Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Funshine Learning Center

Provider No.: 25941

Address: 423 N Walnut St, Lamoni, IA, 50140

County: Decatur

Director's Name: Heather Neal

On-Site Supervisor: Marissa Cunningham

Phone Number: 6417847505

E-Mail: funshine@mediacombb.net

HHS Visit Date: 01/27/2026

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

Fire Inspection:

Date Inspected: 07/07/2023

Comments: conducted by State Fire Marshall Curt Seddon, 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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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	7:00 AM to 6:00 PM		
Tuesday	7:00 AM to 6:00 PM		
Wednesday	7:00 AM to 6:00 PM		
Thursday	7:00 AM to 6:00 PM		
Friday	7:00 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	28	25	34	25	112
Summer					0

1. Basic Overview

Funshine Learning Center has been licensed since 1995. The center is a one story metal framed building in a residential area of Lamoni. The program is the only licensed centers in Lamoni. Heather Neal became the new director of Funshine in January 2019. Ms. Neal has a BS in Children and Family Services from Iowa State University. She has had several years of experience in child care or child care like settings since 2001. Ms. Neal worked as a staff member at Funshine for 6 years prior to her current position and has worked in other childcare settings. Heather is present daily at least 8 hours a day. Marrisa Cunningham was appointed an onsite supervisor in 2023. She holds a BA in Education/Early Education and has been a lead teacher in the center since 2019.

On 1/27/26 I made an unannounced licensing visit to the program and all areas were observed at that time. I met with Director Neal. The visit consisted of classroom observations and activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review. Staff were actively engaged in providing care to the children at the time of the visit. All classrooms were in ratio and good supervision was provided in each room.

The center provides: Before and after school care for school age children, and full day daycare and preschool are offered through the week year-round.

A lock is on the front door that requires a code to be entered before a person can enter the center. Children are in enclosed classrooms and are separated according to age. Each classroom has a door that leads directly outdoors to the playground area. Upon entering the center is a commons area that is used as the dining room and also has space for large motor play.

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The infant room is kept at a capacity of eight infants. There is a sink in the kitchenette area. Low shelves are used to hold the large chunky toys that are appropriate for this age group. Toys are sanitized daily.

The one year old room can have 12 children but they try to keep the capacity at eight children. A bathroom and 2 sinks are present. Cots are used for naps. Activity centers and low shelves are arranged around the room. There is a variety and nice duplication of age appropriate toys.

The two year old room has a capacity of 15 but typically no more than 12 children are present. The room contains a bathroom with a sink, and an additional sink in the program area of the classroom. Activity centers are arranged throughout the room. The walls are decorated with art projects done by the children.

Capacity in one preschool room is for 18 children. The other two rooms have space for 24 children but limit it to 20 children. All three rooms have sinks in them and each room has a bathroom with a sink. Materials are stored on low shelves so the children can see what they have to choose from for play. Current lesson plans were posted outside each classroom door. The center uses monthly themes. The center does a monthly newsletter.

CENTER NUTRITION:

The center participates in the federal food program. They use a five-week rotating menu. The meals and snacks are nutritious and healthy and meet the food program guidelines. The center has a new cook. Children are served breakfast, morning snack, lunch, and an afternoon snack. A very late small snack is offered to the children who remain at the center until close to closing time. It also meets CACFP guidelines. Food is stored in closed containers. A thermometer is kept in the refrigerator and freezers. The freezers were moved to another room in 2024. Both should be defrosted. Temperatures are checked daily to ensure a safe and proper temperature is maintained. The kitchen and pantry were clean and well maintained.

Three snacks a day are served. All snacks meet CACFP requirements.

CENTER HEALTH AND SAFETY:

Medicines are kept in a locked box away from the children. Hand washing by children and staff was observed. Every classroom has a first aid kit and there is a fully stocked first aid kit in the staff room. They also have fanny pack first aid kits they take on field trips. A carbon monoxide detector is located in the closet by the furnace. The furnace is geothermal so it is not required to have a fuel burning appliances inspection. Radon testing is required every five years, and it is recommended the testing be done during the winter months. A test kit is to be placed in every room that serves children except bathrooms, kitchens and laundry areas. Testing is current and under 4pciL.

First aid kits are labeled, inaccessible to children and located in each room. They are taken outdoors with the children as are any emergency medications. Allergy/Asthma action plans are present and reviewed. Areas reviewed are if the forms are completed by parents and physicians and posted in classrooms so staff can refer to them in an emergency.

Fire and tornado drills were reviewed. They should be practiced and documented monthly.

CENTER PLAYGROUND:

Two playground areas are present and separated by a fence. One is for the children under the age of three, and the larger playground is for the older children. Both
playground areas are fenced in. Poured in place is used for surfacing in the smaller children's play area and wood chips are used on the larger playground area. Wood chips are present beneath climbing equipment. Monthly playground inspections were reviewed. They should be conducted and documented monthly.

The Child Care Weather Watch is utilized to determine if outdoor play is suitable due to varying weather conditions. First Aid Kits and emergency contacts and medications are taken outdoors with the children.

The Director addressed a mold/, mildew on the fence and play equipment as well as the fence being loose on the bottom 2 years ago. She will continue to monitor for it to return. Any gaps on the fence between 3.5-9 inches could pose as entrapment hazards. We discussed the use of any equipment that was not rated commercial. The outdoor play area is large.

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Staff will have to position themselves where all children can be seen. It may be easier for staff to accomplish this if only one group of children at a time are utilizing the play area at once.

CENTER TRANSPORTATION/FIELD TRIPS:

The center does not own vehicles so the only field trips they do are walking field trips in the neighborhood. First aid kits, emergency contacts/emergency medication are taken along.
Field trip ratios are followed. The community swimming pool is next door to the center, so they take the older children there. They invite guest speakers from the community. A school bus stops at the center to pick up and drop off school age children during the school year.

CENTER ADMINISTRATIVE RECORDS:

All required postings were observed. This includes a copy of their license certificate, notice of being mandatory child abuse reporters, licensing consultant contact information, classroom emergency evacuation maps, and no smoking signage.

The program utilizes Creative Curriculum. Newer staff are still learning how to implement curriculum. The Director agreed to access CCR&R for assistance.

Child files are reviewed annually including current physicals, updated emergency information, doctor or dentist contact information, pick up and field trip authorizations. Nearly all child physicals and updates are up to date. The Director is working with parents to secure and future updates.

The center employs approximately 17 staff. Staff files are reviewed annually, including current physicals, SING checks, fingerprint results, updated professional development training, mandatory reporter training, First Aid and CPR training. IPOWER is mostly complete for each staff.

The staff use redirection when necessary for discipline.

All staff have been trained on the Emergency Preparedness Plan and have staff signed and date acknowledgment of such.

2. Identify Observed Strengths of the program

Room sizes are large and children have more space than typically provided in childcare settings.

3. Identify the aspects that fall below the standard

1. A physician should sign one allergy action plan.
2. Tornado and fire drills were not documented for October- December.
   All staff should be trained annually on the EPP and sign and date acknowledgement of such.
3. Outdoor play area inspections were not documented October- December. Fall surfacing should be added beneath climbing equipment.

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 remain in Full licensing status. The center is directed to correct issues identified above and continue to monitor day to day practice and adjust accordingly to continue to ensure licensing rule is met consistently. It is important to note, all HHS licensing standards and procedures must be maintained during the

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renewal period.

HHS encourages you to contact your local nurse consultant. 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. Please visit the following website for more information. http://idph.iowa.gov/hcci/consultants. Consultant Comer indicated she had multiple visits to the center last year taking them hand washing and diapering posters, conducted an immunization audit.

August- call
September- visit
TA
email
Nov- email

HHS encourages you to contact Child Care Resource and Referral consultant. They 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. Please visit the following website for more information: http://www.iowaccrr.org Michelle Greenough is your consultant.

Consultant Greenough provided the following last year to the program: One email each in July, October, and December.

The center has dramatically decreased violations the past 5 years.

Date: 01/29/2026

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**.