Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Hancock County Learning Center

Provider No.: 51393

Address: 110 5th St NW, Britt, IA, 50423

County: Hancock

Director's Name: Audra Muro

On-Site Supervisor:

Phone Number: 6418430166

E-Mail: hclcdirector@gmail.com

HHS Visit Date: 03/10/2026

Licensing Period: 09/01/2025 to 09/01/2027

Fire Inspection:

Date Inspected: 08/19/2024

Comments:

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 1

- [ ] Accrediation

Program Duration:

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

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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	17	12	15	17	61
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Hancock County Learning Center on 03-10-26 where I met with the center director, Audra Muro. Audra took over as the director of this program in late 2025 and is well qualified for the position based on her prior experience, and on-going training with the center as the assistant director. The center is located in a free standing building in Britt operating as a non-profit program overseen by a board of directors. The center provides daycare programming to infants through school age children. There are currently 42 children enrolled in the center served by 13 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The general layout of the facility remains the same as in prior visits. The program makes use of 4 classroom spaces with one room for infants, and a larger space that has been divided into three classrooms for 2 year olds, 3/4 year olds, and school age children. The infant room has a secondary exit that leads directly to the outdoor playground area. The other classrooms share a secondary exit that leads to the outdoor playground, and another off the school age area that opens onto the parking lot from a small hallway. All exits opened easily and freely, and access to all exits were clear of obstruction. Evacuation cribs are used in the infant room and were also clear of obstruction. Restroom facilities are located just off a central hallway and just off the programming space for the toddlers. Sinks are present in the restrooms, and in the infant, 2 year old, and preschool classrooms. Changing stations are present in the infant and two year old classrooms and the 3/4 year old preschool room makes use of a changing mat or standing procedures when needed. Windows are located along the exterior walls and provide natural light, ventilation, and a view of the outdoors. Each room was observed to be clean with only minor maintenance issues none of which rose to the level of being an immediate safety concern. Each room had a variety of activity centers that are created through the placement of furniture and play structures that were arranged so as to not create any blind areas.

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2. Identify Observed Strengths of the program

Good interactions were observed during the time of the time of the visit with all staff being engaged with the children and attending to their needs. This included moving through the planned schedule of teacher lead activities, child directed play, meals, and nap time. The teachers did present planned curriculum activities of crafts, and reading to the children. Each of the teachers used calm tones and positive word choices when speaking with the children. The center does use proactive positive behavioral support techniques to manage behavior such as routines, reminders, and redirection. This was effective in that there were no behavioral concerns observed during the time of the visit. Ratio was maintained in each classroom as required by age.

The center does have established health and safety policies in place but some practices were mixed. During the visit I was able to observe several diaper changes. In some staff did not deglove between handling soiled and clean items, and in each all staff were using Lysol wipes to disinfect changing stations but none were using them as directed to be effective. In addition not all changing stations had the required procedures posting present. Chemical cleaners, medications, personal items, and other items that could present a safety risk to the children were stored in areas where they were not accessible to children. The toys and materials that had been identified in the prior report as being choking hazards had been removed and it was observed that they continued to be absent from classrooms serving children under 3 years of age. Good handwashing practices were observed with staff reminding and assisting children as needed to ensure they washed their hand before and after meals, after restroom use/diapering, and other times they became soiled. First aid kits were present in the classrooms and generally contained materials necessary to address most common first aid needs. Safe sleep requirements were followed for children under 1 year of age. It was noted that several cribs had cover sheets that were too small and pulling at the corners of the mattresses but children were not making use of those cribs at the time of the visit. It was reviewed that those needed to be replaced before children made use of those cribs. The preschool and school age children did have cots with proper bedding available.

The center does have a full kitchen and meals are prepared on-site. Good food storage and handling practices were observed for foods stored in the kitchen, dry pantry, and classrooms. A copy of the planned menu is posted and identifies a good variety of nutritious food options. Lunch was served during the time of the visit and staff did cut foods for younger children to reduce the risk of choking and to make handling the food easier. Good food service practices were observed with staff wearing food service gloves and using measured scoops when portioning out meals. While the staff did not sit to eat with the children supervision was provided at the tables.

The playground includes three areas with a large open grassy area, an area with a climbing and dramatic play structures for the older children, and an area for the infants and toddlers. All were enclosed and divided by chain link fencing which was in good repair. Foam tiles were installed in the infant area for use as fall surfacing to allow for the use of some climbing structures. The preschool/school age playground has a wooden climbing structure which continues to have issues that have been identified in the past. This includes a gap at the slide entrance of the straight chute slide which is large enough to be an entrapment risk and an additional rail should be added to address that concern. Pea gravel is used for fall surfacing which has developed a hardpan layer and either needs to be aerated, supplemented. The safety railings of the ramp entrance had substantial flex and need to be reinforced. The S hooks of the swings need to be closed so that there is less than 2 mm (thickness of a dime) space between the tip and the barrel of the hook. Suspended awning shade structures in both the infant and school age playground spaces provide shade.

In reviewing administrative records the required notices for No Smoking, Consultant Contact, Mandatory Abuse Reporting, and the License Certificate were posted in an area readily accessible to parents and visitors. Other required postings for emergency evacuation, emergency contacts, handwashing, lesson plans, daily schedule, and the center menu were posted. As noted the required diapering procedures posting was not present but all changing stations and does need to be rehung by those where it was missing. A random sample of 5 child files were selected for review and the review was halted due to each having some element of missing information, or was identified as a child no longer attending the center. It was discussed that the center did need to go through the children's files and remove those that were no longer enrolled, and identify elements that were missing or needed to be updated for the remaining children with establishing a deadline for parents to provide that information. The center is also using a communication application for infant daily sheets and staff were inconsistent in documenting all required information. It was reviewed that each child under 2 years of age shall have information documented regarding Sleeping, Eating, Diapering, Disposition, Activity. In some cases photographs were being taken and this would be considered a visual depiction of disposition and activity but if this method is used a photo

would be required each day for each child both in the morning and afternoon to show any changes in disposition. In reviewing staff files the center does maintain a self-audit record to identify what information is present and what is needed. That self-audit was found to be accurate when compared to randomly selected files. The self-audit did identify that 1 employee had an expired SING background check but all other required documentation was current. All inspection logs and certificates were available and current. It was noted that the center does not have a radon mitigation system and the tested levels were found to be 3.3 in January 2024 and so do not need to be renewed for 5 years from that date. The center parent handbook was reviewed and several required written policies had not been included in the last revision.

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.
-- Written policies were needed for Transportation, Incident Reporting, Curriculum, Staff Orientation/Training, and Confidentiality. Several other policies while present needed to be expanded to include information. Those policies included Field Trips (non-center activities), Health & Safety (Responding to Major/Minor medical/dental injuries, acceptability of immunization certificates of exemption), Access (visitors, and sex offenders)

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.
-- All reviewed files were found to be incomplete. The center needs to review all child files to remove those children that are no longer attending, and determine what information needs to be updated for those that remain enrolled.

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.
-- The outdoor climbing structure has an entrapment risk at the entrance of the straight chute slide element which has been identified in prior reports. The fall surfacing is insufficient. The safety rails of the ramp feature need to be reinforced. The S hooks of the swings need to be closed so that there is less than 2 mm space between the tip and the barrel of the hook. The climbing structure and swings need to be removed from use until those corrections have been made.

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.
-- The required procedures posting was not present by all changing stations. Staff need to deglove between handling soiled and clean items. Staff need to read and follow label directions when using disinfecting products.

109.12(4)f: Crib or crib-like furniture, waterproof mattress covering, and sufficient bedding that meets CPSC or ASTM standards is provided for each child under two years of age.
-- Crib sheets were not properly fitted and were observed to be too small causing the corners of the mattress to be pulled up. These need to be replaced before use by children.

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

Information regarding required written policies along with suggestions on implementation was provided to the center.

Audra stated she would review child files and notify parents of the information that was needed and establish a deadline to provide that information.

The center shall not use the climbing structure and swings until corrections are made.

5. Special Notes/Recommendations

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A full license will remain in effect 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.

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**.