Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Hampton Community Christian Day Care

Provider No.: 22279

Address: 104 12th Ave NE, Hampton, IA, 50441

County: Franklin

Director's Name: Robyn Hill-Kofoot

On-Site Supervisor:

Phone Number: 6414564922

E-Mail: hamptoncommunitychristiandaycare@ymail.com

HHS Visit Date: 02/18/2026

Licensing Period: 04/01/2025 to 04/01/2027

Fire Inspection:

Date Inspected: 01/23/2025

Comments:

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	5:30 AM to 6:00 PM		
Tuesday	5:30 AM to 6:00 PM		
Wednesday	5:30 AM to 6:00 PM		
Thursday	5:30 AM to 6:00 PM		
Friday	5:30 AM to 6:00 PM		
Saturday			

Program Population Served:

- [X] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [X] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	30	16	41	80	167
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Hampton Community Christian Day Care center on 02-18-26 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 approximately 107 children enrolled in the program served by 22 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The layout of the building, and classrooms remain the same as in prior visits. The center makes use of multiple classrooms designated by age with infants being divided into several classrooms determined by age and developmental ability. Each room was observed to be clean with only a few minor maintenance issues such as damaged paint/drywall that did not rise 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. During the visit it was noted that staff had placed a cot in front of an emergency exit but did relocate the cot when it was reviewed that it blocked access. 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. During the visit one staff was observed to step over the mobile fence barrier several times rather than use the designated gate openings when moving through the mobile fence systems. The arrangement of the furniture and equipment was such that it

did not create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were observed on the day of my visit. All staff were observed to be actively engaged with the children following the planned schedule and attending to their needs. This included assisting children with meal service, restroom/diapering, and nap time. The program uses a center wide learning focus with each classroom then developing specific activities to implement that would be developmentally appropriate for the class. All staff presented a positive attitude both when talking to and interacting with the children. Proactive behavior management techniques were observed in classrooms with children using reminders, positive recognition/praise, and simple redirection with the children. Ratio was maintained in each classroom as required by age with at least two employee present in each room.

Good health and safety practices were generally observed but some practices do need to be reviewed. I was able to observe a diaper change and the staff did follow the established procedures, but staff did not deglove between handling soiled and clean items, and also holding a child while using chemical cleaners to disinfect the changing station. Good cleaning practices were observed in other classrooms with staff waiting for children to be out of the immediate area before using chemical cleaners. 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. Toys and items identified as choking hazards in the prior visit had been removed from classrooms serving children under 3 years of age. Medications are stored in a locked cabinet in an office area and limited staff who have completed additional training have access to administer medications. All medications were properly labeled and administration records were maintained. Good safe sleep practices were observed during the time of my visit for children under 1 year of age. Older children make use of cots and all had appropriate bedding with cover sheets. During the visit the staff did remind children to not walk on cots that belonged to other children, and also directed them to not stand on their own cots so that they would not fall. When napping classrooms had sufficient illumination and staff were positioned so that they could clearly observe all children.

The center does have a full kitchen and meals and snacks are prepared on-site. The kitchen was observed to be clean with good food handling, and storage practices in place for both dry pantry, and refrigerated items. All refrigerator/freezer units had thermometers present to ensure that proper cold holding temperatures are maintained. There was no evidence of any pest infestation. Meals are served family style in the classrooms with the staff and children eating together. Measured scoops are used to ensure that each child receives a full serving. A copy of the planned menu was posted and the meals identified are consistent CACFP requirements.

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/game room 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 and there was a crawling tunnel structure on that area. There were no climbing structures that would require fall surfacing. The preschool and school age playground makes use of sand for fall surfacing and a good depth of material was present beneath the climbing structures. 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 Abuse Reporting, and the License Certificate were posted in an area readily accessible and visible to parents and visitors. Other postings for emergency evacuation, emergency contacts, diapering, handwashing, menu, daily schedule, curriculum, and disease exposure notices were also posted as required. The center is using an electronic file management system to maintain child files and communicate with parents. In reviewing child and staff files a random selection of each were selected and compared to the self-audits completed by the center which were found to be accurate and in substantial compliance. With regard to child files the self-audit identified 17 children that needed an updated or renewed physical with most having only recently expired within the last month. Robyn did confirm that parents have been notified of the need to obtain renewed documentation. In reviewing staff files the self-audit identified 1 employee that needed an updated Iowa SING background check but that employee was out on extended maternity leave and Robyn noted that the background check would be renewed when the employee returned to complete the authorizations and before being scheduled in classrooms. Robyn also identified that there were 3 high school age staff who had not completed all of the initial required training and that they were scheduled to complete that over the coming spring break. All inspections logs and certificates were available and current. The center policy handbook was

CHILD CARE CENTER ANNUAL EVALUATION

reviewed and while the center did have all required written policies there were some that were identified that could be expanded. A list of all required written policies with guidance was provided to Robyn.

3. Identify the aspects that fall below the standard

109.9(3): Daily written records are maintained for each child under two years of age and include: The time periods in which the child has slept. The amount of food consumed and the times at which the child has eaten. The time of and any irregularities in the child's elimination patterns. The general disposition of the child. A general summary of the activities in which the child participated.
-- Staff were not documenting daily Disposition, or Activities as required. It was discussed that these must be documented each day for each child. It was noted that the communication application used for maintaining records does have the functionality to capture and attach photographs to individual files and a photo would be considered a visual depiction of a child's activity and mood but if choosing that option staff would need to take a photo of each child each day both in the morning and afternoon to show any changes in functioning.

109.11(3)a: Center shall ensure that:Facility and premises are sanitary, safe, and hazard free.Sufficient lighting shall be provided.Sufficient ventilation.Sufficient heating.Sufficient cooling.Equipment placed in the program area is maintained so as not to result in injury to the children.
-- During the visit one employee was observed to step over the mobile barrier used to define programming space in the infant room. It was reviewed that this creates a significant risk for tripping and falling on a child, dropping a child, or dropping items on a child and staff need to use the gated entry when moving between separated areas.

4. Any corrective action plans, provisional license, and safety plans-steps to get into compliance

Robyn stated that she would review infant daily sheets randomly to ensure that staff were including all required information. She would also remind all staff that when moving between mobile barriers to use the installed access gates.

5. 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.

Date: 02/18/2026

HHS Licensing Consultant: Ray Salsbury

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Care License. Please take steps necessary to completely address each of the violations noted above.

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at **https://iowaccrr.org**.