Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Southeast Webster Grand Daycare

Provider No.: 17940

Address: 104 2nd ST NW, Dayton, IA, 50530

County: Webster

Director's Name: Sara Stevens

On-Site Supervisor: Stephanie Will

Phone Number: 5155472200

E-Mail: sstevens@svjags.org

HHS Visit Date: 04/15/2026

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

Fire Inspection:

Date Inspected: 09/20/2024

Comments: A copy of the updated approved fire inspection was uploaded on 09-20-24

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	7:00 AM to 6:00 PM		
Tuesday	7:00 AM to 6:00 PM		
Wednesday	7:00 AM to 6:00 PM		
Thursday	7:00 AM to 6:00 PM		
Friday	7:00 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	25		45	27	97
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Southeast Webster Daycare on 04-15-26 where Child Care Nurse Consultant, Crystal Pierce, and I met with the center director Sara Stevens. Sara has been the director of this program since 2012 and has obtained her CDA. Stephanie has been with center since 2011 and obtained her Center Director Certification in 2025. The program is located in a wing of the Dayton Elementary school which completed construction in 2016. The program is overseen by the school district and operated as a non-profit center. The program serves infants through school age children year round. There are currently 55 children enrolled in the program served by 7 staff. All areas of the program subject to licensing standards were reviewed during this visit.

The overall design and layout of the building and each room remains the same as in prior visits. Each room was observed to be clean with no issues related to maintenance noted. Each room has direct secondary egress from the classroom. All exits were clear of obstruction and opened easily and freely. Each room has large windows which provide ample natural lighting, views of the outdoors, and ventilation. The windows in two of the classrooms are fitted with steel storm shutters and serve as tornado shelters for the daycare and school. Each room has toilets and sinks directly accessible from the classroom, and additional sinks in the classrooms to facilitate hand washing. The classroom used for the preschool age children is divided by mobile panel dividers to establish the formal preschool programming area from the daycare programming. This area is increased during the school year, and decreased during the summer. Each room a variety of activity centers created through the placement of furniture, shelving, and play structures which are arranged so that they do not create any blind areas.

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2. Identify Observed Strengths of the program

Good interactions were observed to be actively engaged with the children following the planned schedule and curriculum. This was most notable in the preschool room where the children moved between activities of self-directed play, large group teacher lead story time, and teacher lead small group activities. In the infant room the teachers were attentive to the children's needs feeding them, changing diapers, and playing with them in a manner to help the children develop skills such as walking, or muscle strengthening. The school age classroom was not in use during the time of the visit. Each of the teachers presented a positive and energetic attitude and appeared to have strong relationships with the children knowing them and their families on a personal level. When speaking to the children the teachers used calm tones and positive work choices and modified interactions to the individual children. The center uses proactive approaches to promote positive behaviors with the use of routines, transition activities, reminders, and redirection. There were no behavioral problems observed on the day of the visit. Ratio was maintained in each classroom as required by age with at least two teachers present in each classroom.

Good health and safety practices were generally observed during the visit. I was able to observe a diaper change and all staff did not deglove between handling soiled an clean items, did not wash the infant's hands following diapering, and did not effectively disinfect the changing station. The required diapering procedures posting was present but the notice board it had been attached to had fallen from the wall and was being stored where the posting was not readily visible during a diapering change. First aid kits are maintained in the center, and the center would also have access to the school nurse's office for additional supplies and support if needed. Over the counter medications were labeled with the name of the person to whom it belonged. One issue that was noted was the use of stock medications provided by the center. It was reviewed that this is not recommended and that parents should provide any medications they want administered to their child to ensure that it is a product the parent approves of, and to reduce the risk of cross contamination. Chemical cleaners, medications, personal belongings, and other items that could pose a safety risk to children were stored in areas that are not accessible to children. Good handwashing practices were observed for older children and teachers with the teachers ensuring that the children did wash their hands as required and providing assistance when needed. Safe sleep practices were followed for children under 12 months of age. Good feed positioning was also observed for infants. The toys and materials present in classrooms were appropriate to the ages of the children with choking hazards being removed from classroom serving children under 3 years of age.

Meals are prepared by the school cafeteria when the school is in operation and prepared by the daycare staff in the school kitchen during the summer and days school is closed. A limited supply of food items are kept in the classroom(s) and good food storage practices were observed. Meals are served in the classrooms and the teachers did wear food service gloves and used measured scoops to portion meals. While the teachers did not eat with the children they did provide supervision at the tables.

The playground space used by the center remains the same as in prior reports and is located in an interior courtyard bordered by the building on 3 sides and fenced on the forth. Climbing structures and other equipment have been installed with foam tiles used for fall surfacing which was in good repair. There is also a grassy play area, and paved area where the children can play. Several semi mature trees and the climbing structure provide shade. A shed was present where additional toys and materials were stored. All equipment was observed to be in good repair.

All required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted in an area readily accessible and visible to all parents and visitors. Other required postings for emergency evacuation, emergency numbers, handwashing, diapering, daily schedule, lesson plans, menu, and disease notification were also present. A random selection of child and staff files were selected for review and it was noted that many were incomplete. All required inspection logs and certificates were available and current. The center parent handbook was reviewed and found to need several policies that had not been brought forward, or which needed to be expanded in the most recent update.

3. Identify the aspects that fall below the standard

109.4(1): Written policies on: Enrollment and discharge. Field trips and non-center activities. Discipline/Behavior/Biting. Nutrition. Health and safety policies. Transportation if applicable. Assurance people do not have unauthorized access to children at the center. Protecting children’s confidentiality.
-- Written policies were missing or need to be expanded to include all required elements for Transportation, Health & Safety (major/minor injury, safe sleep, immunization exemptions), Incident Reporting (significant change in functioning,

sexulized behavior), Curriculum, Staff Orientation/Training.

109.9(1)a: All files contain:Copy of a department criminal history record check form or any other permission form approved by Department of Public Safety for conducting an Iowa or national criminal history record check Copy of a request for child abuse information form, when applicable.Copies of results of Iowa record checks conducted through the SING for review by the department upon request.Copies of national criminal history check results.Any department issued documents sent to the center related to a record check, regardless of findings.
-- Documentation of State, and National background checks were incomplete, expired, or missing for several staff.

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.
-- Documentation for physicals were missing or expired for several staff.

109.9(1)c: All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training.
-- Documentation of current required training was missing or expired for several staff.

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.
-- Documentation of current physicals were missing for several children.

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, did not wash the infant's hands following diapering, and did not effectively disinfect the changing station in accordance with the label directions of the product used.

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

A list of required written policies with guidance on recommendations for implementation was provided to Sara.

A request was made for Sara to review all child and staff files and provide notification of missing elements and a plan to correct by 05-01-26. -- An email was received on 04-28-26 with the information that the center review had been completed and that parents of children needing a current physical had been notified to provide the documentation as soon as possible. Arrangements had been made with the board to close the center on 05-28-26 for a staff inservice day where staff would complete the required trainings. The board had also been notified of the need to renew background checks and as soon as funds were deposited to the center account with DCI the state checks would be renewed for those staff that needed them. Arrangements had also been made for all staff to have their fingerprints rolled by 05-01-26 for submission for national background checks.

A review of required practices for diapering and sanitation was provided to staff during the time of the visit.

5. Special Notes/Recommendations

A full license is recommended 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.

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Date: 04/28/2026

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**.