Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Sabers Childcare Center

Provider No.: 49192

Address: 2204 Highway G71, Bussey, IA, 50044

County: Marion

Director's Name: Jessica Manser

On-Site Supervisor: Amy Major

Phone Number: 6412180156

E-Mail: littlesaberscc@gmail.com

HHS Visit Date: 10/08/2025

Licensing Period: 11/01/2025 to 11/01/2027

Fire Inspection:

Date Inspected: 05/16/2023

Comments: performed by SFM Seth Jones, due every 3 years

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

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

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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	4	3	8	15	30
Summer					0

1. Basic Overview

Little Sabers Childcare Center opened in October 2017. The center is located in 2 classrooms in the school Twin Cedars school building in rural Bussey. The center also uses designated outdoor playground space. There are secured entrances for this school. Jessica Manser is the owner of this center. Jessica has prior experience providing child care in her home prior to opening up the center. The center serves children ages infancy through school age. Director Manser opened a sister center in a neighboring community in 2022. Amy Major is On Site Supervisor at this center. OSS Major has held this position since February 2022. She was a teacher in the program for two years prior to promoting. Approximately 40 children are enrolled.

An unannounced licensing visit was completed on 10/8/25. The OSS was present during the visit and I consulted the Director by phone before and after the visit. The visit was conducted mid day so both classrooms had children. Both rooms were in ratio. Two staff were present. Children were napping or sitting quietly on cots.

Center Nutrition:

The center has a small kitchen area. They do not participate in the CACFP program. The Director cooks meals and brings them over from the sister center in Lovilia. Menus are available and now meet requirements. Food storage met safe food storage guidelines. No expired food items were expired or stored on the floor. A thermometer should be added to the freezer. All opened food items or liquids were stored in sealed bags or containers. Any food allergies are posted and diet modification forms and allergy action plans are present.

Center Health and Safety:

Primary care groups are implemented in each classroom. Ratio was not being met during the visit. Staff knew how many children they were supervising and the ages of the children. New rules state two year old children cannot be mixed with 4 year old children during the middle of the day.

Radon testing is up to date. It is required every 5 years. Testing should be conducted in the winter months when the ground is frozen. The center is compliant with UL approved plug in carbon monoxide detectors on opposite ends of the building. The center does not contain fuel burning appliances per the school maintenance staff. They wrote a statement indicating this for Jessica to put in the HHS Binder. Jessica asked CCR&R and IDPH to help her arrange the room space to best meet the ages of the children. This can change as the ages of the children change to meet specific needs.

The center has a small kitchen area that adjoins the classrooms. The center kitchen must have a separation between the children and the kitchen area.

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Emergency medication as well as regular medication had pharmacy labels were intact. Storage and documentation for such met rule.

Tornado and fire drills were not conducted and documented monthly per my observation, with the exception of two months in 2024.

Each restroom has ventilation. Capacity for restrooms 1:15, classroom space (35 square feet of useable floor space per child) and outdoor play are (75 square feet of useable floor space) a are met. Capacity and ratio signs should be posted in each room. Floor plans should have been submitted prior to opening. The Director recently measured her classroom space and now has dimensions for both rooms. The school age children's room may have 15 children. The other room is divided by a wall. The smaller section may hold 8 children and the larger section may hold 15 children. The Director is capping capacity at 15 for this room due to only having access to 1 restroom. This changes capacity to 30 . It was previously listed at 40.

Center Field Trips/Transportation:

The center does not provide transportation. Walking field trips may be taken around school campus, but would not be considered an actual field trip for ratio purposes.

Center Outdoor Play Area:

The center has a large outdoor play area in the back of the building for older children. Several pieces of playground equipment are available including slides, wings, climbers, a ball pit, etc.. The Child Care Weather Watch is consulted when weather conditions are questionable for outdoor play. There is an actual playground structure rated for one and two year old children behind the building. It has rubber mulch beneath climbing equipment. There is also a large grassy area. We discussed monthly playground inspections.

The outdoor play inspection was not conducted and documented monthly. Younger children are not allowed to play on school age equipment. A first aid kit and emergency contacts/medication are taken outdoors with the children.

Center Administration:

Child files are reviewed annually. Jessica created a tracking system in 2023 to keep child file information including physicals, immunization and annual updates including emergency contacts, medical and dental information, pick up and field trip authorizations. Allergy Action plans have been sent home with parents of every child that had allergies marked on physicals. An immunization audit was conducted by Public Health in February 2024 with good results.

Staff files are reviewed annually. Director Manser tracks staff files and performs SING checks (every 2 years) and sends off fingerprints (every 4 years). Prior to staff starting on the floor fingerprints should be obtained and sent off. During the interim period staff are able to get training hours and perform other duties in the center. Staff are up to date on professional development hours, CPR/1st Aid training, Mandatory Reporter training, physicals and Universal Precautions training.

Both rooms in the center have been utilizing curriculum the past year. The Director continues to work with the staff on the lesson plans. Lesson plans are completed for the week ahead. CCR&R Consultant Karen Lauer has been providing consultation on this matter to the center.

All staff (7) now take a new staff orientation. Extra trainings are taken when possible. The Director has an open door policy encouraging staff to approach them with potential issues so they can be immediately addressed. A points system will be put in place for employees regarding following center policy and DHS rules. Examples of this were provided to the program on 6/24/22. Clear leadership roles have been assigned and staff should be aware of the chain of command. The Director is present on a daily basis and takes an active role in the center. An on site supervisor is being hired and will also be present when the Director is not. Rooms should implement safe supervision practices to ensure careful supervision of each child is achieved at all times.

All required postings are present such as No Smoking signage, HHS Licensing Consultant contact information, the Center License, and Mandatory Reporter posting.

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Administration trains each staff on the center Emergency Preparedness Plan annually. Staff sign and date acknowledgement of such.

2. Identify Observed Strengths of the program

The school is supportive of the center by allowing them to have two classrooms within their building. Jessica has worked with CCR&R for consultations and support since opening the center. The center has started steps to participate in IQ4K.

The Director applied for a business grant and won it in 2024. She then upgraded curriculum and manipulatives.

The Director is hosting a CPR training this spring in her center.

Overall the center has made many positive changes the past few years in attempting to implement curriculum on a regular basis, improving environments, ensuring organizational practices are in place to keep administrative duties in check, etc... This is recognized and duly noted.

3. Identify the aspects that fall below the standard

1. 109.8(2): Ratio maintained in center as required: Brief absence of staff person permitted for 5 or less minutes when another staff person is present. At least one staff is present in every room where children are resting. If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained. Ratio in infant rooms is always maintained. When more than eight children are present on the licensed premises, at least two staff members shall be present. For a period of two hours or less at the beginning and end of the center's hours of operation, one staff member may care for eight or fewer children, provided no more than four of the children are under two years of age and there are no more than eight children in the center. Ratio exceeded for school-age children when school classes unexpectedly start late, are dismissed early, or cancelled. For no more than four hours, care is limited to children already in the program and licensed capacity is not exceeded. A two year old was mixed with nine other children the day of the visit. Some of the children were four. This child has been moved back to the one year old room. CORRECTED

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 young children and 1 school ager had expired physicals/ child health statements.

3. 109.7(1) All staff (within first three months of employment):
Iowa's training for the mandatory reporting of child abuse.
At least one hour of training regarding universal precautions.
Certification in First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.
Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute, or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.
Minimum health and safety trainings, (Essentials) approved by the Department. If significant changes occur to content, the Department may require the training be renewed.

Staff are required to have 6 hours of PD annually, CPR every two years. Two staff need CPR, one staff needs 2 PD hours. Staff should be trained annually on the EPP.

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

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5. Special Notes/Recommendations

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.

HHS recommends Director and OSS continue contact with Child Care Resource & Referral and IDPH Child Care Nurse Consultants so that they may assist with the resolution of these violations and assist with a process to ensure future compliance.

IHHS recommends the center consult with Child Care Resource and Referral on a continual basis. 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/who_we_are/region_5. Your Consultant is Karen Lauer. She has met with the Director several times the past year and provided collaboration on a variety of issues.

IHHS encourages you to contact your local nurse consultant with IDPH on a continual basis. 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. The new CCNC is Mandi Lauderman. She has not met with the program the past year.

IDPH Child Care Nurse Consultant Mandi Lauderman and CCR&R Consultant Karen Lauer are available throughout the licensing year for support and consultation.

Date: 10/30/2025

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**.