Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Stevie's Busy Bees

Provider No.: 52114

Address: 4502 Avenue O STE 18, Fort Madison, IA, 52627

County: Lee

Director's Name: Stevie Bethurem

On-Site Supervisor: Nicole Rife

Phone Number: 3192509108

E-Mail: steviesbusybees@gmail.com

HHS Visit Date: 05/20/2026

Licensing Period: 05/01/2025 to 05/01/2027

Fire Inspection:

Date Inspected: 08/07/2025

Comments: due annually and performed by Fort Madison Fire Department Chad Hannum

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	5:00 AM to 8:00 PM		
Tuesday	5:00 AM to 6:00 PM		
Wednesday	5:00 AM to 6:00 PM		
Thursday	5:00 AM to 6:00 PM		
Friday	5:00 AM to 6:00 PM		
Saturday	6:00 AM to 5:00 PM		

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	16	12	28	82	138
Summer					0

1. Basic Overview

Stevie's Busy Bees is a full day childcare center that opened in March 2023. The center is located in several classrooms in the Lohi Mall building on a busy thorough fare in Ft. Madison. Stevie Bethurem is the owner of this center. The center serves children ages infancy through school age children Monday through Saturday. Director Stevie Bethurem formerly provided in home childcare. A site visit conducted on 3/21/2023 determined the program criteria and was given permission to open with a total capacity of 30 without a license on 3/27/2023. Capacity was later increased to 63 as rooms were added and finished.

Unannounced licensing visits were completed on 5/15/23 and 7/14/23. Another visit due to a complaint was made on 7/27/23. A Corrective Action Plan was implemented at that time. HHS phoned the program on 8/21/23 offering support and monitoring progress with the Corrective Action Plan for the center. HHS, CCR&R and IDPH have also provided support services via email, zoom and in person. Another complaint visit was conducted on 9/15/23. All program areas were observed on both visits. The OSS was also present during the visits. We discussed program violations and strengths on both visits. Other visits have been made to the program in 2024 regarding complaints and visits to offer consultation so that the program might make adjustments with the goal of returning to full licensure. Consultants Rachel Salsbury and Seibert visited the program together in January 2024 on a complaint visit. Consultants Heidi Brown and Seibert visited in March 2024 to provide general consultation and to assist the center on working toward full licensure. A licensing visit was conducted on 5/24/24 and again on 5/13/25.. All program areas and the new addition were observed on those dates. This year HHS made an unannounced licensing visit on 5/18/26 and met with OSS Rife.

Center Nutrition:

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The center has a large kitchen area. The center does not currently participate in the CACFP program. However, the OSS is taking classes and has a mentor for the program she is working with to learn program rule. Menus were available on both visits and did meet requirements. Administration changed menus to ensure all foods meet CACFP guidelines. When foods are substituted, this should be reflected on the posted menus. Food storage met safe food storage guidelines. No expired food items were expired or stored on the floor. Each refrigeration and freezer unit contained thermometers. Food was stored properly during the visit. Any food allergies are posted and diet modification forms and allergy action plans are present.

Center Health and Safety:

HHS recommended primary care groups are implemented in each classroom. Ratio was met and maintained throughout the March and May 2024 and 2025 visits.

Labeled first aid kits contain items to provide basic first aid. Medication is stored out of the reach of children. Emergency medication should not be locked. The program is aware of this and is following this practice.

Radon testing was conducted in February 2023 and results were under 4 pci/L. Testing should be conducted in the winter months when the ground is frozen within 5 years. The center is compliant with UL approved plug in carbon monoxide detectors on opposite ends of the building. Any fuel burning appliances in the center require an annual inspection. The center does not currently contain fuel burning appliances. The heater is electric. CCR&R, HHS and IDPH have made suggestions regarding room arrangement to best meet the ages of the children.

New vinyl flooring has been installed in every room.

The center has a small kitchen area separate from the classrooms in one part of the building and a larger kitchen in the new addition. The center kitchens must have a separation between the children and the kitchen areas. Children should not have access to the kitchen areas in either part of the building. The new kitchen in the school age area has a natural half wall boundary.

Tornado and fire drills are conducted and documented monthly per my observation.

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) are met. Capacity and ratio signs should be posted in each room.

Sanitation, illness and other health and safety issues can be staffed with CCNC Amy Hayes.

Safe Sleep was cited in the past but has been corrected. Safe Sleep violations were not observed on visit.

Center Outdoor Play Area:

The center has an outdoor play area in the back of the building. The outdoor play has sections separated by a chain link fence. An additional space is present on the landing above the preschool age play area housing a garden area. Fifteen children can be in this space simultaneously. The infant landing area can hold four infants. The infant sand area has capacity for 8 infants. The preschool age sand area has capacity for 13 children. Gaps on the fence between 3.5-9 inches could pose as entrapment hazards. Botls/screws on the fence should be cut less than two thread bolts or covered so they are not puncture hazards. The center utilizes the Child Care Weather Watch to determine if outdoor play is appropriate in questionable weather conditions. Both areas have sand surfacing. The area for younger children has a shade cover. The outdoor play area is immediately behind the center and can be accessed through the back doors of the center. A ramp was installed behind the building for easy exit and to accommodate fire code.

Areas are separated by fencing so that older children and younger children are not mixed. Several pieces of playground equipment are available including a caterpillar, a small picnic table, etc.. A new larger space was added to accommodate increasing slots for school age children. The area is fenced, has barricades and a privacy fence. The Child Care Weather Watch is consulted when weather conditions are questionable for outdoor play. The area is surfaced with sand. Shade must be provided.

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The outdoor play inspections are conducted and documented monthly. A first aid kit and emergency contacts/medication are taken outdoors with the children.

Center Field Trips/Transportation:

Field trips have been taken utilizing center transportation.

The center has been transporting children. Vehicles that are owned or leased by the center shall receive regular maintenance and inspection according to manufacturer-recommended guidelines for vehicle and tire maintenance and inspection. Field trip emergency numbers: Phone numbers for each child shall be taken by staff when transporting to and from school, and on field trips and non-center-sponsored activities away from the premises.

Walking field trips may be taken around the program (behind the building etc...), and would not be considered an actual field trip for ratio purposes.

Both center vans had inspections and contain first aid kits and emergency contacts.

Center Administration:

CCR&R Consultant Malia Love has provided consultation on curriculum and encouraged daily use. The new space has interest centers so that children can rotate around the large room to access dramatic play, sensory activities, music and movement and STEM, etc...

Child files are reviewed annually. A tracking system to keep child file information including physicals, immunization and annual updates including emergency contacts, medical and dental information, pick up and field trip authorizations is present. Allergy Action plans have been sent home with parents of every child that had allergies marked on physicals. All plans have been returned and have parent and physician signatures. Plans are posted in the room with the child so that staff can reference the plan in the event of an emergency.

Staff files are reviewed annually. SING checks (every 2 years) and fingerprints (every 4 years) are tracked. 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, and physicals.

The Director reports all staff now take a new staff orientation. The Director has an open door policy encouraging staff to approach them with potential issues so they can be immediately addressed. Clear leadership roles have been assigned and staff should be aware of the chain of command. The Director or OSS are present on a daily basis and takes an active role in the center. OSS Rife is present when the Director is not. Rooms should implement safe supervision practices to ensure careful supervision of each child is achieved at all times.

Administration is aware of volunteer requirements.

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

Administration trains each staff on the center Emergency Preparedness Plan annually. Staff signed and dated acknowledgement of such each year. New staff should be trained on the plan.

2. Identify Observed Strengths of the program

The center has established clear schedules and routines.

Center administration have knowledge of rules and put actions in place to ensure staff are following center protocol.

The center hired an administrative assistant to help with tracking updates on files.

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Center policies for staff and children are well defined.

3. Identify the aspects that fall below the standard

1. 109.6(4)c: Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.. Three employees need SING checks. The Director verified all three missing SING checks were completed via email on 5/27/26. CORRECTED 5/27/26

2. 109.6(4)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs. One staff needed finger prints. OSS Rife reached out to CCR&R on 5/18/26. CCR&R emailed instructions for Field Print. Field Print locations are in Keokuk and Burlington. The staff may not be in ratio until fingerprints are sent off or captured at Field Print.

3. 109.7(2): Center directors and all staff have the required contact hours of training. Five staff do not have the required number of professional development hours. The Director can contact CCR&R and ask for assistance in creating a training plan for staff. Free trainings are available online on IPOWER.

4. 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. We were unable to find the intoxicated parent policy /random person the date of the visit. The center updated this policy on 5/19/26. CORRECTED

109.10(13)c: Center shall develop procedures for annual staff and volunteer training on emergency plans. The date of the visit the OSS agreed to create a policy in the EPP for intoxicated parents and train all staff on the EPP. All staff will sign and date it. This was conducted 5/22/26 and all staff signed and dated. CORRECTED

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

5. Special Notes/Recommendations

The center was placed on a Corrective Action Plan in June 2023 addressing several licensing violations, yet licensing issues persisted. The Department may issue a provisional license at time of new application or renewal when the center does not sufficiently meet licensing laws and rules. In some instances, the child care consultant may request a corrective action plan, including timelines. A provisional license may be in effect for up to one year. A provisional license may be renewed when a written plan to bring the center into compliance with the standard, giving specific dates for completion of work, are submitted to and approved by the Department. A center cannot receive a provisional license for more than two years in a row for being out of compliance with the same licensing standards.

A technical referral was made to CCR&R on 7/20/23 to assist with correction of deficiencies. CCNC Amy Hayes with Iowa HHS also worked closely with the center on the Corrective Action Plan. Another visit to the center was conducted on 7/26/23. Consultants Jodi Norton and Malia Love provided consultation to the center for several hours on that date. Another referral was made to CCR&R on 8/3/23 so that they may assist with staff and child files and helping to organize a licensing binder. The center chose to send children attending the center to Stevie's home on many occasions during nap and lunch time and after school due to being over ratio in the center. Other referrals were made to CCR&R in September and October regarding food issues and illness policies.

HHS reached out to administration in September 2023 and again in February 2024 regarding items on the Corrective Action

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Plan. The program was consistently directed to utilize CCR&R and IDPH to assist with any issues in the center. HHS addressed allegations of mishandling of children in the past with both Stevie and Nicole when it was reported in the fall of 2023. They met with Child Care Bureau Chief Todd Savage in December 2023. All program areas have been thoroughly covered by CCR&R, IDPH, HHS and program administration.

A multitude of training resources, handouts, examples, forms, in person visits, in person trainings, email information, phone consultation have been given to the facility for the past year. Comm 204 as well as Chapter 109 and the Licensing Rule Checklist has been given to OSS Neff and Director Bethurem numerous times. CCR&R has visited the center four times and CCNC Hayes multiple times. HHS has visited six times as well assisting the center with gaining full licensure.

CCNC Amy Hayes presented a Back to Sleep training on Monday, Aug 21st at the center. She reported to the Director that she needed to make it mandatory for all staff. Stevie asked CCNC Hayes to visit. CCNC Hayes provided email consultation on the following dates.
6/09/2023 Ratio requirements
6/15/2023 Safe Sleep information
7/11/2023 Common Child Illness & Exclusion for daycare centers
7/25/2023 Medication Administration form to use to for administering medications.
10/6/23 offered consultation on a custody situation
10/24/23 Immunization audit

Consultant Malia Love sent the following resources via email on 8/4/23:

-A behavior tracking sheet, this is useful for documentation and especially for when a child may require additional services, they can use these as proof of assistance.

-Incident Report Sheet, this breaks down what is needed and would be helpful to have a copy in each classroom.

-Classroom DHS Regs, this would also be helpful to post in each of your classrooms so staff have something to refer back to

-Classroom Shadow Checklist, this is a great tool for orientation and onboarding of staff

-Director Responsibility List, this does not have to be just the director. These are just the responsibilities of an administrator. If you wish to delegate these duties based on preference and skill set that is alright!

-Cleaning Guide for Child Care, this is a great resource for staff and breaking down daily health and safety duties.

-Zone Schedule, this is what we were referring to when discussing having each staff take on specific responsibilities. there are two different resources I have attached for this. CCR&R has offered to visit the facility during the visit on 7/26/23 offering to conduct classroom observations, a staff training on IPOWER to ensure all staff have training requirements met. She further offered the same and assistance on schedules and routines via email on 8/3/23. She followed up with the Director again on 8/4/23.

CCNC Hayes conducted a Back to Sleep training at the center for 16 staff on 8/21/23.

On 5/29/24 CCNC Amy Hayes wrote, "Hello! I was just there this morning! I have a few things I am going to send to her regarding the new outdoor area-mostly regarding fall surfacing and use of helmets for ride on toys. Otherwise, everything looked god!

3/14/2024---General visit-checked ratio
3/25/2024---Checking ratio/safe sleep
4/5/2024---Checking ratio
4/26/2024--- Checking Medication logs
5/29/2024---Looked at new area; playground; new kitchen area

Trainings:
2/28/2025 Back to Sleep-Tummy Time

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3/11/2025 Back to Sleep-Tummy time

I have had several from her center in CPR Classes

This past year: 26 TA's
3 Onsite Visits-Imm Review; special needs room; infant room

Monthly newsletters
Water Safety
Pertussis Information
New Weather poster
Emergency Preparedness

Amy Hayes BSN RN
Child Care Nurse Consultant
Immunization Nurse
Lead & TB Nurse

Lee County Health Department"

Consultant Love with CCR&R reported the following in 2024 "Hello, Below are the dates and brief summary of resources provided the last few months.

5/8/24- Answered questions about OSS qualifications and how W-9s were broken down. Referred her to HHS for more specifics on OSS requirements.

4/26/24- Assisted director with i-Power issues and checking enrollment status for staff, sent step by step instructions with screen shots for looking up i-Power information.

4/24/24- On site visit, dropped off resources for a non-verbal child for communication, did a walk through, went over allergy action plans and medication administration requirements. Referred them to Amy Hayes the CCNC for additional information and supports.

4/15/2024- Answered questions about trainings and how and where to upload them. Sent step by step instructions for linking ISU Moodle accounts to i-Power

4/10/2024- Sent the director resources and links for crib compliance certificates

4/5/2024- On site visit, met with the OSS Nicole and dropped off sleep sacks to the infant room teacher, I provided resources to the oss about biting and transitions. I also sent the resources out to each of the staff emails listed in i-Power.

4//4/2024- On site visit, Jodi Norton and I met with the program, we went over health and safety rules, looked at staff and child files, noted what needed to be updated in i-Power, offered assistance and support with i-Power. Gave director a list of what items were missing for both the staff and child files.

4/2/2024- Reviewed staff handbook and sent back a review of things that should be added to meet compliance as well as best practice things to note or have a plan for. Offered to review their parent handbook if they would like to send it.

3/29/2024- The director reached out via text with questions about a child's physical and if it was approved. After looking it over I let her know that it would not be and suggested they use the HHS form provided.

3/27/2024- Reviewed the center's employee handbook and let them know they needed a discipline policy and some guidelines for it. I also let them know what other policies were still missing.

3/15/2024- Reviewed the centers policy handbook, noted the missing policies and suggestions for things to address in each.

3/6/2024- Zoom meeting was held with HHS, the center and CCRR to discuss the corrective action plan and to set a plan for

addressing the items noted.

visit on May 21st. Jodi Norton was also with me. Classrooms seemed to be in ratio from what we could count during rest time.

The program has not utilized CCR&R much the past year. Below is what CCR&R has provided:

5/21/2025 Jodi Norton and I met with the program and first did a walk through of the classrooms. We then met with the director Stevie and the OSS Nicole. We discussed classroom chill/calm down areas, what they were meant for, we went over resources for positive behavior, self regulation, I gave the program 3 books, Jodi provided them with scripted stories for calm down corner and classroom rules, we went through several examples of how to navigate some challenging behaviors. There were questions about capacity and the program was referred to their HHS worker Jill S. I followed up the visit with an email including a calming training, chill spot resources and information Jodi sent me for grant money, Consultant Love and Supervisor Norton met with the facility again on 7/17/25.

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HHS, and CCR&R have encouraged staff and administration to attend Director Meetings and Rules and Regulations trainings. Director Bethurem met with another area Director last winter.

When the center submits documentation or it can otherwise be verified that the center complies with the licensing regulations or standards, the license will be upgraded from a provisional to a full license status. This has occurred. The program took steps on the Corrective Action Plan to move to Full licensure. The center will be returned to Full Licensing status. A large area for school age children has been added to the building along with restrooms and an expanded outdoor play area. This will increase capacity by 60 children.

In addition, if a center is issued a license indicating it is fully in compliance with licensing requirements, but at a later date within the license period fails to be in compliance, the Department may reduce a license to a provisional status. Upon correction of the deficiencies and approval by the child care consultant, the provisional license may be upgraded to a full license. The program has met sufficient rule to return to Full Licensing Status.

Suspension and Revocation

The Department may initiate an action to revoke a license when the center exhibits a pattern of noncompliance, or an imminent concern arises that jeopardizes the well-being of children. The Department may act to suspend or revoke a license during the licensing year. The Department will suspend or revoke a license if corrective action has not been taken when:
The center does not comply with the licensing laws and rules and makes no substantial attempt to correct deficiencies.
The center is operating in a manner that the Department determines impairs the safety, health, or well-being of the children in care.
A person subject to an evaluation has transgressions that merit prohibition of involvement with child care and of licensure, as determined by the Department.
Information provided to the Department, either orally or in writing, or information contained in the center’s files.

The center returned to Full Licensing status in 2024. The center remains in Full Licensing status. All corrections have been made and practices in place to ensure compliance continues.

TARGETED ASSESSMENT: We discussed behavior management in the program. We ensure behavior management is a clear, coached, and continuously monitored practice. Management meets with employees regularly to review how they set expectations, support staff in moments of stress, and track behavior trends. We try a proactive approach: expectations are taught during training, revisited when placed in a room that has behaviors, and reinforced through modeling, coaching

cycles and reenforced with help from Southeast Iowa Early childhood Project. Their motivation is to keep classrooms calm and predictable so children feel safe and staff feel confident; behavior guidance remains a standing agenda item in weekly chats and our TED talks.

How we help staff understand expectations
We train on our behavior guidance framework (developmentally appropriate limits, positive narration, visual supports, choice-making, and consistent routines). We have a staff member available to help with behaviors and to help redirect children in a safe and calm space.
Model and practice: we demonstrate strategies in classrooms as well as discussions when issues arise, we discuss scenarios (biting, defiance, transitions) with guidance on wording, signing and redirecting.

Observable standards: Our social story for rules of the classroom, reminders before transitions, calm tone at level 2 or below, incident documentation within same day.

How we help staff recognize frustration and respond with de-escalation
Self-awareness cues: We teach staff to notice early signs (voice volume, pace, muscle tension) and to use box breathing and neutral tone reset phrase.
Reminders for teachers when we have reoccurring behaviors: lower voice, reduce language, increase space, offer two choices, narrate regulation, call for a buddy teacher if needed.
Tag-outs: If a teacher rates themselves at a 3/5 stress or higher, they can request a quick tag-out from the float/buddy to prevent escalation.
Coaching on language: We work on replacement phrases (example “Stop that now” to “Hands to yourself or Safe hands”)
Wellness supports: Brief post-incident discussions, and scheduled breaks around high-intensity times (transitions, end of day).

How we monitor these skills and expectations
Incident data review: We track behavior incidents by classroom, time of day, and to spot patterns. We also do spot checks and provide feedback on the positives and room for growth. Plans are adjusted based on the classroom and behavior patterns, not single events.
Director’s insight and commitment:
Directors discusses behavior management as instructional, not punitive. We teach skills, prevent triggers. We keep training up to date at orientation, weekly TED talks, demonstrations and examples on behavior management. Teachers are held accountable through monthly goals. Management will communicate with families about strategies that are implemented at the center. Teachers continue communicating with families about strategies.

Date: 05/27/2026

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**.