Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Rebels Learning Center

Provider No.: 22288

Address: 120 Cedar ST, Reinbeck, IA, 50669

County: Grundy

Director's Name: Robin Moore

On-Site Supervisor: Vanessa Henningsen

Phone Number: 3197886120

E-Mail: littlerebelslc@gmail.com

HHS Visit Date: 12/17/2025

Licensing Period: 12/01/2024 to 12/01/2026

Fire Inspection:

Date Inspected: 04/04/2023

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

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)
- [ ] Toddler
- [X] PreSchool
- [X] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	58	16	78	20	172
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Little Rebels Learning Center on 12-17-25 where I met with center director Robin Moore. Robin took over the directorship of the program in 2016 and is well qualified for the position based on her experience, formal education, and on-going training. The program is located in a free standing building on the campus of the Reinbeck elementary school. While the program has a collaborative relationship with the school it is overseen by a separate board of directors. The center does partner with the school district to provide a formal preschool class under the state wide voluntary preschool program. The program operates throughout the year providing services to children ages birth through school age. There are currently 85 children enrolled in the program served by 28 employees. All aspects of the program subject to licensing standards were reviewed.

The general layout and design of the building and classrooms remains the same as in prior years. The program operates out of several rooms determined by age group. All rooms were observed to be clean with only a few minor maintenance issues none of which rose to the level of being a safety concern. Each room has windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. The 3 year old classroom is also fitted with storm shutters and a reinforced roof so that it serves as the tornado shelter for the center. Each room has a secondary exit that provides direct access to the outdoors. All exits were clear of obstruction and opened freely. Each classroom has restrooms and sinks directly accessible from the classroom. Changing stations are present in those rooms where children may need assistance with diapering. Each room is divided into activity centers through the use of furnishings and play structures. The rooms are arranged so that there are no blind areas. One issue that was noted was in a classroom serving 2-3 year old children where several larger footprint toys were stored on top of a tall shelving unit and the bases overhung the edge of the shelf. While not posing an immediate safety concern it was identified as having potential to become a topple hazard and alternative options should be considered.

CHILD CARE CENTER ANNUAL EVALUATION

2. Identify Observed Strengths of the program

In visiting classrooms each had a copy of the daily schedule and curriculum posted. The curriculum focus for each class featured a Christmas or winter related theme. It was discussed that while each class had a curriculum plan posted many of these were maintained in an area that would not have been readily visible to parents. It was recommended that moving them to an area near the classroom entry door, or a centralized parent notice board for each class would provide greater access for parents to review. All staff were observed to do an excellent job of engaging with the children implementing the planned curriculum and attending to their needs. This included teachers actively presenting group learning activities, serving lunch, and soothing children at nap time. Good behavior management systems were observed during the visit with the center using a proactive positive intervention approach. This included the use of transition activities, praise, and redirection but also more innovative options such as the 3 year old room which had created a variety of "activity buckets" for children to choose from which they could take to a cot to play with during nap time if they did not need to nap. This approach helps to provide a positive behavioral choice for children rather than engaging in a power struggle of staff trying to keep children quiet and contained while other children are trying to nap. When speaking to children all staff used calm, positive, and encouraging tones of voice. Ratio was maintained in each classroom as required by age. Supervision was also maintained with staff escorting children if they needed to leave the classroom

Good health and safety practices were observed throughout the visit. I was able to observe several diaper changes in several classrooms and all staff followed the posted procedures. Good hand washing practices were observed with staff assisting younger children to ensure that they not only wash their hands but do so in an effective manner. One issue that was noted is that the hand washing sink in the formal preschool classroom had water temperatures that were excessively hot and needed to be reduced. Medications, chemical cleaners, personal items, and other items that could pose a safety risk to children were properly stored in secured cabinets. All medications were properly labeled and the center has implemented a practice where only designated staff who have completed additional training courses administer medications. First aid kits are maintained in each classroom and contained materials necessary to address most common first aid needs. Emergency response plans for allergies, and other medical conditions are maintained and posted for all children in each classroom. Cots were placed with sufficient spacing to prevent disease transmission during nap time, and had bedding that could be removed and laundered as needed. The center uses infant oxygen monitors for sleeping infants. Good Safe Sleep practices were observed for all children under 12 months of age.

The center has a full kitchen and meals and snacks are prepared on-site. Additional refrigeration units are maintained in the classrooms to facilitate cold holding of milk and other items in classrooms. Good food storage practices were observed for both dry pantry and refrigerated items. Good food handling practices were observed with staff washing their hands and using food service gloves when handling or serving meals. Meals are typically served family style in the classrooms with the children serving themselves. Measured scoops and child sized utensils and dishes are used to ensure that the children receive a full serving. A menu is posted and identifies a good variety of nutritious meal options. The teachers do sit at the table and eat with the children to provide supervision and model good eating habits.

The program has several playground spaces which were not reviewed due to weather conditions and snow cover. Prior reports note that the playground spaces are fenced with a larger playground on the north side of the building, and smaller area on the south side used by the younger children. The larger playground has commercial climbing structures, music centers, a paved area, and a grassy area. A poured unitary foam surface is used for fall surfacing. Shade is provided by the building, play structures, installed awnings, and trees. A follow-up visit will be made to the center during the summer months of the following year at which time the playground spaces will be reviewed and any concerns addressed at that time.

In reviewing administrative records all required notices and postings for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse Reporting were present and located in an area readily accessible and visible to parents and visitors. All other required postings for emergency evacuation, diapering, handwashing, daily schedule, curriculum, and emergency contact numbers were also present. The center uses an electronic file maintenance system for both staff and child files which does have a self-audit system. When comparing the electronic records and self-audit to randomly selected hard copy files the information was found to be accurate. Both child and staff files were found to be in substantial compliance with only a few recently expired documents needing to be renewed and notice had been provided to those individuals to obtain current documentation. The center uses the same computer system to maintain infant daily sheets which does have the ability to track all required information. The system has the ability to take photographs which staff do

take and post as a visual depiction of the activities and disposition of the children. All inspection logs and certificates were available and current. All appliances are electric so the center does not conduct a fuel burning appliance inspection but does need to maintain a carbon monoxide detector as required which is in the utilities room. The center handbooks have been previously reviewed and found to contain all required information. The center does have a radon mitigation system and recent testing did confirm that system is functioning properly.

3. Identify the aspects that fall below the standard

With regard to concerns for indoor play equipment there were items present in classrooms serving younger children which would be considered choking hazards. Children under 4 years of age are prone to mouthing objects and items and toys with small parts that can break off which would be less than 1 1/4 inches diameter and 2 1/4 inches length would be choking hazards. These need to be removed from classroom serving children 2 years of age and under, and should be placed in storage where they can be brought out for supervised play for children 3 years of age.

With regard to the physical facilities the hot water temperature of the formal preschool class was measured to be 128.5 deg. F. when measured at the spigot with only the hot water tap turned on. This is nearing a temperature where instant scald burns can occur and needs to be adjusted to no more than 120 deg. F.

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

The center does have choke tubes and staff in classrooms serving children under 3 years of age identified that they would review and remove toys that would be choking hazards.

Robin did note that the center had recently had plumbing work completed which likely accounted for the change in water temperatures for the preschool classroom and she would contact the contractor to adjust the heater(s).

5. Special Notes/Recommendations

A full license will remain in effect at this time. Please provide a written response to the licensing consultant identifying a plan of action to correct and maintain those aspects cited as not meeting licensing standards and identifying an anticipated date of compliance. At least one visit will be made to the center during the next year.

Date: 12/22/2025

HHS Licensing Consultant: Ray Salsbury

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**.