Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Bison Childcare Center

Provider No.: 22450

Address: 404 2nd St NW, Buffalo Center, IA, 50424

County: Winnebago

Director's Name: Jennifer Gray

On-Site Supervisor:

Phone Number: 6415622950

E-Mail: jennifer.gray@northiowa.org

HHS Visit Date: 03/31/2026

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

Fire Inspection:

Date Inspected: 06/20/2024

Comments:

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 1

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	5:00 AM to 6:00 PM		
Tuesday	5:00 AM to 6:00 PM		
Wednesday	5:00 AM to 6:00 PM		
Thursday	5:00 AM to 6:00 PM		
Friday	5:00 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	18	16	19	23	76
Summer					0

1. Basic Overview

An unannounced annual visit was made to Little Bison Daycare on 03-31-26 where I met with the center director, Jennifer Gray. Jennifer is well qualified for the position with extensive experience and on-going training in early childhood care and education. The program is located in an annex of the Buffalo Center elementary school. While the program does have a strong collaborative relationship with the school it is operated independently from the school under a separate board of directors. The center provides daycare services to infants through school age children. There are approximately 75 children enrolled in the program served by 10 teachers. All aspects of the program subject to DHHS Licensing Standards were reviewed during the visit.

The general layout and design of the building remains much the same as in the prior report with the center making use of 5 classrooms which are established according to age groups. The program is currently operating two infant rooms with one for children under 12 months of age, and one for children 12-24 months of age. The 2-3, 4-5, and school age children occupy the other 3 classrooms. Each classroom has restroom facilities located directly off the programming space so that children do not need to leave the room. All restroom facilities were observed to be in good repair, and clean. Changing stations are also present in the infant and two year old classrooms. Each room has additional sinks in the classroom with one for hand washing, and one for food preparation. Each classroom has large windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. The 2-3 year old classroom has a secondary interior exit from the room, and the other classrooms make use of window exits. A large corridor space that has been identified as being a defunct connecting corridor to the school is being used as an indoor large motor skill area. Each classroom is divided into activity centers through the placement of furniture, shelving, and play structures which are arranged so that they do not create any blind areas. Each classroom was observed to be clean. There were some minor maintenance issues noted such as hot water temperatures of handwashing sinks being measured at 122.8 deg. F., and cabinet doors with damaged hinges.

While these did not rise to the level of being an immediate safety concern they should be monitored and scheduled for service.

2. Identify Observed Strengths of the program

Programming and interactions were mixed in the various classrooms. Some classrooms such as the school age, and preschool age rooms had copies of the daily schedule and curriculum posted while the 2/3 year olds and infants did not. The preschool classroom did follow the posted schedule and curriculum moving between activities including group learning where they reviewed various hard learning concepts such as numbers and letters that were identified in the posted lesson plan. The younger classrooms were less defined and while they did move between activities and would question children about concepts such as colors and shapes there was no identifiable cohesive theme or focus but rather being more driven by the current situation. It was discussed that having an established schedule and curriculum or lesson plan can help to provide structure for the children, reduce behavioral concerns, and ensure that staff are working to assist children with building developmentally appropriate skills. Interactions also varied with some behavior management approaches being concerning. One very positive example was in the 2/3 year old room where the lead teacher was observed to play with the children in a dramatic play center, then later laying on the floor where the children engaged in climbing on the teacher, covering her with blankets, and engaging in other activities. In contrast one child began crying stating another child hit them. The interaction was part of normal play and accidental contact but the teacher did not witness this and assumed it to be an act of aggression for which the child was placed in time-out. The child remained in time-out for a period of 14 minutes until the class transitioned to the indoor large motor area. In another classroom a teacher was heard to use a very loud, harsh, and authoritarian tone when speaking to children and while this did appear to be a default tone given that it was the same whether correcting behavior, or praising behavior it is something that could easily become intimidating to children especially for a child that is new to the classroom. While neither situation rose to the level of being a violation both would be examples of inappropriate discipline. Ratio was maintained in classrooms as required by age with two teachers present in each room except the 1 year old classroom where there was only one teacher needed.

Good health and safety practices were generally observed on the day of my visit but some practices do need to be reviewed. While visiting the 2/3 year old classroom I was able to observe a truncated diaper change. A child had passed gas and kept telling the teacher they had pooped. The teacher did put the child on the changing station as a way to reassure the child which was clean and dry. While the teacher did clean the changing station she did not wash the child's hands afterward and it was reviewed that even though the child was not dirty and the staff did not complete a full change the best practice would be to still wash the child's hands. Good hand washing practices were otherwise observed in all classrooms with the teachers directing the children to wash their hands as required following toileting/diapering, prior to meals, and ensuring that the children washed their hands effectively reminding them to use soap. Over the counter medications were properly labeled and stored. Chemical cleaners, personal items, and other things that could pose a safety risk to children were stored in areas where they were not accessible to children. There were some toys present in the 2/3 year old classroom that had small parts that would be considered choking hazards which were readily accessible to children and the teacher did immediately remove that container from play and stated she would go through it later that day. Safe sleep practices were observed to be an issue when upon arrival several infants under 1 year of age were observed to be sleeping in swings and bouncer seats. The teacher in the room identified that this is a common practice done at the start of the day for 15 minutes which allows them to not be fussy, and sleep better later in the day. Older children using cots do need to have proper bedding including a cot cover in addition to blankets that may be provided. Good practices were observed with infants under 6 months months of age being held in an upright position when feeding.

The center makes use both of the school cafeteria and their own kitchen to prepare meals. The school prepares lunch during the school year. The center prepares breakfast and snacks, and also prepares lunch when the school is not in session. Good storage practices were observed in the daycare kitchen area and classrooms on the day of my visit for both dry pantry, and refrigerated items. The meal served was consistent with the planned menu. The staff were observed to use food service gloves, and measured scoops when preparing plates for the children. Children eat in the classrooms and the teachers did provide supervision at the tables.

The center has access to both a toddler playground, and the larger playground space used by the school age children. The toddler playground did have a small climbing structure, and has a riding track with a central area that uses a unitary rubber surfacing for fall surfacing. It is understood that the school is responsible for maintaining the equipment in the school age playground space and the center should inspect and notify the school of any concerns, and limit the children from using items needing maintenance until it is repaired. Several large mature trees provide shade around the perimeter of the school

age area.

All required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted at the main entrance where they were readily visible to all parents and visitors. Other required notices for emergency evacuation, emergency numbers, handwashing, diapering, daily schedule, curriculum, and menu were generally present with some issues noted. As identified previously not all classrooms had a copy of the daily schedule and planned curriculum posted, and in addition the diapering procedures posting of the 2/3 year old classroom was partially covered by a wall hanging which needs to be moved. I was not able to fully review staff and child files during the visit. The center had recently received donations to replace floor and while the work had just been completed the furniture and files of the director's office had not yet be fully returned to their normal configuration resulting in documentation being scattered. It is noted that while there were a few items missing in the prior licensing visit the records were in substantive compliance. Jen noted that she recently renewed several national background checks for staff and had resubmitted fingerprint cards as several had been rejected as illegible. The parent handbook was reviewed and while most required policies were present a notice of confidentiality was missing, and others needed to be expanded to include all required elements.

3. Identify the aspects that fall below the standard

109.4(1): Written policies on: Enrollment and discharge. Field trips and non-center activities. Discipline/Behavior/Biting. Nutrition. Health and safety policies. Transportation if applicable. Assurance people do not have unauthorized access to children at the center. Protecting children's confidentiality.
-- A written policy/statement of Confidentiality is needed. Other policies need to be expanded including Transportation (to/from center), Health & Safety (handwashing, immunization exemption, response plans), Incident Reporting (significant change in functioning, sexulized behavior), Staff Training & Orientation, Emergency Plans (intruder, impaired parent, power failure, chemical spill, bomb threat, relocation).

109.12(4)e: The provider shall follow safe sleep practices for infants under one year of age:Infants shall always be placed on their backs for sleep.Infants shall be placed on a firm mattress with a tight fitted sheet.Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface.No child shall be allowed to sleep in any item not designed for infant sleeping, including but not limited to an infant seat, car seat, swing, or bouncy seat.No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.No co-sleeping shall be allowed.Sleeping infants shall be actively observed by sight and sound.If an alternate sleeping position is needed, a signed physician or physician assistant authorization with statement of medical reason is required and an expiration date.
-- Infants were observed sleeping in swings and bouncers and it was reported this was a daily occurance at the start of the day for a period of 15 minutes to reduce child fussiness, and improve sleeping later in the day. As a practice this cannot be allowed. If a child falls asleep in a piece of equipment or on the floor the child needs to be moved to an appropriate crib as soon as staff have a reasonable opportunity.

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

A list of required written policies along with guidance of recommendations for implementation was provided to the center.

During the visit the CCR&R consultant that has been working with the center was present. The concerns identified during the visit both those that would be cited, and those that were concerning but which did not rise to being a violation were reviewed with that consultant and Jennifer.

A self-audit form for employee files was provided to Jennifer with a request that she complete and forward the form to me to identify what documentation was needed in files and what steps would be taken to update them. Verification of inspection logs and certificates was also requested.

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.

CHILD CARE CENTER ANNUAL EVALUATION

Date: 04/12/2026

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**.