Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Washington Charlie Brown PS and CC

Provider No.: 37114

Address: 700 N Washington Ave, Mason City, IA, 50401

County: Cerro Gordo

Director's Name: Ashley Larsen

On-Site Supervisor: Kristi Peterson

Phone Number: 6414236029

E-Mail: washingtoncb@charliebrownpreschools.com

HHS Visit Date: 07/16/2026

Licensing Period: 10/01/2025 to 10/01/2027

Fire Inspection:

Date Inspected: 09/02/2025

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 6:30 PM		
Tuesday	5:30 AM to 6:30 PM		
Wednesday	5:30 AM to 6:30 PM		
Thursday	5:30 AM to 6:30 PM		
Friday	5:30 AM to 6:30 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	40	28	47	52	167
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Washington Charlie Brown center on 07-16-26 where I met with center director Kristi Peterson. Kristi is well qualified for the position having extensive experience with working in early childhood care. The program is located in the old Washington elementary school building in Mason City. The center is operated as a non-profit program overseen by a board of directors as part of a group of daycare centers in the area with Ashley Larsen as the Executive Director. The center provides preschool and daycare programming to infants through school age children. There are 150 children enrolled in the program served by 27 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The general layout and design of the building and classrooms remain the same as in prior reports. Classrooms are determined by age with infants divided into 3 rooms by age and developmental level. All class rooms were observed to be clean with no maintenance issues noted. The infant rooms have secondary entrances that provide direct egress to the outdoors, as does the Woodstock room which serves the 4-5 year old children. All emergency exits were clear of obstruction and opened easily and freely. Each room has a large bank of windows along the exterior walls that provide natural light, a view of the outdoors, and in the older age classrooms serve as secondary egress. Each classroom has sinks in the room to allow for hand washing. Each room with the exception of the school age room has toilets available in the classrooms so that children do not need to leave the room. Additional toilets are located off the main hallway, and directly across the hall from the school age classroom. Classrooms serving younger children also have changing stations present. Each room is divided into activity centers through the use of furniture and play structures which are arranged such that they do not create any blind areas in any of the rooms.

CHILD CARE CENTER ANNUAL EVALUATION

2. Identify Observed Strengths of the program

Interaction & Programming
A copy of the daily schedule and curriculum were posted for each classroom. The curriculum varied by classroom but each identified a general learning focus, special events, and specific activities. Good interactions were observed in each classroom with all staff being actively engaged with the children or attending to their care needs. Good behavior management techniques were observed on the day of the visit with the center using a proactive positive behavior support system. Throughout the visit teachers were observed to use positive recognition, reminders of expected behavior, and routines. When behavioral issues did arise the teachers continued to focus on positive support responses. One example was with the school age group where a child was having difficulties and the teacher brought the child to the office area where she allowed the child to choose an activity that the child felt would help them refocus. The child did choose an activity and played quietly until the class finished playing in the gym at which point the child rejoined the group with no further problems. Ratio was maintained in classrooms as required by age. Staff did escort children and provided assistance as needed when the children made use of the restroom facilities located off the main corridors, but there were situations observed where the center does have a high potential for staff to lose track of a child. As an example there are two restrooms located off the main corridor on each end of the building. Following their time in the gym the school age children made use of the restroom on the opposite end from where the classroom is located and the restrooms that are located directly across the hall from that room. This resulted in the children being allowed to walk to the room on their own following restroom use while peers were finishing. There were limited times during this that the teacher was in a position to not maintain direct line of sight of the children where a child if so inclined could have changed course to elope from the center.

Health & Safety
While the center does have established health and safety polices some practices do need to be reviewed. I was able to observe diaper changes during the visit and the required procedures postings were not present and followed. It was noted that the staff use an option of having soapy water in a bucket which staff use to wet paper towels to wash the children's hands rather than washing at a sink for the infants in the youngest age group classroom. The staff did use a one step disinfecting process and while the product does identify that it is effective with this method it was recommended that staff should pre-clean surfaces to improve effectiveness. Chemical cleaners, medications, personal belongings, and other items that could present a health or safety risk to children were stored in areas where they were not readily accessible. All over the counter medications were properly labeled with the name of the individual to whom it belonged, and good documentation was maintained for children receiving medications. The center has a primary first aid kit but smaller travel first aid bags are kept in each classroom. The center does have children with identified allergies and response plans were present in the children’s files and classrooms. Hand washing practices were mixed with one example being the school age room where children washed their hands following a restroom break before lunch service but while setting tables and preparing the meal service children were allowed to engage in center play but did not re-wash their hands when called to the tables. With having engaged in center play the benefits of the earlier handwashing was negated and the children would have needed to rewash their hands. Good safe sleep, and feeding positioning was observed for infants under 1 year of age. Activity centers in classrooms had a good variety of toys and materials that were generally appropriate to the ages of the children present however there were some items or toys with small parts that could break off which would be less than 1 1/4 inches diameter and 2 1/4 inches length. Those items that would be considered choking hazards and need to be removed from classrooms serving children under 3 years of age.

Playground
The center has several playground areas with one for the toddlers, one for the preschool and school age children, and a third playground area is available on the facility property which would be more appropriate for older school age children. The preschool playground has an arched wall climbing structure, experience tables, and a large awning shade cover. Foam tiles are used for fall surfacing for that area. The toddler playground has a paved area, some smaller climbing structures, and bucket swings. A stabilized rubber mulch is used for fall surfacing. The third playground space has several climbing structures which were observed to be in good repair with the exception of a chain climbing net with a broken link allowing the net to have a large gap and sag. This does need to be blocked off and not used until repairs can be made. Wood mulch is used for fall surfacing and a good depth of material was observed. Shade is provided by a number of mature trees. There are also large open grassy areas, and paved areas where the children can play.

Nutrition
The center has a full kitchen and meals are prepared on-site. The kitchen was generally observed to be clean but there were

some areas where food debris was present which would serve as an attractant to pests which needs to be cleaned. Good food storage practices were observed for both refrigerated and dry pantry items. Good food handling practices were observed both in the kitchen and classrooms. A copy of the pre-planned menu is posted and identifies a good variety of nutritious meal options. Meals are served in the classrooms and the teachers were observed to use food service gloves and measured scoops when plating food. The teachers did sit and eat with the children to provide supervision and model good eating habits at the tables.

Administration
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 parents and visitors. The center uses a combination of an electronic file management system and hard copy files, and also maintains a self-audit of both child and staff files which were found to be accurate when compared to randomly selected files that were reviewed. The self-audits identified 5 children needed an updated physical, and all staff files contained all current information. The center policy handbooks have been previously reviewed and found to contain all required written policies. All required inspection logs and certificates were available and current.

3. Identify the aspects that fall below the standard

109.10(6): Children's hand washing: Center shall ensure staff assist children in personal hygiene.
-- Children were observed to be engaged in active center play prior to lunch service and were not directed to wash their hands immediately before being called to the table to eat.

109.11(2)a: The center will provide sufficient and safe indoor play equipment, materials, and furniture. It must meet the developmental, activity and special needs of the children.
-- Items or toys with small parts that could break off which would be less than 1 1/4 inches diameter and 2 1/4 inches length were observed to be present in the 1 year old, and 2 year old classrooms. Those items that would be considered choking hazards and need to be removed from classrooms serving children under 3 years of age.

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

The identified concerns were reviewed with Kristi who stated she would review those issues with all staff at their next staff meeting.

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: 07/17/2026

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**.