Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Cornerstone Christian Childcare Center

Provider No.: 52708

Address: 704 Grant St, Parkersburg, IA, 50665

County: Butler

Director's Name: Angela Meester

On-Site Supervisor:

Phone Number: 3193469806

E-Mail: director.cornerstone.daycare@outlook.com

HHS Visit Date: 01/20/2026

Licensing Period: 03/17/2025 to 03/01/2027

Fire Inspection:

Date Inspected: 12/10/2024

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	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	9	15	20		44
Summer					0

1. Basic Overview

An unannounced visit was made to the Cornerstone Christian Childcare Center on 01-20-26 where I met with the center director Angela Meester. Angela became the director of the program in January 2025 as the program was finalizing the initial application process but did not have the required experience in early childhood care/education. Angela has since been with the program for a full year to gain that experience, and attend training including having completed the National Administrator Credential training to become fully qualified for the director position. The center which was granted permission to open on 03-17-25. The center is operated as a non-profit program overseen by a board of directors. The center has a primary focus of providing care to infants through preschool age children. There are currently 18 children enrolled in the center served by 7 staff. All aspects of the program subject to licensing standards were reviewed during the visits.

The program is located in a building that was fully renovated for use as a daycare. There are 3 classrooms divided by age group with one for infants, one for 2-3 year olds, and one for children 4 years of age and older. The center did change which rooms were being used by each age group to provide more space for the infants and toddlers which comprise the majority of the enrolled children. The infants are now in the classroom previously used by the toddlers, the toddlers in the prior the prior preschool, and the preschool in the former infant room. Each classroom has secondary exits from the classroom providing direct exit to the outdoors. While all exit doors opened easily there were issues with ensuing that weather conditions are also considered and addressed. The emergency exit for the infant room opens onto the playground and just outside the door was a snow drift that extended almost the entire length of the building. Fire Code requirements do require that emergency egress provides a clear path of travel to the closest public right of way. The classrooms being used by the infants and toddlers have restrooms accessible directly from the classrooms, and changing stations are also present. An additional bathroom is located off the main entry corridor which can be used by the preschool age children but this will

require staff to escort children to the restroom. Additional sinks are present in each classroom to provide for handwashing, and food/bottle preparation. Each classroom has windows along the exterior walls that provide ample natural light, ventilation, and a view of the outdoors. A coded entry door is used to control access to the center. Each room is divided into activity centers through the placement of furniture and play structures which are arranged so as not to create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were observed on the day of the visit with all staff being engaged with the children presenting the planned schedule and curriculum. The center uses a curriculum that identifies a general focus theme, and specific learning concepts such as numbers, letters, shapes, and colors. The curriculum also includes a faith based component. The curriculum has been developed for the full year with the focus theme being identified for each month, and then each week further identifies a subset focus. Notebooks with specific materials and activities were developed to assist the staff with implementing the curriculum. The treachers in the infant room also incorporate infant sign language with the children though they noted this was not a formal part of the planned curriculum. During the visit the staff were down on the floor playing with the children, and also attending to direct care needs such as diapering or feeding children as needed. The toddlers and younger preschool age children that were present at the center had been combined into a single classroom. Again the teachers were observed to be engaged with the children and were focused on finding information on Eagles on the internet. While this was not part of the planned curriculum it was a spontaneous learning opportunity that arouse from a child interest. Each of the teachers presented a positive attitude and used calm tones and word choices when speaking to the children. The teachers used proactive approaches to managing behavior with engaging the children in various activities, providing reminders of expected behavior, discussing natural outcomes and consequences, and redirecting the children. These approaches were very effective in that there were not behavioral concerns observed during the visit. Ratio was maintained in each classroom as required by age with at least 2 staff in each classroom.

Good health and safety policies and practices were generally observed. Staff did follow required diapering procedures but it was noted the the diapering posting in the toddler room was missing and needed to be reposted. It was also observed that there was a bottle of baby powder in the toddler room. It was reviewed that talcum powders are prohibited due to concerns as being a known carcinogen for specific types of cancer, and that powders and aerosols in general are not allowed due to the high levels of particulate matter they expel into the air which can be a health risk for children who's lungs are still developing and those with breathing related health concerns. Good cleaning practices were observed with the staff ensuring the children washed their hands following restroom use and prior to meal service. Table services were sanitized prior to meal service and when children were out of the immediate area. Each classroom has first aid kits present which include both a larger fully stocked kit, and a smaller kit for when going outside. The center does need to label the kits, and their location so that they are readily identifiable. Chemical cleaners, medications, personal belonging, and other items that could pose a safety risk to children were stored where they were not readily accessible to children. Toys and materials that could pose a choking hazard to children under 4 years of age were not present in the in the infant and toddler classrooms. Safe sleep practices were observed during the visit for those infants under 1 year of age making use of cribs. Older children make use of cots which were observed to have appropriate bedding.

The center does have a small kitchen space present which does not have any appliances. There has been a change since the program opened with the center now preparing meals on-site rather than being contracted through the school. The center was making use of options such as microwaves and crock pots to prepare meals. A copy of the planned menu was posted and included a good variety of nutritious meal options. Good food storage and handling practices were observed during the visit with staff wearing food service gloves. I was able to observe the breakfast service during the time of my visit which included providing the children with their choice of individually pre-packaged single serving cereal, milk, juice, and a banana. The staff did not eat with the children but did provide supervision at the tables.

The center does have an playground space that is fully enclosed by chain link fence. The fencing was observed to be in good repair. The playground consists of a large open grassy area, and an area with wood chips which is used for fall surfacing beneath climbing structures. The climbing structures present are smaller residential grade items intended for toddler and younger preschool age children. There are no trees or permanent shade structures. The center is working to continue to develop the outdoor playground space.

All required postings for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse reporting were

present and posted at the main entrance where they would be visible to parents and visitors. Other required postings for emergency evacuation, emergency numbers, handwashing, diapering, daily schedule, curriculum, and disease exposure were also present. Children's files were reviewed and found to contain all required documentation. The center uses the Brightwheel communication application to provide infant daily sheets for children under 2 years of age and the staff were doing an excellent job of ensuring that all required information was logged. In addition to written information regarding daily activity and disposition the staff also took photos of the children to share with parents. Staff files were also reviewed and all staff had a current background check but Angela was still working with some staff to complete training and provide a current physical on the required form. All inspection logs and certificates were available and current with the exception of Radon Testing. The center parent handbook was reviewed and contained all required written policies.

3. Identify the aspects that fall below the standard

The path of egress from the infant and preschool classrooms located on the East side of the building was blocked by a snowdrift that was approximately 1 foot deep and which would have prevented expedient evacuation.

Radon Testing has not yet been completed. All centers with basements or on a ground level foundation must complete Radon testing within the first year of operation. If the measured results are below the 4.0 piCu/L cutoff limit and the center does not have a radon mitigation system testing shall be renewed every 5 years. If the center has a mitigation system testing must be renewed every 2 years.

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

Angela stated that the center does have a contract for a vendor to do snow removal which does include sidewalks and she would notify them that they need to clear a path from all designated emergency exits to the closest public right of way.

Angela stated she would obtain radon testing kits and schedule that testing.

5. Special Notes/Recommendations

A full license will remain in effect 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: 01/25/2026

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**.