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

Name of Center: Little Feet Learning Center, LLC **Enrollment:** 47 **License ID No. (Reapplications)** 51602

Street: 521 4th St **City:** Rockwell City Iowa **Zip** 50579 **County:** Calhoun

Mailing Address: 521 4th ST, Rockwell City, IA, 50579

Director's Name: Rebecca Thompson (owner/director) **Phone Number:** 712-297-5621

On-Site Supervisor(s): **E-Mail:** littlefeetlearningcenterllc@gmail.com

Date(s) of Visit: 07-24-2023

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: 08-26-2021

Comments :

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	9		13	29	51
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 09-01-2023 to 09-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-25-2023

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced licensing visit was made to the Little Feet Learning Center in Rockwell City on 07-24-23 where I met with the center owner and director Rebecca Thompson. Rebecca is well qualified for the position based on her experience, education, and on-going training. Rebecca does have an Associate degree in Early Childhood Education, and is also a Registered Nurse. The program opened in 2021. The center is operated as a privately owned for profit program. The center provides full range child care services to infants through school age children. There are currently 47 children enrolled in the program served by 10 staff. All aspects of the program subject to Licensing Standards were reviewed during the visit.

The program is located in a free standing building that has two separated spaces with one half being leased to another business. That space does have a separate entrance so that individuals making use of that business do not have contact with the daycare. The space is owned by Rebecca and could provide the opportunity to expand in the future if needed.

The general layout and design of the building remains the same as in prior visits. The daycare makes use of the front half of the building and is divided into three rooms. One room is used for infants, one for preschool age children, and one for school age children. The infant room has two sinks in the room to facilitate hand washing, and bottle preparation. Windows along the exterior walls provide ample natural light. There is a door that provides direct access to the outdoors. Access to the door was clear of obstruction but a handle block had been installed to prevent the children from accidently opening the door. It was reviewed that the center would need to verify with the Fire Marshal options but these systems are generally not allowed and should be removed or installed so that it blocks the downward pull but allows the door to open with an upward lift of the handle. It was noted that a change had been made to the room with removal of a mobile gate and fence structure that had divided the room. A shelving unit that was used to create an access corridor from the exterior exit had also been removed. These changes provide better access and sightlines of the classroom.

The preschool room is a space that is created by a counter and gate in the main entry space of the center. A restroom and sink are located just off the programming space, and a changing station has also been added for those children still working on toilet training. A large store front window provides natural light and a view of the outdoors. The center has increased the number of shelving units and play structures in the space and arranged them so that they create more discrete activity centers. The arrangement was such that it does not create any blind areas. Access to the school age room is also achieved by passing through this space.

The school age room is a large open space at the back of the building which has windows along the exterior walls, a secondary door that opened freely and easily, and additional restrooms just off the main programming space. A mobile panel divider was present which can be used to separate the room. During the school year this is used to divide the room into a primary programming space, and an area used for large motor skill activities. During the time of visit the divider had been moved so that space was one large room again providing increased programming space and direct line of sight.

Each room was observed to be clean with no immediate safety issues related to maintenance. A good variety of centers were present in each classroom with increasing options for the older age rooms. All rooms have options of small/large

manipulatives, books, and art/crafts, with the preschool adding dramatic play, media, and group learning, and the school age children including options such as an air hockey table and arcade basketball hoop game. All toys and equipment were observed to be in good repair and generally appropriate to the ages of the children present. There were a couple of toys with small parts in the infant room that were identified that should be checked using a choke tube. Staff to child ratios were maintained in each classroom as required by age. The preschool and school age classrooms had combined for a brief as the children were preparing to go outside to the playground but had been in separate rooms prior to that. A copy of the daily schedules and curriculums were posted in each classroom. While the center does develop curriculum plans these were not posted on the day of my visit. Good interactions were observed in each room during the time of my visit with the staff being engaged with the children and attending to their needs. Good behavior management techniques were used during the visit with the teachers using positive engagement approaches of reminders of expected behavior, praise, and redirection. When children did not respond to those approaches staff did use timeout as a consequence.

Good health and safety policies are generally in place. Good hand washing practices were observed with the staff washing their hands, and the children's hands as required and ensuring that the children did so in an effective manner. I was able to observe diaper changes and good practices were generally observed. Staff were observed to place the clean diaper under the child before removing the soiled diaper and did not deglove between handling soiled and clean. It was reviewed with the staff that these practices do increase the risk of cross contamination. In addition when cleaning the changing station the staff did not allow the disinfectant to remain for the required dwell time to be effective. Chemical cleaners, purses, diaper bags, and other items that could pose a safety risk to children were stored in areas where they were not readily accessible to the children. Diaper creams and other over the counter medications were labeled with the name of the individual to whom it belonged. I was able to observe a teacher administer an over the counter antipyretic medication to a child during the visit and good practices were followed for the administration, and documentation of the medication. In reviewing first aid kits the center does maintain several small kits in each classroom, and when leaving the center will place one in a backpack. The first aid kits do have materials to address most common first aid needs. Safe sleep practices were followed. One issue that was noted is that cots were stored standing on end with blankets draped over the ends. These should be stored stacked so that space is maintained between each cot and bedding, or bedding should be stored separately or laundered daily.

The center does have a kitchen and meals are prepared on site. I was able to observe the breakfast and lunch service and good food handling practices were observed. Meals were pre-portioned by staff and served to the children. Staff did wear food service gloves when portioning and handling food. The children ate in the classrooms and while the staff did not eat with the children supervision was provided to the children while they ate. The meals served were consistent with the planned menu. The center has developed a 4 week menu rotation. Good food storage practices were observed in the kitchen and classrooms.

The center does have a playground space and completed a significant renovation over the past year. The renovations include new chain link fencing, a new climbing structure, and paved basketball court. The equipment was observed to be in good repair though one bolt securing the slide chute to the platform was missing, and another was loose and needs to be tightened. The playground also has a grassy area with a small patio area of paver stones with a picnic table, some dramatic play structures, and other play items. Shade is provided by large mature trees from a neighboring property that overhang part of the playground.

In reviewing administrative records all required notices were posted in an area that was readily accessible to all parents and visitors. Emergency contact numbers for fire, ambulance, utilities, and poison control were posted by the land line. Emergency evacuation notices that include both diagram and written instructions for fire and severe weather were not posted by all exits from programming rooms and those that are missing need to be replaced. In reviewing children's files the center does use the Pro-Care software system for communication and logging some information but also makes use of hard copy files. Rebecca does maintain a self-audit for both staff and child files and randomly selected files for both children and staff were compared to the self-audits which were found to be accurate. The self-audit identified that 4 files needed an updated physical. Staff files were found to contain all required documentation with the exception of 5 that did not have documentation of having completed on-going annual training. In addition the center uses the Pro-Care app to communicate with parents including maintaining daily sheets for infants. While the system does have the ability to document all required daily information (feeding, diapering, nap, disposition, activity) the staff were not including information on disposition and activities on a regular basis. It was reviewed that these elements are required to be documented and the program does have the ability to attach photographs which can be used a visual depiction of these elements. Inspection logs and certificates were available and current for all required elements. Radon testing was noted to have a reading just over the allowable cutoff limit and the center was following the guidance of the testing facility to conduct a re-test to ensure an accurate read.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The program has continued to expand and make improvements over the past year with completing the renovation of the playground space.

Rebecca stated that the center also received a grant to allow them to obtain new equipment and furniture.

The center has a strong group of staff who are doing an excellent job of engaging with the children and providing positive learning environment.

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

109.7(2): Center directors and all staff have the required contact hours of training.
-- Number not in compliance: 5

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: 4

109.10(15)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.
-- Required postings were not present by all exits from programming rooms and those that are missing need to be replaced.

109.11(3)a: Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. Sufficient space provided for dining. Sufficient lighting shall be provided. Sufficient ventilation. Sufficient heating. sufficient cooling. Sufficient bathroom and diapering facilities. Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease.
-- When using chemical cleaners staff need to read and follow label directions. Cots need to be stored so that bedding does not come into contact with bedding or cots of other children. The missing retention bolt needs to be replaced and the loose bolt tightened on the slide chute of the climbing structure.

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.