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

Name of Center: Shell Rock Child Care & Preschool **Enrollment:** 39 **License ID No. (Reapplications)** 21871

Street: 218 S Cherry St **City:** Shell Rock Iowa **Zip** 50670 **County:** Butler

Mailing Address: PO Box 670, Shell Rock, IA, 50670

Director's Name: Alisha Tellinghuisen **Phone Number:** 319-885-4980

On-Site Supervisor(s): **E-Mail:** alishatellinghuisen@gmail.com

Date(s) of Visit: 01-13-2025

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 12-04-2024

FIRE INSPECTION X **State** **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 05-16-2024

Comments :

LICENSE TYPE: X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

Financial Type: X Profit 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	10	6	14	20	50
Summer					0

QRS Rating: N/A

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

Licensing Consultant: Raymond Salsbury **Date:** 01-23-2025

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

N/A

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

OVERVIEW:
An unannounced annual visit was made to the Shell Rock Child Care and Preschool aka Bright Beginnings in Shell Rock on 01-16-25 where I met with Alisha Tellinghuisen, the director, owner, and lead teacher of the preschool room. Alisha has been the owner of the center since 1998 and is well qualified for the position based on her experience, education, and on-going training. The child care center is located in a free standing store front building on the main street of Shellrock. The program operates Monday through Friday from 6:00 am until 5:00 pm and serves infants through school-aged children. The core preschool hours are 8:30am-11:00 am. There are currently 39 children enrolled in the program served by 5 teachers. All aspects of the program subject to licensing standards were reviewed during the visit.

PHYSICAL FACILITIES:
* General Building
The general layout and design of the building remains the same as in prior reports. The building that has a long narrow design divided into three rooms. The main programming space at the front of the building is used for the preschool and school age children. A second smaller room is created within that space for the two year old children. A full width divider wall creates an infant space at the back, A large store front window provides natural lighting, and view of the outdoors in the preschool room. The infant and two-year-old rooms do not have windows and use artificial lighting. Restrooms are located just off the main programming space, one of which is also accessible through a second door from the 2 year old room. Additional bathroom facilities are located further back in the building off the utilities room. Sinks are located in the restrooms, preschool room, infant room, and kitchen which can be use for hand washing, and food preparation. Each room was observed to be clean.

There were a couple issues regarding maintenance noted most of which did not rise to the level of being an immediate concern such as broken floor tiles, but one that did require immediate correction was the water temperature which was measured to be 140.6 deg F. at the spigot. It was reviewed with Alisha that the water temperature cannot exceed 120 deg. F at the spigot when only the hot water tap is turn on for all sinks used for hand washing. Options such as adjusting the settings of the hot water heater, or installing mixer valves were discussed.

* Classrooms
As noted there are three classroom spaces designated by age grouping, Infants, Toddlers, Preschool/School age and as with the general layout of the building remain the same as observed in prior visits. Each room has multiple exits from the room with the preschool and two year old room passing through other spaces, and the infant room having a direct exit to the outdoors. All exits were clear of obstruction and opened easily and freely. Furniture and play structures are used to divide each room into activity centers that include library, Lego/blocks, table toys, games, puzzles, transportation, art, dramatic play, writing, math, sensory table, and music. Centers were arranged in a manner that allowed easy movement between activities without creating any blind areas.

The infant room makes use of a mobile fence and gate system to define a sleeping and diapering area from the main

programming area. The fence is of an open and low enough design that it does not create any reduced line of sight when infants are sleeping. During the visit staff were observed to use the entry gate to access that space. Cribs are arranged to provide spacing sufficient to allow access and reduce the risk of disease transmission. A changing station is present with a separate trash can for diapers from other general waste. Two sinks are present with one for handwashing, and one for bottle preparation. A small refrigeration unit is present for food and milk storage.

The toddler room is a small room that was built within the larger space of the preschool/school age room. The classroom has direct access to a restroom which also serves as the secondary exit from the room. Due to the limited space the activity centers of the classroom are limited to options such as library area, some large and small manipulatives, art/crafts, and some play structures.

The preschool/school age area is a larger room that also has some divided areas. A low half wall is used to define a smaller space which is used for media based activities, and cot placement when children are napping. A small kitchenette/work station is present with a sink, small refrigerator, and storage cabinets. Coat cubbie shelving units are arranged to define an arrival area near the main entrance with a parent notice board, and where children can store personal belongings. Anti-tip devices are installed to stabilize the units. There are a good variety of activity centers that include options such as dramatic play, experience tables, light table, reading, large/small manipulatives, art/crafts, table games, media, group learning, and math/science.

*Playground
The center does have a playground space located across the main street. The playground does have a climbing structure present and is fully enclosed by fencing. The equipment and fencing were observed to be in good repair. Rubber mulch is used for fall surfacing beneath the climbing structure. It did not appear that a geo-cloth barrier had been installed prior to adding the rubber mulch as there was dirt and other material that had infiltrated which would create a hard pan layer and not allow for the required depth of material in fall zones. Additional mulch was added to the playground since the time of the last visit and provided an overall depth of 2-3 inches. Fall surfacing mats had been installed at the discharge of slides, and other areas with high traffic to reduce displacement. A removable awning has been installed for a shade structure.

CURRICULUM IMPLEMENTATION & ENGAGEMENT:
* Curriculum
A copy of the daily schedule and curriculum were posted on a parent notice board at the main entrance. The curriculum is a preplanned rotation designed around monthly themes with the current theme being related to "Winter", and the letter W. Specific activities were identified for various days, and times of the week such as books that would be read, crafts, and other activities that would assist the children with developing motor, language, cognitive, and social skills. The toys and materials present in the classroom were reflective of the planned curriculum, were in good repair, and generally appropriate to the ages of the children present. There was at least one toy with small parts less than 1 1/4 inches diameter, and 2 1/4 inches length which can be choking hazard. This was set aside with direction to review the other toys and equipment and remove those items to a classroom with children over 3 years of age.

*Engagement
Good interactions were observed in each classroom with the teaches being engaged with the children, implementing the planned schedule and curriculum, and attending to their needs. In the infant room the teacher was observed to be down on the floor playing with the children, reading to them, and singing songs. The children's needs were attended to individually as needed with the classroom teaching getting children out of their cribs when they woke from napping, not requiring all children to nap at a predetermined time, and encouraging children in activities such as standing/walking. In addition the teacher maintained a focus on the children's interests with continuing or changing activities such as singing, or reading to the children based on their response.

In the toddler, and preschool/school age classrooms the teachers were again observed to be actively engaged with the children. These classes do follow more of a set schedule both in terms of moving through the curriculum plan with established activities for teacher lead large group activities, small group activities, and free choice center play, but also with regard to having established nap and meal service times where all of the children are expected to participate. The children were napping when I first arrived, and later as they woke Alisha would have the children do a quiet puzzle activity while waiting for peers to get up.

Ratio was maintained in the center as required by age. The number of children was such that only one teacher was needed in each classroom. During the visit that ratio was observed to be maintained including when children were napping.

*Behavior Management
The center uses a positive behavior support approach that includes routines, positive recognition, and redirection to reduce the occurence of behavioral issues and the teachers were observed to implement this in an effective manner. The center did have transition activities such as was noted with children being directed to engage in a quiet activity after waking while waiting for peers that were still resting. When speaking with the children all of the staff used calm tones and positive word choices. Staff also looked for opportunities to recognize and praise positive behaviors with the children.

HEALTH & SAFETY:

*Hygiene

Good hand washing practices were observed during the visit with the staff reminding and ensuring that the children washed their hands after restroom use, before eating, and other times they become soiled such as when blowing their nose. The teachers did provide supervision and assistance to ensure that the children washed their hands in an effective manner. Staff were also observed to wash their hands before handling food. I was not able to observe a diaper change on the day of my visit but each diapering station did have a copy of the required procedures posting. When asked about the procedures followed in the center the staff were able to identify the proper procedures from memory, and were able to identify information regarding the chemical cleaners used for disinfecting changing surfaces and the required dwell time for those products.

*Medications & Health

There were no children taking any prescription medications on the day of the visit. Nonprescription medications, and diaper creams were labeled with the name of the child to which it belonged, and were stored in areas where they not accessible to children. Diaper bags, purses, and other personal belongings which may contain items that could be a safety risk to children were stored where they were not accessible to children.

*Safe Sleep

Children were observed during nap time in all classrooms. There were no children under 1 year of age that were sleeping during the visit but a discussion was held with the infant room teacher regarding sleep practices. The classroom teacher did identify that children under 1 year of age do not have blankets in the cribs with them, and did identify that while some do have a swaddler style sleep sack these are applied so that the arms and legs are free to move. It was observed that children over 1 year of age did have blankets in the cribs with them. It was reviewed that while the safe sleep requirements would apply to children under 1 year of age it was still not recommended to have blankets, pillows, or plush toys in cribs with older children and the best time to introduce them was when children transition to cots.

All cribs and cots had cover sheets that were properly fitted. Spacing was maintained so that staff could easily access children if needed, and children could get up if needed. The spacing was also sufficient to reduce the risk of disease transmission. While the lights were turned off in each classroom there was sufficient illumination to allow staff to observe children and determine if they were in distress. It was also bright

FOOD SERVICES:

The center does have a kitchen space located at the rear of the building where meals and snacks are prepared. Good food storage practices were observed with food items being placed in air tight sealable food grade containers after the original packing seal had been broken. The kitchen area was clean with indication of insect or rodent infestation or presence. The refrigeration and freezer units had thermometers present to ensure that proper cold holding temperatures were maintained.

The program uses a 4 week menu rotation and a copy of all four menus are posted. It was noted that the menus did identify some food items that would be considered noncredible such as toaster pastries, and granola bars. While the center does not participate in the Child and Adult Care Food Program (CACFP) those guidelines must be followed. It was reviewed with Alisha to use the supplies the center had but to replace with them with credible options when resupplying. Information about the CACFP Shopper Application was provided as option to identify credible food items.

I was able to observe the afternoon snack during the visit. Meals and snacks are served in the classrooms and though the teachers did not eat with the children supervision is provided at the tables. The snack consisted of a homemade trail mix of combining snack crackers and dry breakfast cereals. The snack was pre-portioned with the staff wearing food service gloves.

ADMINISTRATIVE RECORDS:

In reviewing administrative records all required notices for No Smoking, Consultant Contact, Mandatory Abuse Reporting, and the Center License were posted in an area readily accessible and visible to parents and visitors. The center did have a self-audit form for staff files which was found to be accurate. All staff files were reviewed and found to contain all required documentation with the exception of one staff member that had not completed 1st Aid/CPR training and was past the initial 90 day time frame to complete the training. The center did have a self-audit form for child files. A random sample of 10 child files were reviewed and compared to the self audit which was found to be accurate for all files where documentation was identified, and one file where it was identified an updated physical was needed it was found to be present in the file but the self-audit had not yet been updated. All child files were found to contain all required documentation including allergy plans for those that needed them, accident/injury reports, and prior medication administration forms. Infant daily sheets are maintained and do contain documentation of all required elements of care. The center policy handbooks have been previously reviewed and found to contain all required documentation.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Alisha identified that the playground had been updated with adding more rubber mulch fall surfacing, and anti displacement mats in high traffic areas. A shade awning which can be taken down during the winter months was also added.

Alisha reported that there was an unusual situation during the previous year in which the center did implement their Intruder Policies in an effective manner. Alisha reported that some individuals who identified themselves from "Google" had come to the center and wanted to walk through the building to take photos so that families could find information on the center and look at them on-line. Alisha stated that she told those individuals that they could not do that, and asked them leave. Alisha stated they returned on another day and again were refused entry. Alisha did inquire about the ability of the center to use a coded entry deadbolt lock. It was reviewed that she would need to speak with the FIre Marshal to inquired if the current lock system on the could be used or would need to be replaced with one that would allow the lock to disengage with a single operation of the door latch.

Alisha stated that the center has been very stable over the past year with regard to the staff, child enrollment, and day to day operation.

The center was very prompt in responding to the issue of the excessive water temperature with providing a photo verifying that the measured temperature had been adjusted to 117.3 deg F by the next day.

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

109.7(1): All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of child abuse.At least one hour of training regarding universal precautions and infectious disease control.Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) OR equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross,American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the department.A valid certificate indicating the date of training and expiration date shall be maintained.Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
-- Number not in compliance: 1

109.11(3)a: Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. Sufficient space provided for dining. Sufficient lighting shall be provided. Sufficient ventilation. Sufficient heating. sufficient cooling. Sufficient bathroom and diapering facilities. Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease.
-- The hot water temperature was measured to 140.6 deg F. at the spigot in sinks used for handwashing. -- CORRECTED
-- Photo documentation provided 01-14-25 that the temperature had been adjusted to 117.3 deg F.

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.