Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Mustangs Learning Center LLC

Provider No.: 53006

Address: 525 N 6th St, Armstrong, IA, 50514

County: Emmet

Director's Name: Taetym Fredricksen

On-Site Supervisor:

Phone Number: 7128683548

E-Mail: littlemustangs@yahoo.com

HHS Visit Date: 08/05/2026

Licensing Period: 10/01/2025 to 10/01/2027

Fire Inspection:

Date Inspected: 09/26/2025

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

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	5:00 AM to 6:00 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			

Program Population Served:

- [ ] Infant(0-<24 Months)
- [ ] Toddler
- [ ] PreSchool
- [ ] School Age
- [X] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	5	10	15		30
Summer					0

1. Basic Overview

An unannounced licensing visit was made to the Little Mustangs Learning Center on 08-05-26 where I met with the center director Taetym Fredricksen. The facility changed ownership when it was purchased by Zoey Huntley which took effect on 10-01-25. Taetym also took over the director role on that date and is well qualified for the position based on her prior experience as a director of another center, and on-going training in early childhood care. The program is located in a commercial store front building in the downtown main street of Armstrong. The center provides full range daycare programming serving infants through school age children. There are currently 14 children enrolled in the center served by 4 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The general layout of the building has a long open area that is divided into several areas by full and half walls. The infant room is located at the rear of the building and is separated from the rest of the center by a full wall and half door. The infant room is further divided into a primary programming area, and a crib/access corridor by a half wall. The half wall is of a height that if staff are sitting on the floor or in a rocker of the primary programming area they would not be able to observe sleeping infants. Options of bringing a crib into the programming area, positioning staff in the sleeping area, or lowering/removing the walls to allow direct observation were discussed. Part of that intention of the wall was to provide an access corridor to a secondary exit located at the rear of the building which the older children could use without intruding on the infant programming space. The rest of the building is divided into 4 areas by half walls to define a kitchen space, an entry/administrative space, and two programming classrooms for 2-3 year olds, and preschool/school age children. There are 3 restrooms located in the center with one in the infant room, and two off the preschool/school age space. Changing stations are also present in the infant and 2-3 year old spaces. Sinks are located in each programming area to allow for hand washing. Water temperatures were previously cited as exceeding allowable limits and were measured to be 115 deg. F which is well below the cutoff limit of 120 deg. F. There is a large storefront window at the front of the building in the

entry/administration area that provides some natural light and a view but due to the layout is not readily accessible to the children. There is also a small inset window to the exit door of the infant room that can provide some natural light. The majority of the space is lit by florescent lighting which provides ample illumination to programming areas. The center makes use of a basement area for storm shelter. Furniture and play structures are used to define activity centers for the children in each programming space. The arrangement of the furnishings did not create any blind areas.

2. Identify Observed Strengths of the program

Interaction & Programming
Good interactions were observed on the day of my visit. A copy of a planned curriculum and daily schedule was posted and the staff were observed to be engaged with the children and implementing the planned activities. The schedule has been revised to provide more discreet activity times with options for self-directed play, teacher lead activities, and focusing on various developmental skills. The curriculum was also more defined with identifying weekly focus themes, and specific activities to implement those themes. During the visit this included the teacher in the preschool/school age room engaging in a craft activity with the children. In the infant room the teacher was actively engaged with the children attending to their needs and playing with them. When engaged in play activities the teacher provided various direction and support to the children to help them build skills. Examples include helping provide physical support to a child that was working on sitting on their own, and telling an older child to get a specific toy to help build language comprehension skills. The center has improved the implementation of proactive positive behavior support approaches with the staff making strong use of redirection, reminders, and guided problem solving. All staff present with a positive and calm demeanor, and spoke to the children using positive word choices. Ratio was maintained as required in the center.

Health & Safety
Good health and safety practices were generally observed but some practices do need to be reviewed. During the visit I was able to observe a diaper change and the teacher did not deglove between handling soiled and clean items, wash the child's or her own hands, and did not clean the changing station afterward until reminded by Taetym. Older children were directed to wash their hands as required following diapering/restroom use, and before meals. Chemical cleaners, personal belongings, and medications were stored where they were not accessible to children. Items and toys that had small parts which could be choking hazards in the prior report had been removed and all toys and materials were appropriate to the ages of the children in the classrooms First aid kits were present and contained materials to address most common first aid needs. Safe Sleep practices were followed with regard to infants under 1 year of age, and the center had reduced the amount of materials being stored to allow for staff to be able to have a comfortable area to observe sleeping infants. Older children make use of cots that did have appropriate bedding present.

Playground
The center does have a small outdoor space at the back of the building which has been used as a playground in the past but which is not being used at this time due to damaged fencing and other concerns. Given the highly commercial area of the facility the center does make use of a community park which is located two blocks away, as well as other public facilities for outdoor programming.

Nutrition
The center does have a full kitchen and meals are prepared on site. Good food handling practices were observed during the time of the visit with one employee who was observed to be prepping foods to be frozen and served for future meals. Good food storage practices were observed for both dry pantry and refrigerated items. The kitchen area was observed to be clean. A copy of the menu was posted and did identify a good variety of nutritious food options. Supervision was provided at the tables while children were eating.

Administration
In reviewing administrative records all required notices for No Smoking, Permission to Open, Consultant Contact, License Certificate and Mandatory Abuse Reporting were present in an area readily accessible to parents and visitors. Other notices for emergency evacuation, emergency contact numbers, diapering procedures, handwashing procedures, curriculum, and daily schedule were present. Children's files were reviewed and found to contain all required documentation. The center is currently using a communication application program to maintain infant daily sheets and while staff have improved on documenting daily activities they were continuing to not document disposition. Staff files were also reviewed and found to contain all required information. Inspection log and certificates were available and current for all required elements. The center is working to revise the center handbooks and Taetym stated she would forward a copy for review once completed.

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3. Identify the aspects that fall below the standard

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.
-- Diapering procedures were not followed with staff not degloving, washing infant hands, staff hands, or cleaning the changing station following diapering until prompted to do so.

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

The center has made substantial improvements over the past year with correcting previously cited issues. Continued training on diapering procedures, and infant daily report documentation is needed for staff working or assisting in the infant room.

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: 08/13/2026

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**.