Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Apple Daycare Inc

Provider No.: 37651

Address: 119 N 7th St, Sheffield, IA, 50475

County: Franklin

Director's Name: Lori Sanders

On-Site Supervisor:

Phone Number: 6418924647

E-Mail: appledaycare1@yahoo.com

HHS Visit Date: 01/15/2026

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

Fire Inspection:

Date Inspected: 08/27/2024

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	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	7		26	26	59
Summer					0

1. Basic Overview

An unannounced annual visit was made to Apple Daycare on 01-15-26 where I met with the center director Lori Sanders. Lori has been involved with this program from its inception in 2012 initially as a board member and later as the director in 2014. Lori is well qualified for the position based on her experience, attending professional development training, and a BA in business management. The center is located in an old one room church that is owned by the school and has been remodeled for use as a daycare. While the building is owned by the school it is operated as a non-profit center overseen by a separate board of directors. The daycare is the only program that is operating in the building. The program provides daycare services to infants through school age children. There are approximately 40 children currently enrolled in the center served by 12 teachers. All areas of the program subject to licensing standards were reviewed.

The center layout remains the same as identified in prior reports. The main floor consists of a large open space that has been divided by a 3/4 wall into two areas with one for infants, and the other for the pre-school age children. Low mobile shelving units further divide the space for the preschool age children into an activity center area, and an area with tables. This division is used to provide separation of programming for the younger 2-3 year old preschool age children, and the older 4-5 year old preschool age children by rotating the space used based on schedule and curriculum implementation. The program completed renovations to a lower level which is used for school age programming. Restrooms and sinks are located in the preschool area so that children do not need to leave the room and staff can provide supervision as needed. A toilet and sink was added to the lower level for the school age children so that they also do not need to leave the area. Changing stations are located in the infant and preschool classrooms, and additional sinks are located in the infant area. Large windows along the exterior walls provide ample natural light, ventilation, and view of the outdoors on the main level. Windows along the upper sill with window wells are present for the lower level and provide some natural light and can open for ventilation but do not provide a view. A secondary exit door and ramp is located at the back of the building by the infant

room providing direct secondary egress and access to the playground space. The door for that exit identified as an issue in the prior licensing report has replaced. A secondary exit door and covered stairway provides direct exit from the lower level for the school age children. All emergency exits were clear of obstruction and opened easily and freely but it was observed that staff were storing materials in designated evacuation cribs which also must be maintained clear of obstruction so that they are also readily available for use. While there were a few minor maintenance issues such as chipped/peeling paint, and damaged cabinetry hardware these did not rise to the level of being an immediate safety concern but should be monitored and maintenance scheduled. The lower level also serves as an emergency shelter, storage, and houses an office area. Each classroom is divided in to programming areas through the placement of furnishings and play structures which were arranged so as not to create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were observed during the time of the visit in all areas of the program. All staff were observed to be engaged with the children either attending to their direct care needs, or implementing the planned curriculum. Examples include teachers in the infant area changing diapers, feeding children, and playing with children. When playing with the children the teachers were able to identify that they were working on specific developmental skills such as moving one child from engaging in tummy time to assisted sitting. As noted in the preschool age area the division of the room is to assist with implementing curriculum activities which was observed when the full group was combined but seated at separate tables for activities such as crafts and meal service, but later separated for center play and nap time. Good behavior management techniques were observed with the teachers using proactive approaches of routines, reminders, and simple redirection. All teachers used positive and calm tones of voice when speaking with the children, and appeared to have very strong relationships where the children and teachers knew each other on a personal level. Ratio was maintained in each area with at least two teachers present with each age group.

Good health and safety practices were generally observed but some do need to be reviewed. I was able to observe diapers changes during the visit and staff did generally follow the posted procedures but did not deglove between handling soiled and clean items. Good hand washing practices were observed with the teachers reminding children to wash there hands, and not only observing the children but providing assistance where needed to ensure they washed them in an effective manner. Tables and changing stations were properly sanitized or disinfected as required. This included the teachers sanitizing the tables not only before lunch service of the full center, but also specifically for a child that arrived after the other children had eaten. When cleaning staff were observed to wait for children to be out of the immediate area before using chemical cleaners. All chemical cleaners, purses, medications, and other items that could pose a safety risk to children were stored in areas where they were not accessible. One issue that was observed was the presence of toys which contained small parts which would be a choking hazard for children under 3 years of age being present in the younger preschool programming space. These were removed as soon this was pointed out. Medications, diaper creams, and other personal items were labeled with the name of the child to whom it belonged. The center does have first aid kits present which did contain a supply of materials necessary to address most common first aid needs. Safe sleep practices were followed for all children under 1 year of age. All cribs and cots had bedding that was clean and fitted to the equipment.

The center does have a small kitchen space where meals are prepared. Good food storage practices were observed with all food items placed in air tight sealable food grade containers after they had been opened. Thermometers were present in all refrigeration and freezer. A menu with a good variety of nutritious food options is posted and was followed on the day of my visit which consisted of Sloppy Joe's, corn, mixed fruit, and milk. Meals are pre-portioned for the children using measured scoops to ensure each child receives a full portion. Staff did wear food service gloves when plating meals. Staff in the infant room also ensured that food items were cut into smaller pieces to reduce the risk of choking, and to facilitate self-feeding by the children. Supervision was provided at the tables when the children were eating.

The playground remains the same as observed in prior visits and is fully fenced and has mature trees that provide shade. There are no climbing structures requiring fall surfacing. There is a shed that is used to store a variety of toys and equipment. There are other activity centers such as a riding area, a music area, large open green space area, and a spring rocker Fire Truck center. The playground was not fully reviewed due to snow cover to determine if prior concerns of tripping points at transitions along sidewalks and other surfaces were still an issue but it has been reported those were addressed.

All required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted

in an area that was readily visible and accessible to parents and visitors. Other required notices for emergency evacuation, emergency numbers, diapering, handwashing, disease exposure, curriculum, and daily schedule were also present. A random sample of 20% of the children's files reviewed and of those 2 needed an updated physical but documentation was present that parents had been notified. It was also noted that the center is using the Playground communication application to document information including infant daily sheets. When reviewing those daily notes the staff were inconsistent with documenting daily activities and disposition making notation on some days, but others. As a reminder these are required elements along with feeding, diapering, and napping that must be documented and communicated to parents daily for all children under 2 years of age. A random selection of 50% of staff files was completed and all were found to contain all required information. All required inspections logs and certificates were current and available. The center does have a Radon Mitigation system installed and as a reminder centers with radon mitigation systems must reconduct testing every 2 years to ensure that the system is functioning properly. The center parent handbook was reviewed and there were several policies that were missing from the last update.

3. Identify the aspects that fall below the standard

Required policies for Nutrition, Notification of Immunization Exemptions, Staff Training, and Emergency Response Plans for Intruders, Impaired Individuals, and Out of Community Relocation were not present. Additionally information on Incident Reporting was insufficient and needs to be expanded.

Items were being stored emergency evacuation cribs and while these can be used for child sleeping they must remain clear of obstructions being stored in or under the cribs at all times to ensure they are available for use if needed.

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

Information regarding required written policies along with guidance suggestions was provided to the center.

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.

6. ADDENDUMS:

- Addendum1: Updated written polices for those that were identified as missing were received.

This Addendum is approved by supervisor on 3/16/2026 3:01:18 PM

Date: 01/23/2026

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**.