Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: The Tot Spot

Provider No.: 51483

Address: 904 J Ave, Milford, IA, 51351

County: Dickinson

Director's Name: MandyDavis

On-Site Supervisor:

Phone Number: 7123382730

E-Mail: mandyrobertson45@gmail.com

HHS Visit Date: 08/12/2026

Licensing Period: 09/01/2025 to 09/01/2027

Fire Inspection:

Date Inspected: 06/03/2024

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	8:00 AM to 5:00 PM		
Tuesday	8:00 AM to 5:00 PM		
Wednesday	8:00 AM to 5:00 PM		
Thursday	8:00 AM to 5:00 PM		
Friday	8:00 AM to 5:00 PM		
Saturday			

Program Population Served:

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	16	6	21		43
Summer					0

1. Basic Overview

I completed an unannounced visit at The Tot Spot on August 12, 2026. Director Mandy Davis was not present at the time of the visit. I was able to speak with employee Harison Robertson, who provided helpful information. Ms. Davis has several years of experience working in childcare and is currently in the process of opening a new site in another county.

All areas of the program were observed including classroom observations and activities, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review.

The program includes an infant room, a one-year-old room, and a two-year-old room. The Tot Spot serves children from infancy through school age and operates Monday through Friday from 6:30 a.m. to 5:30 p.m. There are currently 44 children enrolled in the program. There were 26 children present at the time of the visit.

The center features several areas for children to explore and learn, including blocks, puzzles, toys, and books. The room is decorated with bright colors, children’s artwork, numbers, the alphabet, and photos of the children. Child-sized furniture is provided throughout the space to support comfort, independence, and accessibility.

A daily schedule of activities was posted in the classroom, providing families and staff with a clear overview of the routine. The schedule includes time for arrival and free play, followed by structured activities such as circle time, stories, and music. Children are offered opportunities for both indoor and outdoor play, weather permitting. The schedule also includes designated times for meals, rest, and quiet activities. Transitions are designed to be smooth and predictable, helping children feel secure and supported throughout the day.

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Visual aids are used throughout the classroom, such as ABC posters, letter-of-the-week displays, alphabet cards placed near activity centers, and laminated signs showing both uppercase and lowercase letters. These materials help reinforce early literacy skills by offering children frequent, meaningful exposure to letters during daily routines and play.
The center uses the Planet Preschool curriculum, a play-based learning approach designed for early childhood programs. This curriculum focuses on supporting children's development through hands-on exploration, predictable routines, and guided activities. It includes lesson plans, developmental goals, and age-appropriate activities that promote social-emotional development, early literacy, problem-solving, and creativity.

The center follows the CACFP nutrition guidelines, ensuring that all meals and snacks meet established standards for balanced, healthy eating. Menus were posted and available for review. Meals are prepared onsite and are designed to provide children with a variety of nutritious options that support growth and development in accordance with CACFP requirements.

The center does provide medication to children and maintains appropriate documentation and secure storage for all medications. The playground includes separate areas for younger children under age two and for older children. There is no climbing equipment, and the playground surfaces are covered with wood chips. Shade is available through several trees located throughout the outdoor area. The first aid kit was observed to be well-stocked and sufficient to treat minor injuries.

Radon testing, fuel-burning appliance inspections, fire and tornado drill records, and playground inspection documentation could not be reviewed during this visit, as Ms. Davis had the HHS licensing book with her at another center. I will complete a follow-up visit to verify this information, and if any items are not up to date, an addendum will be added to this licensing report.

The goal of this center remains to become IQ4K certified.

2. Identify Observed Strengths of the program

This center is located across the street from the local public school, and a school bus picks up and drops off children directly at the center. This arrangement supports a smooth continuity of care, allowing children to transition easily between school and the childcare program while maintaining consistent supervision and routine. Continuity of care provides several important benefits for children and families. When children are able to remain in a familiar environment before and after school, they experience smoother transitions and a greater sense of security. Consistent caregivers help children build trusting relationships, which supports social-emotional development and reduces anxiety around daily changes. Families benefit from predictable routines, reliable transportation arrangements, and consistent communication with the childcare program. Continuity of care also helps staff better understand each child's needs, strengths, and routines, supporting individualized care and a more stable learning environment.

I observed staff engaging with children at their level, demonstrating practices that align with early childhood development standards. These standards emphasize responsive interactions, which support children's social-emotional growth, language development, and overall learning. By kneeling, sitting, or positioning themselves alongside children, staff are better able to make eye contact, listen actively, and provide guidance in a way that is both supportive and developmentally appropriate. This approach helps children feel understood, encourages positive communication, and fosters a nurturing learning environment.

3. Identify the aspects that fall below the standard

109.7(2): Center directors and all staff have the required contact hours of training.

Staff training records should be kept up to date, including current certifications and required professional development hours. The program is encouraged to continue utilizing the I-PoWeR system to track staff training and professional

development. I-PoWeR provides a reliable way to document completed courses, monitor annual requirements, and ensure staff remain current with state-mandated training. Maintaining accurate records in I-PoWeR supports program compliance and helps guide ongoing professional growth for all staff members.

109.7(6): The director, on-site supervisor, and any person designated a lead in the absence of supervisory staff shall have all completed pre-service orientation training outlined in 109.7(1). There has been no onsite supervisor identified in IPOWER. Staff at the center were confused about who was in charge.

109.9(1)c: All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training. CPR/FIRST Aid are all up to date. Mandatory reporting is not. Please update in IPOWER.

109.9(2)i: Preschool (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, Chiropractor, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.

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.

Please ensure the outdoor playground area is cleaned and maintained regularly. Sticks, debris, and other loose items should be removed to help prevent accidents and maintain a safe play environment for children.

109.12(4)e: The provider shall follow safe sleep practices for infants under one year of age: Infants shall always be placed on their backs for sleep. Infants shall be placed on a firm mattress with a tight fitted sheet. Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child shall be allowed to sleep in any item not designed for infant sleeping, including but not limited to an infant seat, car seat, swing, or bouncy seat. No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant. No co-sleeping shall be allowed. Sleeping infants shall be actively observed by sight and sound. If an alternate sleeping position is needed, a signed physician or physician assistant authorization with statement of medical reason is required and an expiration date.

Swaddling of infants is not permitted in childcare centers. This practice is prohibited because swaddling can increase the risk of suffocation, overheating, and restricted movement, particularly when infants are placed in group care settings where continuous one-on-one monitoring is not always possible. Allowing infants to sleep without swaddling supports safer sleep practices, reduces the risk of Sudden Infant Death Syndrome (SIDS), and aligns with state childcare regulations and best-practice safety guidelines. Staff should ensure that all infants are placed to sleep on their backs in a safety-approved crib with no blankets, loose bedding, or soft items.

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

5. Special Notes/Recommendations

Targeted Assessment: Behavior Management
I discussed with Harison Robertson about the oversight of behavior management related to helping childcare staff: 1) Understand expectations, 2) managing frustrations, 3) monitor performance.
He reported that staff have been trained in appropriate discipline practices and are working through challenges with a particular child. Staff have attempted multiple redirection strategies, and when these are not effective, they are encouraged to take a brief break and reach out to other staff or to Director Mandy for support. The center holds staff meetings to review appropriate guidance techniques and ensure consistency across classrooms. In addition, the program conducts periodic camera reviews to confirm that staff are following expectations and implementing positive, developmentally appropriate discipline methods.

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It is recommended to cooperate with CCRR Consultant to assist with IQ4k as well as IPOWER and establishing an onsite supervisor.

Director needs to email consultant by 11/30/26confirming that all Items that fall below standards have been corrected.

A full license is recommended at this time at this time.

At least one visit will be made to the center during the next year.

Date: 08/14/2026

HHS Licensing Consultant: Leann Steinhauer

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**.