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

Name of Center: Hope Lutheran Preschool **Enrollment:** 24 **License ID No. (Reapplications)** 28373

Street: 3857 E 42nd St **City:** Des Moines Iowa **Zip** 50317 **County:** Polk

Mailing Address: 3857 E 42nd St, Des Moines, IA, 50317

Director's Name: Gina Acers **Phone Number:** 515-265-2057

On-Site Supervisor(s): **E-Mail:** preschool@hopelutheran-dsm.org

Date(s) of Visit: 04-25-2024

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 05-02-2023

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

Date Inspected: 03-21-2023

Comments :

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

Financial Type: Profit X Non-Profit NA

Accredition: Accredited NAEYC NSACA Other X NA

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

Get-Well Evening Care Special Needs

SCHEDULE: Year-round X School-Year Summer Only

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

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

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 04-01-2023 to 04-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Melinda Larson, Child Care Licensing Consultant **Date:** 04-26-2024

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Hope Lutheran Preschool is located within a single classroom in Hope Lutheran Church. The preschool has been in operation since 1989. There is a secured entrance at the church. The preschool provides programming for children ages three through five years. Gina Acers is the director and she has been in this position since October 2016. Gina has a Bachelors degree in Christian Education. She has previous experience as a teacher prior to coming to the center.

An unannounced visit was completed today. All areas subject to HHS licensing rules were reviewed. All mandatory postings are in place at the entrance. The lesson plan for April and classroom schedules are in place. The classroom has several well defined learning centers throughout the classroom. Children's belongings are kept on coats hooks in the hallway.

Gina was present and able to assist with today's visit. Two additional staff were working today. There were seventeen children present today. Children were observed in the classroom today. Children were observed during large group circle time and during child directed play time.

Parents and the preschool provide the snacks. Parents are provided a list of CACFP credible snacks. The center provides milk and 100% apple juice.

The preschool has an outdoor playground. The area has fencing. Rubber mulch is in place for surfacing material. Staff complete the monthly playground checklist.

The center doesn't provide transportation.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Gina has been the director for several years. The preschool has a spacious classroom. The preschool has an outdoor playground. The church is very supportive of the preschool.

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

109.7(1): All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of child abuse.At least one hour of training regarding universal precautions and infectious disease control.Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) OR equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.Certification in infant, child, and adult first aid that

uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross,American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the department.A valid certificate indicating the date of training and expiration date shall be maintained.Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
One staff hasn't completed Mandatory Reporter training and didn't completed other mandatory training in the required time frame.

109.9(1)d: 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.
One staff didn't complete a physical in the required time frame.

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 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.

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