Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Friends FM Childcare LLC

Provider No.: 52134

Address: 2134 AVE I, Fort Madison, IA, 52627

County: Lee

Director's Name: Beth Lumino

On-Site Supervisor: Kaleb Blaesing

Phone Number: 3193719178

E-Mail: bethlumino@gmail.com

HHS Visit Date: 03/27/2026

Licensing Period: 05/01/2025 to 05/01/2027

Fire Inspection:

Date Inspected: 06/30/2025

Comments: due annually, performed by Chad H. Ft. Madison Fire Dept.

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	7:00 AM to 5:00 PM		
Tuesday	7:00 AM to 5:00 PM		
Wednesday	7:00 AM to 5:00 PM		
Thursday	7:00 AM to 5:00 PM		
Friday	7:00 AM to 5:00 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
Summer					0
General		10	10	10	30

1. Basic Overview

Little Friends FM Childcare LLC is a newly licensed center located on the lower floor of a remodeled masonry apartment building in a residential area of Ft. Madison. This program opened in 2023. The center was in operation several years prior to her ownership under another name. There is no direct access to the upper floor of the building from the center. The building is an older structure and was not designed for child care. The center provides full day child care for children ages two weeks through school age and is located in a residential area of Ft. Madison. The owner/director is Beth Lumino. Ms. Lumino has a HS Diploma and has been an in home childcare provider since 2009. Approximately 27 children are enrolled throughout the year.

Kaleb Blaesing is the on site supervisor. He graduated from UNI with a BA in 2023. He worked in Beth's in home childcare program since 2012. He is present and in charge when Beth is not present. Beth was present on the day of the visit.

On 3/27/26 I made an unannounced licensing visit to Little Friends FM Child Care LLC and met with Director Lumino. At the time of the visit, staff were actively engaged in providing the childcare program to the children. Children were eating lunch and then washed hands, toileting routines, and nap time. All areas of the program were observed and addressed. Discussions consisted of classroom observations and activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review.

The center has three classrooms, a kitchen/cafeteria area, and office. One classroom is devoted to toddler care, one to preschool age care and one to a school age program. The school age room doubles as a preschool age early childhood educational classroom during the day when school age children are not present. There is additional space attached to the

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kitchen where children can eat or do other activities. The classrooms are clean, bright, and attractive and equipped with a satisfactory variety of child sized furniture, equipment, toys, games, and activities for the children.

Center Nutrition Practices Observed:

Meals and snacks are prepared in the center kitchen (or at the family residence) by staff members and served family style in the dining area outside the kitchen. Posted menus indicate that minimum nutritional requirements were not met the date of the visit. Thorough menus are kept with substitutions noted. The center is directed to follow CACFP guidelines for all meals and snacks. No food was stored on the floor. No expired food items were present. All food waste containers were covered. Thermometers were in the refrigerator and freezer. We discussed all foods served must meet CACFP program requirements, with the exception of special occasions.

Children do not have access to the kitchen and a swinging locked door separates the kitchen area from the main program room. The Center does not currently participate in the CACFP program, but menus appear to follow food program guidelines. Posted menus indicate that minimum nutritional requirements are met. We discussed that when Taquitos are served other proteins are served with them to ensure all creditable food items are present.

The kitchen area is small and has little storage. We inspected food storage. Canned food is kept in cabinets in the kitchen area. Cold and frozen food storage was observed. All cold and frozen food that was opened had been stored in appropriate containers. Recommended food storage temperatures were met. No expired food items were found in dry or cool storage.

The kitchen was observed to be clean and no sanitation issues noted. The food waste container was covered.

Center Health and Safety:

The center administers prescription and non-prescription medication in accordance with licensing regulations, physician directions, and parental consent. The center administers prescription and non-prescription medication in accordance with licensing regulations, physician directions, and parental consent. Medication is stored in the first aid cabinet or in a medication box on top of the refrigerator. One medication was correctly labeled with a pharmacist or physician label. Signed medication documentation was present as well. The program does not keep cough syrup or other nonprescription medications in the building. No OTC medications were observed during the visit.

The center is aware of regulations regarding staff and child hand washing, storage and maintenance of a first aid kit, environmental testing and the maintenance of any necessary detection equipment, and general regulations regarding safety and sanitation policies and procedures.

Capacity for the rooms are 5 children (end room), ten children (middle room), ten children (space attached to kitchen) and the school age room has capacity for 8. The building has two restrooms, one upstairs and one downstairs. The downstairs area of the building contains a toilet and a sink. The rest of the area is used for storage. The center must contain one toilet and sink for each 15 children in room with ventilation. The capacity for the building is 30. This area also contains a dehumidifier.

The center generally has a daily count of around 20 children per day. The owner will add children as she feels comfortable.

Radon testing has been completed within the last 5 years with a rate below 4 pci/L. Updated testing is due again in 2027. Carbon monoxide detectors are plugged in on both floors.

CCNC Cyndi Mason met with the former Director and conducted a lead based paint inspection a few years ago. She noted the following"
1. All original wooden base boards where exposed to child contact should be wet cleaned and vacuumed or wet mopped thoroughly along edges on a weekly basis. One or two areas of the paint were quite deteriorated. These areas need to be repainted. Education was given on safely wet sanding or scraping and precautions for containment of any paint chips during this process.
2. Original wooden door frames-The areas around these need to be kept vacuumed or wet mopped up to the edges of the base on a weekly basis
3. Original wooden window frames-The sills need to be wet cleaned on a weekly basis.
4. Painted chest of drawers-paint is in poor condition. Amy does not know how old this chest is. This unit should be

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repainted and care should be taken to wet clean around the base of this unit carefully on a regular basis
5. Entrance-the paint is deteriorating inside the covered entrance but it does not appear to have a lead paint appearance. However, I cannot know if this is lead paint or not so I recommend that the entrance floor and steps be thoroughly cleaned. If paint chips are seen drifting down onto the floor after cleaning then this area needs to be damp mopped on a regular basis to keep the paint chips from coming in on shoes OR wet sand/scrape and contain the peeling paint and repaint the interior of this entrance.
6. Back door of garage facing playground. The paint on this door likely has lead in it. It is in very poor repair. This door needs to be wet scraped with care taken to contain paint chips and then repainted. Amy should try to pick up paint chips that have fallen to ground and mixed with the wood chips or, preferably, remove the chips around the door and replace with new chips
7. Old teeter totter on playground-the paint on the wooden seats is deteriorating. These should be repainted."

These areas were addressed utilizing safe IDPH work methods in May 2023 by the new owners of the building. Due to concern of lead based paint being in the facility the Lumino's followed IDPH guidelines, wet sanded and repainted all areas that may contain chipping lead based paint in the past 30 days. The Director agrees to continue to monitor the program spaced for chipping lead based paint.

The downstairs area is utilized for staff and children in case of a tornado. There is only one exit from the basement to upstairs. The Director indicated this area is not frequently used. Typically this restroom is utilized when a child is accompanied from the outside play area to come indoors.

Parking for the center is mainly on the street. There is a small two car area to park directly in front of a two car garage that is owned by the owner of the building that can be utilized by staff and parents. The sidewalk leading up to the main entrance of the center has buckled and is a potential tripping hazard. To enter the center you must go upstairs. The Center is not handicap accessible.

Upon arrival all children were napping. Ratio was met. Cots were spaced (not quite 2 feet apart) and lighting was such that children could be appropriately supervised.

Regulations regarding staff and child hand washing, storage and maintenance of a first aid kit were reviewed. First aid kids are labeled and are kept in each room of the center. Mobile packs that are taken outside and on field trips were labeled as well.

Regulations regarding general regulations regarding safety and sanitation policies and procedures were addressed. Drills for fire and tornados will be logged and maintained.

Hand washing and diaper changing posters were noted. A diaper changing poster was also above the changing area.

Staff are aware of directions on sanitizing and disinfecting procedure including dwell time. We discussed other best practice options. Cot sheets and toys are washed/sanitized weekly.

The center has no pets or plants. Ceiling tiles have been replaced if they have water damage or were sagging. All electrical outlets were covered.

Center Playground:

The outdoor play area is directly behind the center. The area is fenced and naturally shaded. The area contains activity toys and unanchored plastic climbing toys. A concrete runway for tricycle and big wheel riding is available as well as a sandbox. The entire area, with the exception of the concrete runway, is surfaced with wood chips of adequate depth. IDPH CCNC Hayes conducted an Injury Prevention Checklist outdoors in June 2022. The new Director followed up with CCNC Hayes to address notes. She made corrections listed on the Injury Prevention Checklist in 2023 after taking over the program and building. The center made changes to the fencing and mulch border as well.

The Child Care Weather Watch is utilized to determine if outdoor play or field trips are advisable in varying weather conditions.

The owner has been performing Outdoor Play inspections monthly and documenting these on the appropriate forms. A

small castle and slide are present, open play houses, and riding toys.

The owner is aware of fall zone and surfacing requirements.

Center Transportation Arrangements/Field Trips:

The center does not own a vehicle. Walking field trips require an extra staff in ratio. A first aid kit, emergency contacts and medication should taken on walking trips.

Center Administrative Records:.

The center is in compliance with regulations regarding required notices and postings and required written policies provided to parents in the form of a parent handbook. Staff records and child records are examined annually. Two child physicals were overdue, but this is not a pattern of disregard. The center employs approximately four staff. All staff are up to date on CPR/First Aid and Mandatory Reporter training and staff physicals. Professional development training is due annually and was reviewed. All staff have approved SING Checks and Fingerprint results.

Curriculum and lesson plans are utilized daily. We discussed lesson plans. The curriculum is teacher selected. Interest centers available to the children include: blocks, children's literature, dramatic play, toys and games, puzzles and small manipulatives, art, music and movement, and science and discovery.

The center offers crafts or art projects a few times a week.

The center has a specific Emergency Preparedness Plan for this site. All staff have been trained on the plan annually and sign and date acknowledgment of such.

2. Identify Observed Strengths of the program

The Director has access to Child Care Resource and Referral services and has accessed them prior to opening and after.
The program received a new refrigerator and a remodeled restroom from the Children's First Grant.
Many improvements have been made to the building and outdoor play area since this business opened.

3. Identify the aspects that fall below the standard

1. 109.7(2): Center directors and all staff have the required contact hours of training. The Director and OSS did not have required PD training hours. The last PD training taken was 2024.

2. 109.9(2)i: Preschool (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, Chiropractor, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary. Three children had outdated physicals.

3. 109.11(5): Bathroom facilities: One toilet and sink for each 15 children over two years of age in room with ventilation. Built after 11/1/95 – at least one sink in same area as toilet. Adequate training seats or chairs for children under two years if used in lieu of plumbed toilet. New construction after April 1, 1998, shall have at least one sink provided in the program rooms for infants and toddlers. The restroom does not have ventilation. The Director agreed to add it.

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

5. Special Notes/Recommendations

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Based upon this review, it is recommended that this center remain 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. The Director quickly addressed violations after opening and has been voluntarily working with CCNC Hayes and CCR&R the past year. The program asked HHS Policy for a short time limited exception to policy for mixing ages of infants and twos. This was granted, but never used by the program.

The center may reach out to CCR&R Consultant Malia Love or Iowa Department of Public Health Child Care Nurse Consultant Amy Hayes at any time for consultation.
Child Care Nurse Consultants work with childcare 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. The past year CCNC Hayes reported the following, "Little Friends-I did their immunization audit in October-2024; Onsite visit on 2/25/2025-just checking in with them-no needs found; They also receive monthly newsletter and any mass emails I send." I contacted CCNC Hayes in March but as of 4/10/26, no response as to what services have been provided to Little Friends FM.

Child Care Resource & Referral offer centers assistance with meeting the HHS regulations, IQ4K, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. HHS recommends centers utilize IDPH and CCR&R services. The program has a good relationship with Consultant Malia Love. Malia met with Beth on 5/31/23 to go over violations and corrections last year. Last year she provided the following, "Below are the visits and TA I have had with Little Friends FM in the last 12 months. I met with them several times other than what is listed below but to discuss IQ4K related issues.

6/04/2024-I met with the director and we went through the HHS licensing checklist, reviewed staff and child files and discussed questions she had about HHS rule and regulations. We discussed her plans moving forward with expanding. followed up our visit by sending her a copy of the Communicable disease posting.

7/12/2024-While on a visit to go over IQ4K items, we also briefly went over adding a 2nd on site supervisor, how to do that and what the requirements were

2/5/2025-Supported the program director with filling out a mini grant application"

This past year:

7/25/2025-On site, reviewed program information and updated data

10/16/2025- On site, Updated i-Power and discussed adding a backup On Site Supervisor

12/10/2025-On site, while discussing IQ4K we went over training requirements for staff.

1/12/2026- On site, discussed the directors' potential plans about caring for school age children upstairs. Going to touch base with HHS about what would be needed from the state and Fire Marshal to care for children upstairs.

2/10/2026-On site, supported director with ECI Quality Improvement Grant application to make upgrades and improvements to center.

TARGETED ASSESSMENT: The Director and I discussed behavioral intervention strategies. She stated, "Since we are smaller it's usually pretty easy for me to identify the challenging behaviors! We do not have a ton besides the everyday small things (the occasional random biter ?????) but I'll try and answer the questions!

How do you help staff understand the expectation associated with behavior management?

Staff are trained to use positive behavior strategies including redirection, consistent routines, and intentional positive reinforcement. We emphasize recognizing and OVER praising appropriate behaviors to encourage peer modeling. Expectations are introduced during hiring and reinforced regularly through conversations and support within the classroom. I will even model it for them when I come through the rooms like "OH Kaari you are such a good cleaner (or whatever it is

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they are doing) - the kids learn pretty quickly that they get attention for "good" behaviors vs. challenging behaviors.

How do you help staff recognize their frustration and respond with de-escalation?
I've never had to deescalate a staff member but we all practice remaining calm and self-aware when managing challenging behaviors. If a staff member is feeling frustrated with a behavior, we will separate certain children to give them a break and the staff member a break (for example if 2 children constantly battle about something). I reinforce that it is appropriate to seek support when needed (use your words) and discuss the fact that we cannot expect 3-year-olds to remain calm if we can't. I also stress the importance of starting fresh every day for the staff and the child. If there is a behavior that needs worked on, we have a conversation as a team so that its consistent in every room.

How do you monitor these skills / expectations?
These expectations are monitored through regular observation, ongoing communication, and informal coaching. Again, because we are a smaller center I am pretty present in and out of the classrooms to provide feedback and support as needed. When needed, additional guidance or support is provided to help staff strengthen these skills and maintain a safe, positive environment."

Date: 04/10/2026

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**.