Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Sunbeam Christian Child Care and Preschool

Provider No.: 16104

Address: 419 N Delaware AVE, Mason City, IA, 50401

County: Cerro Gordo

Director's Name: Megan Studer

On-Site Supervisor: Amber Neff

Phone Number: 6414247073

E-Mail: scccbl@gmail.com

HHS Visit Date: 05/01/2026

Licensing Period: 07/01/2026 to 07/01/2028

Fire Inspection:

Date Inspected: 05/02/2022

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

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday	8:00 AM to 5:00 PM		
Monday	8:00 AM to 5:00 PM		
Tuesday	8:00 AM to 5:00 PM		
Wednesday	8:00 AM to 5:00 PM		
Thursday	8:00 AM to 5:00 PM		
Friday	8:00 AM to 5:00 PM		
Saturday	8:00 AM to 5:00 PM		

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	16	12	24	46	98
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Sunbeam Christian Child Care and Preschool program on 05-01-26 where I met with the center co-directors, Megan Studer, and Amber Neff. Megan is in the process of reducing her role with plans for Amber to take over as the program director in the next couple of months. Amber is well qualified for the position having extensive experience and on-going professional development in early childhood care with having been the director of another center in the past. The program operates out of several rooms of the Bethlehem Lutheran Church in Mason City. The center provides full range programing serving infants through school age children, and also offering formal preschool programming. There are 72 children enrolled in the program served by 24 staff. All aspects of the program subject to Licensing Standards were reviewed during the visit.

The general layout of the building remains the same with regard to the use of classrooms on two levels. The infants, toddlers, school age children, and the formal preschool are on the lower level, and preschool age programming on the upper level. There are several other classrooms available on the upper level of the building that are also available for expansion in the future if needed but the classrooms identified are sufficient to meet the current enrollment and daily attendance numbers. The infants are divided into two classrooms with one for birth to 12 months of age, and other for children 12-24 months of age. Both infant rooms, and the 2 year old classroom have direct exits to the exterior, and the other classrooms have either secondary exits to the main access corridor, and/or egress windows. All exits were clear of obstruction and opened easily and freely. In addition to secondary egress the windows also provide for natural light, ventilation, and a view of the outdoors. Each room was observed to be clean. There were some minor maintenance issues, but also two serious issues that require immediate correction. Those issues were hot water temperatures being excessively high which could result in instant scald burns, and an outlet that was damaged allowing the outlet to rotate freely in the box. Each room has restroom facilities accessible directly from the room with additional sinks in the classrooms to facilitate handwashing. Each

classroom has an open floor plan that is divided into activity centers through the placement of furniture,, and play structures that were arranged so as not to create any blind areas. Phones with emergency contact numbers were present. The center has a secure entry system that restricts access from individuals making use of other public areas of the church.

2. Identify Observed Strengths of the program

Good interactions were generally observed during the time of my visit. Most staff were actively engaged with the children either presenting planned curriculum activities, or responding to direct care needs. The center does want to continue to work with staff to remain engaged during less structured activities as well. As an example one class was observed playing in an indoor large motor activity room. While the children were playing the teacher was providing observational supervision and missed or did not respond to a child that was sitting on a riding scooter on top of stacked soft side climbers which created an unsafe situation. This was addressed by Amber during the time of the visit. All staff spoke to the children using calm tones, and positive word choices. The center does use a proactive behavior management system that includes the use of routines and reminders, and redirection. The teachers working with the 3 and 4 year old preschool classrooms were examples of very effective implementation of this approach with not getting into power struggles with the children demanding they focus and join the group but rather allowing children to become distracted and providing prompts to return to the planned activities. By using this approach the children quickly returned to the planned activity without further disruption. Ratio was maintained as required by age in each classroom.

Good health and safety practices were generally observed but there were some issues that need to be addressed. During the visit I was able to observe several diaper changes and the staff did follow the established procedures. Good hand washing practices were observed with staff and children washing their hands before meals, after restroom use, and other times as required. As noted the hot water temperatures were an issue and staff will need to provide very close supervision and assistance to reduce the risk of scald burns until the temperature can be adjusted. Good cleaning practices were observed with staff disinfecting and sanitizing surfaces as needed. Chemical cleaners and medications were properly stored where they were not accessible. Personal items including staff purses were however left where they were accessible. It was reviewed that these and other belongings such as diaper bags need to be stored where they are inaccessible to children as they are often used to carry medications and other items that could pose a safety risk to children. In addition to the purses there were a few toys with small parts that could break off and be a choking risk present in classrooms serving children under 3 years of age. Good safe sleep practices were followed for children making use of cribs. All cribs and cots had bedding which could be removed and laundered if needed. Good feeding position was observed for all children.

The center does have a full kitchen and meals are prepared on site. The kitchen and pantry area were observed to be clean with no indication of insect or rodent infestation. All foods were properly stored both for refrigerated and dry pantry items. Good food handling practices were observed in the kitchen with the cook wearing food service gloves. The center has changed to now serving meals in the classrooms. I did observe the meal service in the older preschool age classrooms and the center was using family style service where the children serve themselves. One issue that was noted is that the lunch included pizza which had been precut into individual servings but no tongs or other utensils were provided to allow the children to serve themselves so they just used their hands. This does increase the risk for cross contamination. The staff did sit and eat with the children to provide supervision and model good eating habits.

The center has two playground areas with one for infants/toddlers, and the other for older children. The child playground includes a climbing structure, spring rockers, music center, dramatic play, and a shed where other equipment such as balls, and riding toys are stored. Although many items where showing their age all were observed to be in good repair. Pea gravel is used for fall surfacing beneath climbing structures and has developed a hard pan layer that needs to be aerated or supplemented to ensure a good depth of material. A large mature tree provides ample shade. The playground is fully enclosed by chain link fencing that was observed to be in good repair. The infant/toddler playground is accessed from the older infant room and consists of a grassy area with a variety of toys and materials. There were a couple of residential grade toddler slides present but there is no fall surfacing. These items need to be removed from use until such time that fall surfacing can be installed. The infant/toddler playground is also fully enclosed by chain link fencing which was in good repair.

In reviewing administrative records all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were present and posted where they were readily accessible to parents and visitors. Other required postings for emergency evacuation, emergency numbers, handwashing, diapering, daily schedule, curriculum, and

menu were also present but it was noted that some were missing from individual locations and need to be replaced. A random sample of 20% of the child files were selected for review and of those approximately 50% needed an updated physical. Additionally the center did have response plans for some children with identified health conditions and allergies, but not for others. As a reminder a response plan is required for every child that has an identified allergy or serious health concern. In reviewing staff files again a random sample of 20% of the files were reviewed and compared to the self-audit completed by the center which was found to be accurate. The self-audit did identify several files that did not have a copy of an Iowa SING and/or National FBI background check. Megan did state that she had completed those checks but again when looking in the individual files a copy of the documentation could not be found. Several staff had also not completed all of the initial training required within the first 90 days of employment. The parent handbook was reviewed and several required policies had not been brought forward in the most recent revision.

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.
-- Required written policies were missing or needed to be expanded to include all elements for Fieldtrips, Health & Safety (major/minor injury, response plans, notice of immunization exemption), Incident Reporting (significant change in functioning, sexualized behavior), Curriculum, Emergency Plans

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.
-- Documentation of one or more required trainings completed with the first 90 days of employment and/or on going professional development was missing for 4 staff

109.9(1)a: All files contain:Copy of a department criminal history record check form or any other permission form approved by Department of Public Safety for conducting an Iowa or national criminal history record check. Copy of a request for child abuse information form, when applicable.Copies of results of Iowa record checks conducted through the SING for review by the department upon request.Copies of national criminal history check results.Any department issued documents sent to the center related to a record check, regardless of findings.
-- Documentation of Iowa SING and/or National FBI fingerprint background checks were missing or could not be found for 5 staff.

109.9(2)i: Preschool (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, Chiropractor, PA, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
-- Documentation of a current physical was missing for approximately 50% of child files. In addition not all children with identified allergies or health concerns had a copy of a response plan.

109.10(13)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.
-- Documentation of emergency drill practice logs could not be found.

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 would be less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards 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 mouthing items these should be kept in storage where they can be brought out for supervised play. Purses and other personal belongings that may contain items that could pose a safety risk to children also need to be stored where they are inaccessible.

109.11(3)a: Center shall ensure that:Facility and premises are sanitary, safe, and hazard free.Sufficient lighting shall be provided.Sufficient ventilation.Sufficient heating.Sufficient cooling.Equipment placed in the program area is maintained so as not to result in injury to the children.
-- Hot water temperatures were measured to exceed 160 degrees F. when measured at the spigot with only the hot water tap on. Temperatures need to be reduced or mixer valves installed so that the temperature does not exceed 120 degrees F. for sinks used for handwashing. The damaged outlet in the large motor skill room needs to be repaired.

109.11(4)a: Center must have safe outdoor program area adjacent to the center, with sufficient square footage to accommodate at least 30 percent of the enrollment capacity at any one time at 75 spear feet per child. Outdoor space must:Be free from litter and unsafe materials and free from contamination by the drainage or ponding of sewage or storm water.Include safe play equipment and an area of shade.Include fencing to protect from bodies of water or vehicular traffic.
-- The pea gravel fall surfacing beneath the climbing structures has developed a hardpan layer such that there is insufficient loose fill material to provide adequate fall protection. The material either needs to be aerated or supplemented to ensure a depth of material compliant with the requirements as established in the CPSC Public Playground Safety Handbook (https://www.cpsc.gov/s3fs-public/325_PublicPlaygroundSafetyHandbook2025_7-30-25_1.pdf?VersionId=tpCoaKp.DSdJ0QmD4_29kwEHeQgFphM2).

109.11(8)b: Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.
-- Documentation of Radon testing was not available on the day of the visit.

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

A list of all required written policies and suggestions for implementation was provided to the center. Sample forms for response plans were also provided.

Megan did contact the church grounds head and informed them of the concerns regarding the water temperatures, electrical outlet, and fall surfacing to arrange repairs.

Amber did state that she is working to review all files and required documentation to bring it up to date.

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.

NOTE: The issues for the water temperatures and damaged electrical outlet are serious safety concerns that require immediate correction. Please provide notice once those issues have been addressed.

Date: 05/06/2026

HHS Licensing Consultant: Ray Salsbury

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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**.