link fencing, as well as access to a large open grassy area where the children can play. The center has removed those residential grade climbing structures and other equipment identified as not being appropriate or requiring fall surfacing. The equipment present was limited due in part to the winter conditions and the playground not being used at this time. Support posts have been installed where an awning can be hung during the summer months for shade. The program does have access to the church sanctuary which is a large open space where seating can be moved to create a space where the children can engage in large motor activities and play when weather conditions do not allow for outdoor play.

In reviewing administrative records all required notices were present and posted in an area that was readily accessible to parents and visitors. The center does maintain self-audits of child and staff files and a random selection of both were reviewed and compared to the self-audits which were found to be accurate. The self audit for the child files identified 7 physicals had expired and needed to be renewed. One other issue that was noted was with regard to daily sheets for infants where staff were not documenting all required information. It was reviewed that five elements are to be documented daily and include Feeding, Diapering/toileting, Sleeping, Disposition, and Activities. In reviewing the records staff were not including the information on disposition and activities. The documentation also identified that notices had been sent to the families to provide updated information. In reviewing staff files 1 needed a copy of a current physical, and updated 1st Aid/CPR training, and 3 needed an FBI National Fingerprint background check. It was identified that the three individuals were all under the age of 18 and it was believed that fingerprinting was not required for those staff. It was reviewed that changes to requirements had been made a couple years ago and that all staff were required to submit fingerprints for a national background check with staff under 18 needing written permission from their parent or legal guardian authorizing the request. All inspection logs and certificates were available and current.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center does participate in the IQ4K program which seeks to implement best practice recommendations and is rated a Level 1 program out of a possible 5 Level scale.

The program is moving forward with plans to construct a new facility that will allow them to have a dedicated space, and increase the capacity to serve additional children. The center has received a large grant toward this goal.

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

109.9(1)b: All files contain:A signed copy of DHS criminal history record check or any other permission form approved by the Department of public Safety for conducting an Iowa or national criminal history check. A copy of Request for Child Abuse Information.Copies of the results of Iowa records checks conducted.Copies of national criminal history check results.Any Department-issued documents sent to the center related to records check.
-- Number not in compliance: 3

109.9(4): Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities.
-- Documentation of daily Activity and Disposition was not being maintained as required.

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: 7

109.10(15)d: Daily checks to ensure all exits are unobstructed.
-- Play structures were placed in front of emergency exits to restrict child access. -- CORRECTED. The items were moved immediately during the visit.

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.