Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: The Tot Spot #2

Provider No.: 53133

Address: 3403 8th St, Emmetsburg, IA, 50536

County: Palo Alto

Director's Name: Mandy Robertson

On-Site Supervisor: Kailin Lyman

Phone Number: 6055957866

E-Mail: mandyrobertson45@gmail.com

HHS Visit Date: 07/21/2026

Licensing Period: 04/01/2026 to 05/01/2028

Fire Inspection:

Date Inspected: 03/24/2026

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	5:30 AM to 5:30 PM		
Tuesday	5:30 AM to 5:30 PM		
Wednesday	5:30 AM to 5:30 PM		
Thursday	5:30 AM to 5:30 PM		
Friday	5:30 AM to 5:30 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	18	11	12	12	53
Summer					0

1. Basic Overview

Unannounced visits were made to The Tot Spot #2 on 05-27-26, 06-25-26, 07-06-26, and 07-21-26. This is a for profit program owned by Mandy Davis who acts as the executive director overseeing this location and another location in Milford. Kailin Lyman is the On-Site Supervisor and is well qualified for the position with prior experience working in other child care centers, and having completed on-going professional development in early childhood care. This is the initial license for the center though the building has previously housed a daycare program where the building and supplies were sold to Mandy. The program is licensed for full range child care but is currently only providing infant and preschool age programming. There are currently 16 children enrolled in the center served by 6 staff. All aspects of the program subject to licensing standards were reviewed during the visits.

The center makes use of a modular home that has a large room for infants, and two additional rooms that can be used for toddlers, and preschool age children. A separate detached building is available for use by school age children. There are two restrooms located off the main programming space for the toddlers and preschool age children, and a restroom in the school age building. Changing stations are also present in the infant room, and toddler room. Additional sinks are present in the infant room and preschool space. There are multiple exits from each classroom area. On the initial visit it was noted that deadbolt locks were engaged on several of the designated emergency exits and it was reviewed that these either need to be left unlocked, or replaced with locks that disengage with a single operation of the latch mechanism. All exits were observed to be clear of obstruction, and locks disengaged upon subsequent visits. Windows are present along the exterior walls that provide ample natural light, a view, and ventilation. Rooms are arranged so that there are no blind areas. The infant room has a half wall separation between the primary programming area and the feeding area. Gates are installed to limit access by the children and to maintain them in the programming space. The preschool room, and school age building are currently being used for storage. All classrooms were observed to be clean with no maintenance concerns noted.

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2. Identify Observed Strengths of the program

Engagement & Programming
A copy of the daily schedule was posted but a copy of the planned curriculum was not. There were examples of craft/art work completed by the children posted, and the children were observed to be engaged in different play activities during the visits but much of it appeared to be self-directed center play. This coupled with the teachers attending to other tasks such as preparing lunch did result in some situations of escalating energy and mildly inappropriate play but did not result in any significant conflicts. Those issues which did arise were easily addressed with simple redirection but relied on a more reactive rather than proactive approach. At other times good interactions were observed with the staff playing with the children, or attending to their needs such as Kailin sitting with the children and rubbing their backs to soothe them during nap time. Other examples include the teacher in the infant room playing with the children and helping them develop mobility skills but providing support to a child that was able to stand and take assisted steps.

Health & Safety
Hygiene practices do need to be reviewed. I was able to observe several diaper changes during the various visits and while the required procedures postings were present staff were not following those procedures. Issues included times where children's hands were not washed, changing stations were not properly disinfected, and staff did not wash their hands. Guidance was provided and improved practices were observed for those staff, but other staff were then observed to not follow procedures suggesting that improved orientation and training is needed. Other issues included children not washing their hands immediately before meal service, and children being directed to wash their hands at other times where there was no soap or towels available to facilitate proper handwashing. When using chemical cleaners some staff would hold children while spraying surfaces, and others would direct the children to other areas. Chemical cleaners, medications, personal belongings, and other items that could pose a safety risk to children were stored where they were not accessible. First aid kits were present and contained materials necessary to address most common first aid needs. Safe Sleep requirements were followed for infants under 1 year of age. Good feeding positioning was followed for all children.

Playground
The center has a large outdoor green space with an area that includes several residential grade preschool climbing and dramatic play structures, and swings. Pea gravel is used for fall surfacing and is beginning to develop a hardpan layer that will need to be monitored and aerated or supplemented to ensure a proper depth of material is maintained. Several of the play structures were nearing the end of their useful life but none was observed to be damaged to the point that it needed to be removed from use. Shade is provided by several mature trees located along one edge of the property. The playground space is not enclosed by fencing but the play equipment is located well away from city streets, and the streets edging the property are isolated and have limited use. Despite this the center should fence the playground, and staff need to be highly vigilant when supervising children on the playground area.

Nutrition
The center has a typical residential kitchen set-up and meals are prepared on-site. The kitchen was observed to be clean. Good food storage practices were generally observed with most items being placed in air tight sealable food grade containers but a few bulk packaging items in dry pantry storage were rolled closed. A copy of the menu was posted in later visits and did identify a variety of nutritious meal and snack options. Meals were pre-portioned and staff used measured servings and utensils when plating meals. While the staff did not eat with the children supervision was provided at the tables.

Administration
All required postings for No Smoking, Permission To Open, Consultant Contact, and Mandatory Abuse Reporting were present and posted in an area readily accessible to visitors. Other required postings for emergency evacuation, emergency numbers, diapering, handwashing, menu, and daily schedule were posted, but as previously noted the planned curriculum was not. In reviewing child files the center had obtained contact information, but approximately 50% of the files still did not have a copy of a current physical by the time of the final visit. Daily infant reports were also not being completed to include all required information. Staff files were also reviewed and staff who were hired after the initial opening did not have documentation of required background checks having been completed prior to hire as required. The center did have documentation that emergency drills and playground inspections were being completed. The center does not have any fuel burning appliances that would require inspection. Radon testing will need to be completed within the next year.

3. Identify the aspects that fall below the standard

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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 Iowa SING, and submission of National FBI Fingerprint background checks were not present for all staff prior to being employed as required. -- CORRECTED

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 a current physical was not present for approximately 50% of files.

109.9(3): Daily written records are maintained for each child under two years of age and include: The time periods in which the child has slept. The amount of food consumed and the times at which the child has eaten. The time of and any irregularities in the child’s elimination patterns. The general disposition of the child. A general summary of the activities in which the child participated.
-- Documentation of daily Disposition, and Activity was not being maintained as required. -- CORRECTED

109.10(6): Children’s hand washing: Center shall ensure staff assist children in personal hygiene.
-- Children's hands were not washed immediately prior to meal service. On at least one occasion soap and towels were not present to allow children to effectively engage in handwashing.

109.12(1): Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served.Program complements but does not duplicate school curriculum.Schedule of program is posted in a place visible to parents.
-- A copy of the planned curriculum was not present. -- CORRECTED

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 between handling soiled and clean items, children's hands not being washed, staff hands not being washed, diapering stations not being properly disinfected.

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

A referral for assistance and training was made to Child Care Resource and Referral, and the Child Care Nurse Consultant regarding curriculum, and health/hygiene practices.

A plan to submit verification of infant daily reports, notice to parents to provide physicals with a cutoff date at which children would not be accepted for care, and confirmation of employee background checks was developed with Mandy and Kailin. Documentation was provided to verify that the plan was followed.

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.

Date: 08/04/2026

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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**.