Health and Human Services

# Iowa Department of Health And Human Services

## CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: TLC: The Learning Center

Provider No.: 22218

Address: 201 5th Ave Ste 2, Charles City, IA, 50616

County: Floyd

Director's Name: Michelle Forsyth

On-Site Supervisor:

Phone Number: 6412284525

E-Mail: Machelle.Forsyth@charlescitytlc.com

HHS Visit Date: 02/24/2026

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

**Fire Inspection:**

Date Inspected: 12/02/2025

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 | 6:30 AM to 5:30 PM | | |
| Tuesday | 6:30 AM to 5:30 PM | | |
| Wednesday | 6:30 AM to 5:30 PM | | |
| Thursday | 6:30 AM to 5:30 PM | | |
| Friday | 6:30 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 | 43 | 24 | 48 | 64 | 179 |
| Summer | | | | | 0 |

**1. Basic Overview**

An unannounced annual visit was made to TLC: The Learning Center in Charles City on 02-24-26 where I met with the center director, Michelle Forsyth. Michelle has been with the program for a number of years and is well qualified for the position based on her experience and on-going training. The program is located in a renovated school building in Charles City which is owned by the school district and leased to the daycare. The program moved to this location in January 2023. The center is operating as a non-profit entity overseen by a board of directors who have been very involved with the program. The center provides daycare programming for infants through school-aged children. There are currently 65 children enrolled in the center served by 22 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The general layout and design 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 observed to be clear of obstruction and opened easily and freely. 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. Those located in the in classroom are separated by half walls that provide privacy for children while allowing staff to provide supervision. During the visit one of the teachers noted that the hot water temperature in the room was, "hot",. The water temperature was was measured to be 120.7 deg. F. While hot water temperatures for sinks used for handwashing should be maintained at no more than 120 deg. F. the measured temperatures are within acceptable limits but should be monitored and if temperatures do increase then adjustment should be made. Rooms with children that are still

toilet training also have changing stations present. 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.

**2. Identify Observed Strengths of the program**

Good interactions were observed throughout the center on the day of my visit. All of the teachers were actively engaged with the children presenting the planned curriculum and schedule. This included each class rotating through use of the indoor gymnasium, and other scheduled activities such as restroom breaks, lunch, and activities such as center play or teacher lead learning. While classrooms did not have a copy of their planned curriculums posted they were working to implement planned activities as demonstrated by the art/craft activities, books that were read, and teachers were able to identify general focus themes. Focus themes were generally related to holiday or seasonal topics. All staff were observed to have positive and energetic attitudes, and spoke to the children using calm and positive tones. The children did appear to have strong relationships with the teachers both in terms of interacting and playing with them, and seeing them as support when being nervous about a stranger in the classroom. The center uses proactive positive guidance techniques to manage behavior including the use of routines, assigned child jobs, reminders, transition activities, and positive recognition and reward systems. This approach was very successful in that there were not behavioral issues observed during the time of the visit. Ratio was maintained in each classroom as required by age. During the visit it was noted that staff did carry clipboards with a list of the children they were responsible for that day, and a description of what each child was wearing to further help identify the child.

Good health and safety practices were generally observed throughout the visit. During the visit I was able to observe several diaper changes in various classrooms and staff did follow required procedures in some classrooms, they did not in other. One situation that was observed was an older child that was still toilet training where staff assisted with changing the child by having the child laying directly on the floor. Good hand washing procedures were followed for both staff and children. 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. Documentation is maintained for the authorization and administration of medications. The classrooms maintain first aid kits which were 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 though it was noted that one child was being held and lap sleeping with a volunteer while the classroom staff were attending to other direct care needs with other children. The staff did not move to transition the child to a crib even though having a reasonable opportunity to do so until after being asked about the center practice. Older children were observed to use cots for sleeping. All cribs and cots had appropriate bedding that was properly fitted. During the visit one child did suffer a bloody nose during nap time and Michelle was observed to follow good universal precautions procedures both for caring for the child, and cleaning the contaminated cot and bedding.

The outdoor playground was not fully reviewed during the visit due winter weather conditions. The residential grade climbing structure had been removed so that the equipment includes a crawling tunnel, sandbox, low balance beam, platform, and garden containers that do not require fall surfacing. The playground has both paved riding tracks, and grassy areas where the children can play. Shade is provided by a single mature tree, and the building. The playground is fully enclosed by chain link fencing which was observed to be in good repair.

The kitchen and meal service practices remain the same as identified in the prior report. 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, foods were properly stored for both dry pantry and refrigerated items, and staff followed required procedures when handling and serving food. I was able to observe lunch service during the visit. Meals are delivered in covered containers, and staff wear food service gloves and use measured scoops when serving meals. Supervision was provided at the tables.

In reviewing administrative records 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 notices for emergency contacts, disease notification, diapring, handwashing, daily schedule, and the planned menu were also present. It was noted that the Emergency Evacuation postings had been removed by some exits and do need to be replaced. A copy of the planned curriculum also needs to be posted for each class. The center does make use of an electronic record maintenance and communication system, Brightwheel, and hard copy systems to maintain records. The

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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 identified several children that needed updated physical as the current documentation had recently expired. Good daily communication records were maintained for all children under 2 years of age. Children with identified allergies and health concerns did have response plans present. A random selection of employee files were reviewed and again were compared to the self-audit maintained by the center which was found to be accurate. The self audit identified 3 that needed some element of required training that either was not completed within the initial 90 days of employment or which had expired. Inspection logs and certificates were available Fire and Tornado Drills, Fuel Burning appliance inspections, or Radon testing and all were current with the exception of emergency drills which had not been completed each month as required. The carbon monoxide detection system is integrated into the fire detection system. The center parent handbook was reviewed and found to be missing several required policies.

**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.
-- Written policies were not present in the Parent Handbook for Safe Sleep, Curriculum, Staff Orientation & Training, and Emergency Response Plan. The Access policy needs to be expanded to include Visitor and Sex Offenders. The parent handbook did include notation that additional policies and information could be accessed at a website, (charlescitytlc.com) but when attempted a message was received that this was a non-functional website.

109.10(13)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.
-- Emergency drills for fire and/or tornado evacuation were not conducted and/or documented as required for the months January, July, September, November, and December of 2025.

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.
-- One older child was observed to have staff conducting a diaper/pull up change with the child laying directly on the floor. When it is not appropriate to use a changing table due to the child's age/weight where engaging in standing or floor changing staff must still follow established procedures to ensure proper hygiene. When engaging in floor changing the center would need to have a mat or some other nonporous covering that can be properly disinfected or disposed of placed on the floor for the child to lay on.

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

A list of required written policies and guidance on suggestions for implementation was provided to the center.

The center is aware of the information that is missing child and staff files and has notified those individuals on what needs to be provided.

Options for ensuring that emergency drills were completed and logged were discussed.

**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 next year.

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Date: 03/11/2026

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**.