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

Name of Center: TLC: The Learning Center **Enrollment:** 105 **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: Pam Ost **Phone Number:** 641-228-4525

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

Date(s) of Visit: 02-20-2023

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

LICENSING VISITS

X **New Application** **Re-Application** **NA**

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 01-04-2023

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	33	24	48	56	161
Summer					0

QRS Rating: 3

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 03-01-2023 to 03-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 02-21-2023

I. IF CURRENT LICENSE IS PROVISIONAL, IDENTIFY THE CORRECTIVE ACTIONS

N/A

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced licensing visit was made to TLC: The Learning Center in Charles City on 02-02-23 where I met with the center director, Pamela Ost. Ms. Ost has a degree in an unrelated field and was previously a site coordinator at Head Start in another state. She has been employed as the director of this center since May 2016. Ms. Ost has her National Administrator Credential (NAC). Ms. McDonald has been with the program since March 2012. The program is located in a renovated school building. The center provides daycare programming for infants through school-aged children. There are currently 86 children enrolled in the center served by 29 staff.

The program moved to the current location in January 2023 following a significant renovation of the building. 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. The program makes use of 6 classrooms along the north side of the building, the kitchen, and gymnasium. Each room has multiple exits including secondary exits providing direct egress to the outdoors. All exterior exits were clear of obstruction and opened freely and easily. 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. Additional adult toilets are located off a main corridor. Rooms with children that are still toilet training also have changing stations present. The required changing procedures posting was not present by changing stations though it is noted that the center does have these available but is still in the process of hanging notice boards. 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. The diversity of equipment and activities available does increase with the age of the children present in the room to support their developmental levels. Activity centers included large/small manipulatives, art/crafts, and dramatic play which were present in each room, and older rooms also include options of experience tables, math, science, reading, puzzles, and table games. Each activity center was stocked with a good variety of toys and materials that were observed to be in good repair and appropriate to the ages of the children present. Each room had a copy of the daily schedule posted but did not have a copy of the planned curriculum posted. It was obvious that the center does have a planned curriculum based on the posted art work completed by the children such as "Rabbit" handprint art projects that were drying in the 2 year old classroom as part of the curriculum related to the letter R. Posting of curriculum plans will also be addressed as the center installs notice boards. 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. Good behavior management techniques were generally observed during the time of the visit with the teachers using positive guidance to redirect children and identify appropriate behaviors. One issue that was noted was with regard to issued related to lunch service. During the visit one issue that was observed would be considered the use of a prohibited disciple involving food. A child had poured their milk into one compartment of the meal tray and then put their bread in the milk. The teacher in the classroom noted this and in a frustrated tone told the child they were done, removed the tray, and disposed of the food. The child then proceeded to eat food off of the plates of other children. Pam did re-plate a new lunch for the child. Similarly in another classroom a child had pour milk on their tray and when re-pouring milk in the glass for the child the staff member did tell

the child they needed to drink it. When addressing child behavior regarding food staff need to be aware that involving food as a part of that consequence such as the situation where the food was removed would be prohibited.

Good health and safety practices were observed throughout the visit. During the visit I was able to observe a standing diaper change and good practices were followed. Good hand washing procedures were followed with staff washing their hands after assisting with diapering, before meal service, and prior to medication administration. Children did wash their hands following toileting, prior to meals, and other times as needed. The center is currently using a bleach water solution for disinfecting surfaces. While this is an appropriate disinfectant it was reviewed that the center was using a product that did not have labeling designating it as a disinfectant or with dilution information. When asked about the dilution ratio staff identified that they use about 1/4 tsp per spray bottle (estimated 24 oz). The center should use a bleach product that is labeled for use as a disinfectant with information regarding dilution and dwell times for effectiveness to ensure that staff are properly treating various surfaces. As an example the solution being used would be too diluted to be effective using general information from the Clorox website which identifies to use 3 tsp with 3 C. of water in a 24 oz spray bottle and a 6 minute dwell time for their product(s) to be effective as a disinfectant. 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. 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 generally 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. One issue that was discussed is that when observing cribs the fitted sheets were pulling at the corners of the mattresses. The staff identified that they do launder and change the sheets daily. This can result in a tightening of the weave of the fabric and it was noted that when pressing down on the mattress the weave did relax and allow the mattress to lay flat. The staff should continue to monitor the bedding and if it does progress to a point where it will not relax and continues to pull up at the corners the center will need to replace those sheets.

The program is not using the outdoor playground areas at this time as they are still in development. Work is planned for the coming spring/summer. Pam stated that the plan is to install a natural playground that does not make use of traditional playground structures but uses other options such as tunnels, mounds, and other ground based play. The center does have a large gymnasium and good variety of toys and equipment for the children to play with.

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 generally observed but some dry pantry items had not been placed in air tight sealable food grade containers as required once the original packaging seal had been broken. Good food handling practices were observed with meals being delivered in covered containers, and staff wearing food service gloves and using measured scoops when serving meals. The teachers do sit and eat with the children at the tables to provide supervision and model good eating habits. A limited supply of food items is maintained in some classrooms and good food storage practices were observed.

In reviewing administrative records all required notices were present and posted in an area readily accessible and visible to parents and visitors. The center does make use of an electronic 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 report identified a total of 58 child files that needed updated physicals but it was noted that with regard to the school age children the center was using the date of the last physician provided medical and not the last parental statement of health of update to track those that were expired. This would account for as many as 27 of the delinquent files. A random selection of employee files were reviewed and again compared to the self-audit. It was noted that the self-audit was accurate for those with identified dates, but for those that had a blank date indicating the required information was missing the self-audit was outdated in that some files did contain the required documentation but the self-audit log had not been updated. The self-audit did identify 3 files that needed updated mandatory child abuse reporting, and 1 that needed an initial physical. Inspection logs and certificates for fire and tornado drills, fire marshal, and fuel burning appliances. The center will need to conduct radon testing during the coming year. The carbon monoxide detection system is integrated into the fire detection system.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The program seeks to exceed licensing standards and implement best practice recommendations. The program is participating in the Quality Rating System (QRS) and is rated a 3 STAR program out of a possible 5 STAR scale.

With the renovation of the new facilities the center has increased their available capacity and the overall enrollment of the center.

IV. IDENTIFY THE ASPECTS OF OPERATION THAT FALL BELOW THE STANDARDS REVIEWED:

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: 1

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, 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: 31

109.10(1)b: School-age (for children five years and older and enrolled in school): Annual statement of health status signed by parent is submitted prior to admission, certifies that the child is free of communicable disease, and lists allergies, medications and acute/chronic conditions.
-- Number not in compliance: 27 It was noted that the number may be inaccurate as the center was using the date of the last physician provided physical and not the last parental statement of health update.

109.12(1): Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served.Program complements but does not duplicate school curriculum.Schedule of program is posted in a place visible to parents.
-- A copy of the planned curriculum was not posted for classrooms on the date of my visit. The center is still working to hang notice boards.

109.12(2)c: Punishment or threat of punishment associated with illness, toilet training, or food or rest is not be used.
-- Staff were observed to use the removal of food as a consequence for a child that was engaging in unwanted behavior consisting of playing with their food.

109.12(5)b: Infants diapered in a sanitary manner as needed in central diapering area.One changing table for every 15 infants/toddlers needing diaper changes.Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area.
-- Required postings were not present on the day of the visit. The center is still working to hang notice boards.

109.15(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.
-- Not all food items were properly stored in air tight sealable food grade containers after the original packaging seal had been broken as required.

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.