Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: NICAO Early Head Start-Charles City

Provider No.: 33769

Address: 404 N Jackson St, Charles City, IA, 50616

County: Floyd

Director's Name: Megan Judish

On-Site Supervisor: Nicole Foster

Phone Number: 6412284515

E-Mail: mjudisch@NICAO-ONLINE.ORG

HHS Visit Date: 01/27/2026

Licensing Period: 09/01/2025 to 03/01/2027

Fire Inspection:

Date Inspected: 04/06/2023

Comments:

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 3

- [ ] Accrediation

Program Duration:

- [ ] Year-Round
- [X] School Year
- [ ] Summer Only

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday		8:30 AM to 2:30 PM	
Tuesday		8:30 AM to 2:30 PM	
Wednesday		8:30 AM to 2:30 PM	
Thursday		8:30 AM to 2:30 PM	
Friday		8:30 AM to 2:30 PM	
Saturday			

Program Population Served:

- [ ] Infant(0-<24 Months)
- [ ] Toddler
- [X] PreSchool
- [ ] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	16	32		0	48
Summer					0

1. Basic Overview

An unannounced annual visit was made to NICAO Early Head Start - Charles City center on 01-27-26 where I met with Nicole Foster who is the on-site supervisor and lead teacher for the Early Head Start (EHS) class. Megan Judish is the executive director of the early childhood programs operated by the North Iowa Community Action Organization (NICAO) at the main office located in Mason City. The Head Start is located in the Family Resource Center in Charles City. The program does share space with other community outreach programs such as WIC. The program provides Early Head Star programming for children birth to 3 years of age. There are currently 8 children enrolled in the the center between the two programs, though the classroom for children 18 months to 3 years of age is still being renovated and is not currently in operation. All aspects of the program subject to licensing standards were reviewed.

With the shift in focus to serving younger EHS children the center will now operate in two classrooms, 0-18 month, and 18 mo-3yrs. The classrooms are such that they could be considered four rooms with an intervening hallway where restroom facilities are located to connect each pair of room. Currently the 0-18 month classroom is making use of both sides of connected rooms they occupy with one side being used for
primary programming, and the other for larger motor play. The intervening hallway space has toilet facilities and handwashing sinks. A changing station has been set up in one of the EHS classrooms to allow staff to remain in the room for supervision, and a portable sink is available for handwashing by that changing station. Mobile fence and gate units are used to prevent the children moving between the two classrooms unaccompanied. Each room has a direct exit from the room to the exterior. All exits opened easily and freely, but snow had not been removed for the emergency exit of the large motor play classroom. All classrooms have widows along the exterior walls that provide ample natural light and a view of the outdoors. Activity centers are created through the placement of furnishings and play structures and are arranged so as not to create any blind areas.

As with the 0-18 month classroom the space for the 18 mo - 3 year old children will have the same physical layout of two rooms connected by an hallway where restroom facilities are located. As noted this space is still being renovated with options such as toddler sized toilets being installed. The current plan for this space is that a barrier of panel dividers will be placed in the connecting hallway to limit the children to using just one of the connected classroom spaces. That classroom also has a direct exit to the exterior, additional sinks in the classroom for handwashing, and windows along the exterior wall.

2. Identify Observed Strengths of the program

Good interactions were observed in the classroom on the day of my visit. During the visit the teachers were all observed to be engaged with the children following the planned schedule. The children were eating breakfast when I arrived, and then moved to engaging in center play. Staff did not rush the children to finish eating but allowed them to eat at their own pace. The teachers implemented well coordinated responses to ensuring supervision with directly acknowledging who was responsible for certain tasks such as helping children with toileting, and actively positioning in different areas of the room to provide supervision. The classroom follows a general focus theme based curriculum and during the visit the teachers were observed to spontaneous and interactive opportunities to present learning concepts. One example was during breakfast service one of the teachers was singing about the different foods they had. The center uses a positive behavior management approach which was demonstrated with teachers engaging in comforting care to a child that was new to the center and very upset. With other children the teachers were continually focused on recognizing positive behaviors and praising children. Ratio was maintained in the classroom as required by age with at least two teachers present in the classroom, and assistance also being provided by Nicole, and the center cook.

Good health and safety practices were observed with the teachers assisting the children with toileting and washing their hands to ensure they washed them in an effective manner. Tables were sanitized following meal service and the teachers waited for the children to be out of the immediate area before cleaning them. Chemical cleaners, personal items, medications, and other items that could present a safety risk to children were stored where they were not accessible. The center does maintain a first aid kit with a supply of materials necessary to address most common first aid needs. Cribs and cots with individual bedding covers are used for nap time and are arranged to provide space between the children as a disease transmission barrier and access for the children and teachers. It was noted that there were toys with parts that could break off easily which would be less than 1 1/4 inches diameter and 2 1/4 inches length which would be considered choking hazards. It was reviewed that these need to be removed from classrooms serving children under 3 years of age and the teachers did remove them immediately.

The center has a full kitchen and meals are prepared on-site. The kitchen was observed to be clean and while there were pest control stations present there was no sign of any insect or rodent infestation. Good food storage practices were observed with all food properly stored. When preparing and handling food staff did wear food service gloves, and hair nets. A menu is posted and did identify a good variety of nutritious options that meet CACFP guidelines. Meals are served in classrooms family style with the teachers sitting at the tables eating with the children. Measured scoops are provided to help ensure that children received a full serving.

The center has a playground space which is fully enclosed by chain link fencing which was observed to be in good repair. All climbing structures with the exception of a couple small residential grade structure have been removed. Those structures were placed over unitary foam tiles used for fall surfacing. A sand box is present and a tarp is used to cover the sandbox. Shade is provided by a covered gazebo area and mature trees. The playground was not fully inspected during the visit due to snow cover.

In reviewing administrative records all required notices for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse Reporting were posted in an area that was readily accessible and visible to parents and visitors. Other required postings for emergency evacuation, emergency contacts, diapering, handwashing, daily schedule, lesson plans, and menu were also present. In reviewing child files all were found to contain all required information. Staff files are reviewed at the program central administrative offices and any concerns identified are addressed at that time. All required inspection logs and certificates were available and current.

3. Identify the aspects that fall below the standard

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109.10(13)d: Daily checks to ensure all exits are unobstructed.
The emergency exit from the 0-18 mo large motor play classroom was blocked by snow which would prevent it from fully opening. All designated emergency exits must remain clear of obstruction at all times. During winter months this would include removing snow from the doorway and path of egress to the closest public right of way.

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

The center does have a grounds maintenance contract for snow removal and would contact that provider to ensure that exits are cleared as required.

5. Special Notes/Recommendations

A full license will remain in effect. 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: 02/08/2026

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**.