Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Vermeer Yellow Iron Academy

Provider No.: 43969

Address: 780 250th AVE, Pella, IA, 50219

County: Marion

Director's Name: Krista Sanchez

On-Site Supervisor: Stefanie McGee

Phone Number: 6416218940

E-Mail: vermeer@brighthorizons.com

HHS Visit Date: 08/10/2026

Licensing Period: 08/01/2026 to 08/01/2028

Fire Inspection:

Date Inspected: 04/22/2025

Comments: performed by SFI Brad Pollard, date of compliance, due every three years

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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CHILD CARE CENTER ANNUAL EVALUATION

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:

- [X] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [X] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	32	24	56	50	162
Summer					0

1. Basic Overview

Vermeer Yellow Iron Academy opened in August 2014. This center is owned by Bright Horizons Children's Centers. It's located in a single standing building. There is a secured entrance. The centers provides child care services to children ages infancy through school age. Krista Sanchez is the director. Krista started as director at this center in April 2022. She worked at a Bright Horizons daycare center in Des Moines prior to coming to the program. Stefanie McGee has been an on-site supervisor since 2024 and has worked at the center since 2017. She earned an Early Childhood Education Associates of Science.

An unannounced licensing visit took place on 8/10/25. I met with with the Director and OSS McGee. All areas subject to HHS licensing rules were reviewed. All program areas were observed at that time. Staff were actively providing childcare at the time of the visit. The rooms are divided up to keep children of differing ages separate. The center is clean, bright, attractive and equipped with a satisfactory variety of new child sized furniture, equipment, toys, games, and activities for the children. The classrooms are self-contained with phones, restrooms, and direct exits to the outdoors.

Program Observations:

The center contains rooms for infants, toddlers, Young Preschool (2's) classrooms, Preschool classroom (3's), PreK class (3/4's), Kindergarten Prep class (4/5's) and school age classrooms. The center also contains a Movement Matters room. Staffs' interactions with the children were observed to be positive. Classrooms schedules and lesson plans are posted by classrooms entrances. Classrooms that serve children ages toddler and up have well defined interest centers. Mandatory postings are in place at the entrance.

CHILD CARE CENTER ANNUAL EVALUATION

Center Nutrition Practices Observed:

The center has a full kitchen, and one full time cook. The center serves breakfast, morning snack, lunch and afternoon snack. Menus are on a five week rotation. Menus reflect CACFP requirements are followed.

Thermometers are in the refrigerator and freezer units per requirements. Temperatures were below recommendations of 40 degrees or below for cooling and zero degrees or below for freezing temperatures. I observed dry food storage. No food was observed on the floor. Food was stored in cabinets. All food items were kept in sealed containers. No expired food items were noted. One percent milk is served. The Director is aware CACFP approved foods must be served.

Center Health and Safety:

Children were observed in the classrooms. In each room staff were actively engaged with the children's activities throughout the visit. If staff need a break, to run errands (laundry), etc... the OSS could cover so classrooms would not be out of ratio. Two children in the preschool age room were unsupervised in the restroom together. This is not permissible. We discussed active supervision requirements extensively.

The center may utilize volunteers. They should sign a statement indicating they have been informed of responsibilities as mandatory reporters. They must undergo record check process if:
The individual is included in meeting the required child/staff ratio.
Has direct responsibility for a child or children.
Has access to child or children when no other staff is present.

Administration of prescription and non-prescription medication in accordance with licensing regulations, physician directions, and parental consent were reviewed. We discussed that children with allergies must have an Allergy Action Plan on file, posted in the room with the child and available to employees.

Storage and maintenance of a first aid kit is reviewed annually. Kits should be labeled and contain all items on the checklist from IDPH. The center contains an ill/injured area. Children are kept comfortable in this area until parents can pick them up.

Environmental testing and the maintenance of any necessary detection equipment (the center is all electric) were reviewed. The center contains 15 non-battery-operated carbon monoxide detectors which are working and inspected once a month and documented. Radon testing was conducted in May 2023 rate of less than 4 pCi/L. Testing is due every five years and should be conducted in the winter. The building was constructed after 1971 there for a lead-based paint assessment is not required. The building is on city water therefore water analysis is not required. The program is heated and cooled with a geothermal system. Air is forced through ceiling vents. Thermostats are in each room. Ventilation and air quality was adequate on the visit. The center contains no fuel burning appliances.

Overhead lighting is provided by fluorescent lighting, and the center contains five large windows in each room providing natural lighting. Windows can be opened to assist in air quality.

General regulations regarding safety policies and procedures were reviewed. The program can review current or new cleaners with IDPH. Hand washing and food prep sinks should be designated and not used interchangeably.

Each child in the program should have 35 square feet of usable floor space. The rooms are designed to allow adequate space for all activities. Square feet does not appear to be an issue in classrooms. All program areas were clean during the visit. A hand washing sink is present in each room and in the restrooms.

We discussed emergency plans and drills for fire and tornado. Fire and tornado drills are documented monthly. Ratio was met and maintained. Staff keep personal belongings in cabinetry. Children do not have access to this area.

The facility has fish in the preschool room and five-year-old classroom. Tanks are well kept. Plants are in each room and are on the safe plant list. Gardens outdoors contain all nontoxic plants.

Sanitation policies and procedures were reviewed. Overall, the building was clean. Restrooms were clean and contained an adequate amount of toileting supplies. Each restroom has ventilation as required.

CHILD CARE CENTER ANNUAL EVALUATION

Children do not have access to the kitchen.

Center Playground:

The center has five playground areas. All the playgrounds have turf for surfacing as well as concrete paths for riding toys. Fencing surrounds the playgrounds. There are designated playgrounds for the following age groups: infants, toddlers, 2's, Preschool and PreK and KPrep and School Age. The playgrounds have age-appropriate outdoor playground equipment and toys. Each child should have a minimum of 75 square feet of space for gross motor activities. Capacity for the area should not be exceeded.

The Child Care Weather watch is utilized when outdoor play may be questionable due to weather conditions. Playground inspections are conducted and documented monthly.

HHS recommends smaller groups of children be taken to each area so that active supervision can be more easily achieved.

Center Transportation Arrangements/Field Trips:

The center does not provide transportation and takes field trips with school buses. Field trips are taken occasionally. The children take walks in the community, so each parent signs a field trip permission form. They are in each child's file. A list of child emergency numbers and a first aid kit should be taken each trip. Field trip ratios are followed.

Center Administrative Records:

Child misbehavior is addressed by positive reinforcement of appropriate behavior, redirection, modeling, and conflict resolution techniques. Required written policies are provided to parents in the form of a parent handbook.

Staff files are reviewed annually. Oragami is the program used to store and track this information. Information reviewed by HHS are Cpr, 1st aid, Mandatory child abuse training, continuing education and professional development hours (due annually). All staff have updated physicals. These are due every three years. Fingerprints are due every four years and Iowa Criminal Record checks (2 years). CPR/1st Aid is current for all staff per the Director. All staff trainings should be uploaded into IPOWER.

Child files are reviewed annually. All children but 10 have current physicals on file . This is less than 10% and not a pattern of disregard. All children have immunization certificates. All children have signed medical and dental information, pick up authorizations and emergency contact information.

Annual staff training held on emergency plans were conducted in October two years ago. The Director agreed to develop a new Emergency Preparedness Plan for this center including intoxicate parents. A template of the requirements for an accepted EPP was sent to the center on 5/31/24. HHS referred the Director to the EPP template again this year. All staff should be trained on the plan and sign and dated acknowledgement of such.

Required notices and postings are present. Emergency procedure maps are posted by each door. A schedule is posted in the classrooms. A No Smoking sign is posted inside the main door where parents drop off and pick up children. Emergency numbers are posted including, Fire, Ambulance and Poison Control.

The center posts communicable diseases on the front door when necessary. A class schedule is posted. Discovery Driven Learning Curriculum is implemented daily, and lesson plans are on file.

2. Identify Observed Strengths of the program

This center has spacious, well furnished classrooms. . Children are afforded large motor play on a daily basis as the center has large motor play rooms that are used on inclement weather days.

The Director is friendly and willing to learn.

3. Identify the aspects that fall below the standard

CHILD CARE CENTER ANNUAL EVALUATION

1. 109.6(4)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs. Ten staff files were reviewed. One was behind on fingerprints. The Director stated on 8/11/26, "I completed fingerprints as soon as she arrived today and will mail those out today."

2. 109.10(13)a: The center shall have written emergency plans and diagrams for responding to fire, tornado, flood, and plans responding to intoxicated parents and lost or abducted children.Emergency plans shall include written procedures including plans for:Evacuation to safely leave the facility.Relocation to a common, safe location after evacuation.Shelter in place to take immediate shelter when the current location is unsafe to leave due to the emergency issue.Lock down to protect children and providers from an external situation.Communication and reunification with parents or other adults responsible for the children, which includes emergency telephone numbers.Continuity of operations.To address the individual children, including those with functional or access needs. All plans listed here should be in the Emergency Preparedness Plan.

109.10(13)c: Center shall develop procedures for annual staff and volunteer training on emergency plans. After the plan is revised all staff should be trained on the plan and acknowledge such.

3. 109.10(14)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. Two preschool age children were alone in the restroom toileting. Staff should be in the restroom with the children if more than one child is allowed to go to the restroom at the same time. We discussed primary care groups and supervision at length.

HHS reached out to CCR&R who can provide additional support in all areas.

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.

IHHS encourages you to contact your local nurse consultant with IDPH. 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. CCNC Mandi Lauderman and Tammy Merrill, Nurse Consultants (Iowa Department of Public Health) serve as CCNCs for this center. The center is responsible for contacting CCNC Lauderman for consultation regarding health and safety issues such as hand washing, outdoor play area regulations, toppling or tipping hazards. CCNCs have not provided consultation this year.

HHS encourages you to contact Child Care Resource and Referral consultant. They offer centers assistance with meeting the DHS regulations, IQ4K, 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 for more information: http://www.iowaccrr.org CCR&R Consultant Leah Bauman is the consultant for your area.

Date: 08/11/2026

HHS Licensing Consultant: Jill Seibert

CHILD CARE CENTER ANNUAL EVALUATION

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**.