Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Colts Corner Daycare Center

Provider No.: 51980

Address: 503 4th ST NE, Belmond, IA, 50421

County: Wright

Director's Name: Maya Varner

On-Site Supervisor: Jenna Weiland

Phone Number: 6413844499

E-Mail: ccdcbelmond@gmail.com

HHS Visit Date: 02/06/2026

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

Fire Inspection:

Date Inspected: 01/19/2023

Comments: The fire inspector has been notified that the inspection certificate has expired and a new inspection requested.

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	43	18	54	31	146
Summer					0

1. Basic Overview

An unannounced annual visit was made to the center on 02-06-26 where I with the center director, Maya Varner, and assistant director, Jenna Weiland. Maya who took over the director position in July 2023, and Jenna started with the program in 2025. Maya is well qualified for the position with a Bachelor degree in Psychology & Family Services, prior experience working with Head Start, and on-going training. Jenna is also well qualified for the position having been a center director with another daycare previously. The program opened in the fall of 2022 following a community effort to build a daycare center. The center is operated as a non-profit program overseen by a board of directors. The program provides full range child care serving infants through school age children. There are 60 children currently enrolled in the center served by 23 staff. All aspects of the program subject to licensing standards were reviewed during the visits.

The layout and design of the building remains the same as observed in prior visits. The program is located in a renovated school building. While the daycare is the only programming occuring building during the daily hours of operation part of the space that is used as an indoor large motor skill room and the kitchen are available to be rented for public use as a community center on the weekends when the daycare is not in operation. Each classroom has restroom facilities, and sinks directly accessible from the room so that children do not need to leave the room. The infant and toddler rooms also have changing stations present. All hand washing sinks use mixer valves to prevent hot water scald injuries. There are 3 interconnected classrooms along the west side of the building that are available for infant care with the infants divided by age and developmental levels. In addition there are 3 classrooms along the south side of the building that are also interconnected used for the 2 and 3 year old children. Two stand alone rooms are used for the 4 year old, and school age children. Each room has large banks of windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. As noted the three infant rooms have interconnecting doors, and the 2 year old and 3 year old classrooms also have interconnecting doors. The interconnecting doors provide secondary egress through the adjoining

rooms. The school age room has several exits, and the 4 year old room has a direct exit to the outdoors. The interconnecting and interior doors were all maintained clear of obstruction and opened easily and freely. The direct exit doors for the 4 year old classroom, and those opening on to the playground did have snow accumulation that had not been cleared and prevented those doors from opening fully. The facilities were observed to be clean with only minor maintenance issues such as damaged cabinet door hinges, drywall/paint damage, and two window of one of the 2 year old classrooms where the corners of the window frame appeared to have bound against the sill frame causing the corners to bend. While these issues did not rise to the level of being an immediate safety concern they are still issues that should be monitored and scheduled for maintenance. Each classroom is divided into activity centers through the placement of furniture and play structures which were arranged so as not to create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were generally observed during the visit. With the exception of one classroom all staff were observed to be actively engaged with the children presenting the planned curriculum, or attending to the children's needs. This included the teachers presenting group learning activities such as review of letters, colors, and shapes, or doing prepared craft activities. The one classroom that stood out had a more observational supervision approach, but it was identified that the regular classroom teacher was out sick that day and the teachers in the classroom were substitutes. Each classroom had an identified lesson plan and it was also noted that several staff were engaging in additional teaching elements that were not part of the formal curriculum. This included one teacher who was at times presenting bi-lingual lessons with identifying colors in both English and Spanish. Another was observed to make occasional use of American Sign Language for specific words with the infants. Both were reviewed as being excellent ways to help develop the language, cognitive, and motor skills of children and the teachers should formalize those elements into their lesson plans. All staff used calm and positive tones when speaking to the children. The center uses proactive positive behavioral supports to manage behavior such as implementation of routines, reviewing expectations, recognizing positive behaviors, and redirecting behavior. These approaches were very effective in that there were no behavioral concerns observed during the time of the visit. Ratio was maintained in each classroom as required by age with at least 2 teachers present in each classroom with the exception of one infant room where there was one teacher with three infants.

Good health and safety practices were generally observed but some practice do need to be reviewed. I was able to observe diaper changes in several classrooms while the teachers did follow the general requirements some did not deglove between handling soiled and clean diapers, and one use baby wipes to wash the children's hands following diapering. It was reviewed that baby wipes are not an acceptable alternative to soap and water for handwashing as they have no detergents. The option of using a wet paper towel with soap was provided if children cannot be held or stand at a sink to wash their hands. In addition there was a changing mat present in the 4 year old classroom restroom which would suggest that some children do need at least standing diapering assistance but a copy of the diapering procedures was not posted. Good cleaning practices were observed when cleaning changing stations, table surfaces, and other items with staff waiting for children to be out of the immediate area before using chemical cleaners. Chemical cleaners, and over the counter medications were properly stored where they were not accessible to children but other items that could pose a risk to children were not. This included personal belonging such as purses, and toys with small parts that could break off and be a choking hazard. Purses, diaper bags, and other personal belongings are frequently used to store medications, sharp objects, and other items that could be a safety risk to children. Children under 4 years of age are prone to mouthing items which could result in them swallowing items that would be a choking hazard. These items need to be removed, or kept in storage where they are not readily accessible to children. The center does have good medication policies in place that include a centralized medication storage cabinet, and designation of specific staff authorized to administer medications. First aid kits are maintained in each classroom, and additional supplies are maintained in storage. Safe sleep practices were observed in the infant room. Older children make use of cots which had appropriate bedding.
During nap time cots were positioned to allow space between each child, and illumination sufficient to observe each child was maintained.

The center does have a full kitchen and meals are prepared on-site. The kitchen was observed to be clean with no indications of rodent or insect infestation. Good food storage practices were observed in the kitchen with thermometers present in all refrigeration and freezer units and food items labeled with the date placed in storage and the contents. Dry pantry food items were stored in air tight sealable food grade containers. Meals are served in the classrooms and transported in covered dishes. The teachers do pre-portion the meals and used measured scoops, and food service gloves. A copy of the planned menu was posted and followed. I was able to observe the breakfast service which included cereal, milk, and a

banana. The staff did eat with the children and provided supervision at the tables.

The center playground was observed and remains the same as identified in the prior report. The playground includes a courtyard area with a variety of equipment including climbing and non-climbing structures. All equipment was observed to be in good repair. Fall surfacing beneath climbing structures is a unitary foam system. The playground also has a paved area where riding toys, sidewalk chalk, and other activities needing a hard surface can be used, and a large open grassy area. The playground is enclosed by the building and chain link fencing. An awning structure provides shade.

In reviewing administrative records all required notices for Mandatory Abuse Reporting, No Smoking, Consultant Contact, and License Certificate were posted in an area that was readily visible to parents and visitors. Other required postings for emergency evacuation, emergency contacts, handwashing, diapering, daily schedule, lesson plans, menu, and disease notices were also present. In reviewing staff a child files the center uses a combination of an electronic communications application, and hard copy files. The center does maintain a self-audit for both staff and child records which were found to be accurate when compared to files that were randomly selected for review. With regard to child files all children had all required documentation including health response plans for those with identified allergies and other health concerns. Infant daily sheets were being completed in a communication application and did include documentation of daily activities and disposition. In reviewing staff files the self-audit identified 4 that needed an updated or initial physical, several had not completed the required training within the first 90 days. In reviewing inspection logs and certificates all were available and current with the exception of Fuel Burning appliances. While the center does not have a furnace that burns combustible fuels it does have a gas stove and it was reviewed that this did need to be inspected annually to ensure that it does not have any gas or carbon monoxide leaks. The center parent and staff handbooks were reviewed and found to contain all required written policies.

3. Identify the aspects that fall below the standard

109.7(1): All staff (within first three months of employment):Iowa’s training for the mandatory reporting of child abuse.At least one hour of training regarding universal precautions.Certification in First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute, or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained.Minimum health and safety trainings, (Essentials) approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
-- The self-audit completed by the center showed documentation of completion of one or more required training elements was not present for several staff.

109.9(1)b: All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, Child Care Provider Physical Examination Report.
-- Licensing Standards have been changed which now allow centers to obtain physicals within 6 months FROM the date of hire. The self-audit completed by the center identified 4 staff that still needed an initial physical.

109.10(6): Children’s hand washing: Center shall ensure staff assist children in personal hygiene.
-- Children's hands were observed to not be washed immediately prior to meal service. Those children had been observed to be playing with various toys and classroom materials, and/or playing on the floor.

109.10(13)d: Daily checks to ensure all exits are unobstructed.
-- Emergency exits providing direct exterior egress were observed to have snow accumulation that had not been cleared which prevented the doors from opening fully. Emergency exits and a clear path of travel to the closest public right of way was must be maintained for each exit.

109.11(2)a: The center will provide sufficient and safe indoor play equipment, materials, and furniture. It must meet the developmental, activity and special needs of the children.
-- Items and toys with parts that can easily break off which are less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards and were present and need to be removed from classrooms serving children under 3 years of

age. For children 3 years of age who may still be prone to mothing items these should be kept in storage where they can be brought out for supervised play.

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

Maya did identify that they have reviewed staff files and notified all staff of the elements that were missing and she working with them to update that information.

Maya stated that they do have a contractor that does snow removal and she would notify them of the need to clear the areas from exit doors.

Maya stated that the center does have choke tubes available and she would have staff review the toys and materials in the classrooms to remove those items that would be choking hazards.

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: 02/11/2026

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**.