Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: NICAO Head Start & Early Head Start - Mason City

Provider No.: 33744

Address: 811 N Kentucky Ave, Mason City, IA, 50401

County: Cerro Gordo

Director's Name: Meghan Judisch

On-Site Supervisor: Keisha Boboltz (lead teacher)

Phone Number: 6414941891

E-Mail: mjudisch@NICAO-ONLINE.ORG

HHS Visit Date: 10/27/2026

Licensing Period: 12/01/2026 to 12/01/2028

Fire Inspection:

Date Inspected: 08/29/2025

Comments: An e-mail was received on 08-29-25 from the Fire Marshal that the facility had been inspected and while having a few corrections none impacted occupancy. Approval to occupy the building on 09-02-25 was granted. A copy of that e-mail is included as note in the center file.

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 3

- [ ] Accrediation

Program Duration:

- [ ] Year-Round
- [X] School Year
- [ ] Summer Only

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday		8:15 AM to 3:00 PM	
Tuesday		8:15 AM to 3:00 PM	
Wednesday		8:15 AM to 1:00 PM	
Thursday		8:15 AM to 3:00 PM	
Friday		8:15 AM to 3:00 PM	
Saturday			

Program Population Served:

- [ ] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [ ] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General		56	60		116
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Hoover Early Learning Center on 10-27-26 where I met with the on-site supervisor, Keisha Boboltz. Keisha is well qualified for the position based on her education, experience, and on-going training. This program purchased and moved to a new building for the start of the 2025 school year. This allowed the center to consolidate programming with both Head Start (HS) and Early Head Start (EHS) programming being offered at the location. The HS programing is offered to children 4 years of age M-F from 8:15 to 3:00 pm with an early out at 1:00 on Wednesday. The EHS programming is offered M-F from 8:15 to 2:45 pm and provides programing for infants through 3 year old children. There are currently 46 HS children, and 23 EHS children enrolled in the program served by 12 teachers with additional support from on-site cooks and other staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The general layout and design of the building remains the same as identified in prior reports. The building has several classrooms, a full kitchen, and a large gymnasium space. The program is making use of 6 classrooms with 3 for the HS programming, and 3 for the EHS programming. The program did receive permission from the Head Start National Office to allow the center to include younger children under 2 years of age prior to the start of the 2026 school year. The gymnasium is currently using mobile shelving for dividers to define a cafeteria space from the indoor large motor space but if the center needed to increase programming space would allow for a potential of an additional 91 children.

Each classroom was observed to be clean with a few minor issues related to maintenance noted. Those issues consisted of concerns such as entry doors that were sagging on hinges, a toilet paper dispenser that was loose, and other minor concerns that did not rise to the level of being a safety concern. Each classroom has secondary exits with all but one EHS classroom providing direct egress to the outdoors. The EHS classroom has two secondary exits that connect to adjacent classroom

spaces that have direct exterior exits. All exits were clear of obstruction and opened easily and freely. Restrooms are located outside of the classrooms off main access corridors. The EHS classrooms have changing stations and sinks in the classroom to facilitate diapering and handwashing. Each classroom has windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. There is a basement level accessible from one of the classrooms but interior spaces such as restrooms and hallways are utilized for emergency storm shelters. Classrooms are divided into activity centers through the placement of furnishings and play structures which were arranged so as to not create any blind areas. The building does have a secure entry door, and video monitoring system.

2. Identify Observed Strengths of the program

Programming & Engagement:
The center has a very strong focus on curriculum. A copy of the daily schedule and lesson plans were posted for all classrooms. The HS classrooms have a more defined lesson plan while the EHS classrooms have more general themes. On the day of the lesson plans included a presentation by the Mason City Fire Department.
Good interactions were observed with all of the teachers being actively engaged with the children presenting the planned curriculum. This included the teachers presenting specific activities with older children, and more general engagement during self-directed center play. For the EHS classes the teachers were responsive to the direct care needs of the child such as diapering and feeding, but also had a focus on developing various developmental skills with repetition of words, assisting with movement, and socialization.
The center uses positive intervention techniques to manage behavior such as routines, praise, redirection, and guided problem solving.
All teachers presented as enthusiastic and energetic in their actions, but used calm engaging tones of voice and positive word choices when speaking with children.
Ratio was maintained in the center as required with at least two teachers present in each classroom. Children were escorted to restrooms as needed. During the visit additional staff would offer to step in and assist teachers in classrooms.

Health & Safety:
Good handwashing practices were observed with the HS teachers ensuring that children not only washed their hands but did so in an effective manner. In addition to washing before eating, and after toileting staff also ensured children washed their hands at other times they became soiled such as sneezing, or moving from activities where they became soiled.
I was able to observe several diaper changes and the center does need to review procedures as various elements were missed during each diapering.
Other personal hygiene practices were observed such as children brushing their teeth after meals.
Good cleaning practices were observed with the teachers sanitizing tables both before and after meal service, and at other times when needed.
Chemical cleaners, medications, personal belongings, and other items that could present a safety concern were stored in areas inaccessible to the children.
First aid kits are maintained in the classrooms and were stocked with materials necessary to address most common first aid needs.
The center had posted information regarding care needs for children with identified health concerns.
Each child had cribs or cots available for napping that had appropriate bedding which could be removed and laundered if needed.
There were a few toys in the EHS classrooms that contained parts that could be a choking hazard for children under 3 years of age which need to be removed.

Nutrition:
The center has a full kitchen and meals are prepared on site. The center does participate in the Child and Adult Care Food Program and a copy of the planned menu is posted. Menus are planned in advance and do identify a good variety of nutritious food options.
The kitchen was observed to be clean with no evidence of insect or rodent infestation.
All food items were properly stored for both dry pantry and refrigerated items in the kitchen. Some classrooms such as the EHS classroom with infants have refrigeration units that also need to have a thermometer.
Meals are served in a defined cafeteria space of the gymnasium. The teachers sit and eat with the children who serve themselves family style with assistance. Measured scoops and child sized serving items are used to ensure each child is able to manage the utensils and receive a full portion.

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Playground:
The center has a large outdoor playground, and indoor gymnasium space.
The outdoor playground has two large climbing structures, and equipment such as dramatic play centers, balls, and other items.
Wood mulch is used for fall surfacing beneath the climbing structures and a good depth of material was present.
The playground is fully enclosed by fencing and the prior issues have been addressed.
Shade is available from mature trees located along the edges of the playground, the building, and the equipment.
A concrete pad has been poured to allow for hard surface play space but finish construction was still pending.
The gymnasium space has a traditional design with a large open wooden basketball flooring and several basketball hoops. Shelves have been placed in a line to divide the gym into a 25/75 space with the smaller side used as a cafeteria space for meal service, and the larger space for play. There is a variety of play items stored on the shelves for the children to play with which were observed to be in good repair.

Administration:
All required notices for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse Reporting were posted in an area that was readily visible and accessible to parents and visitors.
Other required postings for emergency evacuation, emergency numbers, handwashing, diapering, curriculum, daily schedule, and planned menu were also posted. It was noted that communicable disease notifications were present by affected classrooms but a notice was not present at the main entry.
The center has moved to a fully electronic file maintenance for child files but does print contact sheets for each child with parental and emergency contact information, authorized pick-up, and activity authorizations.
Current physicals had been obtained for all children, and response plans for health concerns and food allergies were present.

Staff files are maintained at the central administrative offices for the program and are reviewed separately for all site locations overseen by NICAO and any concerns that are identified are addressed at that time.
All inspection logs and certificates are also maintained on-line and at the central office and again are reviewed during the visit to that location and addressed as needed.

3. Identify the aspects that fall below the standard

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 parts that can break off which would be less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards and need to be removed from classrooms serving children under 3 years of age.

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.
-- During the visit various issues were observed including staff using a cloth towel as a comfort pad for multiple children, placing clean diapers under children before removing soiled diapers, not degloving between handling soiled and clean items, not washing infant hands after diapering, and hold children while using chemical cleaners to disinfect the changing station. These practices increase the risk for cross contamination, and exposure to communicable disease as well as the potential for exposure to chemical agents.

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

Examples of items that would be considered choking hazards were identified with staff who stated they would review the materials in the classrooms serving children under 3 years of age and remove those that are a concern.

Issues and concerns regarding diapering procedures were identified with staff. The program does have in-house nursing staff and other training personnel who can review procedures and provide instruction to staff who routinely engage in diapering.

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5. Special Notes/Recommendations

A full license is recommended at this time. Please notify the licensing consultant identifying a plan to correct and maintain those issues cited as not meeting licensing standards and an anticipated dated of completion. At least one visit will be made to the center during the next year.

Date: 10/28/2026

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**.