

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

**Name of Center:** Wee Wisdom Preschool **Enrollment:** 18 **License ID No. (Reapplications)** 28277

**Street:** 710 Valley Dr **City:** Carlisle **Iowa Zip** 50047 **County:** Warren

**Mailing Address:** PO Box CC, Carlisle, IA, 50047

**Director's Name:** Kay Peck **Phone Number:** 515-989-0519

**On-Site Supervisor(s):** **E-Mail:**

**Date(s) of Visit:** 05-09-2017

**Licensing Visit**  **Unannounced Visit**  **Off Year Visit**  **Administrative Change**

**LICENSING VISITS**

**New Application**  **Re-Application**  **NA**

**Signed Application (470-0722) Received** **Yes**  **No**  **NA**  **Date Signed:**

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

**Date Inspected:** 01-21-2016

**Comments :**

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

**Financial Type:**  **Profit**  **Non-Profit**  **NA**

**Accreditation:** **Accredited**  **NAEYC**  **NSACA**  **Other**  **NA**

**Program Serves:** **Infants (0-23 mo.)**  **2 Years**  **Preschool-Age**  **School-Age**

**Get-Well**  **Evening Care**  **Special Needs**

**SCHEDULE:** **Year-round**  **School-Year**  **Summer Only**

<b>HOURS:</b>	<u>Year-round</u>	<u>School-Year</u>	<u>Summer Only</u>
<b>LICENSE CAPACITY</b>	<b>Infants</b>	<b>2 Years</b>	<b>Preschool</b>
<b>General</b>			<b>23</b>
<b>Summer</b>			<b>0</b>

**QRS Rating:** N/A

<b>RECOMMENDATION FOR LICENSE:</b>	
X	<b>FULL</b> license from 02-01-2016 to 02-01-2018
	<b>PROVISIONAL</b> license from
	<b>DENIAL</b> of initial application
	<b>SUSPENSION</b> of license
	<b>REVOCACTION</b> of license

Licensing Consultant: Melinda Larson, Social Worker IV

Date: 05-29-2017

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

**II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:**

**III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:**

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

**V. SPECIAL NOTES/RECOMMENDATIONS:**

\*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact me (phone 515-725-2635; email mlarson@dhs.state.ia.us) 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.

\*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact your DHS Licensing Consultant to discuss the issue. The child care director may also send a response which will be placed in the licensing file.

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