Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Mighty Trojan Child Care Center

Provider No.: 46100

Address: 606 Illinois St, Blairsburg, IA, 50034

County: Hamilton

Director's Name: Brittney Gibson

On-Site Supervisor:

Phone Number: 5153256234

E-Mail: brittney_gibson@webster-city.k12.ia.us

HHS Visit Date: 11/13/2025

Licensing Period: 11/01/2025 to 11/01/2027

Fire Inspection:

Date Inspected: 09/05/2024

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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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			16	20	36
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Mighty Trojan Daycare Center on 10-13-25 where I met with lead teacher and program director, Britney Gibson. Brittney started with the center at the beginning of September 2022 and is well qualified for the position based on her experience and on-going training. The program is located in the Blairsburg elementary school and operates throughout the year providing full range care to infants through school age children. There are currently 25 children enrolled in the program served by 4 staff. All aspects of the program subject to licensing standards were reviewed.

The general layout of the school and classrooms remains the same as in prior visits. The center originally made use of 4 classrooms however, only 2 are currently being used. The two rooms that are currently being used have one for infants, and the other for all other age groups. The center is looking to resume use of a third classroom for the school age children but space has been unavailable. The center is currently operating under an exception allowing for the combined programming for 2 year old through school age children given that during the school year the school age children are not present at the center during much of the day, and during the summer the program would have the potential to make use of other spaces in the school. The classrooms are connected by an intervening door. Each space is accessible from the main school corridor and both also direct secondary egress to the outside. All exits were maintained to be clear of obstruction and opened easily and freely. The parent notice board is located in an entry area for the outdoor access for the infant room. Both rooms were observed to be clean with no concerns due to maintenance or design noted. The preschool/school age room has restroom facilities directly accessible from the programming space so that children do not need to leave the room. Additional restrooms are located off the main corridors of the school if needed. The room used for infant care does have a changing station present. Each room has additional sinks that allow for hand washing located in the rooms. Each room has windows along the exterior walls that provide natural light and a view of the outdoors. Classrooms are divided into activity centers through the placement of furnishings and play structures which are arranged so as not to create any blind areas. The toys and materials present were in good repair and appropriate to the ages of the children present.

2. Identify Observed Strengths of the program

Good interactions were observed on the day of my visit with the teachers being actively engaged with the children and attending to their needs. Brittney was leading the children in a group craft activity when I arrived. The children later transitioned to other scheduled activities such as having a snack, self-directed center play, and outdoor play. The infant room class also followed a similar schedule of the children engaging in self-directed play, having a snack, and going outside to play. While both classrooms were outside at the same time the infants were making use of a stroller and being pushed around a walking track of the playground. Each of the teachers had very calm demeanors using positive tones and word

choices when speaking to the children. The interactions between the children and the teachers were very strong and positive. The center uses positive behavior supports with the use of routines and reminders of expected behavior, recognition of positive behavior, and redirection as needed. Ratio was maintained as required by age and the teachers did an excellent job of ensuring transitions of custody. As an example while on the playground at the end of the day when another class was finishing Brittany spoke with that teacher stating the children that were scheduled to attend the daycare could remain with her. She then directed those children to join her group which was playing in a separate area from children attending the regular school program. This was also followed with teachers leaving and providing clear communication regarding which children were present for the teacher taking over the class.

Good health and safety practices were observed during the time of the visit. While I was not able to observe a diaper change the required procedures posting was present. Good hand washing practices were observed the teachers reminding children to wash their hands and either ensuring or assisting children as needed to ensure they washed their hands in an effective manner. Tables were sanitized before and after snack service. Chemical cleaners and other items that could pose a safety risk to children were stored in areas where they were not readily accessible, and were not used when children were in the immediate area. First aid kits are maintained in classrooms and had a good variety of materials to address most common first aid needs. The program also has access to the school nurse/office where more extensive supplies are available. Safe sleep practices were observed for children under 1 year of age. The center also followed good procedures when returning from the outdoor playground with taking a more circuitous route through the gym and hallway rather than walking through the infant room to maintain separation of programming spaces as required.

The center does have access to school facilities such as the gym, and playgrounds. The playground area has a number of climbing structures and activity centers intended for various ages including preschool age children. Brittany did limit children to that equipment which was developmentally appropriate for the children attending the program. The equipment was observed to be in good repair. Foam tiles are used for fall surfacing. Shade is provided by the equipment, mature trees, and a covered shelter. The playground also has a paved walking track, basketball court, and large open grassy areas. The playground is fully enclosed by chain link fence which was in good repair.

Meals are prepared by the school cafeteria and a copy of the planned menu was posted. Snacks are prepared by the daycare and generally consist of single serving prepackaged items. A copy of a menu of served items was not maintained as required. Some of the snacks that were present included rice krispie treats, and cookies which would not be considered credible. While it may not be possible to know what will be served on any give day a copy of a menu showing what was provided does need to be maintained. While the staff did not eat with the children they did provide supervision at the tables. A refrigerator is maintained in the infant room and good food storage practices were observed for both refrigerated and dry pantry items.

A review of administrative records found all required notices for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse Reporting were posted where they were readily accessible to parents and visitors. Other required posting for emergency evacuation, emergency contacts, hand washing, diapering, daily schedule, and planned curriculum were also posted as required. It was noted that the emergency contact numbers were primarily for school contacts. In addition to those numbers emergency contact numbers for child families, police, fire, ambulance, utilities, and poison control should also be posted near phones. All inspection logs and certificates were available and current. A random selection of half of the child files were reviewed and compared to a self-audit completed by the center which was found to be accurate. The self-audit did identify 7 that needed an updated physical. In addition it was reviewed that allergy plans are required for all identified allergies and health concerns. In reviewing staff files the Iowa SING and FBI background checks are maintained at the school district central office and communication with that office 1 employee needed a renewed Iowa SING background check. It was confirmed that file had been updated on the day that the files were reviewed. The center is considering participating in the IQ4K program which seeks to implement best practice recommendations.

3. Identify the aspects that fall below the standard

109.6(4)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: 1 Verification was provided that the record had been updated on the same day that the files were reviewed.

109.13(1 and 2): Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines.Staff shall

provide supervision at table during snacks and meals.Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep.Menus shall be made available to parents and kept on file with substitutions noted.Avoid foods with high incident rate of causing choking.
-- A copy of served snack items needs to be maintained. The center does need to ensure that credible snack items are being provided.

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

NA

5. 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.

Date: 11/03/2025

HHS Licensing Consultant: Raymond 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**.