Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: West Town Charlie Brown

Provider No.: 22023

Address: 1780 S Monroe Ave, Mason City, IA, 50401

County: Cerro Gordo

Director's Name: Ashley Larsen

On-Site Supervisor: Kris Tabbert (director), Amy Monahan (asst. director)

Phone Number: 6414240065

E-Mail: westcb@charliebrownpreschools.com

HHS Visit Date: 04/24/2026

Licensing Period: 07/01/2025 to 07/01/2027

Fire Inspection:

Date Inspected: 07/01/2024

Comments:

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 3

- [ ] Accrediation

Program Duration:

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

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	5:30 AM to 7:00 PM		
Tuesday	5:30 AM to 7:00 PM		
Wednesday	5:30 AM to 7:00 PM		
Thursday	5:30 AM to 7:00 PM		
Friday	5:30 AM to 7:00 PM		
Saturday	5:30 AM to 7:00 PM		

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	51	36	87	57	231
Summer					0

1. Basic Overview

An unannounced annual visit was made to the West Town Charlie Brown center on 04-24-26 where I met with the Center Director Kris Tabbert. Ashley Larsen is the program Executive Director, and Amy Monahan is the center Assistant Director. All are well qualified for the positions they hold based on their experience, education, and on-going training in early childhood care. Ashley oversees 3 centers operated under the Charlie Brown programs. Kris has been the site director of this center since 2010. Amy became the assistant director in 2022. The center moved to the current building in November of 2017. The center provides daycare and formal preschool programming for infants through school age children. The center does partner with the Mason City school district to provide services under the 4 Year Old Preschool Grant. There are 211 children enrolled in the center served by 31 staff. All aspects of the program subject to licensing standards were reviewed.

The general layout and operation of the center remains the same as in prior reports. The center has classrooms determined by age with 3 classrooms for infants, and two classrooms for 2 and 3 year old children that are split by developmental level. The program also has a separate classroom for the formal 4 year old preschool program. The school age children have classroom space on the lower level and the upper level with a staircase that connects the two spaces. Each room was observed to be clean with only minor maintenance issues that did not present an immediate safety concern. All but 3 of the classrooms (older 2 year olds, and the 3 year old classrooms) have direct secondary egress to the outdoors. The 3 year old classrooms do have connecting doors to other classrooms, and the 2 year old room has a second exit opening on to the main access corridor. All exits were clear of obstruction and opened easily and freely. Each classroom has access to restrooms directly from the classroom so that children do not need to leave the room. The infant rooms, 2 year old, and 3 year old classrooms also have changing stations present in either a connecting pass-through room, or attached bathroom. Each room has additional sinks available to facilitate hand washing. Each room has large windows along the exterior walls that provide

ample natural light and a view of the outdoors. Each room makes use of furniture and play structures to define activity centers that are arranged so as not to create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were observed throughout the time of my visit. Each classroom had a copy of the daily schedule posted, and most also had a copy of the planned curriculum posted. During the visit staff were observed to be following the schedule and implementing curriculum activities whether they had a copy of the lesson plan posted or not. This included teachers engaging in formal curriculum implementation such as one of the 2-3 year old classrooms where the teachers presented a learning video, and then the class moved to a teacher lead activity of Animal Flash Cards where the children identified the animals and the sounds they make. Other examples included informal structured learning in one of the 3-4 year old classrooms where the children were waiting for lunch and the teacher asked a variety of general knowledge questions for the children to answer as an educational transition activity. Other informal interactions included joining the children during times of self-directed center play, or attending to direct care needs such as diapering or serving meals. While there were differing levels each teacher presented a positive attitude. Some were much more outgoing with very animated interactions while others were much more sedate with observational supervision. Even in those classrooms where the staff provided more observational interactions they were engaged with the children talking to them in a manner that appeared easy and familiar suggesting the children and staff know each other on a personal level and have strong relationships. All staff were heard to use calm tones and positive word choices when speaking to the children. The center does use a positive behavior management approach to addressing behavioral concerns. This included the teachers using routines and reminders of expected behavior, redirection, and guided problem solving. This approach was effective in that there were no significant behavioral concerns observed and those minor issues that did arise were easily addressed with simple redirection. Ratio was maintained as required by age with relief staff providing breaks for teachers as needed.

Good health and safety practices were generally observed but some practices do need to be reviewed. I was able to observe several diaper changes. As a whole the staff did follow established procedures. During one change however the staff did not use a baby wipe for a child that was wet only. It is recommended that a baby wipe be use every time a child is changed whether dry, wet, or had a bowel movement. Doing so can help to reduce the presence of bacteria and other contaminates that can cause rash or other health concerns. When cleaning the changing stations staff did follow good disinfecting procedures. Good cleaning practices were also observed with the staff cleaning toys and equipment, sanitizing tables before and after meals, and waiting for children to be out of the immediate area when using cleaning products. Chemical clearns, medications, personal belongings, and other items that could pose a safety risk to children were stored where they were not accessible to children. Good hand washing practices were generally observed directing and assisting children with washing their hands following restroom use, prior to meal service, and other times they became soiled. Staff also generally followed those same practices but in one classroom a teacher was observed to begin lunch service setting out place settings without washing her hands, but did put on food service gloves when handling food. By not washing before handling dishes there was still an increased risk for cross contamination. First aid kits are present and contain materials necessary to address most common first aid needs. Safe sleep practices were followed for all children under 1 year of age. Older children making use of cots did have cover sheets. Sufficient illumination was present in all classrooms to ensure that staff would be able to provide supervision for napping children. One issue that was noted is that cot placement in some classrooms was such that staff would need to be very cognizant of positioning to ensure that they could maintain line of sight of all children. Good feeding positioning for observed for all infants who were held or placed in equipment to hold them upright.

The center has 3 playground spaces with one for infants and toddlers, one for preschool age children, and one for school age children. Each had a good variety of equipment and shade structures were either created by installed awnings or covered patios. The infant space uses artificial turf over loose fill beneath the climbing structures and swings present. The preschool space uses foam tiles under a climbing structure, and replaced the pea grave beneath the swings with artificial turf over loose fill. The school age space uses pea gravel for fall surfacing which has developed a hardpan layer and either needs to be aerated or supplemented to maintain a loose material. Children would need to be restricted from use of that equipment until such time that the fall surfacing has been corrected. The climbing and play structures in in each area were all observed to be in good repair with the excepting of one bubble window of the school age climbing structure. The window had a crack in the plexiglass which needs to be blocked off until it can be replaced. All playground spaces are enclosed by chain link fencing which was observed to be in good repair. The preschool playground area also has a storage shed for additional toys and materials. One issue that has been noted in prior visits is that the preschool playground does have an L shape wrapping around the building. Staff do need to ensure that they are positioned so as to be able to provide direct line of sight

supervision to children at all times.

The center has a full kitchen and meals are prepared on-site. The kitchen was observed to be clean. There was no indication of any insect or rodent infestation and the center does maintain a contract with an pest control service. Good food storage, preparation, and handling practices observed on the day of my visit both in the kitchen and classrooms. Meals are pre-portioned and staff used measured scoops to ensure that each child was provided a full serving. Meals are served in the classrooms and the teachers do provide supervision at the tables. A menu is posted and identified a good variety of nutritious meal options. The planned menu was followed on the day of my visit with one substitution that was noted on the planned menu.

In reviewing administrative records all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted in an area readily accessible to all parents and visitors. A random selection of child files were reviewed and compared to the self-audit completed by the center which was found to be accurate. The self-audit identified 10 children that needed an updated physical which is well within acceptable limits. A random selection of staff files were also reviewed and compared to the self-audit completed by the center which was again found to be accurate and identified that all files contained all current information. Inspection logs and certificates were available and current. The center parent handbook was reviewed and several required written policies had not been brought forward in the most recent revision.

3. Identify the aspects that fall below the standard

109.4(1): Written policies on: Enrollment and discharge. Field trips and non-center activities. Discipline/Behavior/Biting. Nutrition. Health and safety policies. Transportation if applicable. Assurance people do not have unauthorized access to children at the center. Protecting children's confidentiality.
-- Written polices were needed or did not contain all required elements for Field Trips/Off Site Activities, Transportation, Health & Safety (major/minor medical/dental and response times, handwashing), Incident Reporting (significant change in functioning, sexualized behavior), Curriculum, Staff Orientation & Training, Access (visitors, sex offenders), Confidentiality, Emergency Plans. For those policies that may be more fully developed and maintained in separate publications a notice needs to be placed in the parent handbook of where those policies can be found.

109.11(4)a: Center must have safe outdoor program area adjacent to the center, with sufficient square footage to accommodate at least 30 percent of the enrollment capacity at any one time at 75 spear feet per child. Outdoor space must:Be free from litter and unsafe materials and free from contamination by the drainage or ponding of sewage or storm water.Include safe play equipment and an area of shade.Include fencing to protect from bodies of water or vehicular traffic.
-- The pea gravel fall surfacing beneath the school age climbing structure has developed a hardpan layer such that there is insufficient loose fill material to provide adequate fall protection. The material either needs to be aerated or supplemented to ensure a depth of material compliant with the requirements as established in the CPSC Public Playground Safety Handbook (https://www.cpsc.gov/s3fs-public/325_PublicPlaygroundSafetyHandbook2025_7-30-25_1.pdf?VersionId=tpCoaKp.DSdJ0QmD4_29kwEHeQgFphM2). The damaged bubble window of the school age climbing structure needs to be blocked off until it can be replaced.

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

A list of required written policies along with guidance for implementation was provided to the center.

Kris stated that she would contact a contractor regarding making repairs to the playground.

5. Special Notes/Recommendations

A full license will remain in effect this time. Please provide a written plan to correct and maintain those issues cited as not meeting licensing standards and an anticipated date of correction. At least one visit will be made to the center during the next year.

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Date: 05/04/2026

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**.