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

Name of Center: House of Mercy Child Development Center **Enrollment:** 17 **License ID No. (Reapplications)** 17845

Street: 1409 Clark St **City:** Des Moines Iowa **Zip** 50314 **County:** Polk

Mailing Address: 1409 Clark St, Des Moines, IA, 50314

Director's Name: Andy Smith **Phone Number:** 515-643-6545

On-Site Supervisor(s): NA **E-Mail:** amsmith@mercydesmoines.org

Date(s) of Visit: 03-06-2025

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:** 03-07-2025

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

Date Inspected: 05-25-2023

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 X NAEYC NSACA Other 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*
Sunday			
Monday	8:00 AM to 4:00 PM		
Tuesday	8:00 AM to 4:00 PM		
Wednesday	8:00 AM to 4:00 PM		
Thursday	8:00 AM to 4:00 PM		
Friday	8:00 AM to 4:00 PM		
Saturday			

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General	26	12	18	22	78
Summer					0

QRS Rating: 5

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 04-01-2025 to 04-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Melinda Larson, Child Care Licensing Consultant **Date:** 03-10-2025

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

House of Mercy/John R. Grubb Child Development Center has been in operation since 1990. This center is administered by Mercy Hospital and provides child care services for House of Mercy residents. Infants through school age children are served at this center, which is located in the lower level of House of Mercy. Andy Smith has been the director since February 1998. She has her Bachelors degree in Early Childhood and Elementary Education.

An unannounced visit was completed on today's date. All areas subject to HHS were reviewed. Mandatory postings are in place at the center's entrance. Each classroom has lesson plans and schedules posted. Classrooms are well supplied with age appropriate furnishings, learning supplies and toys. Children's artwork is displayed in classrooms.

Andy was present today and she assisted with the visit. There was one infant in the infant classroom. One staff was working in this classroom. There were three toddlers in the toddler classroom. One staff was working with this group. There were four children in the 2's classroom. One staff was working in this classroom. In the preschool class, there were five children. There was one staff working in this room.

The center serves breakfast, lunch and afternoon snack. The menu reflects CACFP requirements are being followed. Meals are prepared from the House of Mercy kitchen staff.

The center has a fenced playground. There are some small climbing structures. Fall zone surfacing is poured rubber. There is sidewalk and concrete paths. The center completes monthly playground checks.

The center doesn't provide transportation.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Andy has been employed at this center for several years. The center benefits from her leadership and experience. Lead teachers are required to have a Bachelors degree, Associates degree or CDA. The center participates in QRS and has a five star rating. This center has accreditation through NAEYC which speaks to the level of commitment in providing a quality child care setting in a very unique program. This center also is a part of the United Way Women's Empowerment Program, which provides a great deal of support and guidance.

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

There were no licensing violations cited during the visit.

V. SPECIAL NOTES/RECOMMENDATIONS:

The center has a full license.

*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact me (phone 515-362-7823; email melinda.larson@hhs.iowa.gov) so that we may discuss the issue. If necessary, I can make a notation in your record. You may also send a letter that will be included in your licensing file noting any disagreement you may have with this report. If you have the need for any additional information discussed during my visit, please contact me and I will forward the information to you. Thank you.

*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.

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