Iowa Department of Human Services
CHILD CARE CENTER EVALUATION AND RECOMMENDATION FOR LICENSE

Name of Center: Little Lions Childcare **Enrollment:** 30 **License ID No. (Reapplications)** 51649

Street: 302 S H AVE **City:** Lovilia Iowa **Zip** 50150 **County:** Monroe

Mailing Address: PO Box 182, Lovilia, IA, 50150

Director's Name: Jessica Manser **Phone Number:** 641-946-2000

On-Site Supervisor(s): Rebekah Major **E-Mail:** llionscc@gmail.com

Date(s) of Visit: 03-12-2025

X **Licensing Visit** X **Unannounced Visit** **Off Year Visit** **Administrative Change**

LICENSING VISITS

New Application X **Re-Application** **NA**

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 03-21-2023

FIRE INSPECTION X **State** **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 11-13-2023

Comments : completed and approved by SFM Curt Seddon

LICENSE TYPE: X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

Financial Type: X Profit Non-Profit NA

Accredition: Accredited NAEYC NSACA Other X NA

Program Serves: X Infants (0-23 mo.) X 2 Years X Preschool-Age X School-Age

Get-Well Evening Care X Special Needs

SCHEDULE: X Year-round School-Year Summer Only

HOURS:	*Year-round*	*School-Year*	*Summer Only*

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General	8	9	8	10	35
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 12-01-2025 to 12-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Jill Seibert **Date:** 03-18-2025

I. IF CURRENT LICENSE IS PROVISIONAL, IDENTIFY THE CORRECTIVE ACTIONS

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Little Lions Childcare is a one-story modular building providing full day childcare for infant to school age children. It has been in operation since 2022. The building is specifically constructed for childcare in a residential area of the south side of Lovilia. Jessica Manser is the owner/director of this center. Jessica has prior experience providing childcare in her home prior to opening up another licensed center in a neighboring county in 2017. Rebekah Major is the onsite supervisor for this site. She has been employed at the sister center since 2018.

Program Observations:

Unannounced licensing visits took place on 2/3/25 and 3/12/25. All program areas were observed at that time. Staff were actively providing childcare at the time of the visits. I met with OSS Major on the first visit. She was in ratio. I later staffed the visit with Director Manser. A second visit was made in March so paperwork could be reviewed. I met with the Director on the second visit. This building has two large classrooms broken up by a kitchen and office area in between. The rooms can be divided up to keep children of differing ages separate. Rebecca Major is the onsite supervisor for this site. She has been employed at the sister center for 5 years.

The center is clean, bright, attractive and equipped with a satisfactory variety of new child sized furniture, equipment, toys, games, and activities for the children.

The classrooms are self-contained with phones, restrooms, and direct exits to the outdoors.

Center Nutrition Practices Observed:

Center staff prepare all meals and snacks in a very well stocked and equipped kitchen located between the center classrooms. Meals are served family style. Menus are now posted. Thirteen weeks of menus are present. The freezer has been cleaned and dethawed.

Thermometers are in the refrigerator and freezer units per requirements now. Temperatures were below recommendations of 40 degrees or below for cooling and zero degrees or below for freezing temperatures. I observed dry food storage. No food was observed on the floor. Food was stored in cabinets. All food items were kept in sealed containers. Food is purchased from a local grocer and no expired food items were noted. One percent milk is served. The Director is aware CACFP approved foods must be served.

The kitchen does not contain ventilation. The kitchen area was clean.

Center Health and Safety:

The center staff and Director and I discussed administration of prescription and non-prescription medication in accordance with licensing regulations, physician directions, and parental consent. We discussed that children with allergies must have

an Allergy Action Plan on file and available to employees. One child has an epi pen. The plan is present, but the medication label was not.

Storage and maintenance of a first aid kit is reviewed annually. Kits should be labeled and contain all items on the checklist from IDPH. The center contains an ill/injured area. Children are kept comfortable in this area until parents are able to pick them up.

Environmental testing and the maintenance of any necessary detection equipment (the center is all electric) were reviewed. The center contains 2 UL approved non-battery operated carbon monoxide detectors which are working and inspected once a month and documented. Radon testing was conducted prior
to opening with a rate of less than 4 pCi/L. Testing is due every five years and should be conducted in the winter. The building was constructed after 1976 there for a lead based paint assessment is not required. The building is on city water therefore water analysis is not required. The electric furnace units are located outdoors. I inspected the hot water heater in the building (staff restroom). It was free of nearby debris. Air is forced through ceiling vents. Thermostats are located in each room. Ventilation and air quality was adequate on the visit.

Overhead lighting is provided by fluorescent lighting, and the center contains five large windows in each room providing natural lighting. Windows can be opened to assist in air quality.

General regulations regarding safety policies and procedures were reviewed. We discussed hand washing and food prep sinks should be designated and not used interchangeably.
Each child in the program should have 35 square feet of usable floor space. The room is designed to allow adequate space for all activities. Square feet requirements are met in both classrooms. All program areas were clean during the visit. Each room also contains an attached restroom with two small toilets. A hand washing sink is present in each room and in the restrooms.

Volunteers must go through a training in order to serve as volunteers. The form they sign should include information they the volunteer has been informed of the volunteer's or substitute's responsibilities as a mandatory reporter. Volunteers should always be under the direct observation of staff. All volunteers and substitutes shall sign a statement indicating whether or not they have one of the following:
a. (1) Conviction of any law in any state or any record of founded child abuse or dependent adult abuse in any state.
(2) A communicable disease or other health concern that could pose a threat to the health, safety, or well being of the children.
b. (1) Complete form 595-136 DHS Criminal History Record Check, Form B
(2) Complete Form 470-0643, Request for Child Abuse Information.
(3) Sign a statement indicating the volunteer or substitute has been informed of the volunteer's or substitute's responsibilities as a mandatory reporter.

Emergency plans and drills for fire and tornado were reviewed. The center has a concrete, partially underground tornado shelter on center property large enough to protect all children and staff in the event of a tornado. Fire and tornado drills are documented on a monthly basis. Ratio was met and maintained. Staff keep personal belongings in the staff office or in cabinetry.

Children do not have access to this area.

The facility has no pets or plants.

Sanitation policies and procedures were reviewed. Overall, the building was clean. Each restroom contains two child sized toilets and one small sink. Both restrooms were clean and contained an adequate amount of toileting supplies. Each restroom has ventilation as required. Children do not have access to the kitchen. Flooring throughout the program was peeling and is creating a tripping hazard.

Center Playground:

The center has a fenced and naturally shaded outdoor play area. The area features a large, anchored, metal/plastic climbing and activity toy on rubber matting surfacing. The surfacing is aging and no longer flat posting potential tripping hazards. The play area also contains a concrete path for tricycle and big wheel riding, a sandbox, and an outdoor canopy for additional shade. The sandbox contained a tarp and was covered on the visit. Screws on the fence are capped to prevent possible injury. The fence is loose on the bottom and gate is missing. The shad structure has blown down. Toys and the toy storage unit were unintentionally damaged by the program lawn care personnel.

Each child should have a minimum of 75 square feet of space for gross motor activities. Capacity for the area should not be exceeded.

The Child Care Weather watch is utilized when outdoor play may be questionable due to weather conditions. Playground inspections are conducted and documented monthly.

Center Transportation Arrangements/Field Trips:

The center does not own a vehicle, does not provide transportation, and does not take field trips. The children take walks in the community, so each parent signs a field trip permission form. They are in each child's file. A list of child emergency numbers and a first aid kit should be taken each trip.

Center Administrative Records:

Child misbehavior is addressed by positive reinforcement of appropriate behavior, redirection, modeling, and conflict resolution techniques. Required written policies are provided to parents in the form of a parent handbook.

Staff files are reviewed annually. Per records staff are up to date on cpr, 1st aid, (due every two years), Mandatory child abuse training, continuing education and professional development hours (due annually). All staff have updated physicals. These are due every three years. All fingerprints are now current but one staff who had a hit not yet evaluated (every four years) and Iowa Criminal Record checks (2 years).

Child files are reviewed annually including current physicals and immunizations on file. All children have signed medical and dental information, pick up authorizations and emergency contact information.

Annual staff training held on emergency plans were conducted in March last year. The Director agreed to train staff this month. The Director developed the Emergency Preparedness Plan for this building.

Required notices and postings are present. Emergency procedures maps are posted by each door. A schedule is posted in the classroom. A No Smoking sign is posted inside the main door where parents drop off and pick up children. Emergency numbers are posted including, Fire, Ambulance and Poison Control.

The center posts communicable diseases on the front door when necessary. A class schedule is posted. Curriculum is implemented daily, and lesson plans are on file.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is the only licensed site in town.

The Director has been proactive meeting with CCR&R and IDPH.

The center arrangement has changed the past year making the space more open and attractive.

The center Director has implemented organization systems. Center violations have decreased. This is duly noted.

IV. IDENTIFY THE ASPECTS OF OPERATION THAT FALL BELOW THE STANDARDS REVIEWED:

1. 109.6(5)c: Undergo record check process if:It is included in meeting the required child/staff ratio. Has direct responsibility for a child or children. Has access to child or children when no other staff is present. One staff had a hit on fingerprints. The packet must be submitted to the RCE team to be approved.

2. 109.10(1)b: School-age (for children five years and older and enrolled in school): Annual statement of health status signed by parent is submitted prior to admission, certifies that the child is free of communicable disease, and lists allergies, medications and acute/chronic conditions.
Number not in compliance: 4

3. 109.10(3)a: All medications shall be stored in original containers with physician or pharmacist directions. Labels should be intact and stored so they are inaccessible to children and public. Nonprescription medications shall be labeled with the child’s name. The program agreed to get a label for an epi pen in February. It was not present on the March visit, but the program had asked the parent for the label.

4. 109.11(3)a: Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. Sufficient space provided for dining. Sufficient lighting shall be provided. Sufficient ventilation. Sufficient heating. sufficient cooling. Sufficient bathroom and diapering facilities. Equipment, including kitchen appliances, are maintained so as not to result in

burns, shock, or injury to children. Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease.

Drills were missed in February, as were playground inspections.

5. 109.15(1): Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines. Staff shall provide supervision at table during snacks and meals. Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep. The program agreed to feed children every 3 hours. This may mean moving snack and mealtimes or adding a later pm snack. During the March visit two components meeting requirements were not being served for pm snack.
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V. SPECIAL NOTES/RECOMMENDATIONS:

Based upon this review, it is recommended that this center be in Full licensing status. The center is directed to correct the items listed in Section IV. The Director gave me a verbal commitment that the noted rule violations would be promptly corrected. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period.

IHHS encourages you to contact your local nurse consultant with IDPH. 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. CCNC Mandi Lauderman Nurse Consultants (Iowa Department of Public Health) serves as CCNC for this center. The center is responsible for contacting CCNC Lauderman for consultation regarding health and safety issues such as hand washing, outdoor play area regulations, toppling or tipping hazards, etc....

IHHS encourages you to contact your local child care consultant with Child Care Resource and Referral. Consultants can provide in person consultation on a variety of child care subject matter. The program has frequent contact with Consultant Karen Lauer.

*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact your DHS Licensing Consultant to discuss the issue. The child care director may also send a response which will be placed in the licensing file.

*Note: If you are a member of the general public, there may be additional information contained in the public file. You may contact the DHS Licensing Consultant to inquire.