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

Name of Center: KidQuest Preschool and Daycare **Enrollment:** 77 **License ID No. (Reapplications)** 21897

Street: 427 Nash St **City:** Aplington Iowa **Zip** 50604 **County:** Butler

Mailing Address: 427 Nash St, Aplington, IA, 50604

Director's Name: Ann Cutshall **Phone Number:** 319-347-6366

On-Site Supervisor(s): **E-Mail:** kidquest427@gmail.com, kquestboard@gmail.com

Date(s) of Visit: 05-16-2024

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

LICENSING VISITS

New Application **Re-Application** X **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: 11-02-2021

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: X Year-round School-Year Summer Only

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General	14	14	48	11	87
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 06-01-2023 to 06-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 05-30-2024

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

N/A

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to Kidquest Child Care and Preschool in Aplington on 05-16-24 where I met with center director Ann Cutshall. Anm became the director in the fall of 2023 and is well qualified for the position with an extensive history of formal education, experience, and on-going professional development in early childhood education. The program is located in a free standing building that appears to have been designed as a daycare. The program is operated as a non-profit center overseen by a board of directors. The center provides full range child care serving infants through school-aged children, formal 3 year old preschool, and also partners with the local school system to provide the state wide voluntary four-year-old preschool program. There are approximately 77 children enrolled in the daycare and preschool programs served by 13 teachers. All aspects of the program subject to licensing standards were reviewed during the visit.

The general design and layout of the building and classrooms remains the same as in prior visits. The classrooms are determined by age groups. Each room has windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. Each room has a secondary emergency exit that provides direct egress to the outdoors. All exits were observed to be clear of obstruction and opened easily and freely. Each classroom has access to restroom facilities directly from the room. The infant room and toddler rooms have changing stations present in the room. Additional sinks are available in the classrooms to facilitate hand washing. The required diapering and handwashing procedures postings were present but the diapering posting for the toddler room had fallen down and was placed such that it was not visible. This does need to be posted. The infant room has a central counter that divides the space with primary programming on one side, and cribs on the other. The divider has also be used to separate mobile and non-mobile infant spaces but at the time of my visit most of the children were older mobile infants and all were being served on the same side. Small refrigeration units were present in classrooms. The refrigerator in the infant room had been placed on a small cart/table which was observed to be unstable due to loose hardware connections. This does need to be repaired, or replaced to ensure structural stability. Each room was observed to be clean. Each classroom is arranged with activity centers that are created though the placement of shelving units, furniture, and play structures. Each is arranged so as not to create any blind areas, and to provide the children with room to play.

The general arrangement of the classrooms also remains the same as in prior reports. The variety of activity centers and materials does expand as appropriate by age group. Every room has basic options such as large/small manipulatives, reading, art/crafts, and as the children's developmental levels increase add options such as dramatic play, music/movement, group learning, math/science, and media. The cords for equipment such as the media center of the toddler room do need to be secured and/or shortened so as not to be an entanglement risk. Each activity center was well stocked with toys and materials that were observed to be in good repair, readily available, and appropriate to the ages of the children present. A daily schedule and curriculum were posted for each room. The center uses a variety of resources to develop lesson plans including Creative Curriculum, and Christian based programming to incorporate religious aspects. The curriculum developed is specific to each classroom and the developmental level of the children in the room. During the visit the children spent much of the time on the playground and all ages except the infants were combined. This does create a risk for safety of the younger children and use of common spaces such as the playground should be scheduled to allow children to have access at times separate from children with dissimilar developmental levels. As an example during the time of the visit some of the 2-3 year old children were observed to be playing on the climbing structure at a level intended for school

age children. This does increase the potential for a child to be injured when attempting to use equipment they do not have the developmental ability to manage. Additionally the older children are much more active and engage in play that could result in accidental injury to younger children such as not being able to avoid a collision. With regard to staff engagement and interactions with the children much of the supervision was noted to be observational with the teachers standing on a patio area watching the children. Later when in the classrooms all of the teachers were much more engaged in playing with the children, presenting the planned curriculum activities, and attending to the children's needs. The center uses a positive support system of behavior management which was observed to include the teachers recognizing and praising positive behaviors, using transition activities and reminders of expected behavior, and redirecting children.

Good health and safety policies were generally observed but some practices do need to be reviewed. During the time of my visit I was not able to observe a diaper change but the teachers in the infant room were able to describe the steps they follow which are consistent with the posted procedures. Good handwashing practices were observed with the teachers reminding the children to wash their hands prior to meals, after restroom use, and other times they became soiled. One issue that was noted which would suggest that improved supervision is needed in restrooms were fecal smears on the wall indicating that children had some difficulties and needed assistance. Chemical cleaners, personal items, medications, and other items that could pose a safety risk to children were stored in areas where they were not readily accessible to the children. First aid kits are kept in each classroom and contained a good supply of materials to address most common first aid needs. Medication lock boxes are kept in each classroom and did contain some over the counter medications which were properly labeled and stored. Cribs, cots and mats were used for those children that nap and were observed to be in good repair. Sheet covers were present for both cribs and cots. One crib sheet was observed to be too small and pulling at the edges of the mattress. Crib sheets need to fit snuggly so that excess material is not able to gather but also needs to allow the mattress to lay flat. In addition when storing blankets on cots several were observed to be hanging over the edges in several classrooms. These need to be stored such that bedding from one cot does not come into contact with other bedding or cots. There were no children under 1 year of age sleeping at the time of my visit but the teachers were aware of the requirements for Safe Sleep practices.

The center has a full kitchen and meals are prepared on-site. The center participates in the Child and Adult Care Food Program (CACFP). A menu was posted and identified a good variety of nutritious food options. The kitchen was observed to be clean. While there were some dead insect carapaces observed in the basement area the center does have a pest management service and there was no indication of insect or rodent infestation in the kitchen or areas where food items are stored. Food storage practices do need to be reviewed in both the kitchen and classrooms. Several bulk bag packaged items were observed to have been stored with the bag rolled closed. All food items regardless of whether intended for child consumption or not must be stored in air tight sealable food grade containers labeled with the contents and date placed in storage once the original packaging seal has been broken. In addition as noted each classroom has refrigeration units present. While each unit did have a thermometer present the one in the toddler room was damaged and non-functional. Of greater concern was that the staff did maintain a daily temperature log for the unit and identified a daily temperature of 50 deg. F. each day since the beginning of the month. While having the temperature log is an excellent practice the staff need to be aware that proper cold holding temperatures should be between 32 - 40 deg. F. with a maximum temperature of 42 deg. F. At the identified level of 50 deg. F. the risk for rapid bacterial growth was such that all foods in the unit should have been disposed of. Meals are served in the classrooms with lunch being served during the time of the visit. Good meal service practices and food handling practices were observed with staff using food service gloves and measured scoops when serving meals. Supervision was provided at the tables.

The center playground is fully fenced and divided into two areas with one that contains larger climbing structures and equipment for the older children, and the other with a grassy area and materials for the younger children. The play equipment was observed to be in good repair although the larger climbing structure did have some hardware that needed to be tightened but which did not present an immediate safety concern. The center has an paved patio area that the children can use for riding toys, sidewalk chalk, or other activities, and a paved basketball court. Wood chips are used for fall surfacing beneath climbing structures and a good depth of material was present though Ann stated that arrangements have been made for a contractor to remove all of the existing material and replace it with fresh fall surfacing. A gazebo shelter is present along with large mature trees to provide shade. A storage shed is present where additional toys and materials can be stored.

In reviewing administrative records all required notices and postings were present in areas that were readily visible to parents and visitors. The center is using a communication and electronic file maintenance application to provide information to parents and maintain child and staff records. A random selection of 10% of the child files were reviewed and compared to the self audit generated by the electronic application which was found to be accurate. The review and self audit found the children's files to contain all required information with the exception of 1 that needed an updated physical. A random selection of 25% of staff files were also reviewed and again the self-audit was found to be accurate. The review and self-audit identified 2 that needed a updated Iowa SING background check, 2 that needed updated 1st Aid/CPR training, and 4 that had not completed the required training within the first 90 days of employment. Inspection logs and certificates were reviewed and found to be in need of renewal for Radon, Fuel Burning Appliances, and playground inspections. Emergency drill practice was also not conducted and/or logged for the months of March and April.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has obtained a grant and has contracted work to be completed to renovate the outdoor playground space. In addition the center did fund raising to acquire new equipment including providing $500 to each classroom for toys and materials.

The center has a strong reputation and positive support in the community.

The center was able to increase starting wages for staff as a means to improve hiring quality employees.

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.
-- Number not in compliance: 2

109.7(1): All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of child abuse.At least one hour of training regarding universal precautions and infectious disease control.Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) OR equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross,American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the department.A valid certificate indicating the date of training and expiration date shall be maintained.Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
-- Number not in compliance: 4

109.9(1)d: All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, Child Care Provider Physical Examination Report.
-- Number not in compliance: 2

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.
-- Drills not completed and/or documented for the months of March and April

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(4): Sufficient toilet articles are provided for handwashing.Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM.Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children.Room's arrangement does not obstruct the direct observation of children.Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap.Procedures are developed and implemented to maintain equipment and materials in a sanitary manner.Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs.Sanitary procedures are followed for use and storage of personal hygiene articles.
-- Bedding stored on cots needs to be placed such that it does not contact other cots/bedding. Crib sheets need to fit snuggly without allowing excess material to gather, or pulling at the corners/edges of the mattress. Electrical cords need to be secured and shortened so as not be an entanglement hazard. The table with the refrigerator in the infant room needs to be stabilized.

109.15(5)b: Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed.Staff preparing food that have injuries on hands wear protective gloves.Staff serving food use clean serving utensils and have clean hands/wear protective gloves.
-- All food items whether intended for child consumption or not must be placed in air tight sealable food grade containers once the original packaging seal has been broken. Working thermometers must be maintained in all refrigeration/freezer units to ensure proper cold holding temperatures.

V. 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 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.