



Iowa Department of Health And Human Services

CHILD CARE COMPLIANT

Name of Provider Nana's Place Playschool LLC	County Polk	
Care Address 332 4TH ST	City West Des Moines	Zip Code 50265
Mailing Address 332 4TH ST	Mailing City West Des Moines	Mailing Zip Code 50265
Phone 515-240-8007	Email	

Date of Complaint:	04/20/2026	Date of Visit:	04/21/2026
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Type of Visit

☐ Scheduled	☒ Unannounced	☐ N/A
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Compliance Regulation

☒ Non-Compliance with Regulations Found	☐ Compliance with Regulations Found
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Recommendation for Registration:

☒ No Changes to registration status recommended
☐ Revocation of Registration
☐ Cancellation of Child Care Assistance Provider Agreement

Category of Care:

☐ Category A
☐ Category B
☒ Category C (with no co-provider)
☐ Category C (with co-provider)
☐ Non-registered Child Care Home with CCA Provider Agreement

Complaint Details:

Did this complaint result in a serious injury?	☐ Yes	☒ No
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Did this complaint result in a death to a child?	☐ Yes	☒ No
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Summary of Complaint:

On 4/20/2026 the Department of Health and Human Services received a complaint regarding Registered Category C1 Child Development Home Provider, Lori Parsons. The concern indicated Ms. Parsons is having unapproved household members provide care to daycare children.

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Rule Basis and Findings of Complaint(s):

RULE(S):

110.9 (1) Documentation from the Department confirming record checks have been completed and authorizing or limiting the person's involvement with child care.

FINDING(S):

On 4/21/2026 I completed an unannounced visit to Ms. Parsons daycare residence. Ms. Parsons allowed entrance to discuss the complaint and was cooperative. Six children were present at the time of my visit, ages 6 months to 5 years old. Ms. Parsons adult daughter was present. At the time of this visit, Ms. Parsons adult daughter was not an approved household member. Since this visit, Ms. Parsons daughter has been approved as an assistant.

Resolution and Action Required:

Ms. Parsons has added her adult daughter as a household member, and she has completed the requirements for her to be an assistant.

A full compliance visit was completed at this time. Minor corrective actions were necessary at that time. This report concludes the evaluation of this complaint, no further action is required at this time.

Consultant's Signature:	Ellen Abbott	Date of Visit:	07/27/2026
Supervisor Signature:	Sheila Aunspach	Date of Visit:	07/28/2026