Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Lions Daycare

Provider No.: 53075

Address: 835 Park St, Ainsworth, IA, 52201

County: Washington

Director's Name: Stephanie Hathaway

On-Site Supervisor:

Phone Number: 3199313058

E-Mail: littlelionsstaff@gmail.com

HHS Visit Date: 02/23/2026

Licensing Period: 01/07/2026 to 01/01/2028

Fire Inspection:

Date Inspected: 12/18/2025

Comments: due every 3 years performed by State Fire Inspector

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	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
- [X] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	18	18	15	5	56
Summer					0

1. Basic Overview

Little Lions Daycare is a full service child care center located in a residential area of Ainsworth. It is the only existing licensed child care center in town and opened in 2026. It has been utilized as a licensed childcare by two other centers prior to the recent change of ownership. The building is owned by the city & the owner is renting rooms for the daycare center. Permission to Open without a license was given in January 2026. The Director is Stephanie Hathaway. She was employed as Director of the former center since 2024. The Director is present daily. She was the On Site Supervisor for the previous program prior to being promoted to Director. The program should send an OSS request for a qualified candidate. Forty two children are enrolled. The Board President has been an integral part of opening the new center and is supporting the current Director and staff.

Permission to Open was given 1/7/26. An unannounced licensing visit was made to the program on 2/23/26 where I met with the Director and Board President. All program areas were observed at that time. The program space contains a moderate kitchen area, restrooms and open space for the classrooms. The building contains a small cafeteria space. The building is clean, bright, open, attractive and equipped with a wide variety of child sized furniture, equipment, toys and learning activities. Rooms are labeled designating age groups. The visit consisted of classroom and building area review and observations of activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review.

Center Nutrition Practices Observed:

The program provides all meals throughout the day. Snack and meal records indicate minimum nutritional requirements are currently not met. According to menus most lunches and snacks served meet CACFP requirements. We discussed menus

must be specific and that some items may not meet requirements such as certain crackers, yogurts, granola bars, and donuts. We had the same conversation last year.

Food allergies will be posted if they arise. We discussed the Allergy Action Plan and where to access it if need be in the future. CCNC Krana covered this with the Director the past year.

Sufficient refrigeration and storage is available in the kitchen area to facilitate food services. The refrigerator and freezer were inspected. No opened food items were observed. Recommended temperatures for cooling are 40 degrees or lower and zero degrees and lower for freezing. The refrigerator/freezer was clean. Other food storage (dry) was appropriate. No food was stored on the floor. No dry food had been opened which was not placed in a sealed container. No expired or outdated food items were observed. Dishes are washed by hand with the three step method or in a dishwasher. The kitchen should have a daily cleaning list posted. The kitchen area was clean. Waste containers containing food waste were covered.

Center Health and Safety:

Staff have access to education on recommended sanitizing and disinfecting. Toni Krana is the center Child Care Nurse Consultant and can provide consultation on any health and safety issue. Appropriate sanitizer/ disinfectants are being used and have been reviewed in the past by CCNC Krana. Safe Sleep practices were being followed the date of the visit.

The program does not administer daily prescription or non-prescription medication on a regular basis. They will administer emergency medication if necessary. Medication procedures were reviewed. The center has sufficient forms for getting parent authorization and documentation of medications to be given if needed or prescribed. Medications (including sunscreen) will be stored in their original containers with physician/pharmacist directions and label intact when on the premises.

Regulations regarding storage and maintenance of a first aid kit were reviewed. A labeled First Aid Kit is onsite and kept inaccessible to children. First-aid supplies were sufficient to address minor trauma. A kit should be taken outdoors each time children are outdoors, traveling or in another part of the building such as the gymnasium. A quiet area for ill or injured children is designated.

Environmental testing and the maintenance of any necessary detection equipment were reviewed. Radon testing is due every five years. Testing has been completed and is kept in the binder. Results from testing in October 2021 were below 4 pci/L. An annual fuel burning appliances inspection is not required since the building has no gas appliances or heating/cooling system. Carbon monoxide detectors are also required and on site. It must be a non-battery operated UL approved unit. The packaging on the unit should have an expiration date for the unit. The building was constructed after 1978 so a Visual Lead Based Paint Assessment is not required. Any areas of the building that are child accessible constructed prior to 1978 must have visual lead based paint assessments conducted. I did not observe chipping paint during the visit. The program is on city water, therefore a water analysis is not required.

The center has 2 early infant rooms. Each infant room may serve four children each. They serve children under 12 months. The toddler (infant) room has the capacity for 20 children. The two year old room may have 20 children. The preschool room may serve 20 children. Another room serves school age children.

General regulations regarding safety policies and procedures were reviewed. The program team consists of the Director and 4 to 6 other staff. Ratio was observed and maintained according to license standards for all children the day of the visit. An appropriate amount of program equipment, toys and activities were noted and materials are present and frequently rotated.

Thorough inspections of the rooms (restroom, classroom, hallways) were conducted. Space requirements of 35 square feet of usable floor space for each child is met. The rooms (classroom and mudroom) are open which allows staff to supervise children from across the room. Ventilation was adequate. Ceilings are high creating a great amount of light and space. Windows can be opened when weather is appropriate to assist in ventilation. Tornado and Fire drills were discussed and should be completed monthly. General regulations regarding sanitation policies and procedures were reviewed. Waste containers were covered mostly covered. We discussed that all waste containers with food should be covered. One restroom is available for the children and staff. The bathroom was clean and had an adequate amount of toileting supplies. The cleaning products utilized have
been reviewed by IDPH. For further guidance on general sanitation issues IDPH CCNC may be consulted.

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CCR&R Consultant Norton requested 2 evacuation cribs from an Emergency Preparedness grant and assisted the former director of the previous program in accessing other funding for sturdy step stools for the bathrooms and classroom sinks. The center contains all equipment utilized by the last program. During rest after lunch children are spaced at least 2 feet apart. We discussed spacing requirements and lighting requirements during nap time. Lighting in each room should be bright so that staff can see the rising and falling of the
infant/child's chest and the coloring of their skin.

All volunteers to the center should have the following requirements met: 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.
Any visitors to the Center shall complete the tasks above. They are not allowed to be left alone with children.

Center Playground:

The center has a large grassy outdoor play area beside the building. Play equipment is offered for school age children on the other side of the building. The outdoor play area is naturally shaded with many trees behind/beside the building. The area is open and grass surfaced for gross motor activities. The center installed new chain link fence in another outdoor play area across from the building and added equipment 2 years ago. Both areas may be utilized. Playground inspections are documented monthly.

During gross motor activity each child should have at least 75 square feet of space each. Active play items such as balls, hoops, etc...are present.

Center Transportation Arrangements/Field Trips:

The center owner provides transportation in a personal vehicle. Field trips may be taken in the future. The program may take walks on school campus and this is not considered a field trip. Any vehicle should contain a first aid kit and all emergency contacts and or any emergency medication. Ratios for transportation should be followed. Child care providers are exempt from the school bus and driver requirements if the vehicle is "privately owned and not operated for compensation." Vehicles owned by a child care center are determined to be "privately owned." If you do not charge a separate and discernible fee to parents for the specific service of transporting their children to or from school rather incorporate the expenses incurred in transportation into your overall operating costs and parent fee schedules, then the vehicle is "not operated for compensation." The center vehicle is privately owned and the owner is not charging a separate fee for transportation.

Center Administrative Records:

Required written policies are provided to parents in the form of a parent handbook. The Director should review the handbook to ensure all required policies are present. Required notices and postings were present and provided by CCR&R. A No Smoking sign and all other mandatory postings included Mandatory Reporting, Consultant Contact Information and the Center license are present. Poison Control and 911 are also posted.

The program employs 13 staff. Staff files are reviewed annually including CPR/First Aid training (2 years), Mandatory Reporter training (must be updated every 3 years), physicals (every three years), Universal Precautions training (only one time at beginning of employment), and Fingerprints (due every 4 years) were reviewed. Professional development updated annually was present. Iowa Criminal Background checks (due every 2 years) were current. Only six staff are in IPOWER. All staff should be added. Some staff in IPOWER show they do not have all required trainings.

Child file information is reviewed annually. Child files and all annual updates including field trip authorizations, emergency contacts and pick up authorizations. Physicals should be updated annually. Immunizations are in the files and CCNC Toni Krana has been assisting the Director to ensure all are compliant. The CCNC with the Iowa Department of Public Health

can conduct an immunization audit annually and make recommendations. CCR&R Consultant Tabitha Copeland visited in 2023 prior to the licensing visit multiple times and reviewed all of the requirements, forms, ratio, supervision, etc... under previous ownership.

Child physical file requirements are overdue. CCNC Krana and CCR&R Consultant Copeland are assisted the Director in 2025 on identifying violations and developing a plan to ensure all requirements are met. CCNC Toni Krana assists the Director with all health care plans or special health needs planning.

The Emergency Preparedness Plan is not yet complete for the new center. Annual emergency procedures training should be held and documented annually.

The Director and designated person in charge work together on age appropriate curriculum, routines and schedules for each room. They are aware consultation and other services are available for all areas listed above if needs or questions should arise.

2. Identify Observed Strengths of the program

The program fills a childcare need in the community.

The center chooses not to enroll more children until they are adequately staffed.

A new dishwasher has been purchased.

The center is utilizing Brightwheel.

3. Identify the aspects that fall below the standard

1. 109.9(1)b: All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, Child Care Provider Physical Examination Report. 5 staff had outdated physicals Only six staff are in IPOWER. All staff should be added. Some staff in IPOWER show they do not have all required trainings. On the date of the visit the Director indicated 13 staff were employed but only 6 were in IPOWER. All training requirements should be reviewed to ensure

2. 109.9(2)i: Preschool (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, Chiropractor, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary. Several child physicals were overdue.

3. 109.10(13)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year. Tornado and fire drills were not practiced for 5 months.

109.10(13)c: Center shall develop procedures for annual staff and volunteer training on emergency plans. All staff should be trained on the EPP and sign and date acknowledgement of such.

4. 109.13(1 and 2): 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. Menus shall be made available to parents and kept on file with substitutions noted. Avoid foods with high incident rate of causing choking. Some foods like Ritz, Nilla Waifers, and donuts are not creditable with CACFP. We discussed an app that tells which foods are acceptable for which age group for all meals and snacks.

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

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5. Special Notes/Recommendations

Based upon this review, it is recommended that this center begin 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.

HHS recommends Director and OSS continue contact with Child Care Resource & Referral and IDPH Child Care Nurse Consultants so that they may assist with the resolution of these violations and assist with a process to ensure future compliance.

IHHS recommends the center consult with Child Care Resource and Referral on a continual basis. They offer centers assistance with meeting the HHS regulations, IQ4K, toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. Please visit the following website for more information: http://www.iowaccrr.org/who_we_are/region_5. Your new Consultant is Emmeka Hawkins (2026). The former Consultant was Tabitha Copeland. She met with the Director several times the past year and provided collaboration on a variety of issues.1-2-26 call to supporting transition as program is sold and got license under new owner
1-13-26 general support for transition and connection to CCNC and ECI board for possible funding
1-13-26 Onsite co visit with Emmeka Hawkins, Intro to new management, and new consultant meeting

Emmeka Hawkins is now the consultant for the program going forward.

Thank you

Tabitha Copeland
Child Care Consultant
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• 1.13.26: Covisit with Tabithia, Intro to new management, and new consultant meeting
• 1.30.26: Follow up on our previous visit, inquired if they needed any assistance and if they received the needed help from nurse consultant Toni.
• 2.10.26: Director reached out looking for a safe sleep form that staff could read and sign. Sent over for and suggested connecting with nurse consultant for an updated form.
• 2.18.26: Sent over the contact info for the CACFP food program
Best,
Emmeka Hawkins
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IHHS encourages you to contact your local nurse consultant with IDPH on a continual basis. 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. The program CCNC is Toni Krana. She is very active with all centers and provided the following the past year:

3/31/2025 onsite visit did walk through of center to identify any issues that needed addressed
4/11/2025 provided Emergency Preparedness Training and Playground and Sun Safety Training
06/05/2025 TA- provided information on a medication
06/16/2025 TA- Provided guidance on a diaper rash
7/29/2025 Onsite to look at crib mattresses that needed replaced
08/12/2025- TA provided correct child health form
01/08/2026- did walk through of center for pre-licensing visit and identified areas of need/ did also provide information on grant opportunity to get some of the needed items.
01/15/2026- provided some needed supplies and looked at changes made from visit on 01/08/2026.

Thanks,
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Muscatine Public Health
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Targeted Assessment: Behavior Management:
I discussed with Director oversight of behavior management related to helping childcare staff: 1) Understand expectations, 2) managing frustrations, 3) monitor performance. When it comes to behavior management we try to get to the bottom of why the child is having the behavior. Usually the teacher sits with them and tries figure out why they are behaving this way. They try to redirect and get the child to focus on a positive outcome or behavior to focus on. If this does not work then they call for the on-site supervisor or myself to come and and help. We then take the child out of the room and either go for a walk, sit outside (whether permitting) or even go in the office for a calming moment. About 95% these techniques work. If the behavior continues or the staff notices behavior that is out of the normal or aggressive they come talk to us about it. We monitor them along with the staff. We will reach out to parents and let them know what we see and ask for pointers or things they may do at home to help. We then try to use positive reinforcement and redirect as much as we can. The staff always knows that they can call for us to come into rooms to help with any behavior a child is having. We try to stay away from timeouts and work towards calming moments as well.

This is what we do at the daycare. We have alot of little kids with big feelings so we try to help them figure those feelings out.

Date: 03/06/2026

HHS Licensing Consultant: Jill Seibert

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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**.