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

Name of Center: Loving Hands Nursery **Enrollment:** 28 **License ID No. (Reapplications)** 30257

Street: 201 E Nebraska St **City:** Algona Iowa **Zip** 50511 **County:** Kossuth

Mailing Address: PO Box 353, Algona, IA, 50511

Director's Name: Ashley Grindberg **Phone Number:** 515-395-2273

On-Site Supervisor(s): **E-Mail:** lovinghandsnursery@netamumail.com

Date(s) of Visit: 09-24-2024

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: 10-09-2020

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: Year-round X School-Year Summer Only

HOURS:	*Year-round*	*School-Year*	*Summer Only*

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General	13		14	18	45
Summer					0

QRS Rating: 1

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 09-01-2024 to 09-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 09-27-2024

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 Loving Hands Nursery on 09-22-24 where I met with center director Ashley Grindberg. Ashley took over the director position with the start of the 2023 school year and is well qualified for the position with a masters degree in school counseling and prior experience working with children in various capacities. The program is operated as a short term respite service 3 days a week for 2.5 hours during the school year and is fully funded by grants so that there is no cost to the families that attend. The program is located in the Algona First United Methodist Church but is operated independently of the church under a separate board of directors. There are approximately 28 children enrolled in the program served by 6 staff and volunteers. The center does establish a daily limit based on capacity limitations on a first come first served basis. All aspects of the program subject to Licensing Standards were reviewed during the visit.

The general layout of the building and classrooms remain the same as in prior visits. The physical facilities were observed to be clean and in good repair. The program makes use of three classrooms but the third room is used more for over-flow with older preschool and school age children when needed and was not in use on the day of my visit. Each room has windows along the exterior walls that provide natural light, a limited view of the outdoors, and ventilation. The two main programming rooms have doors that provide direct secondary egress to the outdoors. The secondary exit door of the infant room was noted to have a door knob that required additional effort to get the latch to disengage. It was reported this had been damaged during a recent break in. The door does have a lock that will automatically disengage when the handle is operated and it was noted that the latch did disengage better when the door lock was engaged. It is recommended that the lock be left engaged, and that the center look to replace the handle. Each room has a sink in the classroom to facilitate hand washing. The two main classrooms have a pass-through bathroom, and diaper changing stations so that children do not need to leave the room.

Each room is divided into activity centers through the use of furnishings, low shelves, and play structures so that they provide the children with room to play while not creating any blind areas. A good variety of toys and materials were present in each room that were appropriate to the ages of the children present and in good repair. It was noted that some of the hardware on the infant cribs was beginning to allow for movement in the connections and while not to the point of being an immediate safety concern these do need to be tightened. A copy of the daily schedule and planned curriculum were posted on a parent notice board near the main entry. The planned curriculum theme on the day of my visit was "Apples". Good interactions were observed with the staff in both classrooms engaging in activities that implemented that theme. As examples in the infant room the snack on that day included apples. In the preschool room children were observed to be engaged in making apple sun catchers as a craft project. The teachers were also observed to be actively engaged with the children throughout the entire time of the visit assisting them with activities, or joining the children as they engaged in self directed play. All staff used positive behavior management techniques with the children that included recognition of positive behavior, redirection, and reminders. All staff used calm and encouraging tones of voice when talking to the children.

Good health and safety practices were observed during the time of my visit. I was not able to observe a diaper change but the staff in the infant room were able to describe the procedures they follow and are all long term employees and volunteers

who have been observed in prior visits implementing those procedures. Good hand washing practices were observed with the staff not only ensuring that the children washed their hands but that they did so in an effective manner. While in the infant room one teacher did use a baby wipe as a preliminary cleaner for a child before washing the child's hands with soap and running water. It was clarified that the staff do use soap and running water to wash children's hands following diapering, before eating, and other times as required and that the wipes are not used as a replacement for handwashing. Due to the limited hours of operation the center typically does not administer medications but does have policies in place should it be needed in the future. Allergy plans were in place for those children with identified allergies. First aid kits were present in the classrooms and were stocked with materials necessary to address most common first aid needs. There were no children taking a nap at the time of the visit but the center does have cribs and bedding materials, and is aware of safe sleep requirements. Good cleaning practices were observed with staff waiting for children to be out of the area before using chemical cleaners, and following a pre-cleaning step prior to using sanitizing and disinfecting agents. Chemical cleaners, first aid kits, and other items that could present a safety risk to children were stored in areas where they were not accessible to children.

The center does not have a traditional playground but an interior court yard is available for outdoor play and the limited hours of operation also reduce the need for a dedicated outdoor play area. The outdoor play area does not have any climbing structures but other toys are taken out for the children to play with if needed. The courtyard is fully enclosed by the building. Shade is provided by the building.

Due to the limited hours of operation meals are not served but snacks are provided. Good food storage practices were observed with all food items being in sealed containers. I was able to observe the snack service and good food service practices were in place with staff washing their hands and wearing gloves prior to handling of any food or food service items. The center does maintain a calendar of snack items that are provided which does show a good variety of nutritious options such as various crackers, fresh fruits, and milk. The staff did not eat with the children but did provide supervision at the table.

Administrative records were reviewed and all required notices were posted on a bulletin board that was readily accessible to parents and visitors. While the program is still within the first 30 days of operation and working to obtain physicals for all children a random sample of 25% of the files were reviewed and each reviewed file did contain all required contact information and documentation. All staff files were reviewed and again were found to contain all required information. Inspection logs and certificates were available and current for all required certifications.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is participating in the IQ4K program which seeks to implement best practice recommendations. The program is rated as Level 1 center on an a possible 5 level scale with 5 being the highest rating level.

While the program operates only during the school year and for limited days and hours this center has a core group of staff and volunteers who have been with the program for many years providing a level of stability not only with the implementation of the program but for the families that make use of the service.

The center is working to have more Spanish outreach for families in the community where Spanish is their first language both in terms of providing care services, and with documentation and communication in Spanish.

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

None Cited

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.