Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Loud House Learning Center

Provider No.: 52455

Address: 204 G Avenue, Grundy Center, IA, 50638

County: Grundy

Director's Name: Kayla Hoffert

On-Site Supervisor: Keri & Andy Despard (owners)

Phone Number: 3198254694

E-Mail: loudhouselearningcenter@gmail.com

HHS Visit Date: 03/13/2026

Licensing Period: 04/01/2026 to 04/01/2028

Fire Inspection:

Date Inspected: 01/15/2025

Comments: Inspection completed 11/12/24. CAP accepted 01-15-25

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

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

Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

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	22	7	16	20	65
Summer					0

1. Basic Overview

An unannounced visit was made to the Loud House Learning Center on 03-13-26 where I met with the center director Kayla Hoffert. Kayla took over the director role in February of 2026 and is qualified for the position based on her prior experience and training in early childhood care. The center is operated as a for profit program under the ownership of Keri and Andy Despard. The program is located in a building that was previously administration offices for a church but which have been renovated for child care. The center provides full range programming for infants through school age children. All aspects of the program subject to licensing standards were reviewed during the visit.

The general layout of the building remains the same as in prior visits but there have been some changes to how classroom spaces are used. The center has classrooms on two levels but is not currently using the space on the lower level. Each room has multiple exits to the main access corridors but none have direct egress to the outdoors. All exits were clear of obstruction and opened easily and freely. The upper ground floor level has four classroom spaces, and a room that is being used as a cafeteria space for meal service. The infants are in a space with two rooms connected by a large archway opening that uses a mobile gate barrier to create separate spaces. One side is used for the infants birth - 12 months of age,, and the other for infants 12 - 24 months of age. The two year old, and preschool age children are in two rooms connected by a short hallway and separated by a half door. The lower level has 3 programming rooms, and the director's office but as noted the programming rooms are not being used. One room is currently being used for storage. The other two are connected by an intervening door and have been used for school age children in the past. There are no restrooms located on the lower level and as a result children must be escorted to the restrooms as needed. There are 3 restrooms present in the center which are located off the main corridor, and from the spaces of the 2 year old and preschool rooms. While the center has programming space to allow for a total of 65 children due to the limitations of available restrooms no more than 45 children over 2 years of age can be present at the center at any given time. During the visits several maintenance issues were

observed and included an electrical outlet with no cover plate in one of the rooms of the lower level, the toilet having wet towels on the floor from an overflowing toilet from the day before, and some furnishings such as child sized chairs in the preschool room where the hardware was loose making them unstable. Windows are present in all classrooms with the upper floor windows providing ample natural light, a view of the outdoors, and ventilation. In lower level classrooms the windows are located along the upper sill plate in recessed window wells that provide limited light, no view, and while they can be opened for ventilation would be difficult to reach and likely are not used for the purpose. Equipment was arranged so as to not create any blind areas.

2. Identify Observed Strengths of the program

Classrooms did have a copy of the planned curriculum posted but much of the interaction and supervision was more observational with the children engaging in self-directed play and staff watching or attending to other tasks. There were examples of the staff being engaged in more direct interaction such as the teacher in the 2 year old room reading a story to the children as calm activity in preparation of engaging in nap time. The more observational approach did result in some issues such as with the preschool age class where the teacher was vacuuming sand that had been spilled from an activity container the children were waiting by the door to go to lunch. During that time several of the children were having conflict that did include some pushing. While none of the children were injured, and Kayla did step in to intervene it did reflect a situation where having a more focused attention on child programming while leaving the act of cleaning until a later time could have helped to reduce the conflict. The center does use a proactive behavior management approach of routines, reminders, and redirection. As noted Kayla did step in to help the preschool age children that were having conflict and was very effective in helping the children with guided problem solving. Interactions varied between staff ranging from mild frustration, to positive with many appearing to be rather neutral. Ratio was maintained in each classroom as required by age.

I was able to observe a diaper change during the visit and proper procedures were followed. During the visit an infant was being lap fed and while the child was over 6 months of age feeding positioning was reviewed for infants under 6 months of age which must be fed in an upright position. Good hand washing practices were observed for the children during the visit with staff ensuring children washed their hands before and after meals, and following diaper changes. The center does use cloth wash clothes and does use individual clothes and soapy water for each child. Handwashing practices for staff do need to be reviewed as staff were observed to not wash their hands immediately prior to meal service as required. Medications, chemical cleaners, personal belongings and other items that could be a safety risk to children were stored in areas where they were not accessible to the children. There were a some items and toys with small parts that could break off which would be choking hazards present in the 2 year old room staff did remove those items when this was pointed out. First aid kits are present in the center and contain materials necessary to address most common first aid needs. Good safe sleep practices were observed during the visits for children under 1 year of age however it was noted that children over 1 year of age still using cribs did have blankets in the cribs. While the requirements of safe sleep do not specifically apply to children over 12 months of age it is recommended that blankets, pillows, plush toys, and other items are not introduced until children transition to cots. During the visit one infant that was using a cot was observed to have a bottle. It was reviewed that children regardless of age cannot have bottles, sippy cups, or food when sleeping and staff did remove the bottle as soon as this was identified. As noted older children do make use of cots and it was reviewed that cover sheets which can be removed and laundered as needed are required for each cot. One practice that was observed and discussed was the staff of the infant room engaging in a structured nap time for all of the infants. It was discussed that while not a prohibited practice infants should be allowed to sleep on demand due to the widely varying sleep needs of infants. It was pointed out that while some of the infants did settle down to nap the majority had no interest and were standing in cribs or getting up off cots to play. Attempting to require those children to nap can lead to frustrations for both staff and children increasing the risk for behavioral problems, use of prohibited disciplines, and other concerns

The center does have a large playground space with a variety of equipment including a riding track, climbing structures, sandbox, and deck. The toys and equipment were observed to be in good repair. Rubber mulch is used for fall surfacing beneath climbing structures and had been displaced beneath some climbing structures to the point that the ground cover cloth was visible. It was discussed that the rubber much is spread across the entire playground which is not needed as fall surfacing is only required in fall zones of equipment that is intended to elevate children from the ground. Options of raking the rubber mulch into place, or supplementing to ensure a proper depth of material was discussed. Shade is provided by the building and mature trees. The space if fully enclosed by chain link fencing which was observed to be in good repair.

CHILD CARE CENTER ANNUAL EVALUATION

The center does have a kitchen and meals are prepared on-site. The kitchen does not have venting to allow for a stove so all cooking is done with the use of crock pots, roasters, and microwaves. Thermometers were present in refrigeration units and did show proper cold holding temperatures. Several dry pantry items were not properly stored in sealed containers after being opened but rather had the packaging bag rolled closed which can still act as an attractant to insects and rodents. A copy of the planned menu was present. The kitchen was observed to be clean with no evidence of insect or rodent infestation but there did appear to be food spills in the refrigeration units that needed to be cleaned. Good food handling practices were observed with staff wearing food service gloves.

In reviewing administrative records the required notices for the Center License, No Smoking, Mandatory Child Abuse Reporting, and Consultant Contact were present. Other required postings for emergency evacuation, emergency numbers, diapering, handwashing, daily schedule, curriculum, and menu were also present though the menu should be moved to a location where it can be reviewed by parents. In speaking with Kayla with regard to administrative records she acknowledged several concerns with documentation being incomplete, and evidence of records having been previously falsified. Kayla did state that she is preparing new enrollment packets for parents to complete for each child with a deadline of the April 30th to have information returned. Kayla stated she would also conduct a full audit of all staff files and forward a list of those results once completed by March 30th, and then would establish a deadline for those files to be updated with a date to be determined depending on the outcome of that audit. Kayla stated she would also begin new logs for fire and tornado drills, and playground inspections. Kayla did have documentation of service records for the center owned vehicles, and other contractor service work to correct issues with the plumbing, and mold abatement. The Parent Handbook was reviewed and there were some required policies that had not been brought forward in the last revision, and others that needed to be expanded to include additional elements.

3. Identify the aspects that fall below the standard

109.4(1): Written policies on: Enrollment and discharge. Field trips and non-center activities. Discipline/Behavior/Biting. Nutrition. Health and safety policies. Transportation if applicable. Assurance people do not have unauthorized access to children at the center. Protecting children's confidentiality.
-- Policies were missing for Discipline, Biting, and Confidentiality and need to be developed. Policies were present but needed to be expanded for Health & Safety (responding to major/minor injury, safe sleep, and immunization exemptions), Incident Reporting (significant changes in functioning, and sexualized behavior).

109.9(1)a: All files contain:Copy of a department criminal history record check form or any other permission form approved by Department of Public Safety for conducting an Iowa or national criminal history record check. Copy of a request for child abuse information form, when applicable.Copies of results of Iowa record checks conducted through the SING for review by the department upon request.Copies of national criminal history check results.Any department issued documents sent to the center related to a record check, regardless of findings.
-- Information was provided that staff files were incomplete and had falsified documentation.

109.9(1)b: All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, Child Care Provider Physical Examination Report.
-- Information was provided that staff files were incomplete and had falsified documentation.

109.9(1)c: All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training.
-- Information was provided that staff files were incomplete and had falsified documentation.

109.9(2)a-c: All files contain sufficient information to allow the center to contact the parent or emergency contact at any time child is in center's care as well as who can pick up the child as authorized by the parent.
-- Information was provided that staff files were incomplete and had falsified documentation.

109.10(5): Staff hand washing: The center shall ensure staff demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease
-- Staff were observed to not wash their hands immediately prior to meal service.

109.10(13)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and

documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.
-- Information was provided that records were incomplete and had falsified documentation.

109.11(2)b: Program space must meet the following conditions:Room must be arranged so as not to obstruct the direct observation of children by staff.Individual covered mats, bed, or cots and appropriate bedding will be provided for all children who nap.Equipment and materials are maintained in a sanitary manner.Sufficient spacing must be maintained.The center will have sufficient toilet articles for each child for hand washing.
-- Children making use of cots for sleeping did not have cover sheets. Child sized chairs in the preschool age room had loose hardware which made the chair very unstable with a high potential for collapse and injury.

109.11(3)a: Center shall ensure that:Facility and premises are sanitary, safe, and hazard free.Sufficient lighting shall be provided.Sufficient ventilation.Sufficient heating.Sufficient cooling.Equipment placed in the program area is maintained so as not to result in injury to the children.
-- An electrical outlet of a classroom on the lower level had a missing cover plate which must be replaced prior to that room being used for child programming. Soiled towels were left at the base of a toilet in a child programming space which was reported to have overflowed the day prior.

109.11(4)a: Center must have safe outdoor program area adjacent to the center, with sufficient square footage to accommodate at least 30 percent of the enrollment capacity at any one time at 75 spear feet per child. Outdoor space must:Be free from litter and unsafe materials and free from contamination by the drainage or ponding of sewage or storm water.Include safe play equipment and an area of shade.Include fencing to protect from bodies of water or vehicular traffic.
-- Fall surfacing was insufficient beneath some climbing structures with material having been displaced and exposing the ground cover cloth.

109.11(4)b: Record of monthly inspections of outdoor recreation area and equipment shall be kept.
-- Information was provided that records were incomplete and had falsified documentation.

109.11(8)b: Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.
-- Documentation was not available at the time of the visit.

109.11(8)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.
-- Documentation was not available at the time of the visit.

109.13(3)c: Children under six months held or fed in sitting-up position.Bottles not propped for any child, given to a child in a crib or left sleeping with a bottle.Spoon feeding is adapted to developmental capabilities of child.
-- An infant was observed to be napping on a cot with a bottle.

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

Kayla was forthcoming with confirming that administrative records for children, staff, and inspections were incomplete and there was evidence of having been falsified in the past. Kayla stated that at this time she is archiving all prior records and is creating new records. New enrollment packets will be provided to each family with a deadline to complete by April 30th. All staff files will be audited for verifiable documentation and that information provided to the licensing consultant by March 30th. Depending on the outcome of that audit Kayla will determine a deadline to obtain new documentation. New inspection logs are being started drill practices, playground review, radon, fuel burning appliances, and carbon monoxide detection.

A list of needed written policies was provided to the center with guidance on suggestions for implementation.

A referral will be made to CCR&R and the Public Health Nurse to provide assistance to the center.

5. Special Notes/Recommendations

Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

A full license is recommended 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.

NOTE: The center had a substantial number of violations including very serious concerns of a wilful disregard for licensing standards with the report of intentional fraudulent documentation. The center has a new director who was forthcoming about those concerns, and had identified specific action steps and timeframes to correct those issues. A service referral will be made to Child Care Resource and Referral to assist the program with developing and implementing those plans, provide training, and objective observations of progress. If the center fails to enact the action steps they have proposed, or concerns of serious on-going non-compliance are identified this may be viewed as a continued willful disregard where negative action of reduction to a provisional license, formal correction action plan, or revocation.

Date: 03/18/2026

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**.