Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Emmetsburg Education Center

Provider No.: 46288

Address: 1013 Broadway St, Emmetsburg, IA, 50536

County: Palo Alto

Director's Name: Tabatha Esdohr

On-Site Supervisor:

Phone Number: 7123304814

E-Mail: info@emmetsburgeducationcenter.com

HHS Visit Date: 04/01/2026

Licensing Period: 05/01/2025 to 05/01/2027

Fire Inspection:

Date Inspected: 11/04/2024

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	7:00 AM to 5:30 PM		
Tuesday	7:00 AM to 5:30 PM		
Wednesday	7:00 AM to 5:30 PM		
Thursday	7:00 AM to 5:30 PM		
Friday	7:00 AM to 5:30 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	11		28		39
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Emmetsburg Education Center on 04-01-26 where I met with the center director Tabatha Esdohr. Tabitha took over as the director in late 2023 and is fully qualified as the director based on her experience and on-going training. The program is located in a commercial store front building in the downtown area of Emmetsburg. The program is operated as a non-profit center overseen by a board of directors. The program provides daycare to infants through school age children. There are currently 49 children enrolled in the program served by 7 staff. All aspects of the program subject to licensing standards were reviewed.

The general layout and design of the building, and programing remains the same as in prior visits. Direct exits are located at both the front and rear of the building. All exits were clear of obstruction and opened easily and freely. A large store front window provides natural lighting and a view of the outdoors at the front of the building. A window in the rear door provides natural light and a view at the other end of the building. Restrooms are located just off the main programming space. Additional sinks are located in the infant room with one that allows for hand washing, and the other that allows for food preparation. The building has a long open floor plan divided into two programming areas with one for infants and the other for all other children. The center is operating under an agreement for combined age group programming which is an on-going approval. That agreement is based on the idea that the children are provided programming which is appropriate to their developmental levels. An infant gate is present in the doorway leading from the main programming space to the infant room to prevent intrusion by older children. An infant crib area is also separated out of the main programming room through the use of built-in shelving units. The configuration is such that it does create limited sight lines and staff need to be aware of positioning when infants are sleeping so that they remain within direct line of sight. The preschool room area encompasses the majority of the programming space in the front part of the building. The space is divided into activity centers through the placement of furniture, shelving, and play structures which are arranged so as not to create any blind

areas.

2. Identify Observed Strengths of the program

A copy of the daily schedule and some planned activities were posted. During the visit all staff were engaged with the children but one issue that was noted was that the programming was presented to the children as a single large group. While children were not required to participate this approach did result in a couple of concerns. First was that the activity being engaged in (making play-doh) was of more interest and skill based for older age children. This resulted in the younger 2 and 3 year old children not having much interest and engaging in other self-directed play where they were largely left with minimal supervision. This did result in some minor behaviors and negative choices but the teachers did address and later were able to get those children to join the group. Dividing the class into groups that are more closely aligned in age and developmental ability would allow for programming to be tailored to the age groups so that the children have more opportunity to be involved, and work to develop skills. This approach would also be more in line with the spirit of the exemption allowing for the combined age grouping. The center does use a proactive approach to addressing behavioral issues with the staff providing reminders, using redirection, and guided problem solving. This approach was very successful with staff assisting children with guided problem solving in several situations. All of the teachers present positive and energetic attitudes and used calm tones and positive word choices when speaking with children. Ratio was an issue upon initial arrival with the older children and combined age groupings that would have required a 3rd teacher based on the ages and numbers of children that were present. This was corrected with Tabitha arriving within 10 minutes of my arrival.

While the center has established health and safety policies in place practice does need to reviewed. I was able to observe a diaper change and the staff did not deglove between handling soiled and clean items, did not wash the infant's hands following changing, and did not clean the changing station afterwards. While the teacher did clean the changing station prior to the diaper change the disinfectant product was not allowed to dwell for the required time to be effective. Handwashing practices were mixed for older children as well with staff having children wash following restroom use, and before meal service but while waiting for meal service some children were observed to get up and play with toys or touching other items, (floor, shoes, peers), and then not re-washing their hands prior to eating. This also created a concern with meal service where the children engaged in family style self-service but did not have utensils so used their hands to take portions they wanted. While staff did try to follow a practice of children taking the items they touched there were times when they did not. Personal items, medications, chemical cleaners, and other items that could pose a safety risk to children were stored in an area where they were not accessible to the children. All over the counter medications were labeled with the name of the child to whom it belonged. First aid kits are present and contain a supply of materials necessary to address most common first aid needs but should be replenished. The damaged crib mattresses identified in the prior visit as having tears in the cover had been replaced. Good safe sleep practices were observed for infants under 12 months of age though it was noted that the center had at least one child that was making use of a swaddling sleep sack where the teacher was preparing to bind the arms. It was reviewed that if swaddling sleep sacks are used the wings should be loosely wrapped around the torso with the arms and legs left unbound so they are free to move. The staff did leave the arms free. It was also reviewed that the teacher needed to be positioned such that she could observe children both in the sleeping area and the programming area at the same time.

The center does not have a kitchen. Meals are prepared using crock pots, roasters, or options that do not require cooking. The center uses a menu rotation and a copy of the planned menu is posted and does identify a good variety of nutritious meal options. A refrigerator is present to maintain temperatures for foods that must be kept cold and thermometers were present. Good food storage practices were observed with items placed in sealed containers, and labeled as required. The center was preparing the breakfast service when I arrived and consisted of pancakes, strawberries, and milk. As noted the children engaged in self-service for the pancakes and did not have utensils provided to serve with so used their hands creating a cross contamination concern. Additionally while the teachers were gloved strawberries were also served by hand. Providing measured scoops, and other utensils can ensure each child receives a full serving and maintain hygienic practices. The teachers did not eat with the children but did provide supervision at the tables.

The center does not have a playground due to the commercial nature of the area where the program is located. The center does make use of public parks, and takes walks with the children. All field trip activities are within walking distance and no transportation services are provided.

All required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were

present and posted in an area readily accessible and visible to parents and visitors. Other required postings for emergency evacuation, emergency numbers, hand washing, diapering, schedule, curriculum, and menu were also present. A random selection of 20% of child files were reviewed and found to contain all required documentation. One issue that was noted was that while the center had response plans for health concerns one child had a parent that identified an allergy on the enrollment form, but the physical from the medical provide identified no known allergies where no response plan was present. When there is a discrepancy between a parental report, and a medical report the center needs to err on the side of the condition that with the higher risk and have a response plan. All staff files were reviewed and found to contain all required documentation with the exception of one that had a recently expired physical. All inspection logs and certificates were current and present. The center parent handbook was reviewed and found to contain most required written policies but was missing a policy on confidentiality, and others needed to be expanded.

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.
-- A written policy regarding maintaining confidentiality of records is needed. Health policies need to be expanded to include a statement informing parents of immunization exemptions, and providing response plans for identified or diagnosed health concerns.

109.12(4)b: Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.
-- Staff did not follow required procedures including degloving, washing infant hands, and properly disinfecting the changing station.

109.13(5)b: Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed.Staff preparing food that have injuries on hands wear protective gloves.Staff serving food use clean serving utensils and have clean hands/wear protective gloves.
-- Children's hands were not washed immediately prior to eating for some who had recontaminated their hands. Serving utensils were not provided resulting in children using their hands to select food off serving platters and cross contaminating other food items.

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

A list of required written policies and guidance for implementation was provided.

Proper diapering, and food service procedures were reviewed with staff.

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 non-licensing year.

6. ADDENDUMS:

- Addendum1: A copy of the updated handbook was received on 07-16-26

This Addendum is approved by supervisor on 7/30/2026 3:53:12 PM

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Date: 04/20/2026

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**.