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

Name of Center: Hope Learning Center **Enrollment:** 103 **License ID No. (Reapplications)** 25991

Street: 1711 Osceola AVE **City:** Chariton Iowa **Zip** 50049 **County:** Lucas

Mailing Address: 1711 Osceola AVE, Chariton, IA, 50049

Director's Name: Ashley Jeffers **Phone Number:** 641-774-0629

On-Site Supervisor(s): Bobbi **E-Mail:** hopelearningcenter.ia@gmail.com

Date(s) of Visit: 05-12-2025

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 05-15-2024

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

Date Inspected: 03-08-2024

Comments : Due every 3 years, performed by SFM Curt Seddon. The inspection was approved after the DHS visit on 11/18/21

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

Financial Type: Profit X Non-Profit NA

Accredition: Accredited NAEYC NSACA X Other NA

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

Get-Well Evening Care X Special Needs

SCHEDULE: X Year-round School-Year Summer Only

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General	24	18	52	41	135
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 11-01-2024 to 11-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Jill Seibert **Date:** 07-03-2025

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Hope Learning Center is the only licensed child care center in Lucas County. This center is governed by a Board of Directors. The center is located on the edge of Chariton in a modern 2 story building located in a business complex (Vredenburg Center). Care is offered for newborns to 12 year old children. This is a secure building where a door code must be used to enter the facility, or the doorbell must be rang. A door camera is present so they can see who has rang the doorbell before opening the solid wood door that has no window.

A licensing visit was conducted by HHS on 5/21/25. All program areas were observed at that time. The Director Ashley Jeffers began job duties with the center as Director in July 2022. She meets the points required for the position. She holds a CDA and has 7 years' experience in Head Start early childhood and 7 years child care center experience prior to that before accepting this promotion. Bobbi Evans has been employed at the center since 2019. She was promoted to OSS in 2023 and holds a Early Childhood Education (ECE) Diploma. A center this size requires an onsite supervisor be present, so that at least one person in charge of the center can be consulted outside of the classroom when issues arise.

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Center NUTRITION:

Children are served breakfast, am snack, lunch, and a pm snack. The center has a long term kitchen staff- who is trained on regulations. Menus are a six week rotation. A current monthly menu was posted at various places in the center. Refrigerators contain thermometers that are checked to make sure safe temperatures are maintained. Food items are stored according to NHSPS guidelines. The staff sit and eat with the children. Family style eating is introduced to children when they are in the two year old room. The center participates in the CACFP program. Most food is stored in the kitchen but some food is stored in individual rooms. Staff are aware of food storage practices.. Administration reviewed sanitizing and disinfecting products with their Child Care Nurse Consultant to ensure they are safe for childcare. Bleach and water solution is made each morning by the opener.

Children dine at child sized tables and chairs in their classrooms.

Children with food allergies have allergy action plans and they are posted in the classroom. HHS staff met with the kitchen lead during the visit.

Center HEALTH AND SAFETY:

Medicines are kept in each classroom in a locked cabinet. Every room has a fully stocked first aid kit. We discussed allergies and required forms. I observed over the counter medication and adjoining medication administration paperwork.

Monthly fire and tornado drills are practiced and documented each month. An annual furnace inspection is conducted each fall. Plug in carbon monoxide detectors are present. Cleaners should be gone over with IDPH to ensure they are safe for childcare.

Radon testing is required every five years and it is recommended the testing be done during the winter months when the ground is frozen. A test kit is to be placed in every room serving children except kitchens, bathrooms and laundry areas. Radon testing is current for the program and has been conducted within the past 5 years. The building was constructed after 1960 therefor a lead-based paint assessment is not required.

We discussed Safe Sleep requirements. They were met the date of the visit. Lighting, crib spacing, no blankets in cribs, clear vision of all infants and all other Safe Sleep requirements were being met. This is an improvement from years past.

Children with allergies of any sort have allergy action plans. Plans must be signed by parents and a physician. Staff supervising the child should be trained on the plan.

Supervision is an issue identified as needing improvement at the center. The center began breaking the children into groups in July so that careful supervision is achieved.

CCNC Heather Marsh may be consulted in all health and safety matters.

Center PLAYGROUND:

Three playground areas are present. One space is specifically for children under the age of two, and one is for ages two to five. The other playground is for the school age children. The school age playground had some drainage work done so the children can now play on this playground. Rubber matting and wood mulch is used for surfacing in these areas. Wood mulch has been added to the area to meet adequate surfacing depth requirements. The school age children also have access to a large grassy area.

Monthly playground inspections are documented. Canopies provide the shade in separate areas on the playground. The sand box should be monitored to ensure animals are not entering the play area. During the summer they take gallon thermos jugs of water out to the playground, so the children stay hydrated. The Child Care Weather Watch should be utilized on days where outdoor play is questionable due to varying weather conditions.

A first aid kit, emergency contacts and emergency medications are taken outdoors with the children.

Children should be counted and supervised by the staff person designated as their caretaker. Children should not be left outdoors by their caretaker. It is the responsibility of the staff assigned to the child to ensure the child leaves the outdoor play area with staff assigned to their care.

Center TRANSPORTATION/FIELD TRIPS:

The center has two vans that are 15 passenger vehicles. Field trips are taken by children ages three and up. The field trips are primarily to places in town but have not been utilized this past year. The hospital conducts annual maintenance on the vans. A first aid kit, emergency contacts and emergency medications are taken on field trips with the children.

Center ADMINISTRATIVE RECORDS:

Conferences are held twice a year for the children ages three and up. The Director has been working with staff since she took this position on implementing schedules, routines, and age-appropriate curriculum. In the past the Director reported she checked in weekly with staff to make sure daily lesson plans and curriculum are implemented. This should resume or continue. HHS recommended in June 2024 restroom breaks be added into the daily schedule. The daily schedule should be revisited with all classrooms to ensure the current schedules are being followed and/or are working.

All required postings were present. The notice of being mandatory reporters of abuse and contact information for licensing consultant are posted. Fire and tornado evacuation diagrams, and no smoking signage were present.

Child files are reviewed annually, and the file tracking sheet is also reviewed annually. Parents should sign annual updates at the beginning of the school year. The center is now using ProCare software. Emergency contacts, pick up authorizations, physicals, immunizations, field trip authorizations are all tracked and monitored and should also be updated annually.

Staff files are reviewed annually. Iowa SING checks due ever 2 years, National Fingerprints (every four), staff physicals, (every 3), and CPR/1st Aid training are tracked and monitored for all employees. Staff work four ten-hour days.

New administration reached out to CCR&R in summer 2021and had in person consultation in the center. CCR&R had

several recommendations. Administration formerly reported they were often working in ratio administrative duties are not always attended to quickly. This is now corrected. Other persistent issues were staff not following directives. In 2022 administration reported this issue had been corrected by administration and the board following center policies and following through with holding staff accountable to rule. They now report staff are not following directives and are not bringing issues to administration to address. The center handbook should be utilized on a daily basis as well as Comm 204 and the HHS Licensing Rules checklist.

Center emergency policies and procedures have been reviewed with all staff annually. They signed and dated acknowledgement of such.

The discipline policy uses redirection and positive reinforcement. Behavioral policies are well defined and should be consistently followed. Incident reports should be written and given to parents when minor incidents/behaviors occur. We discussed the use of incident/injury reports the past three years. They are required to be documented and kept in child files for behaviors, physical injuries or other minor and more significant issues such as sexualized behavior or when children are temporarily out of the classroom or left outdoors.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has been actively involved with Karen Lauer, CCR&R .

The Director and OSS are holding staff meetings so staff and administration have good communication.

Center administration met with CCR&R and IDPH twice to form a plan to ensure violations are quickly resolved.

The center recently switched to four ten hour days for staff and report it is working out well so far.

When staff do not follow protocol issues are quickly and systematically addressed.

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

1. 109.9(2)k Any child with special health needs, a written emergency plan. Copy shall accompany child if they leave the premises. On 7/3/25 OSS stated, "At the last visit, we identified that we needed to have an emergency action plan for our child enrolled with asthma. We received an action plan from the family and had all of management take the med admin course with Heather Marsh last week." CORRECTED

V. SPECIAL NOTES/RECOMMENDATIONS:

HHS encourages you to contact your local nurse consultant. Child Care Nurse Consultants work with child care and early education businesses. Businesses may call or send questions to a child care nurse consultant about health and safety policies, health programs, health of personnel, and specific child health or safety issues. Please visit the following website for more information. http://idph.iowa.gov/hcci/consultants. CCNC Heather Marsh completed the following this past year:

IDPH CCNC Heather Marsh:3/17/25- 3/17/25- onsite visit completed with follow up email sent provided extensive TA re: med admin and special health needs - we had about an hour and a half visit or so I believe.

I am also currently working with them re: a kiddo with an allergy and provided information on needed medical documentation in June.

HHS encourages you to contact Child Care Resource and Referral consultant. They offer centers assistance with meeting the DHS regulations, QRS, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. Please visit the following website for more information: http://www.iowaccrr.org Michelle Greenough is your consultant. CCR&R and IDPH have provided assistance to the center this past year including:

CCR&R Consultant Karen Lauer:

In-Person Visits: 7 (Topics: Safety, Business Policies & Practices, Training Consultation, Environments and Behavioral

Supports)
Virtual Visits: 1 (Topics: Business Policies & Practices, Safety and Training Consultation)
13 consultations with topics including director support of children, environments, business policies and practices, safety, training consultation, behavior supports, support licensing and QIP.
30 TA's with topics including QIP, training consultation, safety, business policies and practices, support licensing, behavior supports, refer/support to other programs and IQ4K.

Karen Lauer

The program will be removed from a Provisional License and restored to Full licensure. No identified past tissues have been observed by IDPH, CCR&R or IHHS during visits. Center program administration report no current deficiencies. The indicate they will access CCR&R or IPDH if questions arise. Violations have been corrected and a plan implemented to ensure all violations are resolved long-term. Based upon this review, it is recommended that this center return to Full licensing status. The center is directed to continue to monitor day to day practice and adjust accordingly to continue to ensure licensing rule is met consistently. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period.

*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact your DHS Licensing Consultant to discuss the issue. The child care director may also send a response which will be placed in the licensing file.

*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.