Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Shell Rock Child Care & Preschool

Provider No.: 21871

Address: 218 S Cherry St, Shell Rock, IA, 50670

County: Butler

Director's Name: Alisha Tellinghuisen

On-Site Supervisor:

Phone Number: 3198854980

E-Mail: alishatellinghuisen@gmail.com

HHS Visit Date: 01/14/2026

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

Fire Inspection:

Date Inspected: 05/16/2024

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

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	6:00 AM to 5:00 PM		
Tuesday	6:00 AM to 5:00 PM		
Wednesday	6:00 AM to 5:00 PM		
Thursday	6:00 AM to 5:00 PM		
Friday	6:00 AM to 5:00 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	10	6	14	20	50
Summer					0

1. Basic Overview

OVERVIEW:
An unannounced annual visit was made to the Shell Rock Child Care and Preschool aka Bright Beginnings in Shell Rock on 01-14-26 where I met with Alisha Tellinghuisen, the director, owner, and lead teacher of the preschool room. Alisha has been the owner of the center since 1998 and is well qualified for the position based on her experience, education, and on-going training. The child care center is located in a free standing store front building on the main street of Shellrock. The program operates Monday through Friday from 6:00 am until 5:00 pm and serves infants through school-aged children. The core preschool hours are 8:30am-11:00 am. There are currently 24 children enrolled in the program served by 4 teachers. All aspects of the program subject to licensing standards were reviewed during the visit.

The general layout and design of the building remains the same as in prior visits. The building that has a long narrow design divided into three rooms. The main programming space at the front of the building is used for the preschool and school age children. A second smaller room is created within that space for the two year old children. A full width divider wall creates an infant space at the back, A large store front window provides natural lighting, and view of the outdoors in the preschool room. The infant and two-year-old rooms do not have windows and use artificial lighting. Restrooms are located just off the main programming space, one of which is also accessible through a second door from the 2 year old room. Additional bathroom facilities are located further back in the building off the utilities room. Sinks are located in the restrooms, preschool room, infant room, and kitchen which can be use for hand washing, and food preparation. There is a direct secondary exit from the infant room, and through the kitchen at the back of the building. Each room was observed to be clean. There were some minor maintenance issues but nothing that presented an immediate safety concern. The prior concern regarding excessive hot water temperatures had been corrected and maintained to be within safe limits. Each

classroom is divided into activity centers through the placement of furniture and play structures which were arranged so as to not create any blind areas. The toys and materials present in each room were in good repair and appropriate to the ages of the children present.

2. Identify Observed Strengths of the program

Good interactions were observed in each classroom with the teaches being engaged with the children, implementing the planned schedule and curriculum, and attending to their needs. Each teacher was observed to have an energetic demeanor and spoke to the children using calm tones and positive word choices. The teachers appeared to know each child on an individual basis not only knowing them on sight, but also knowing their personal preferences and typical interactions. The combination of positive relationships and interactions resulted in a program where the children were very responsive to the teachers and there were no observed behavioral issues. Ratio was maintained in the center as required by age. The number of children was such that only one teacher was needed in each classroom but there was an additional teacher present that could provide additional assistance as needed.

Good health and safety practices were observed during the visit. I was able to observe a diaper change and the classroom teacher did follow the established procedures. Good handwashing practices were observed with the teachers ensuring the children washed their hands after toileting/diapering, before meal service, and other times they became soiled. Supervision, and assistance was provided to ensure the children washed their hands in an effective manner. Response plans were present and posted for children with identified allergies and health concerns. Good cleaning practices were observed with the teachers sanitizing tables before meal service and waiting for children to be out of the immediate area before using chemical cleaners. It was noted that the center was using a general guidance solution for diluting bleach water and it was reviewed that they should read and follow the manufacturer label directions to ensure proper application. Chemical cleaners, medications, personal belongings, and other items that could pose a risk to children were stored where they were not accessible to children. Good safe sleep practices were observed on the day of the visit. All cribs/cots had appropriate bedding, and were in good repair.

The center does have a playground space located across the main street. The playground does have a climbing structure present and is fully enclosed by fencing. The equipment and fencing were observed to be in good repair. Rubber mulch is used for fall surfacing beneath the climbing structure. While the full depth of fall surfacing could not be accurately assessed due to winter freeze conditions there did appear to be sufficient material that would allow the center to rake displaced material back into fall zones. Fall surfacing mats had been installed at the discharge of slides, and other areas with high traffic to reduce displacement. A removable awning has been installed for a shade structure.

The center does have a kitchen space located at the rear of the building where meals and snacks are prepared. Good food storage practices were observed with food items being placed in air tight sealable food grade containers after the original packing seal had been broken. The kitchen area was clean with no indication of insect or rodent infestation. The refrigeration and freezer units had thermometers present to ensure that proper cold holding temperatures were maintained. The program uses a 4 week menu rotation and a copy of all four menus are posted. The planned meals were consistent with the snack and lunch that were served on the day of the visit. The teachers did wear food service gloves when serving meals. While the teachers did not eat with the children supervision was provided at the tables.

In reviewing administrative records all required notices for No Smoking, Consultant Contact, Mandatory Abuse Reporting, and the Center License were posted in an area readily accessible and visible to parents and visitors. Other required postings for emergency evacuation, emerence contacts, hand washing, diapering, daily schedule, curriculum, and menu were also present. It was noted that the emergency evacuation notices did need to include the diagram instructions for tornado evacuation. The center did have a self-audit form for both staff and child files which were found to be accurate when compared to files that were randomly selected for review for each set. The self audit identified that all files contained all required information. Infant daily sheets are maintained and do contain documentation of all required elements of care. The center policy handbook was reviewed and some required polices were not present with the most recent update, and others were recommended to be expanded.

3. Identify the aspects that fall below the standard

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Written polices were needed Incident Reporting, and Confidentiality. The policy regarding Immunization Certificates needs to be updated to inform parents of the availability to obtain a valid certificate of exemption for religious or medical reasons. The policy regarding responding to Major/Minor medical issues should also be expanded to identify what the center considers to be a major issue and time frames for parental notifications.

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

Information regarding required written policies with guidance recommendations was sent to the center.

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 next year.

Date: 01/16/2026

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**.