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

Name of Center: Growing Greatness Learning Center **Enrollment:** 44 **License ID No. (Reapplications)** 51460

Street: 110 N. High St **City:** Baxter Iowa **Zip** 50028 **County:** Jasper

Mailing Address: PO Box 533, Baxter, IA, 50028

Director's Name: Lindsay Bethards **Phone Number:** 515-208-1509

On-Site Supervisor(s): Sara Grimes **E-Mail:** growinggreatnesslearningcenter@gmail.com

Date(s) of Visit: 07-21-2025

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:** 05-07-2025

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

Date Inspected: 07-15-2024

Comments :

LICENSE TYPE: X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

Financial Type: X Profit 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	16	12	12	15	55
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 07-01-2025 to 07-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Melinda Larson, Child Care Licensing Consultant **Date:** 07-23-2025

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Growing Greatness Learning Center opened in May 2021. It is located in a single standing building and has a secured entrance. The center provides child care services for infant through school age children. The center has four classrooms. The owner and director is Lindsey Bethards. Lindsay has child care experience as she was a registered home child care provider. The OSS is Sara Grimes.

An unannounced visit was completed on today's date. All areas subject to HHS licensing rules were reviewed. Lindsey assisted with today's visit. Mandatory postings are in place at the entrance. Classroom schedules and current lesson plans, "Jungle and Zoo Animals" were posted by classroom entrances.

The younger infant classroom (Butterflies) had five infants present. There were two staff working in this classroom. The older infants/toddlers (Dragonflies) had three children present. There were two staff working with this group. The 2 year old class (Bee Room) had seven children present. There was one staff working with this class. Eleven children were present in the school age class. Three staff were working in this classroom.

The center has playground space behind the daycare. There is fencing in place. Tile is used for surfacing material. There are areas designated for younger children and for older children. Playground checks are documented monthly.

The center has a full kitchen. Lindsey does the majority of the cooking for the center. Menus are rotated and created seasonally. The center serves breakfast, lunch and afternoon snack.

The center owns a bus.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Lindsay has experience operating a home based child care center. The center has video monitoring in all the classrooms. The center uses BrightWheel for communicating with parents as well as administrative tracking.

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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