Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Raptor Daycare

Provider No.: 50355

Address: 519 E Maple ST, Holstein, IA, 51025

County: Ida

Director's Name: Nicki Jacobson

On-Site Supervisor:

Phone Number: 7123684353

E-Mail: njacobson@rvraptors.org

HHS Visit Date: 07/07/2026

Licensing Period: 07/01/2026 to 07/01/2028

Fire Inspection:

Date Inspected: 07/25/2024

Comments:

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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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	5:45 AM to 6:00 PM		
Tuesday	5:45 AM to 6:00 PM		
Wednesday	5:45 AM to 6:00 PM		
Thursday	5:45 AM to 6:00 PM		
Friday	5:45 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	21	17	12	12	62
Summer					0

1. Basic Overview

On 07/06/26, an unannounced visit was conducted at Little Raptors Daycare Center, located within the Holstein Elementary School in Holstein, Iowa. Upon arrival, I met with Director Nicki Jacobson. Ms. Jacobson has served as the center director since July 2021 and has extensive experience working with children in a childcare center setting. Little Raptors operates within a dedicated childcare wing constructed as part of an addition to the Ridge View Community School. The childcare wing consists of three classrooms, including: an infant to two-year-old room A two- to three-year-old room • A pre-kindergarten through 5th grade room. The program may also utilize a commons area within the school building for school-age children as needed by the Community School District facility. The center operates Monday through Friday from 5:45 a.m. to 6:00 p.m. and provides care for children ages 6 weeks through 12 years. There are 71 children enrolled and 54 children present at the time of my visit.

All areas of the program were observed. These areas observed consisted of classroom observations and activities, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review

The center implements a theme-based curriculum designed to engage children through a variety of special projects and hands-on activities. This approach supports learning across developmental domains and provides age-appropriate opportunities for exploration, creativity, and skill development. Staff incorporate thematic units into daily routines, ensuring that children experience consistent, meaningful activities aligned with their interests and developmental needs. The first room entered during the visit was the classroom designated for older children. At the time of observation, children were actively engaged in a variety of activities offered through multiple learning centers. The room included areas designed for dramatic play, which were being used appropriately and supported imaginative, cooperative interactions among the

children. Materials were accessible, age-appropriate, and arranged to promote independent choice and sustained engagement. During the visit, it was lunchtime in the 2- to 3-year-old room. I observed appropriate handwashing practices prior to the meal service, as well as proper dispensing of food to the children. Staff were seated with the children at their tables, providing close supervision and role-modeling appropriate table skills. Their engagement supported positive mealtime behaviors, safety, and social interaction. I observed strong staff engagement in the infant room. Staff were attentive, responsive, and interacted appropriately with the infants, providing nurturing and developmentally supportive care. In addition, I observed appropriate diapering practices, which included maintaining supervision, following sanitary procedures, and ensuring that diaper changes were completed safely and in accordance with established health and safety standards.

Medication practices are followed. First aid bags are sufficient to treat minor injuries and include emergency information. Thermometers were observed in all freezers and refrigerators. Fire/tornado drills and playground inspections were completed timely. Radon testing has been completed and within normal levels. The annual fuel burning inspections has been completed.

A Fenced-in playground is adjacent to the childcare wing. Surfacing is grass and rubber square tiles. The playground has a nice big shade structure. All issues previously with the playground have been corrected. They do have access to an area of the school for large motor development or the gym for inclement weather. They use school bus transportation if needed for the older children.

The center reports that a primary ongoing goal is to hire additional staff to support program growth and meet increasing enrollment demands. Continued staff recruitment will help ensure appropriate staffing levels across all classrooms and maintain high-quality care as the program expands. The center also reported that it aims to work toward achieving Level 1 in the Iowa Quality for Kids (IQ4K) system. This goal reflects the program's commitment to continuous quality improvement and to strengthening policies, practices, and professional development in alignment with Iowa's early childhood quality standards.

2. Identify Observed Strengths of the program

This center serves as a strong example of a continuum of care, as it is located directly within the local community school. Its location inside the Holstein Elementary School allows families to access both educational and childcare services in one integrated setting. The center currently maintains a waiting list for enrollment, indicating high community demand and the value of the program within the district. Because the childcare program is housed within the school, families with multiple children benefit from having one centralized drop-off and pick-up location for children attending both school and daycare. This model supports family convenience, strengthens school–childcare collaboration, and enhances continuity of care for children across age groups.

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The center provides a variety of community-based activities throughout its summer program, supporting enrichment, social development, and community engagement for enrolled children. Activities include regular visits to the local swimming pool, participation in a weekly movie at the community theater, and involvement in the public library's summer reading program. These experiences offer children opportunities to explore their community, build social skills, and engage in learning beyond the classroom environment.

3. Identify the aspects that fall below the standard

109.9(2)g: All files contain parent authorization for attendance at center-sponsored field trips and non-center activities. If an inclusive authorization form for activities is used, a copy is kept on file at the center.

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.

109.10(13)a: The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intoxicated parents and lost or abducted children. Emergency plans shall include written procedures including plans for: Evacuation to safely leave the facility. Relocation to a common, safe location after evacuation. Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue. Lock down to protect children and providers from an external situation. Communication and reunification with parents or other adults responsible for the children, which includes emergency telephone numbers. Continuity of operations. To address the individual children, including those with functional or access needs.

Please hang diagrams of emergency tornado and fire drills on the wall in the classroom.

109.13(5): Centers shall ensure that food preparation and storage procedures are consistent with the recommendations of the CACFPs.

Please put opened food into a Ziploc or another container and date it. Please do not have children in the kitchen area except for using the handwashing sinks.

109.10(6): Children's hand washing: Center shall ensure staff assist children in personal hygiene. Please hang signs by all handwashing sinks detailing appropriate handwashing skills.

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

5. Special Notes/Recommendations

Targeted Assessment: Behavior Management
I discussed with Nicki her oversight of behavior management related to helping childcare staff: 1) Understand expectations, 2) managing frustrations, 3) monitor performance.

Director Nicki Jacobson reports that her staff have a clear understanding of her expectations, and this was reflected in the consistency of staff practices observed during the visit. Ms. Jacobson has been trained in Positive Behavioral Interventions and Supports (PBIS) and actively incorporates this positive behavior approach into the program. She is frequently present in the classrooms, where she models appropriate interactions and supportive behavioral strategies for staff. In addition to in-person leadership, Ms. Jacobson is able to monitor staff interactions through the classroom cameras, allowing her to provide timely feedback and support. She also noted that she has several experienced, seasoned staff members who step in to assist as needed, contributing to program consistency and overall classroom stability.

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While this was not identified as a regulatory citation during the visit, I would encourage staff supervising the older children to increase their active engagement with the group. During the observation, one staff member's use of a phone was noted. As the center's policy prohibits cell phone use while supervising children, reinforcing this expectation would support stronger supervision and improved interaction quality. Increased engagement from staff in this room would further enhance the children's experience and align with the center's stated expectations and practices as well as HHS guidelins.

Nicki has been working with CCRR consultant, and I would encourage her to utilize all the assistance that CCRR can provide. Please send an email when these things have been completed.

A full license is recommended at this time at this time.

At least one visit will be made to the center during the next year.

Date: 07/07/2026

HHS Licensing Consultant: Leann Steinhauer

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**.