Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Lions Childcare

Provider No.: 51649

Address: 302 S H AVE, Lovilia, IA, 50150

County: Monroe

Director's Name: Jessica Manser

On-Site Supervisor: Rebekah Major

Phone Number: 6412180156

E-Mail: llionscc@gmail.com

HHS Visit Date: 02/04/2026

Licensing Period: 12/01/2025 to 12/01/2027

Fire Inspection:

Date Inspected: 11/13/2023

Comments: completed and approved by SFM Curt Seddon

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

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

Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

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	8	9	8	10	35
Summer					0

1. Basic Overview

Little Lions Childcare is a one-story modular building providing full day childcare for infant to school age children. It has been in operation since 2022. The building is specifically constructed for childcare in a residential area of the south side of Lovilia. Jessica Manser is the owner/director of this center. Jessica has prior experience providing childcare in her home prior to opening up another licensed center in a neighboring county in 2017. Rebekah Major is the onsite supervisor for this site. She has been employed at the sister center since 2018.

Program Observations:

Unannounced licensing visits took place on 2/4/26. All program areas were observed at that time. Staff were actively providing childcare at the time of the visits. I met with Director Manser on the visit. She was not in ratio. I later staffed the visit with Director Manser. This building has two large classrooms broken up by a kitchen and office area in between. The rooms can be divided up to keep children of differing ages separate. Rebecca Major is the onsite supervisor for this site. She has been employed at the sister center for 6 years.

The center is clean, bright, attractive and equipped with a satisfactory variety of new child sized furniture, equipment, toys, games, and activities for the children.

The classrooms are self-contained with phones, restrooms, and direct exits to the outdoors.

Center Nutrition Practices Observed:

CHILD CARE CENTER ANNUAL EVALUATION

Center staff prepare all meals and snacks in a very well stocked and equipped kitchen located between the center classrooms. Meals are served family style. Menus are posted. Thirteen weeks of menus are present. The freezer has been cleaned and dethawed.

Thermometers are in the refrigerator and freezer units per requirements now. Temperatures were below recommendations of 40 degrees or below for cooling and zero degrees or below for freezing temperatures. I observed dry food storage. No food was observed on the floor. Food was stored in cabinets. All food items were kept in sealed containers. Food is purchased from a local grocer and no expired food items were noted. One percent milk is served. The Director is aware CACFP approved foods must be served.

The kitchen does not contain ventilation. The kitchen area was clean.

Center Health and Safety:

The center staff and Director and I discussed administration of prescription and non-prescription medication in accordance with licensing regulations, physician directions, and parental consent. We discussed that children with allergies must have an Allergy Action Plan on file and available to employees.

Storage and maintenance of a first aid kit is reviewed annually. Kits should be labeled and contain all items on the checklist from IDPH. The center contains an ill/injured area. Children are kept comfortable in this area until parents are able to pick them up.

Environmental testing and the maintenance of any necessary detection equipment (the center is all electric) were reviewed. The center contains 2 UL approved non-battery operated carbon monoxide detectors which are working and inspected once a month and documented. Radon testing was conducted prior to opening with a rate of less than 4 pCi/L. Testing is due every five years and should be conducted in the winter. The building was constructed after 1976 there for a lead based paint assessment is not required. The building is on city water therefore water analysis is not required. The electric furnace units are located outdoors. I inspected the hot water heater in the building (staff restroom). It was free of nearby debris. Air is forced through ceiling vents. Thermostats are located in each room. Ventilation and air quality was adequate on the visit.

Overhead lighting is provided by fluorescent lighting, and the center contains five large windows in each room providing natural lighting. Windows can be opened to assist in air quality.

General regulations regarding safety policies and procedures were reviewed. We discussed hand washing and food prep sinks should be designated and not used interchangeably.
Each child in the program should have 35 square feet of usable floor space. The room is designed to allow adequate space for all activities. Square feet requirements are met in both classrooms. All program areas were clean during the visit. Each room also contains an attached restroom with two small toilets. A hand washing sink is present in each room and in the restrooms.

Volunteers must go through a training in order to serve as volunteers. The form they sign should include information they the volunteer has been informed of the volunteer’s or substitute's responsibilities as a mandatory reporter. Volunteers should always be under the direct observation of staff. All volunteers and substitutes shall sign a statement indicating whether or not they have one of the following:
a. (1) Conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.
(2) A communicable disease or other health concern that could pose a threat to the health, safety, or well being of the children.
b. (1) Complete form 595-136 DHS Criminal History Record Check, Form B
(2) Complete Form 470-0643, Request for Child Abuse Information.
(3) Sign a statement indicating the volunteer or substitute has been informed of the volunteer’s or substitute's responsibilities as a mandatory reporter.

Emergency plans and drills for fire and tornado were reviewed. The center has a concrete, partially underground tornado shelter on center property large enough to protect all children and staff in the event of a tornado. Fire and tornado drills are documented on a monthly basis. Ratio was met and maintained. Staff keep personal belongings in the staff office or in cabinetry.

CHILD CARE CENTER ANNUAL EVALUATION

Children do not have access to this area.

The facility has no pets or plants.

Sanitation policies and procedures were reviewed. Overall, the building was clean. Each restroom contains two child sized toilets and one small sink. Both restrooms were clean and contained an adequate amount of toileting supplies. Each restroom has ventilation as required. Children do not have access to the kitchen. Flooring throughout the program was peeling and is creating a tripping hazard. This is the second year in a row this has been an issue. The Director is trying to cover the spots up with other flooring remnants until the flooring can be replaced.

Center Playground:

The center has a fenced and naturally shaded outdoor play area. The area features a large, anchored, metal/plastic climbing and activity toy on rubber matting surfacing. The surfacing is aging and no longer flat posting potential tripping hazards. The play area also contains a concrete path for tricycle and big wheel riding, a sandbox, and an outdoor canopy for additional shade. The sandbox contained a tarp and was covered on the visit. Screws on the fence are capped to prevent possible injury. We discussed that even low climbing equipment should not be placed near concrete in case a small child falls.

Each child should have a minimum of 75 square feet of space for gross motor activities. Capacity for the area should not be exceeded.

The Child Care Weather watch is utilized when outdoor play may be questionable due to weather conditions. Playground inspections are conducted and documented monthly.

Center Transportation Arrangements/Field Trips:

The center does not own a vehicle, does not provide transportation, and does not take field trips. The children take walks in the community, so each parent signs a field trip permission form. They are in each child's file. A list of child emergency numbers and a first aid kit should be taken each trip.

Center Administrative Records:

Child misbehavior is addressed by positive reinforcement of appropriate behavior, redirection, modeling, and conflict resolution techniques. Required written policies are provided to parents in the form of a parent handbook.

Staff files are reviewed annually. Per records staff are up to date on cpr, 1st aid, (due every two years), Mandatory child abuse training, continuing education and professional development hours (due annually). All staff have updated physicals. These are due every three years. All fingerprints are now current but one staff who had a hit not yet evaluated (every four years) and Iowa Criminal Record checks (2 years). Universal Precautions is taken upon hire.

Child files are reviewed annually including current physicals and immunizations on file. All children have signed medical and dental information, pick up authorizations and emergency contact information.

Annual staff training held on emergency plans were conducted in February last year. The Director developed the Emergency Preparedness Plan for this building.

Required notices and postings are present. Emergency procedures maps are posted by each door. A schedule is posted in the classroom. A No Smoking sign is posted inside the main door where parents drop off and pick up children. Emergency numbers are posted including, Fire, Ambulance and Poison Control.

The center posts communicable diseases on the front door when necessary. A class schedule is posted. Curriculum is implemented daily, and lesson plans are on file. Curriculum has improved over the years. Preschool will be offered in the fall.

2. Identify Observed Strengths of the program

CHILD CARE CENTER ANNUAL EVALUATION

The center is the only licensed site in town.

The Director has been proactive meeting with CCR&R and IDPH.

The center arrangement has changed the past 2 years making the space more open and attractive.

The center Director has implemented organization systems. Center violations have decreased. This is duly noted.

3. Identify the aspects that fall below the standard

1. Three staff need updated SING checks. The Director agreed to correct this immediately.
2. Two children are missing immunization certificates. The Director is working with Public Health to get copies of the certificates.

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

5. Special Notes/Recommendations

Based upon this review, it is recommended that this center be in Full licensing status. The center is directed to correct the items listed in Section IV. The Director gave me a verbal commitment that the noted rule violations would be promptly corrected. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period.

IHHS encourages you to contact your local nurse consultant with IDPH. 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. CCNC Mandi Lauderman Nurse Consultants (Iowa Department of Public Health) serves as CCNC for this center. The center is responsible for contacting CCNC Lauderman for consultation regarding health and safety issues such as hand washing, outdoor play area regulations, toppling or tipping hazards, etc....

IHHS encourages you to contact your local child care consultant with Child Care Resource and Referral. Consultants can provide in person consultation on a variety of child care subject matter. The program has frequent contact with Consultant Karen Lauer.

Date: 02/04/2026

HHS Licensing Consultant: Jill Seibert

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**.