Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Good Shepherd Preschool

Provider No.: 18088

Address: 1105 Washington St, Eldora, IA, 50627

County: Hardin

Director's Name: Karen Ritter

On-Site Supervisor: Lynn Casselman

Phone Number: 6418585928

E-Mail: gspeldora@gmail.com

HHS Visit Date: 02/19/2026

Licensing Period: 03/01/2025 to 03/01/2027

Fire Inspection:

Date Inspected: 02/18/2025

Comments:

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

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

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday		9:00 AM to 3:30 PM	
Tuesday		9:00 AM to 3:30 PM	
Wednesday			
Thursday		9:00 AM to 3:30 PM	
Friday		9:00 AM to 3:30 PM	
Saturday			

Program Population Served:

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General			24		24
Summer					0

1. Basic Overview

An announced annual visit was made to the Good Shepherd Preschool program on 02-19-26. I met with the center director, Karen Ritter, and Lynn Casselman who will be taking over for Karen as the director for Karen when she retires at the end of the current school year. Karen has been the director of the program since 1994 and is well qualified for the position with a Bachelor degree and Early Childhood Specialty Endorsement. It was reported that Lynn also has a formal teaching degree and prior experience in early childhood education. Elaine Manship is an assistant who has been with the program for several years. The program is located in a single classroom in the St. Paul Lutheran Church in Eldora and operated as a non-profit preschool overseen by a board of directors. The program provides pre-school programming only in three sessions with 2 morning 3 year old classes that meet two days a week, and an afternoon 4 year old class that meets four days a week. There are currently 28 children enrolled between the three sessions. All aspects of the program subject to licensing standards were reviewed during the visit.

The design of the building and layout of the classroom remains the same as in prior years. The classroom is located on a lower level of the church. There are several entrances to the room that lead to other spaces in the building and one providing direct secondary egress to the outdoors and playground. The exterior entrances are all security controlled requiring either an entry code/key fob, or someone in the building providing access. All exit doors opened easily and freely and were clear of obstruction. There are two bathroom spaces located off the classroom space so that children do not need to leave the room. Sinks are located in the classroom space outside the restrooms to allow for supervision of child handwashing. Windows are located along the upper level of the exterior wall and provide natural light, a limited view, and can be opened for ventilation. The classroom and building were observed to be clean with no issues noted due to maintenance. The room is divided into activity centers through the use of shelving, furniture, and play structures. The furnishing are arranged so that they do not create blind areas though there is one area between some taller shelving units that

has limited sightlines that requires the teachers to be aware of how they position themselves to ensure supervision.

2. Identify Observed Strengths of the program

Good interactions were observed on the day of the visit with Lynn leading the class and presenting the planned schedule and curriculum. This included moving from small group self-directed play, large group teacher lead activities, and snack. The center uses the Gold, and Handwriting Without Tears curriculums. The planned curriculum does change each week and identifies a general learning theme, and specific learning concepts for each week. Children were greeted at the door and welcomed to the class and each appeared to be excited and happy to be there. Lynn presented a positive attitude, and spoke with the children in calm and positive tones. The center uses proactive behavior management techniques which Lynn did an excellent job of implementing. This included actions such as use of routines, reminders, designated tasks. This approach was effective. During the visit one child did become very upset not wanting to rewash her hands before helping to put out napkins for lunch. Lynn attempted to reassure the child that she had already washed her hands, attempted to console the child, and allowed the child time to sit and calm down. During this exchange another child began to engage in playing with toys in the classroom dumping a container of small manipulatives. Lynn remained calm redirecting the child back to the table, and recognizing the positive behavior choices of both children. Ratio was maintained in the classroom as required with two teachers present in the classroom at all times.

Good health and safety practices were observed on the day of my visit. Each child was greeted at the door upon arrival to welcome them to the classroom and assess their health. Each child was then directed to was their hands before engaging in play activities. Good handwashing practices were observed with the teachers directing the children to wash their hands after restroom use, before snack, and other times as needed such as after blowing their nose. Good cleaning practices were generally observed with the teachers cleaning tables both before and after snack service. It was noted that while the center does use bleach water for sanitizing the assistant only used a soapy water solution to clean the tables.
and did not use the bleach water sanitizing solution which would help to reduce the risk of disease transmission. A first aid kit was present and stocked with materials necessary to address most common first aid needs. The first aid kit, chemical cleaners, and other items that could pose a safety risk to children were stored in areas where they were not readily accessible to the children. The center did have emergency response plans for those children that had identified allergies, or other health concerns. Those plans were posted in the classroom inside a cabinet so that they were readily accessible while still maintaining confidentiality.

Due to the limited hours of operation meals are not served but snacks are provided. The families take it in turn to provide snacks and a list of appropriate snack items is provided to parents. A menu of the snacks that are actually served is maintained. The program also maintains a small supply of snack items to supplement as needed and good food storage and handling practices were observed. The teachers did sit at the tables and eat with the children to provide supervision and model good eating habits.

The center does have a playground space which also remains much the same as observed in prior reports. The playground is fully enclosed by fencing which was in good repair. The playground has a climbing structure and other toys for the children to play with. The climbing structure has two slide chutes extending off either end and the slide that was previously noted as being damaged had been replaced. Rubber mulch is used for cushioning ground cover and a good depth of material was present. The center has also added foam mats in the high traffic areas to reduce the displacement of fall surfacing. There is a paved area for riding equipment and a grassy area where children can play. Shade is provided by the building, play structures, and large mature trees located outside the fenced play area.

All required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted in an area readily accessible and visible to parents and visitors. Other required postings for emergency evacuation, emergency numbers, handwashing, daily schedule, lesson plan, menu, and disease notices were also present. All staff and child files were reviewed and found to contain all required documentation. All inspection logs and certificates were available and current. The center does have a Radon Mitigation system and renewed testing every 2 years confirmed the system is functioning properly. The parent handbook was reviewed and while the center did have all required written policies but several were identified that should be expanded. This included policies regarding Field Trips/Off-Site Activities, Incident Reporting, and Access. The parent handbook identified that field trips and incident reporting are addressed in the employee handbook but should include statements in the parent handbook regarding if off site activities are engaged in, and in what situations can a parent expect an incident report to be completed. The access policy does identify

that parents have unrestricted access to their children but also needs to identify access requirements for visitors, and individuals required to register on the sex offender registry.

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.
-- The center has a dramatic play structure of a steering wheel mounted to a bench. The steering wheel used is an older style from an automobile which has wide spacing between the central pivot, connecting arms, and rim. The spacing is more than 3 1/2 inches but less than 9 inches which does create an entrapment risk. The steering wheel does need to either be replaced, modified, or removed.

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

Karen stated she does have another steering wheel and could replace the existing one with the other option.

5. Special Notes/Recommendations

A full license will remain in effect at this time. Please provide a written response to the licensing consultant identifying a plan to correct and maintain those issued cited as not meeting licensing standards with an anticipated date of completion. At least one visit will be made to the center during the following year.

Date: 02/25/2026

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**.