



## CERTIFICATE OF LICENSE

A \_\_\_\_\_ **CHILD CARE LICENSE** \_\_\_\_\_

is hereby granted to \_\_\_\_\_ **Trojan 6 to 6 Extended Care Program** \_\_\_\_\_

to care for a maximum number of \_\_\_\_\_ **90** \_\_\_\_\_ children at any one time in the premises located at

\_\_\_\_\_ **207 3rd St SW, State Center, IA, 50247** \_\_\_\_\_

for the period beginning \_\_\_\_\_ **12-01-2020** \_\_\_\_\_ ending \_\_\_\_\_ **12-01-2022** \_\_\_\_\_ as provided by Chapter 237A of the Code of

Iowa. This facility does comply with the standards established by the Department of Human Services.

Issued by the authority of the Department of Human Services

this \_\_\_\_\_ **19** \_\_\_\_\_ day of \_\_\_\_\_ **Jan** \_\_\_\_\_, \_\_\_\_\_ **2021** \_\_\_\_\_

**50270**

\_\_\_\_\_  
License Number

A handwritten signature in blue ink that reads "Jana Rhoads".

\_\_\_\_\_  
Division Administrator - Adult, Children and Family Services