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

Name of Center: Hanson Family Life Center **Enrollment:** 40 **License ID No. (Reapplications)** 22430

Street: 306 S 6th ST **City:** Forest City Iowa **Zip** 50436 **County:** Winnebago

Mailing Address: 916 W I ST, Forest City, IA, 50436

Director's Name: Faith Kahler **Phone Number:** 641-585-5187

On-Site Supervisor(s): Lexie Breitsprecher **E-Mail:** childcare@forestcitymca.org

Date(s) of Visit: 05-27-2024

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: 06-02-2021

Comments : Note: The fire inspection certificate is due to expire soon and if a renewed inspection is not automatically conducted the center will need to contact the fire marshal to request a new inspection.

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	13	12	74	30	129
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 07-01-2024 to 07-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 06-04-2024

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 Hanson Family Life Center on 05-27-234 where I met with center director Faith Kahler. Faith became the director of the center in December 2023 and is well qualified for the position having extensive experience and training in early childhood care. Lexie Breitsprecher is the on-site supervisor and is also well qualified for that position based on her experience and training. The center is operated as a non-profit program overseen by a board of directors. The facility is the main administrative office for this, and two other programs that are operated under the authority of Hanson Family Life and the board. The facility currently serves infants through 3 year old children at this location. There are approximately 40 children currently enrolled in the center. All aspects of the program subject to licensing standards were reviewed during this visit. It is noted that when reviewing employee files the review encompassed employees for the satellite programs as well.

The general layout and design of the physical facilities remains the same as in prior visits. The facility has 6 classrooms and a large cafeteria/gym area. The center was not making use of one classroom due to decreased enrollment and staffing. In observing classrooms each was clean. There were a few minor maintenance issues such as peeling paint and damaged drywall but nothing that rose to the level of being an immediate safety concern. The two infant rooms have half walls that define sleeping areas and mobile gate structures were present to separate those spaces from the primary programming area. Those wall do create some limitations for line of sight of sleeping infants and the teachers in the classrooms need to be mindful of this and position themselves such that they can observe sleeping infants. Each room has windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Each room has bathroom facilities directly accessible from the room and additional sinks in the classrooms to facilitate hand washing. Each classroom has secondary exits with several of the rooms having a connecting passage between two rooms as the secondary exit. These connecting passages are also used as a staff work space and storage area. Exit doors were observed to open easily and freely. Evacuation cribs are used in classrooms with the infants and those were also observed to be clear of obstruction. Each room is divided into activity area through the placement of furnishings and play structures. While generally arranged so as not create any blind areas there was one tall cabinet in the Yellow room used by the 2 year old children which like the half-walls of the infant rooms does limit sight lines and staff need to be mindful of positioning to observe children when they are playing in that area.

The available activity centers include reading, large/small manipulatives, and art/crafts in all rooms and add options such as music/movement, experience tables, group learning, puzzles/games, and dramatic play for older age groups. Each activity center had a good supply of toys and materials which were generally in good repair and appropriate to the ages of the children present. There were some items and toys which would be considered choking hazards present in classrooms. Items and toys with parts less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards and need to be removed from classrooms serving children under 3 years of age Each classroom had a schedule and planned curriculum both of which were posted as required. Ratio was maintained in each classroom as required by age with at least 2 teachers present in each room. During the visit several classes did leave for an off-site activity and an additional teacher accompanied the classes to provide additional supervision as required. Good interactions were observed with all staff being actively engaged with the children and attending to their needs. This included teachers doing large group and small group activities such as reading books or playing with the children, changing diapers, and feeding children. Good behavior

management techniques were observed with the teachers recognizing/praising positive behaviors, using routines and transition activities, and redirecting children as needed. These approaches were implemented in a very effective manner such that there were not significant behavioral concerns observed on the day of the visit.

Good health and safety policies and practices were generally observed. I was able to observe diaper changes and the center does need to review practice. Staff were at different times observed to not deglove between handling soiled/clean materials, held children while using chemical cleaners, did not follow label directions regarding use of chemical cleaners, and did not wash children's hands following diapering. The center does need to monitor items such as crib mattresses, and changing pads to ensure that these are replaced once the water proof covering is damaged and exposing the foam core as was noted with several crib mattresses. Chemical cleaners and other items that could be a safety risk to younger children were stored in areas that were not readily accessible to the children. First aid kits are kept in classrooms, and a larger supply of materials to replenish kits is also maintained. Medications are stored in the office and good documentation is maintained. Good safe sleep practices were observed for infants under 1 year of age.

The center playground has a climbing structure, paved riding track, and grassy areas. The equipment was observed to be in good repair. A unitary pour in place foam fall surfacing is used beneath climbing equipment. The playground fully enclosed by chain link fencing. There is one area with a low spot that does create an entrapment risk with the fence. The center has attempted to use a mobile fence system to block that area but it was observed to have fallen over and was ineffective on the day of my visit. Options such as lowering the fence, adding fill material, or installing a barrier were discussed with Faith. Shade is provided by the building, equipment, and trees. There were some areas where the ground did not come level with the pavement creating a tripping hazard that needs to be addressed.

The center has a full kitchen but currently only snacks are being prepared on-site with lunch being prepared by the local elementary school and brought to the center in hot/cold holding containers. Menus for both the daycare and school prepared meals were posted and provides a good variety of meal options. I was able to observe the lunch service on the day of my visit and good food handling practices were observed with the teachers wearing gloves and using measured utensils to ensure each child received a full serving. While the teachers did not eat with the children supervision was provided at the tables. The kitchen was observed to be clean, and good food storage practices were observed.

The required notices for No Smoking, Consultant Contact, Mandatory Abuse Reporting, and the License Certificate were posted in an area that is readily accessible to parents and visitors. Required postings for emergency evacuation, handwashing, and diapering were present but the diapering procedures posting was not present by all changing stations as required. In reviewing child files a random selection of files were selected for review. Infant daily sheets were not being completed to include all required information with daily activities and disposition not being logged. The center did not have a self-audit and the system being used is such that it is difficult to track with different elements of each file stored in various files, folders, or binders. While the files reviewed were found to contain the required information it is recommended that the center identify a singular and specific location/manner to maintain records. Similarly when reviewing staff files the system being us was again difficult to track but a random selection of 4 staff files found that each was missing at least one required element. Again the center does need to identify a method to maintain and monitor records. Inspection logs and certificates were unavailable for Emergency Evacuation drills, Fuel Burning Appliances, Radon, and Playground inspections. The center also did not have a carbon monoxide detector present on the day of the visit.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has had a significant change with a new director and Faith is working to organize the office and program.

Faith did identify that she has a very stable group of staff which has allowed the center to accept additional children. This includes the summer program which was fully enrolled.

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

109.6(6)c: Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.
-- Record checks had not been renewed as required.

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: 4

109.9(1)e: All files contain documentation to indicate that ongoing staff training requirements are met, including current

certifications in first aid/CPR and mandatory child abuse training.
-- 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 activities and disposition was not being maintained.

109.11(3)d: Record of monthly inspections of outdoor recreation area and equipment shall be kept.
-- Documentation not available on the day of the visit.

109.11(7)b: Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.
-- Documentation not available on the day of the visit.

109.11(7)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.
-- Documentation not available on the day of the visit.

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.
-- Staff did not deglove between handling soiled and clean items, held child(ren) while using chemical cleaners, did not follow disinfectant label directions, and did not wash the child(ren)'s hands following diapering.

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 a referral to Child Care Resource and Referral has been made to assist the center in developing a plan of action to correct the issues identified in the report.

*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.