Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE ANNUAL EVALUATION

Business Name: Vesna Muminovic

Provider Name: Vesna Muminovic

Provider No.: 26464

Address: 4016 79th ST, Urbandale, IA, 50322

E-Mail:

County: Polk

Phone Number: 5152071404

[ ] Pre-Inspection Date:

[ ] Approval Date:

[X] Annual Visit Date: 10/27/2025

Program Type:

[ ] Registered Child Development Home A (guidelines for ratios on all categories)

[X] Registered Child Development Home B

[ ] Registered Child Development Home C

[ ] Registered Child Development Home C1

[ ] Non Registered Child Care Homes accepting CCA

Program Population Served:

[ ] Infant(0<24 mos)

[ ] Toddler

[ ] PreSchool

[ ] School Age

[X] All Ages

1. Basic Overview

Vesna Muminovic is a CDH Category B provider living in Urbandale. Vesna has a two story home but only uses her basement walkout area for her child care operation. Vesna has been registered with the State since 2011. She has one approved substitute/assistant and is able to provide care to any age of children.

2. Identify Observed Strengths Of The Program

Vesna Muminovic was within allowable numbers of children during our compliance check. Vesna had one child present during our compliance visit, the child is 4 years old. Vesna does preschool activities with daycare children. Vesna said she talks to the children for discipline.

CHILD CARE ANNUAL EVALUATION

3. Identify The Aspects That Fall Below The Standard

110.7 (2) e : The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.
110.8 (3) a : All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.
Fire and tornado drills are practiced monthly and documentation kept on file for the current year and previous year.
110.9(1) : A provider file is maintained and contains:
110.9 (3) b : Within six months of approval, a Physical exam report documented on form 470-5152, Child Care Provider Physical Examination Report, which is repeated at least every three years.
110.9 (3) c : Certification of two hours of approved training relating to identification and reporting of child abuse within three months of employment.
110.9 (3) d : Certification in infant and child first-aid that includes mouth-to-mouth resuscitation.If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.
110.9 (4) a : Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.
110.9 (4) b : Emergency information including where the parent can be reached, the name, street address, city, and telephone of the child's regular doctor, and the name, telephone number, and relationship to the child of another adult available in case of emergency.
110.9 (4) c : A signed medical consent from the parent authorizing emergency treatment.
110.9 (4) d : For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.
110.9 (4) g : A signed and dated immunization certificate provided by the state Department of Public Health.
110.9 (4) i : Documentation signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.
110.9 (4) j : Written permission from the parent(s) for their child to attend activities away from the child development home.
110.9 (4) k : Injury report forms to document injuries requiring first aid or medical care.

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

1. Please maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.
2. All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.
3. Fire and tornado drills need practiced monthly. Record of these drills need kept for inspection purposes.
4. Your substitute needs a file. In his file please keep a copy of their physical completed on the state required form, a copy of their CPR card and their mandatory reporter training.
5. Your physical has expired. Please obtain a physical on the state required form. This needs updated every 3 years.
6. Please review all daycare children files to ensure they have the required documentations- emergency contact information, pick up and drop off information, emergency medical consent, current physical and immunization records. Physicals need updated yearly.

5. Special Notes/recommendations

I encourage you to continue working with Heather Sheesley from Child Care Resource and Referral for any ongoing compliance or training needs. Heather can be reached at: (515) 360-7308.

Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE ANNUAL EVALUATION

HHS Child Development
Home Compliance Worker: Ellen Abbott Date: 11/3/2025

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations.

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