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

Name of Center: TLC: The Learning Center **Enrollment:** 90 **License ID No. (Reapplications)** 22218

Street: 201 5th Ave Ste 2 **City:** Charles City Iowa **Zip** 50616 **County:** Floyd

Mailing Address: 201 5th Ave Ste 2, Charles City, IA, 50616

Director's Name: Michelle Forsyth **Phone Number:** 641-228-4525

On-Site Supervisor(s): **E-Mail:** Sue.McDonald@charlescitytlc.com
Michelle.Forsyth@charlescitytlc.com

Date(s) of Visit: 03-24-2025

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

LICENSING VISITS

New Application X **Re-Application** **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: 12-29-2022

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	43	24	48	64	179
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 03-01-2025 to 03-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 03-26-2025

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 TLC: The Learning Center in Charles City on 03-24-25 where I met with the interim director, Michelle Forsyth. Michelle has been with the program for a number of years and while well qualified for the position the center is continuing to look for a replacement director but have not had any success over the past year. The program is located in a renovated school building in Charles City which is owned by the school district and leased to the daycare. The program moved to this location in January 2023. Michelle did identify that the school is considering options regarding the building including possibly selling the property. The center is operating as a non-profit entity overseen by a board of directors who have been very involved with the program. The center provides daycare programming for infants through school-aged children. There are currently 90 children enrolled in the center served by 23 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The general layout, design, and operation of the program remains the same as in the prior licensing report. The program makes use of 6 classrooms along the north side of the building, the kitchen, and gymnasium. The program establishes classrooms based on age groups with the infants being split into two rooms with one for children birth to 12 months of age, and the other for children 12-24 months of age. Each room has multiple exits including secondary exits providing direct egress to the outdoors. Due to recent storm events there was a build-up of ice and snow that prevented the emergency exit doors from opening for 3 of the classrooms. It was reviewed that this does need to be cleared and staff need to verify that doors are not blocked daily. Each room has windows which provide natural light and a view of the outdoors, but cannot be opened to allow for ventilation. Each room has toilets and sinks available either in or just off the programming area so that children do not need to leave the room to use the bathroom or wash their hands. It was noted that the hot water temperature in the youngest infant room was measured to be 123.4 deg. F. and all other rooms were below 120 deg. F. The water temperatures should be monitored to ensure as the temperature at the spigot for hand washing sinks should not exceed 120 deg. F. It is possible that the one classroom is an anomaly due to being closer to the heating unit and the need to maintain a temperature to ensure adequate provision to more distant rooms but if the temperatures rise above the current level the center will need to adjust the temperatures down. Additional adult toilets are located off a main corridor and could also be used for children if needed. Rooms with children that are still toilet training also have changing stations present. The required changing procedures postings were present by all changing stations. The center also has two nursing rooms to support mothers who are breast feeding. The center does have a video monitoring system, and secure entry doors both for the center and each classroom. Each room is divided into activity centers through the placement of furniture and play structures that were arranged so as not to create any blind areas. For those classrooms with toilets in the room half wall dividers are used to provide privacy while still allowing staff to provide supervision. Activity centers are created through the placement of furniture and play structures which were arranged so as not to create any blind areas. A copy of daily schedule was present in each classroom, but not all classrooms had a copy of the planned curriculum. This was cited in the prior report as an issue for all rooms needing a curriculum and while it does appear to have improved with several classrooms having developed and posted a curriculum plan the center may want to consider an option of the program director establishing a general learning focus that all classrooms could implement.

The diversity of equipment and activities available does increase with the age of the children present in the room to support their developmental levels. Each activity center was stocked with a good variety of toys and materials that were observed to

be in good repair and generally appropriate to the ages of the children present. Some toys were not appropriate including toys that had been manufactured as promotional items for food vendors, and toys that could be choking hazards for younger children. Items and toys with parts that can easily break off which are less than 1 1/4 inches diameter and 2 1/4 inches length would be considered choking hazards and need to be removed from classroom serving children under 3 years of age. Good interactions were observed throughout the center with the teachers in each classroom being actively engaged with the children and attending to the children's needs. This included engaging in teacher led activities such as art/crafts, and child directed activities such as center play, or going to the gymnasium. The center uses proactive positive guidance techniques to manage behavior including the use of routines, assigned child jobs, reminders, transition activities, and positive recognition and reward systems. This approach resulted in there being very few behavioral issues observed during the visit and those that did arise were easily addressed with simple redirection. All staff were observed to use positive and engaging words and tones of voice. Ratio was maintained in classrooms as required by age with Michelle stepping in to provide coverage as needed for staff that needed breaks or to leave before a co-worker could arrive to relieve them.

Good health and safety practices were generally observed throughout the visit. During the visit I was able to observe several diaper changes in various classrooms and good practices were followed but one staff did not deglove between handling soiled and clean items. Doing so does help to reduce the risk of cross contamination. Good hand washing procedures were followed for both staff and children. The center is using a bleach water solution to disinfect surfaces and while using information provided by another entity the dilution ratio, and dwell times were consistent with that which was identified on the product label to be effective as a disinfectant. It was reviewed that the center should ensure that staff are always following the manufacturer directions for all products. Chemical cleaners, medications, personal items, and other things that could present a safety risk to children were stored in areas where they were not readily accessible to children. Prescription medications were properly labeled and stored in locked containers in the classrooms. Documentation is maintained for the authorization and administration of medications. The classrooms maintain first aid kits which were stocked with materials necessary to address most common first aid needs as well as additional supplies being kept in the center office. Safe sleep practices were followed for children under 1 year of age. Older children were observed to use cots for sleeping. All cribs and cots had appropriate bedding that was properly fitted.

The renovations have been completed for the outdoor playground. This includes having removed fencing that separated the space into several smaller areas so that it is now one large space. Equipment was added that includes a crawling tunnel, sandbox, low balance beam, platform, and garden containers. There was a small residential grade climbing structure present which appeared to have been removed from use and Michelle stated was being disposed of. The playground has both paved riding tracks, and grassy areas where the children can play. Shade is provided by a single mature tree, and the building. The playground is fully enclosed by chain link fencing which was observed to be in good repair.

A full kitchen is available and meals are prepared on-site. A menu is posted and does provide a good variety of nutritious meal options. Meals are served in the classrooms. The kitchen was observed to be clean with no indication of insect or rodent infestation. Good food storage practices were observed for both dry pantry and refrigerated items in both the kitchen and classrooms though there were a couple items where the packaging had been rolled closed rather than placed in an air tight container. It was reviewed that this is required for all food items whether intended for child consumption or not as a means to reduce the risk of being an attractant to insects and rodents. I was able to observe lunch service during the visit. Meals are delivered in covered containers, and staff wear food service gloves and use measured scoops when serving meals. The teachers have the option to sit and eat with the children at the tables to provide supervision and model good eating habits but some chose not to though supervision was still provided.

In reviewing administrative records all required notices were present and posted in an area readily accessible and visible to parents and visitors. One issue that was noted is that the center did have communicable disease notices posted by several classrooms. It was reviewed that while this is a good secondary practice disease notices need to be posted at the main entrance to allow any parent or visitor to be able to view the notice prior to entering the center. The center does make use of an electronic record maintenance and communication system, Brightwheel, and hard copy systems to maintain records. The Brightwheel program does allow the center to run a self-audit of child files which was found to be accurate when compared to a review of randomly selected hard copy files. The self audit identified 15 child files needed an updated physical and the center had notified those families. Good daily communication records were maintained for all children under 2 years of age. Children with identified allergies and health concerns did have response plans. A random selection of employee files were reviewed and again were compared to the self-audit maintained by the center which was found to be accurate. The self audit identified 6 staff that needed a renewed Iowa SING background check, 2 that needed a renewed FBI Fingerprint check, 6 that needed an update or initial physical, and 11 that needed some element of required training that either was not completed within the initial 90 days of employment or which had expired. Inspection logs and certificates could not be found for Fire and Tornado Drills, Fuel Burning appliance inspections, or Radon testing. The carbon monoxide detection system is integrated into the fire detection system.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Despite the difficulty of not being able to find a qualified director the center has been able to maintain a consistent and positive level of care. The center is looking to explore the option of participating in the IQ4K program which seeks to implement best practice recommedations.

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: 6

109.6(6)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs.
-- Number not in compliance: 2

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: 6

109.9(1)e: 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.
-- Number not in compliance: 11

109.10(1)a: 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, PA, Chiropractor or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
-- Number not in compliance: 15

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.
-- Documentation of emergency drill practice could not be located on the day of the visit.

109.10(15)d: Daily checks to ensure all exits are unobstructed.
-- Emergency exits were blocked by ice/snow for 3 classrooms that prevented the doors from being able to open.

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.
-- Items and toys with parts that can easily break off that are less than 1 1/4 inches diameter and 2 1/4 inches length need to be removed from classrooms serving children under 3 years of age. Toys manufactured as promotional items for food vendors need to be removed from all classrooms.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license is recommended 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.