Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Hanson Family Life Center

Provider No.: 22430

Address: 306 S 6th ST, Forest City, IA, 50436

County: Winnebago

Director's Name: Ashley Lunning

On-Site Supervisor:

Phone Number: 6415855187

E-Mail: childcare@forestcityymca.org

HHS Visit Date: 05/21/2026

Licensing Period: 07/01/2026 to 07/01/2028

Fire Inspection:

Date Inspected: 06/20/2024

Comments: Note:

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	5:00 AM to 6:00 PM		
Tuesday	5:00 AM to 6:00 PM		
Wednesday	5:00 AM to 6:00 PM		
Thursday	5:00 AM to 6:00 PM		
Friday	5:00 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	13	12	74	30	129
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Hanson Family Life Center on 05-21-26 where I met with center director Ashley Lunning. Ashley became the director of the center in August 2025 and is well qualified for the position having a Masters degree in education, and having prior experience in early childhood care as the director of another program. The center is operated as a non-profit program overseen by a board of directors. The facility is the main administrative office for this, and a school age program provided at the YMCA operated under the authority of Hanson Family Life and the board. The facility currently serves infants through 3 year old children at this location. There are approximately 40 children currently enrolled in the center served by 12 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The general layout and design of the physical facilities remains the same as in prior visits. The facility has 6 classrooms and a large cafeteria/gym area. The center did make a change over the past year of consolidating the preschool program that had been housed at the elementary school building bringing those children back to the main building location so that all classrooms are now being used. In observing classrooms each was clean with no noted maintenance issues. The two infant rooms have half walls that define sleeping areas and mobile gate structures were present to separate those spaces from the primary programming area. It has been previously identified that those walls do create some limitations for line of sight of sleeping infants and the teachers in the classrooms need to be mindful of this and position themselves such that they can observe sleeping infants. Each room has windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Each room has bathroom facilities directly accessible from the room and additional sinks in the classrooms to facilitate hand washing. The Infant, toddler, and 3 year old rooms also have changing stations present. Each classroom has secondary exits with several of the rooms having a connecting passage between two rooms as the secondary exit. These connecting passages are also used as a staff work space and storage area. Exit doors were observed to open

easily and freely. Evacuation cribs are used in classrooms with the infants. One of the infant rooms was not being used at the time of the visit and it was noted that toys and equipment had been stored in the evacuation crib. As a reminder when classrooms are in use evacuation cribs can be used for child sleeping but need to be kept clear of items being stored in or under them. Each room is divided into activity areas through the placement of furnishings and play structures that were arranged so as not to create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were observed throughout the center on the day of my visit. The center was using a general centerwide curriculum plan with a focus theme of "Flowers". Each class then developed their own lesson plan with age appropriate activities, and identified specific number, letter, shape, and color concepts. All staff were actively engaged with the children presenting learning activities such as the 4 year old class where the teacher read a book to the children regarding the life cycle of dandelions. The 2 year old classroom participated in a teacher lead circle time activity where they reviewed each of the specific learning concepts. All of the teachers presented a positive and energetic attitude. Each of the teachers knew the children by name and appeared to have positive relationships with each child. The center uses a positive behavior support approach to behavior management. This includes the use of routines, assigned helper jobs, reviewing expectations, recognizing positive behaviors, and redirecting behavior. One example of this approach was observed in the 4 year old classroom where a child was being non-compliant saying they were tired and laying on the floor. The teacher encouraged the child to join the group but did not engage in a power struggle with the child but responded instead with ignoring the behavior and asking another child to complete the help task the child had been given that day. Ratio was maintained in each classroom as required by age.

Good health and safety policies and practices were generally observed but some do need to be reviewed. I was able to observe a diaper change in several classrooms and staff did not wash the children's hands following any of the procedures. It was reviewed that every child must have their hands washed following each diaper change and options for younger children were provided. Good cleaning practices were observed with staff sanitizing and disinfecting as needed including sanitizing tables before and after meal service. Chemical cleaners, personal items, medications, and other items that could pose a safety risk to children were stored where they are not readily accessible to the children. Items and toys with parts that could break off and be a choking hazards had been removed from classrooms serving children under 3 years of age. First aid kits are kept in classrooms, and a larger supply of materials to replenish kits is also maintained. Good medication storage and documentation practices were observed. Response plans were posted in classrooms for children with identified health care needs. Safe sleep practices were observed for infants under 1 year of age. Good feeding positioning was observed for all children.

The center playground has a large commercial grade climbing structure, paved riding track, and other toys and equipment which can brought out for play.. The equipment was observed to be in good repair with a unitary pour in place foam fall surfacing beneath climbing equipment. Foam fall surfacing tiles have been placed in all areas that previously had grass and other plantings. The playground is fully enclosed by chain link fencing and there is one area with a low spot that does create a significant entrapment risk with the fence. Ashley stated that additional work is still pending and she thought that work would address the issue. Shade is provided by the climbing structure and awnings.

The center has a full kitchen but lunch is being prepared by the local school. Breakfast and snacks are still prepared by the center.. A copy of the planned menu was posted and provides a good variety of meal options. Good food handling practices were observed with the teachers wearing gloves and using measured utensils to ensure each child received a full serving. While the teachers did not eat with the children supervision was provided at the tables. The kitchen was observed to be clean, and good food storage practices were generally observed however it was noted that one bulk packaged item was not stored in an air tight sealable food grade container after it had been opened as required.

The required notices for No Smoking, Consultant Contact, Mandatory Abuse Reporting, and the License Certificate were posted in an area that is readily accessible to parents and visitors. Required postings for emergency evacuation, emergency numbers, handwashing, diapering, daily schedule, curriculum, and menu were present as required. One issue that was noted is that the staff of the center identified that there was a current flu exposure with several children and staff being out sick but no communicable disease notice was posted either at the main entrance as required, or by any of the classrooms. In reviewing administrative records there were many issues noted in the prior report and Ashley has been working to correct those. A random selection of 20% of child files were reviewed and all were found to have all required documentation. Response plans were posted in classrooms for children with identified health concerns. A random selection of staff files were also reviewed and compared to the self-audit completed by Ashley which was found to be accurate. Much of the

CHILD CARE CENTER ANNUAL EVALUATION

employee files had been updated but Ashley identified that the center had not been able to find any of the prior National FBI fingerprint background checks and so arrangements had been made that a deputy from the sheriff's office would come to the center on 05-27-26 to obtain fingerprints for all staff which would then be submitted. Several staff are also still working to complete the training which is required within the first 90 days that they either had not completed, had not renewed, or could not find certificates of completion. Inspection logs and certificates were available for all required inspections with the exception of Radon. Emergency Evacuation drills were not conducted monthly as required with a fire drill not being documented for the months of January and April, and a tornado drill not being documented for the month of January. The parent handbook was reviewed and while all required written policies were present several needed to be expanded to include all required information. This included Health & Safety (major/minor injury, handwashing, immunization exemptions, response plans for all allergies), Incident Reporting (significant change, sexual behavior), Access (parents, visitors, sex offenders), Confidentiality, and Emergency Plans. The center is working with Child Care Resource and Referral (CCR&R), and the public health nurse to obtain training. The program has made significant improvements in both programming provided, and administrative oversight over the past year.

3. Identify the aspects that fall below the standard

109.4(2): Postings are required for:The certificate of license.Notice of exposure to communicable disease.Notice of decision to deny, suspend, or revoke center license or reduce to provisional status.Mandatory reporting requirements.Notice of availability of the handbook.Name and contact information of the HHS licensing consultant.Program activities and menus.All postings shall be conspicuously placed at the main entrance of the center.
-- Notice of communicable disease was not posted by the main entrance or any other location despite all staff identifying a current flu concern for both children and staff.

109.7(1): All staff (within first three months of employment):Iowa’s training for the mandatory reporting of child abuse.At least one hour of training regarding universal precautions.Certification in 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, (Essentials) approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
-- Documentation of one or more trainings was missing or expired for several staff.

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.
-- Documentation of National background checks could not be located. All staff will be re-printed on 05-27-26 and renewed background checks submitted.

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.
-- Drills were not documented for January or April as required.

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.
-- Infants hands were not washed following diapering as required.

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

A list of all required written policies with suggestions for implementation was provided to the center. The center is working with the sheriff's office to obtain finger prints for all staff. The center is working with CCR&R and Public Health to provide

training for staff.

5. Special Notes/Recommendations

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.

Date: 05/25/2026

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**.