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

Name of Center: Danville Early Learning Center **Enrollment:** 50 **License ID No. (Reapplications)** 38069

Street: 419 S Main ST **City:** Danville Iowa **Zip** 52623 **County:** Des Moines

Mailing Address: 419 S Main ST, Danville , IA, 52623

Director's Name: Shawn Perkins **Phone Number:** 319-392-4627

On-Site Supervisor(s): LuAnn Walker **E-Mail:** luann.walker@danvillecsd.org

Date(s) of Visit: 03-19-2025

X **Licensing Visit** X **Unannounced Visit** **Off Year Visit** **Administrative Change**

LICENSING VISITS

New Application X **Re-Application** **NA**

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 03-15-2023

FIRE INSPECTION X **State** **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 10-04-2022

Comments : Does Comply. Fire inspections must be completed every three years. Conducted by State Fire Marshall.

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	11	23	54	33	121
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:		
	FULL license from	
X	**PROVISIONAL** license from	01-01-2025 to 01-01-2026
	DENIAL of initial application	
	SUSPENSION of license	
	REVOCATION of license	

Licensing Consultant: Jill Seibert **Date:** 04-04-2025

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Danville Early Learning Center is located inside Danville Elementary in a residential area of Danville. The center operated for several years under the Department of Education. The center is owned and operated by the School District.

The program consists of three separate classrooms for infants, toddlers, and school age children as well as two preschool classrooms. An office and conference room completed the facility. The daycare/preschool rooms are within the school and can only be accessed by first entering the school building. Visitors to the school must check into the building at the front office. When a visitor arrives they must enter the front door, as all other doors are locked. A visitor badge will be given at the time of sign in to fill out. Visitors are directed by office staff to wear the tag in a visible area. Visitors must also sign out. It has been discussed multiple times the past few years a staff must be present at the beginning and the end of the day to allow parents access to their children.

Luann Walker has directed this program since 2020. She was formerly the program On Site Supervisor. Ms. Walker worked in the center for several years as the Office Manager. She is currently the OSS and Shawn Perkins has been appointed as Director. Director Perkins has worked in the school district since 2015. The program was in session and children were present during this visit. I made an unannounced licensing visit to the program on 3/19/25. All program areas were observed at that time. Either the Director or On Site Supervisor is present during programming hours. However Luann is in a classroom frequently and Shawn is engaged in school responsibilities a fair amount of time. The visit this year consisted of classroom observations and activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, administrative review and discussion on each.

Students in both the 3 year old and 4 year old program are taught Music, Art, and PE by licensed teachers. Students in the preschool program also have field trips, special guests, and assemblies that the rest of the building participates in.

Observation of Rooms:

The classrooms are self-contained. They have phones and direct access to the outdoors. The curriculum is Creative Curriculum. Materials were organized and child accessible. The Center appears to have an adequate amount of equipment including games and activities that appear to be of high quality. Interest centers available to the children include: blocks, children's literature, dramatic play, toys and games, puzzles and small manipulatives, art, music and movement, science and discovery, sensory tables, writing center, and computer area.

Center Nutrition:

Breakfast, a noon meal, and snacks are provided by the School. Breakfast and lunch are prepared in the school kitchen by school staff. Preschool students in the voluntary preschool program bring a snack each day. Snacks are prepared by daycare staff and served in the classroom. The school chooses what will be served for snack to all other classrooms but the

4 year olds. The school follows USDA guidelines. Some snacks provided by the school do not meet CACFP guidelines.

Food storage practices were observed. Dry goods were stored appropriately. Open food was placed in a sealed container or bag. Generally expired or opened food is not an issue. Thermometers should be in each refrigerator/freezer unit. Cooling temperatures should be 40 degrees or below. Freezing temperatures should be zero degrees or below. Food items should be accessible so that the Director and OSS can ensure snack or foods being served meet CACFP requirements.

Meals are served family style in each classroom. Children dine at child size tables and sit in small chairs. During snack, the children are read to and they discuss books or staff sit and visit with the children. Food menus for all meals and snacks should be kept on hand.

Center Health and Safety:

Ratio was met and maintained on the visit. At the beginning and the end of the day a staff must be present to allow parents access to their children. If staff are leaving the room multiple times the room is out of ratio and supervision lapses occur. Administration reports this is no longer occurring.

All classrooms have new censor lighting, and a newer ventilation system. The program also has new fire alarms and an emergency lighting systems. Heating and cooling are provided by a Geo-Thermal system and is forced through ceiling vents.

Prescription medication was reviewed regarding accordance with licensing regulations, physician directions, and parental consent, as well as medication policies and procedures. Medications (including sunscreen) should be stored in their original containers with physician/pharmacist directions and label intact when on the premises. Last year Director Walker had every medication in the center logged in a central location. This year four medications were found in the toddler room not logged. Administration were not aware the medications were in the building. The medications are now removed. This has been an issue in the past with the center. Any consultation or information regarding medication can be provided by Child Care Nurse Consultant Nancy Ganaman.

An ill/injured area is the preschool office area or a designated space in each classroom.

Storage and maintenance of first aid kits were reviewed. Many supplies were present to address minor trauma. The Director had the most recent first aid kit checklist. Labeled first aid kits were identifiable and easy to access in a high cabinet in each room. The school nurse can be accessed during school hours if necessary. Allergies should be posted so that staff are aware of how to react in an emergency. All children currently have an Allergy Action Plan on file and signed by a physician.

Environmental testing and the maintenance of any necessary detection equipment were reviewed. Radon testing is due every 5 years. Testing is current and readings are below 4 pciL. The school installed a Geothermal heating and cooling system so an annual fuel burning appliance inspection is not required. A non-battery operated carbon-monoxide detector is in the preschool room. The center has outdoor air exchanges throughout the school so ventilation is adequate. The Elementary School building was built in 2013. As a result, a lead paint assessment is not required. The school building is on Danville City water. As a result, a private analysis is not required.

General regulations regarding safety policies and procedures were reviewed. Storage is not an issue in the classrooms.

Lighting was not appropriate at nap time. All cots but a few were spaced at least two feet apart or more. Cribs should be spaced at recommended distance. More on this topic can be found at Caring For Our Children.

Each program room should accommodate each child so that they have at least 35 square feet of usable floor space. Capacity cannot be over in any program room.

HHS reviewed emergency plans and drills for fire and tornado. Tornado and fire drills should be practiced and documented once a month. The entire program area has secure windows and reinforced walls and ceilings. The center/preschool is the safe area for the Elementary School. When tornado drills occur all elementary children are taken to this area.

Electrical outlets are child safe. Staff personal belongings were stored out of the children's reach in cabinetry.

General regulations regarding sanitation policies and procedures were observed in each room. Sufficient toileting articles and hand washing supplies were observed in the restrooms.

Hand washing posters were easily observed. Wipes or any other materials should not be stored on changing tables. Room arrangements are neat and organized. The center recently rearranged the room due to a blind spot. On past visits we discussed blind spots and room arrangement. The program should have one toilet and sink for every 15 children in each

room. Storage is located in plastic crates and closets. Room lighting consists of both natural light from windows as well as adequate interior lighting. The classroom and bathroom facilities were observed to be clean.

Center administration have reviewed sanitizer/disinfectant with the Iowa Department with the of Public Health. Sanitizers and Disinfectants vary in each room. Each classroom has a set of opening, nap time, closing and weekly cleaning tasks.

Safe Sleep practices should be utilized in the infant room. Staff should be able to observe infants by sight and sound at all times. The infant had been moved to the two rooms the day of the visit. The room was dark. Lighting should be turned up.

Center Playground:

The center uses a newly installed outdoor play area on school grounds specifically designed for preschool age children. The area is fenced with tall chain link fence. The area is not naturally shaded. Shade is provided by the building and the storage shed. The area features large, anchored, metal/plastic climbing and activity toys. It also contains benches, basketball hoops and a swing set. The entire play area is surfaced with rubber matting. Children also use riding toys on the rubber matting surface. Riding toys are available but kept in a nearby shed.

The program monitors screws/bolts on the fence so that no more than two thread bolts are exposed. When in outdoor play each child should have a minimum of 75 square feet of usable space. The program further monitors the bottom of the fence so that when it becomes loose it is quickly fixed and doesn't become an entrapment hazard. Rubber mulch was also added.

Playground inspections should be conducted and documented on a monthly basis. The Child Care Weather Watch should be utilized in determining if outdoor play is appropriate in varying weather conditions. Children should be outside if weather is conducive to outdoor play.

Center Transportation Arrangements/Field Trips:

Teachers may decide and are encouraged to conduct short, unannounced field trips including but not limited to: walks as a class around the perimeter of the building and/or nearby neighborhoods. The center provides no transportation. Transportation for field trips is provided in school bus vehicles owned and operated by Danville School District. All children in the program have signed parental waivers to ride the regular school bus. A first aid kit is on every school bus. CPR certified staff and emergency contacts are taken on field trips.

Center Administrative Records:

Redirection is used on a regular basis. Curriculum has been an ongoing issue for the program. CCR&R may be utilized at any time to provide consultation and observation on current practice. HHS and CCR&R have encouraged the center to have a schedule and routine followed daily as well as age appropriate curriculum.

Postings, including Emergency evacuation postings and mandatory abuse reporter, no smoking postings were observed hanging in the rooms on the parent boards. The state consultant contact information were also present. Special upcoming events calendars were also posted. 911, Emergency and Poison Control numbers were posted. Center phone and address should be posted by the phones in each room.

Administration has had conversations with staff regarding child confidentiality. 237A.7 states: Information regarding a child in a child care center or their relative is confidential. If this information is released by visual, verbal or written means, written consent from the parent or guardian is in the file or a court order allowing the release of the information. Staff not following this rule

Regulations regarding required written policies provided to parents in the form of a parent handbook and staff handbook are met. The handbook contains limited and unlimited access policies. The Center has a biting policy which is available in the handbook.

The program must utilize the correct Volunteer Form if volunteers are utilized. School personnel can volunteer but must sign the Volunteer Form and have background checks conducted. School personnel must sign a Volunteer Form if serving in the childcare. They must follow Volunteer rules:

109.6(5)a
All volunteers shall be at least 16 years of age and shall:

Have signed statements indicating no conviction of any law in any state or record of founded child or dependent adult abuse. Signed statements indicating no communicable disease or other health concerns that poses a threat to children.

109.6(5)b

Signed statement indicating they have been informed of responsibilities as mandatory reporters.

109.6(5)c
Undergo record check process if:

It is included in meeting the required child/staff ratio.
Has direct responsibility for a child or children.
Has access to child or children when no other staff is present.

Child records and incident reports are kept in the Office and are now accessible. This is an improvement from past years. All children are required to have updated physicals and immunizations, emergency contact information, dental and medical provider information and pick up authorization information. Each child should have an Allergy Action Plan that has a food or other type of allergy. Incident and injury reports are on file. LuAnn Walker, Director is the record keeper for child records. CCNC Nancy Granaman visited the center in March at my request. On 3/22/23 she emailed the following information, "Hello Ladies. I visited Danville this morning and wanted to share my findings. The child records and immunization forms were discussed and reviewed. All children had a file and an immunization record. L.W. was waiting on a few health records that needed updated. We downloaded all the potential special needs forms that may be needed in the future, and she is aware of where to look on the intake form for allergies, etc. that may not be listed on the health record. An asthma action plan for 1 child will be sent home with the parent for completion and physician signature. A few of the immunizations were missing signatures which I signed. Other than those things, the charts where pretty much on par with other center reviews. I gave her a guide that shows DHS requirements and HCCI best practice that each child should have on file. Lions and I Smile come for eye/dental screenings which I encouraged her to include copies of/date those were done. There is the same issue of the 3 year old and younger kids lacking lead levels recorded on the health record. Many times it has been done, just not documented. She is now aware, and will have the parent ask the physician for those if missing. We discussed having a physical form/parent statement ready with the yearly update of intake forms to make data collection easier.

I will continue to work with her on IQ4k in the future, but let me know if there is anything else I can do to help. Everyone most likely has some improvement needed in the record keeping department, but I honestly don't feel that there are any issues that can't be easily remedied at this time.
Nancy Granaman, RN
Des Moines County Child Care Nurse Consultant"

The center should be utilizing her services on a regular basis.

Staff files (SING checks and Fingerprint results) were accessible this year from the daycare. We reviewed required training such as CPR/First Aid, Mandatory Reporter training and professional development. Updated physicals are due at start of employment and every 3 years. Current Iowa Criminal background checks and Fingerprint results were observed. Any staff concerns should be documented, and quickly addressed. This has not been the case again this year. This center has a history of high turnover and staff conflict within.

Annual emergency procedures plan is present. Staff should be trained annually on the plan and have signed acknowledgement of such.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Teaching Strategies GOLD is the assessment tool used by the programs to evaluate and track each child's individual development.

The program meets a childcare need in the community.

The center may occasionally access the gym for gross motor activity.

The center director may consult with Danville CSD Superintendent on any center issue.

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

1. 109.6(6)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs. This was also cited in 2023. Four staff present the day of the visit were working without fingerprints. CORRECTED after the visit

2. 109.8(2)b: Combinations of age groupings for children between 3 and 5 years of age may be allowed with a staff of 1 to every 12 children. A child under 18 months was combined with two-year-olds the date of the visit. This practice was not observed by CCNC Granaman the date she visited. Staff and administration indicated staff are sent from the school to ensure ratio is met. This is not allowed unless staff meet all HHS licensing requirements. This has been discussed in the past with the program.

3. 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: 6

4. 109.10(10): Recording incidents: Parents shall be notified on the day of the incident involving a child that includes: Minor injuries. Minor changes in health status. Minor behavioral concerns. Incidents resulting in injury to a child. Shall be verbally notified immediately when there is: A serious injury to a child. An incident resulting in significant change in health status. An incident includes child being involved in inappropriate, sexually acting out behavior. A WRITTEN report, fully documenting every incident, shall be provided to the parent or authorized person. This should be completed by staff that witnessed the incident and retained in child file. Serious injuries and deaths must be reported to the Department within 24 hours. Staff indicated incident reports were not completed when a two year old child was injured. Staff reported at times they are not able to fill out reports on biting or bruises on children due to being too busy in the room trying to maintain supervision.

5. 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. No tornado or fire drill documentation was present for the past year. Staff indicated they did do drills when the school conducts them (quarterly). The Director sent documentation that drills have now resumed.

6. 109.10(15)c: Center shall develop procedures for annual staff and volunteer training on emergency plans. Staff should be trained on the emergency preparedness plan and sign and date acknowledgement of such. This was also cited in 2023.

7. 109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. Staff reported a two-year-old in the program has had bruises or marks on at least two occasions. They indicated no incident reports were written since staff were not aware of how the injuries occurred. They stated children were formerly being mixed with school age children but are no longer doing so. The date of the visit two-year-olds were mixed with school age children at nap time. Both rooms were dark enough this worker could not see the children in either room. One staff was not aware of how many children she was supervising. Staff explained in the toddler room they do not break children up into groups. This makes it more difficult for staff to know how many children they are personally responsible for. Staff indicated there are no hand offs regarding transfer of care when new staff or float staff arrive or depart. This will be an ongoing process of administration ensuring staff are breaking children up into supervision groups that are manageable. Curriculum should be utilized with each age group. This was also cited in 2023. Staff report the environment as chaotic. Remediation of supervision requires ongoing practice that must be in place.

8. 109.11(2): A safe and properly equipped area is provided for infants that does not allow for intrusion by children over two years of age. Children over age two who remain in the infant area are placed at the recommendation of a physician or AEA due to a significant developmental delay. Children are placed for a limited time with DHS approval if doing so does not pose a threat to the infants.

9. 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. All children in both rooms must be visible during nap time. Lighting should be such that staff can easily see the color of the skin and rise and fall of an infant's chest.

109.11(3)d: Record of monthly inspections of outdoor recreation area and equipment shall be kept. Playground inspections should resume. The OSS indicated these would resume.

109.10(3)b: For every day an authorization for medication is in effect and child is in attendance, there shall be a notation of administration including the name of medicine, date, time, dosage, given or applied, and the initials of the person administering the medication or the reason the medication was not given. Four medications in the toddler room had no documentation with them. Staff in the room indicated the children listed on the OTC medications were not in the toddler room. Staff did not know where medication administration documentation was located or if the children had been given medication. All medications have been moved to the office. Only emergency medications will be kept in the rooms.

10. 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. All foods served must meet CACFP guidelines. Fruit snacks do not meet guidelines. Food waste containers should be covered. Staff and the OSS also identified more baby friendly snacks should be purchased.

11. 109.8(1)e: Staff persons under age 18 who are not under supervision of adult shall only provide care to school aged children Staff under 18 years old have to supervised children under school age at times when staff calls in sick or when no other staff are available due to staffing issues.

On 3/24/25 the Director stated, "We have every staff member fingerprinted except for Kelly who is our sub and former employee. I will get hers the next time she works. The windows in the Enrichment room and toddler room are open and emitting natural light so that every child can be seen during rest time. In the infant room, we are using a bright light. I am currently going through every physical and sending out reminders to families that we need updated copies of those that are expired. Every staff member knows and understands that we are not going to group infants and toddlers. School age students stay in a separate room the entire time. There is no medication in the toddler room."

V. SPECIAL NOTES/RECOMMENDATIONS:

IHHS encourages you to contact your local nurse consultant with IDPH. Child Care Nurse Consultants work with child care and early education businesses. Businesses may call or send questions to a child care nurse consultant about health and safety policies, health programs, health of personnel, and specific child health or safety issues. CCNC Nancy Granaman (Des Moines County Child Care Nurse Consultant Iowa Department of Public Health) completed an Injury Prevention Checklist a few years ago. She may be consulted on any health and safety questions. CCNC Granaman met with the center in March after a referral from HHS and assisted the Director with file review. HHS recommends the Director continue to reach out to CCNC Granaman.

HHS made a referral to CCNC Granaman after the visit. She stated, ".I made a visit to Danville yesterday and completed a safe sleep checklist. There were four infants ages 11 and 12 months. There was a reclining bouncy seat (not being used) that staff agreed to remove.

Following the checklist I stepped into the 3/4 year old room briefly and spoke with Luanne. The atmosphere in that room is drastically different than when I did a H&S checklist with Heidi last year. There is now structure, and the children were not running around the room with little direction from staff.

Shawn and I met to discuss issues that occurred during your visit:

Child health physical forms- Shawn admitted that it has been difficult to keep up on them when she was filling in for the vacant preschool room. She has addressed the missing and expired forms. My recommendation going forward is to contact her Bright Wheel representative to get information/training on how to set up an alert system when physical forms need updating. An immunization audit has recently been completed by DCPH. Missing, expired, and out of state forms are being addressed at this time. I believe there were 11 in total for the Center.

Medications- No medications are being given at this time. Shawn reviewed the medication policy they have in place with all meds being in a locked drawer (in the office) with the exception of emergency medications if they have those in the future. Emergency meds would be kept in a cupboard out of reach of children with appropriate paperwork, and taken with staff if the child leaves the room. The medication found the day of your visit was not known to staff or Shawn. She stated that a staff that left in September had placed them there without letting anyone know. Going forward, all areas where meds will potentially be stored will be checked regularly for expiration/return to parents.

I believe improvement will occur as new staff is hired and with her upcoming visits with Tabitha to work on ratios. The incident that occurred with taking an infant into the toddler room has been discussed with staff. I have offered to return to review child health records or any health and safety issues in the future. Please let me know how else I can assist.

Nancy Granaman, RN

IHHS encourages you to contact Child Care Resource and Referral. They offer centers assistance with meeting the HHS regulations, QRS, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions regarding childcare.

HHS made a referral to CCR&R after the visits. Consultant Tabitha Copeland sent the following email to Director Perkns: "Until we can meet, please look over the information from COMM 204 attached on ratios and mixing of ages. Please also make this available to staff .

Ratios:
Highlighted is the information on appropriate mixing of ages and the information about staff under 16 is underlined and highlighted. Staff under 18 can only be left alone to supervise school-age children if you feel they can do so safely. All other ages they must have a staff over 18 with them at all times.

Please note that a child under 18 months should not be mixed in with older children at any time. For all mixing of ages, the child must be developmentally ready to be with an older group and staff must provide active supervision at all times to the children.

Ratios apply at all times in the program, inside and outside on the playground.

Attached are ratios signs that were made with and provided to the program at previous visits around February of 2023. Feel free to edit them as needed and post them to help staff and others know the ratios for the rooms.
Trainings on ratios to help get started:
Supervision: Ratios Are Relevant The importance of child-adult ratio and ways to ensure these are maintained
Supervision: What's Required? This video provides great examples of different way staff can keep track of the total number of children and staff in a classroom at all times as well as which children are assigned to which teacher.
Supervision: What's the count? When, how and why children should be counted
Supervision: Positioning- Where do I Stand? Looking at 'blind spots' in a child care classroom and outdoors, where to stand to be able to see/hear all children
Environment requirements: Different ages have different requirements for their environments so using classrooms of older children to mix ages can be unsafe. Please consider the developmental needs of each group and the Health and Safety standards required. As an example, I included COMM 204 for infants defined as 0 wks to 18 months which need special care to prevent chocking and injury in many environments.

Reporting injuries and incidents: Please see and share COMM 204 on when to record incidents and injuries and the expectations around that. Please also see the unofficial list I provide to programs that may have questions on other times it would be appropriate to fill one out and call HHS.

Directors' responsibilities and trainings: Attached you will find COMM 204 on Directors and OSS requirements and a list of Directors' trainings that maybe useful. I also recommend looking into the ones below as well.
It's the Law: Legal and Regulatory Concerns for Program Directors
Time Management For Directors
Please see our CCRR site for Centers for the required forms needed for the center and long with suggested ones and information on resources for directors.
Please let me know if you have any questions or can be of assistance prior to us meeting. Let me know what days will work for you.

She visited again in April. The following email was sent to the Director:
This is a recap of the visit held on 4-2-25 with Shawn at Danville Child Care. All rooms visited were in ratio with appropriate mixes for ages at time of visit. Enrichment room had direct care group lists visible and seemed up to date. This practice was not noted in the other rooms but they seemed to have one staff caring for the group as a whole as the class sizes were smaller and in single staff ratio limits. Staff in those rooms could tell me the number and names of children in care when asked.
Infant room was in ratio and infants awake with staff engaging them at time of the visit.

Director responsibilities: Went over unofficial list of directors' responsibilities as a tool to look over what needs done to run the program and who could be delegated tasks when needed. Discussed that Shawn has dual roles at the school and as director of the program but that HHS regulations would require she be present at the center 6 hrs. a day most days though an OSS maybe used when needed. Currently Luann is that OSS and is being used in ratio from open to at least noon most days so it would be recommended that Shawn be at the program during those times at the very least to ensure ratios are followed, staff is supported for ratios and supervision along with other compliance needs. Attached is COMM 204 Directors qualification with highlighted information on the broader responsibilities.

Please see previous email and attached sheet for trainings for directors that maybe helpful. Below are a few others that might be beneficial

It's the Law: Legal and Regulatory Concerns for Program Directors-This online course includes overviews of a number of important federal, state, and local laws and regulations that program directors should consider as they go about their daily tasks of managing a quality early care and education program.

Time Management for Directors

Ratios: COMM 204 sections for ratios gone over together, discussed that ratio signs are in the rooms but might need updated. Showed how to search COMM 204 for topics when seeking compliance using Ctrl F and typing topic in the text box. See previous email on trainings and videos to assist with understanding ratios and use of direct care.

Supervision and Use of direct care groups: Shawn reports that some staff had attended the Active Supervision training that was previously suggested but she was unsure who. Discussed other staff attending it when one is available.

The program currently uses white boards to track direct care groups daily in the enrichment room and is going to contact the Child Care Collaborative to see if the BrightWheel system can be used to assist with the practice and track who has what groups when if there is a incident and they need to access that information. Discussed going back to the name to face cards for the program. A consistent system that allows for staff to understand the requirements for ratios, direct care, allow for easy understanding of the transfer of care when needed from one staff member to another as a goal so that name to face can be done often and that smaller groups would ensure supervision requirements are being met would be advised.

On Boarding: Many staff currently working have worked at the center for a year or less and there are plans to hire new staff soon. Attached are various onboarding tools to help ensure that staff understand ratios, active supervision and other HHS regulations. Other can be found at the CCRR Centers section of the site.

Other: Discussed EP training requirements and a staff acknowledgment form is attached.

Went over the use of injury reports to track injuries/issues for compliance and for liability reasons. Please see previous email for COMM 204 Reporting Injuries/incidents and the unofficial list of when a injury/incident form is recommended for use, please note that it is a general list and may not encompass all situations.

Blank drill logs, playground inspection and first aid kit checks are attached as well. Emergency preparedness drills are to be done monthly and checklist forms need reviewed and initialed monthly then kept where they can be found for HHS visits. At time of visit there was difficulty finding these but is confident they have been done recently.

Suggested that program look at revising the supervision policy reviewed with staff to be more comprehensive of expectations for active supervision and discipline. Attached is the IQ4K policy guidance as a tool to see what you might consider covering

Next steps: Discussed setting a visit to go over site book and files

Please let me know if there are questions or concerns with the information provided and how I can support further. Thank you

Tabitha Copeland
Child Care Consultant
Child Care Resource & Referral of Southeast Iowa
Community Action of Eastern Iowa
tcopeland@caeiowa.org

T: 563-362-8228
500 E 59th St.| Davenport, IA 52807| www.iowaccrr.org
Serving 19 Counties

Funding provided by the Iowa Department of Human Services through the Child Care and Development Fund

Facebook | Instagram | YouTube | News | Training

IHHS encourages you to contact Child Care Resource and Referral. They offer centers assistance with meeting the DHS regulations, QRS, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. http://www.iowaccrr.org/who_we_are/region_5. Your Consultant is Jodi Norton. Consultant Norton provided many hours of consultation and observation in 2020 and 2021. She is assisting the center again in 2023 and she and Tabitha Copeland will visit the program once a week. She may be accessed with any questions regarding scheduling, curriculum, staff issues, ratio, etc...

A technical referral was made to CCR&R in April 2021 due to staffing issues in the center. CCR&R, the School Superintendent and the Director met and formed a plan to address non-compliant staff members. A technical referral was made to CCR&R in March 2023f or similar issues. All staff must follow licensing regulations. The Center Director is accountable for maintaining compliance with licensing rule throughout the year. A new school Superintendent has been hired and is willing to counsel the Director on employee issues. The Director and OSS reported they are not able to correct staff for fear staff will quit leaving the program with not enough staff. This is not acceptable practice. A new Director was hired in 2024. Changes have been made to the program to sufficiently justify HHS moving the program back to full licensure.

Hello,
This is a recap of the visit held on 4-2-25 with Shawn at Danville Child Care. All rooms visited were in ratio with appropriate mixes for ages at time of visit. Enrichment room had direct care group lists visible and seemed up to date. This practice was not noted in the other rooms but they seemed to have one staff caring for the group as a whole as the class sizes were smaller and in single staff ratio limits. Staff in those rooms could tell me the number and names of children in care when asked.
Infant room was in ratio and infants awake with staff engaging them at time of the visit.

Director responsibilities: Went over unofficial list of directors' responsibilities as a tool to look over what needs done to run the program and who could be delegated tasks when needed. Discussed that Shawn has dual roles at the school and as director of the program but that HHS regulations would require she be present at the center 6 hrs. a day most days though an OSS maybe used when needed. Currently Luann is that OSS and is being used in ratio from open to at least noon most days so it would be recommended that Shawn be at the program during those times at the very least to ensure ratios are followed, staff is supported for ratios and supervision along with other compliance needs. Attached is COMM 204 Directors qualification with highlighted information on the broader responsibilities.

Please see previous email and attached sheet for trainings for directors that maybe helpful. Below are a few others that might be beneficial

It's the Law: Legal and Regulatory Concerns for Program Directors-This online course includes overviews of a number of important federal, state, and local laws and regulations that program directors should consider as they go about their daily tasks of managing a quality early care and education program.

Time Management for Directors

Ratios: COMM 204 sections for ratios gone over together, discussed that ratio signs are in the rooms but might need updated. Showed how to search COMM 204 for topics when seeking compliance using Ctrl F and typing topic in the text box. See previous email on trainings and videos to assist with understanding ratios and use of direct care.

Supervision and Use of direct care groups: Shawn reports that some staff had attended the Active Supervision training that was previously suggested but she was unsure who. Discussed other staff attending it when one is available.

The program currently uses white boards to track direct care groups daily in the enrichment room and is going to contact the Child Care Collaborative to see if the BrightWheel system can be used to assist with the practice and track who has what groups when if there is a incident and they need to access that information. Discussed going back to the name to face cards for the program. A consistent system that allows for staff to understand the requirements for ratios, direct care, allow for easy understanding of the transfer of care when needed from one staff member to another as a goal so that name to face can be done often and that smaller groups would ensure supervision requirements are being met would be advised.

On Boarding: Many staff currently working have worked at the center for a year or less and there are plans to hire new staff soon. Attached are various onboarding tools to help ensure that staff understand ratios, active supervision and other HHS regulations. Other can be found at the CCRR Centers section of the site.

Other: Discussed EP training requirements and a staff acknowledgment form is attached.

Went over the use of injury reports to track injuries/issues for compliance and for liability reasons. Please see previous

email for COMM 204 Reporting Injuries/incidents and the unofficial list of when a injury/incident form is recommended for use, please note that it is a general list and may not encompass all situations.

Blank drill logs, playground inspection and first aid kit checks are attached as well. Emergency preparedness drills are to be done monthly and checklist forms need reviewed and initialed monthly then kept where they can be found for HHS visits. At time of visit there was difficulty finding these but is confident they have been done recently.

Suggested that program look at revising the supervision policy reviewed with staff to be more comprehensive of expectations for active supervision and discipline. Attached is the IQ4K policy guidance as a tool to see what you might consider covering

Next steps: Discussed setting a visit to go over site book and files

Please let me know if there are questions or concerns with the information provided and how I can support further. Thank you

Tabitha Copeland
Child Care Consultant
Child Care Resource & Referral of Southeast Iowa
Community Action of Eastern Iowa
tcopeland@caeiowa.org

T: 563-362-8228
500 E 59th St.| Davenport, IA 52807| www.iowaccrr.org
Serving 19 Counties

Funding provided by the Iowa Department of Human Services through the Child Care and Development Fund

Facebook | Instagram | YouTube | News | Training

IHHS further recommends the Director collaborate with another area Director for support. Several suggestions have been provided to the Director.

Based upon this review, it is recommended that this center be placed on Provisional licensing status. The center is directed to correct the items listed in Section IV on an ongoing basis. The Director gave me verbal and written commitment that the noted rule violations would be promptly corrected. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period.

*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.