Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Stacyville Kids Care

Provider No.: 22410

Address: 603 N Broad St, Stacyville, IA, 50476

County: Mitchell

Director's Name: Cynthia Hilton-Lonergan

On-Site Supervisor:

Phone Number: 6417102367

E-Mail: stacyvillekidscare@gmail.com

HHS Visit Date: 04/22/2026

Licensing Period: 04/01/2026 to 06/01/2028

Fire Inspection:

Date Inspected: 11/21/2022

Comments: Compliance on 10/03/16.

Report Visit Type:

- [ ] PTO
- [ ] 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

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	8		22	15	45
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Stacyville Kids Care Inc on 04-22-26 where I met with center director Cynthia Hilton-Lonergan. Cynthia took over the director role in April 2026 and is working to become fully qualified for the position. She has prior experience as daycare owner in Minnesota, and has completed some on-going professional development here in Iowa but is working to complete additional training hours to fully meet the point scale requirements. The program is operated as a non-profit center overseen by a board of directors. The center is located in the lower level of the community center but access to the center is limited during the time that the program is in operation. The center provides full range child care serving infants through school age children. There are currently 38 children enrolled in the program served by 14 staff.

The general layout and operation of the program remains the same as in prior years. The center operates out of three rooms determined by age group with one for infants, one for 2-3 year old children, and one for pre-school and school age children. The school age area is part of a larger space that uses shelving units and other structures to define the primary programming space. It is noted that during [prior discussions with the Fire Inspector the use of the mobile panel dividers is a fire code issue and need to be removed. The space can continue to be utilized for older age children. The infant room is divided into a sleeping area, programming area, and feeding area through the use of half walls and mobile barriers. A Gate provides access between the programming and feeding area, and low shelf used as a barrier to access the sleeping area. Staff were observed to use the gated entry options but when access the sleeping area were observed to step over the barrier. This creates a substantial tripping risk and cannot be allowed. Staff will either need to move the barrier each time, install a gate that allows easier access, or remove the barrier altogether. There are windows along the upper level of the exterior walls that provide some natural light and a limited view in the infant and toddler rooms. Each room has secondary exits though none are a direct access to the outdoors. All exits were maintained to be clear of obstruction and opened easily and freely.

Restrooms are located outside the classrooms off the main entry corridor and children are escorted to the restrooms as needed. Sinks are present in the restrooms and classrooms to facilitate hand washing and the prior issue for excessive hot water tempers has been corrected and maintained to acceptable limits. The infant and preschool rooms also have changing stations present. Activity centers are created through the use of furniture and play structures and are arranged so as not to create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were observed on the day of my visit with all staff and children. Cynthia and the older preschool age children were out on the playground when I arrived and she and her assistant were positioned so that they could supervise all of the children. Each of the teachers were attentive to the children's needs and implemented the planned schedule and curriculum. For the infants this included the teachers changing diapers, feeding children, and playing with the children. In the 2-3 year old classroom the teacher engaged the children in a group craft activity, transitioned to self-directed center play, and then a teacher lead group "circle time". All of the teachers presented a positive attitude and spoke with the children in calm tones using positive word choices. The center does make use of positive behavior management approaches such as routines and reminders to encourage appropriate behavior, and the use of redirection for when children do begin to make poor choices. One example of this approach was in the 2-3 year old classroom where several of the children were pushing buttons on a room dehumidifier. The teacher remained calm and simply redirected the children several times never raising her voice, allowing a tone of frustration, or threatening consequence. The children did eventually leave the unit alone and engaged in playing with appropriate toy options. Ratio was maintained as required by age group. During the visit teachers did escort children to the restrooms as needed, and arranged for the cook to help provide coverage when the teachers needed to take a break.

Good health and safety practices were generally observed but the center does need to review some practices. I was able to observe a diaper change and the staff did not deglove between handling soiled and clean items, and did not disinfect the changing station between diapering children. Child handwashing was also mixed with infant's not having their hands washed immediately prior to meal service, but staff ensure that older children washed their hands. Tables were sanitized before and after meal service. First aid kits were present and the center has a supply of materials necessary to address most common first aid needs. The center had removed the toys with small parts that could break off and be a choking hazard from classrooms serving children under 3 years of age, however dried beans were being used in an experience table in the 2-3 year old classroom. Beans can have a toxic effect if ingested in their uncooked state and need to be removed from use as a play material. Medications, chemical cleaners, personal belongings, and other items that could pose a safety risk to children were stored in areas where they were not readily accessible to children. Safe sleep practices were mixed with some children properly placed in cribs, but one child was observed to be lap sleeping. While it is allowable for children to fall asleep while being held, in a piece of equipment, or on the floor they do need to be transitioned to a crib as soon as staff have a reasonable opportunity. Good feeding positioning was observed for infants. During the visit one child was observed to fall and suffer a minor injury to the mouth which the teacher in the classroom did an excellent job of responding to in terms of comforting the child, caring for the injury, cleaning up the blood exposure, and completing an incident report.

The center has a full kitchen and meals are prepared on site. The center uses a 5 week menu rotation which identified a good variety of credible meal options. Good food storage practices were observed in the kitchen and classroom areas. The kitchen was observed to be clean with no signs of infestation and the center does have a contract with a pest management contractor. Meals are served in the classrooms and supervision was provided at the tables. Meals are pre-portioned by the staff and good service and food handling practices were observed with staff using measured scoops to ensure each child received a full serving.

The center makes use of a playground located across the parking lot. There is a preschool age climbing structure present which was observed to be in good repair. Pea gravel is used for fall surfacing and has developed a hard pan layer that needs to be aerated and/or have material added to ensure a proper depth of loose fill. There are several smaller toddler non-climbing play structures. Large mature trees along the perimeter provide shade. The playground is fully enclosed by fencing which was observed to be in good repair. A sandbox is present which Cynthia stated was to be removed later in the year.

In reviewing administrative records all required notices for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse Reporting were present in an area readily accessible and visible to all parents and visitors. Other required

postings for emergency evacuation, emergency numbers, diapering, handwashing, daily schedule, lesson plans, and menu were also present. All child files were reviewed and were found to contain all required information with the exception of 8 that needed to be updated. In addition infant daily sheets are completed on an electronic communication application and while staff were tracking all required information this was inconsistent for the elements of Daily Activity, and Disposition. It was reviewed that both must be logged for every child every day both morning and afternoon to show any changes in functioning. The application does have the ability to take photos of the children and it was identified that this could be used to provide a visual depiction of the child's mood and activities. All staff files were reviewed and found to contain all required information. Inspection logs and certificates were current available with the exception emergency drills which were not conducted/logged for October 2025, or March 2026. The center parent handbook was reviewed and found to contain all required written policies thought the Incident Reporting policy needed to be expanded to ensure that parents are informed that incident reports are also required for substantial changes in functioning, and sexualized behavioral acting out.

3. Identify the aspects that fall below the standard

109.11(2)a: The center will provide sufficient and safe indoor play equipment, materials, and furniture. It must meet the developmental, activity and special needs of the children.
-- Staff either need to move access point barriers in the infant room so that they do not step over the barriers. Dried beans need to be removed from activity centers.

109.11(4)a: Center must have safe outdoor program area adjacent to the center, with sufficient square footage to accommodate at least 30 percent of the enrollment capacity at any one time at 75 spear feet per child. Outdoor space must:Be free from litter and unsafe materials and free from contamination by the drainage or ponding of sewage or storm water.Include safe play equipment and an area of shade.Include fencing to protect from bodies of water or vehicular traffic.
-- The pea gravel used for fall surfacing has developed a hardpan layer and needs to be aerated or supplemented to ensure a proper depth of material. Children need to be restricted from using climbing structures until such time that the fall surfacing has been restored.

109.12(4)b: Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.
-- Staff did not deglove between handling soiled and clean items. Staff did not disinfect the changing station between diaper changes.

109.12(4)e: The provider shall follow safe sleep practices for infants under one year of age:Infants shall always be placed on their backs for sleep.Infants shall be placed on a firm mattress with a tight fitted sheet.Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface.No child shall be allowed to sleep in any item not designed for infant sleeping, including but not limited to an infant seat, car seat, swing, or bouncy seat.No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.No co-sleeping shall be allowed.Sleeping infants shall be actively observed by sight and sound.If an alternate sleeping position is needed, a signed physician or physician assistant authorization with statement of medical reason is required and an expiration date.
-- One child was observed to be lap sleeping. The staff stated that the child had been sleeping in this manner for approximately 20 minutes as the child wakes when being placed in a crib. While a child can fall asleep while being held, on the floor, or in a piece of equipment children must be moved to an appropriate crib or crib like structure as soon as staff have a reasonable opportunity to do so.

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

Each identified violation concern was discussed with the staff and/or Cynthia along with acceptable alternatives. Staff did make immediate changes where possible, and identified that other corrections would be made as soon as possible.

5. Special Notes/Recommendations

A full license is recommended at this time. Please provide a written response to the licensing consultant identifying a plan

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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: 04/30/2026

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**.