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

Name of Center: TLC: The Learning Center **Enrollment:** 130 **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): Sue McDonald **E-Mail:** pam.ost@charlescitytlc.com

Date(s) of Visit: 02-16-2024

Licensing Visit X **Unannounced Visit** X **Off Year Visit** X **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	43	24	48	64	179
Summer					0

QRS Rating: N/A

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:** 02-28-2024

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 02-16-24 where I met with the interim director, Michelle Forsyth. Sue McDonald is the on-site supervisor. Both Michelle and Sue have been with the program for a number of years and are well qualified for the positions they hold. The program board is in the process of conducting a search for a permanent director to replace Pam Ost who recently retired. The program is located in a renovated school building in Charles City. The center provides daycare programming for infants through school-aged children. There are currently 130 children enrolled in the center served by approximately 25-30 staff.

The program moved to the current location in January 2023 following a significant renovation of the building. 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. All 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 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.

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 given that some classrooms did have a copy of curriculum posted, and others had craft projects present that the children had completed. This was an issue that was identified in the prior visit and the center has installed notice boards for each classroom.

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. The center was just finishing lunch service and preparing for nap time during the visit. Staff were observed to be reading to children, rubbing their backs to help soothe them, and tending to other needs such as cleaning. Good behavior management techniques were observed during the time of the visit with the teachers using positive guidance to redirect children to lay on their cots but did not engage in power struggles with attempting to require or force children to lay down. Ratio was maintained in classrooms as required by age with at least two staff in each room.

Good health and safety practices were generally observed throughout the visit but some practices do need to be reviewed. During the visit I was able to observe a diaper change and good practices were followed but the staff did not wash the infant's hands following the diapering. When asked about this the staff identified that they do not wash the hands for infants under 6 months of age. It was reviewed that all children regardless of age and whether or not they touched contaminated surfaces must have their hands washed following every diaper change. It was reviewed that soap and running water should be used when possible and that diaper wipes were not an acceptable alternative. For children who may have difficulty being held at a sink the option of using a wetted paper towel with soap on it to wash, and a separate one to rinse was identified as an option. Good hand washing procedures were followed in all other situations 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. Another issue that was identified is that 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 use and dilution ratio staff identified that they use about 1/4 tsp per spray bottle (estimated 24 oz) and anywhere from 2 to 5 minute dwell time. The center should use a bleach product that is labeled for use as a disinfectant with an EPA Registry Number with information regarding dilution and dwell times for effectiveness to ensure that staff are properly treating various surfaces. This same issue was identified in the prior licensing visit. 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. During the visit it was noted that over the counter medications were placed in individual sealable bags with the children's names on the bags but not on the product container. It was reviewed that the product container should be labeled as well given that containers that look the same could become mixed up increasing the risk of a cross contamination concern. 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 a child was observed to be sleeping in a bouncer. When asked how long the child had been sleeping the staff identified it had been about 10-15 minutes. It was noted that all of the staff were engaged in other care activities such as diapering and feeding other infants. It was reviewed that if a child does fall asleep in a piece of equipment, on the floor, or while being held that they should be transitioned to a crib as soon as there is a reasonable opportunity when the staff have completed one child care task and before moving to another. The staff did move the child to a crib.

The outdoor playground spaces continue be works in progress. Substantial work has been completed such as pouring concrete for riding tracks, installing a ground based tunnel and slide, and seeding intended grassy areas. There are areas where additional climbing structures and fall surfacing are intended to be installed. There are no shade structures currently in the outdoor playground areas but options were discussed. While this work is being completed the program is making use of an indoor gymnasium, and going for walks or other outdoor activities.

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. Lunch service was ending at the time of my arrival but prior reports identify that meals are delivered in covered containers, and staff wear food service gloves and 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. A random selection of 15 (approximately 10%) of the child files were reviewed and of those only 1 needed an updated physical which had just expired. A random selection of 5 (approximately 20%) employee files were reviewed and all were found to contain all required documentation. All inspection logs and certificates were current and available. The carbon monoxide detection system is integrated into the fire detection system.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

While the center does need to review options regarding disinfecting/cleaning products good practices were observed during the visit. The staff were observed to be sorting and cleaning items in each classroom during nap time. This included hard surface play items such as the large and small manipulatives, soft items such as bedding, and furnishings such as tables, counters, and floors.

The center continues to work to complete renovations and growth with issues such as the pending work on the playgrounds, but also with having obtained materials and supplies for the classrooms. The center has completed several grant applications including one through the Floyd County Community Action Foundation that will allow them to apply window treatments that allow staff and children to be able to see outside, and allow light into the building but which would make it difficult for people to casually see into the center. Michelle stated that this was being done as a safety measure related to their lock down policies.

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

109.10(5): Infectious disease control: Centers shall establish policies and procedures related to infection disease control and use of universal precautions with handling of bodily fluid. Soiled diapers shall be stored in containers separate from other waste.
-- The center is using a bleach product for disinfecting surfaces that does not have an EPA registry number nor directions for dilution as a disinfectant. This has been cited in the past and while bleach can be an effective disinfecting agent the staff identified practices regarding the dilution and use that was varied between classrooms and such that most if not all would be ineffective.

109.10(8): Children's hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children's hands shall be washed:Immediately before eating or participating in food service activity.After using the restroom or being diapered.After handling animals.
-- Children under 6 months of age were not having their hands washed following diapering as a matter of general practice. All children regardless of age and whether or not they touched contaminated surfaces must have their hands washed following diapering changes or restroom use.

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 present in each classroom as required.

V. 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 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.