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

Name of Center: At Home Education Services dba Kinderhaus **Enrollment:** 27 **License ID No. (Reapplications)** 51119

Street: 213 1st St SE **City:** Mason City Iowa **Zip** 50401 **County:** Cerro Gordo

Mailing Address: 213 1st St SE, Mason City, IA, 50401

Director's Name: Kelsey Determan **Phone Number:** 641-425-7079

On-Site Supervisor(s): **E-Mail:** kinderhausmc@gmail.com

Date(s) of Visit:

Licensing Visit **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:** 08-20-2024

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

Date Inspected: 08-23-2024

Comments :

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

Financial Type: X Profit Non-Profit NA

Accredition: Accredited NAEYC NSACA X Other 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*	*Summary Only*

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General			33		33
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 09-01-2024 to 09-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 10-08-2024

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

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

109.15(5)a: Sufficient refrigeration is provided appropriate to perishable food.
Additional concerns: All refrigeration/freezer units used to store child food items must have a thermometer present to ensure proper cold holding temperatures are maintained.

V. SPECIAL NOTES/RECOMMENDATIONS:

An administrative change report is completed to update the center address to the new physical location at 213 1st St. SE, Mason City, IA 50401

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.

*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.