Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: TUG's Daycare & Preschool

Provider No.: 22036

Address: 950 N Illinois AVE, Mason City, IA, 50401

County: Cerro Gordo

Director's Name: Nikole Benson

On-Site Supervisor: Grace Benson

Phone Number: 6414249023

E-Mail: nikolebenson@ymail.com

HHS Visit Date: 05/28/2026

Licensing Period: 08/01/2025 to 08/01/2027

Fire Inspection:

Date Inspected: 08/09/2024

Comments:

Report Visit Type:

- [ ] PTO
- [ ] 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	6:00 AM to 6:00 PM		
Tuesday	6:00 AM to 6:00 PM		
Wednesday	6:00 AM to 6:00 PM		
Thursday	6:00 AM to 6:00 PM		
Friday	6:00 AM to 6:00 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	26	17	35	27	105
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Tugs Daycare and Preschool on 05-28-26 where I met with the center director and owner, Nikole Benson. Nikole has been the owner and director of this center since 2011. Grace Benson took over the on-site supervisor position at the start of the summer 2024. Both are well qualified for the positions they hold with extensive experience, education, and training in early childhood care. The center is located in a free standing building in Mason City. The center provides daycare and formal preschool programming serving infants through school age children. There are approximately 160 children enrolled in the program served by 27 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The physical facilities and general layout of classrooms remain the same as observed in prior visits. Classrooms are established by age groups with two rooms for infants that are connected by a pass-through area where changing stations and bottle/food preparation is conducted. Each classroom was observed to be clean with only a few minor maintenance issues noted but nothing that rose to the level of being an immediate safety concern. Each classroom has a direct secondary exit to the outdoors all of which were clear of obstruction and opened without use of excessive force. Each room has windows along the exterior walls that provide natural light, ventilation, and a view of the outdoors. Bathrooms are located off the main hallways and several of the classrooms have sinks in the room to facilitate hand washing. A separate building is also present which is divided with half being used for a large motor skill/indoor gym area, and the other half for storage. Rooms are divided into activity centers through the placement of furniture and play structures that are arranged so as not to create any blind areas. The center is a controlled entry facility, and also has a closed circuit video monitoring system.

CHILD CARE CENTER ANNUAL EVALUATION

2. Identify Observed Strengths of the program

All staff were observed to be actively engaged with the children and doing an excellent job of implementing curriculum activities. Examples included the school age classroom which was engaged in self-directed center play where the teacher moved between groups making suggestions for educational play activities such as suggesting children that were building block towers do so based on color patterns. The teacher of the 3 year old classroom had a group of children in the gymnasium area and arranged different activity options for the children to choose from that would help them build various motor and coordination skills. Good supervision practices were also generally observed though there was one child that was observed to leave a classroom to put something in their bag in a coat cubby located in the hallway. It was reviewed that staff do need to ensure that children are within direct line of sight given concerns that they may actively seek opportunities to engage in inappropriate behavior, or elope from the center. Outside of that incident the staff were very conscious of supervision such as a group of children that were on the playground where staff were strategically positioned so that they could observe all children, and moved to areas where the children were playing. All staff presented with positive and energetic attitudes. Good behavior management practices were observed with the teachers using routines, positive recognition, and redirection with the children. One example was the teacher in the school age room who observed a child move to an area where another child had been building a structure using interlocking discs and began to handle that structure. The teacher did observe this and pointed out that the peer had put a lot of effort into building that and suggested the child build something of their own. By being attentive to the children's activities and interactions the teacher was able to manage the classroom in a proactive manner before any issues arose. Ratio was maintained in each classroom as required by age.

Good health and safety polices were observed. I was able to observe a diaper change during the visit and the teacher did follow the established procedures. Changing stations, tables, and other surfaces were disinfected and cleaned as needed and in an effective manner. Chemical cleaners, medications, purses, and other items that could pose a safety risk to children were stored in areas that were inaccessible to children. First aid kits are maintained in classrooms and have materials necessary to address most common first aid needs. Safe sleep practices were followed for infants under 1 year of age. Crib mattresses that were observed to have been damaged in the prior licensing report had been replaced. Older children made use of cots and appropriate bedding was provided. Illumination was provided in the classrooms during nap time to allow for staff to be able to observe sleeping children and assess if they were in need of assistance. Good feed positioning was observed for all infants and children. Staff did provide supervision and assistance in restrooms to younger children but also need to be aware of the need to provide supervision and assistance to older children at times as well. One issue that was observed was in the boys restroom used by the older preschool and school age children where dried feces was observed on the floor. While staff would not need to be present in the restroom for older children that typically do not require assistance developing routines of asking children questions such as if they washed their hands with soap and water, if they flushed, had any problems wiping, or if anything needs to be cleaned in the restroom can help to ensure that assistance is provided when needed.

The center does have a kitchen and meals are prepared on site. A copy of the planned menu is posted and provides a good variety of nutritious meal and snack options. Good food preparation, handling, and storage practices were observed. I was able to observe snack service in the infant rooms and the staff did follow good feeding practices.

The center has a large playground space that is divided in to different spaces by chain link fencing and all areas are fully enclosed. One area has climbing structures and a sandbox for older preschool and school age children, another for infants and toddlers, and a third area which is an open grassy area with a large shelter and picnic tables and paved basketball court. In addition as noted earlier the center does have a large indoor area that can be used when weather conditions are not conducive to outdoor play. The center uses wood mulch for fall surfacing beneath climbing structures and the material present has composted and while sufficient does need to be supplemented. Nikole had previously identified that the center is working to obtain additional fall surfacing but is waiting on materials to be available from the supplier. It was reviewed that while the center does use woodchips to cover the entire playground space with the climbing structures fall surfacing is only required in the fall/use zones of equipment that is intended to elevate children from the ground. This could assist the program with reducing the amount of material that would be needed. All of the equipment was observed to be in good repair. Shade is provided in each area either by constructed shelters, or mature trees.

In reviewing administrative records all required notices for No Smoking, Center License, Consultant Contact, and Mandatory Abuse Reporting were posted in an area readily accessible and visible to all parents and visitors. Other required notices for emergency evacuation, emergency contacts, handwashing, diapering, daily schedule, curriculum, and menu were also posted. One concern that was discussed was that Nikole identified several staff and children were out sick with the flu

but no disease notice was posted. Nikole stated that she had not posted a notice as none of the individuals had actually been diagnosed just that they were symptomatic with fever and vomiting. It was recommended a notice should still be posted given that there did appear to be some kind of communicable illness progressing through the center. The center does maintain a self-audit system to track missing and expired elements in both staff and child files. The self-audits were found to be accurate and identified that each file was within acceptable compliance with expired documentation being for items that had expired within the last month. Inspection logs and certificates were current and valid for all required elements. The center parent handbook was reviewed and found to have several policies that needed to be updated as not all required elements had been included in the most recent revision. The following polices needed to be updated, Transportation, Health & Safety (major/minor injury, immunization exemption, response plans), Incident Reporting, Staff Orientation & Training, Confidentiality of Records.

3. Identify the aspects that fall below the standard

109.10(14)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision.
-- Careful supervision is interpreted as being with line of sight and sound. During the visit one child was observed to be allowed to leave the classroom unescorted and out of direct line of sight of staff.

109.11(2)a: The center will provide sufficient and safe indoor play equipment, materials, and furniture. It must meet the developmental, activity and special needs of the children.
-- Items and toys with small parts that can easily break off which would be less than 1 1/4 inches in diameter and 2 1/4 inches in length were present in the older infant, and 2 year old classrooms. These would be considered a choking hazard and need to be removed from classrooms serving children under 3 years of age.

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

A list of all required written polices and suggestions for implementation was provided with notation of the specific policies that needed to be updated.

The toys and items identified as choking hazards were removed from the classrooms serving young children on the day of the visit.

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.

Date: 06/01/2026

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**.