Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Valor & Victory Academy

Provider No.: 52179

Address: 1369 HWY 1, Kalona, IA, 52247

County: Washington

Director's Name: Sophia Nunez

On-Site Supervisor: Ciarra Barthelman

Phone Number: 3196565437

E-Mail: valor_victory@outlook.com

HHS Visit Date: 07/27/2026

Licensing Period: 06/01/2025 to 06/01/2027

Fire Inspection:

Date Inspected: 07/24/2025

Comments: due every three years completed by State Fire Inspector Damien Dawson, this report was held until Inspector Dawson emailed the approved inspection to HHS on 7/28/25

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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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	18	17	10	20	65
Summer					0

1. Basic Overview

Valor and Victory Academy is located in a split-level, wood frame building with a built on one story attachment. It is located on Highway 1 south of Kalona. The new program opened in 2023. The center provides full day childcare services to children ages six weeks through school age. The center also offers an early childhood educational program for preschool age children during the school year. The center is owned, operated, and directed by Ciarra Barthelman and Sophia Nunez. Ms. Nunez was a preschool teacher for 8 years and an office administrator in another program for a year. Ms. Barthelman has held various positions in childcare centers for ten years. She has at least two years completed toward a four-year degree at Kirkwood Community College in ECE.

On 7/27/26 I made an unannounced licensing visit to Valor and Victory Academy and met with directors and staff members. At the time of the visit, staff was actively engaged in providing the summer childcare program to the children. The building consists of a lower level serving infants and 1–2-year-old children. This area also has a kitchen and a restroom. for staff. Upstairs has areas for 2- to 4-year-old children. A restroom with small toilets is on one side of this space. A large school age room is on the back of the building. It is an open area and has two attached restrooms. This room has direct access to the outdoors. The rooms can be interchangeable as needed.

The former owner qualifies as onsite supervisor. Other candidates are being considered for the OSS position. The new Directors understand if a Director or OSS are not present a designated person in charge must be present.

The visit consisted of classroom observations and activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review and supervision and ratio.

Center Nutrition:

The program will be on the CACFP program. The kitchen was clean during the visit. Thermometers were in each refrigeration/freezer unit. Open food was stored in sealed containers. No food was stored on the floor. Menus were posted. Food is also stored in the classrooms. All were in sealed containers.

Food allergies have diet modification sheets and food allergy action plans. We discussed some of the items served such as tater tots may not meet CACFP guidelines. They are no longer serving prepackaged processed foods per the Director on 8/29/24.

Center Health and Safety:

HHS discussed supervision at length with the new program. It was discussed children must be supervised at all times and

may not leave the classroom unattended or use the restroom together simultaneously. We discussed several strategies for improving supervision practices. Active supervision was being practiced during the visit. We discussed that restroom/ hand washing practices should be more defined so that children are not going in together unnoticed. Restroom routines are now more orderly.

Labeled first aid kits are on both floors and contain sufficient items to provide basic first aid. Medications are stored out of the reach of children. Prescribed medications have pharmacy labels intact. Emergency medications should be kept in the room with the child inaccessible to children but easily accessed by staff in case of an emergency. They accompany children outdoors.

Radon testing is due every 5 years and should be done in winter months when the ground is frozen. The last test was conducted within the last 4 years with a rate below 4 pciL. Carbon monoxide detectors are present on both floors. All cabinetry that could pose as toppling hazards are anchored to the wall. All cabinetry is now secured. We discussed ventilation should be assisted by opening windows when possible. The Director reported on 8/29/24 the program has been opening windows throughout the summer to assist with ventilation. We discussed the ducts should be cleaned as well on a routine basis. Since last year the outside of the ducts have been added to the cleaning schedule. The filters have also been changed. Ventilation had improved during the past two visits. It is recommended the duct system be cleaned as recommended by the manufacturer.

Cleaning schedules are followed. The fish tank was clean.

Tornado and fire drills had been conducted and documented monthly.

The center does not contain lead based paint.

The center has two restrooms upstairs making the capacity for the school age room 30. Each child should have at least 35 square feet indoors.

Any allergy must have an allergy action plan present.

Center Outdoor Play Area:

The center has two play areas. One in the front of the building for younger children and one in the back of the building for older children. New fencing has been added and part of the old fencing removed. Outdoor play inspections have been conducted and documented monthly. Climbing structures are present with no hazards noted. Fall surfacing (foam/rubber tiles) were replaced this year. A first aid kit is taken outdoors. The Child Care Weather Watch is utilized if outdoor play is questionable due to varying weather conditions. A shade structure has been added to the front play area.

Playground inspections were conducted monthly. Children outdoors must have at least 75 square feet each for gross motor play.

The program has water activities in the grass in summer months.

Center Administration:

The Center has a parent and staff handbook containing all required policies. The Director tracks staff information on a tracking sheet including SING checks and fingerprint results, This will be reviewed annually. Child file information should be updated annually including updated physicals, emergency contacts, dental and medical information, field trip and pick up authorizations.

Lesson plans should be utilized daily. Infant daily sheets are recorded on ProCare.

The center has all required postings including Mandatory Reporter information, No Smoking signage, maps of the building for emergency evacuation. The center license and HHS Consultant contact information is also posted for parents to see.

All center staff were trained on the center Emergency Preparedness Plan and signed and dated acknowledgement of such. It is due annually.

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The center has written several incident reports since opening regarding child behaviors and minor incident and injuries. The center is seeking assistance from CCR&R regarding difficult child behaviors.

2. Identify Observed Strengths of the program

The new owners are willing to try new strategies. Many new practices and policies they have implemented appear to be working well. The program welcomes the CCNC and CCR&R to the facility for consultation services.

3. Identify the aspects that fall below the standard

1. 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. 6 child physicals are present but need updated.

2. 109.11(2)b: Program space must meet the following conditions :Equipment and materials are maintained in a sanitary manner. The roof needs replaced. The center needs new gutters. Water is leaking into the infant room. Windows are cracked. Fence around the outdoor play are needs repair due to someone running into it. The restroom needs new flooring due to not being able to get it completely clean due to wear. The toilet moves around and the floor is getting soft and has an odor. The director will apply for any upcoming grants.

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

5. Special Notes/Recommendations

Based upon this review, it is recommended that this center remain 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. Both Directors are engaged with services provided from IDPH and CCR&R.

HHS encourages you to contact your local nurse consultant. 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. Toni Krana is the Child Care Nurse Consultant for the program. CCNC Krana assisted the facility in the spring with medication management, emergency medication, medication policies and child files. She also gave the program items to update first aid kits. She provided consultation on cleaning and schedules. She also assessed the outdoor play area.

HHS encourages you to contact Child Care Resource and Referral. They offer centers assistance with meeting the DHS regulations, QRS, infant/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 to find out who your consultant is: http://www.iowaccrr.org/who_we_are/region_5/ Tabitha Copeland is the child care consultant for this program.

TARGETED ASSESSMENT: The Directors and I discussed behavioral management techniques. She stated, "

1. We review expectations during orientation, staff meetings, and ongoing coaching. Staff are expected to use positive language, redirection, choices, and developmentally appropriate guidance. We also have a hands off policy that is posted in every classroom.

2. Staff are encouraged to recognize when they are becoming overwhelmed, pause, lower their voice, and ask another staff

member or administrator for support when needed. We emphasize remaining calm and avoiding power struggles.

3. We monitor behavior-management practices through classroom observations, incident reports, staff check-ins, and follow-up coaching. Any concerns are addressed with feedback, support, and additional training when needed."

Date: 07/29/2026

HHS Licensing Consultant: Jill Seibert

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**.