Iowa Department of Human Services
CHILD CARE CENTER EVALUATION AND RECOMMENDATION FOR LICENSE

Name of Center: Little Bison Childcare Center **Enrollment:** 70 **License ID No. (Reapplications)** 22450

Street: 404 2nd St NW **City:** Buffalo Center Iowa **Zip** 50424 **County:** Winnebago

Mailing Address: PO Box 410, Buffalo Center, IA, 50424

Director's Name: Jennifer Gray **Phone Number:** 641-562-2950

On-Site Supervisor(s): **E-Mail:** jennifer.gray@northiowa.org

Date(s) of Visit: 05-21-2025

X **Licensing Visit** X **Unannounced Visit** **Off Year Visit** **Administrative Change**

LICENSING VISITS

New Application X **Re-Application** **NA**

Signed Application (470-0722) Received **Yes** **No** X **NA** **Date Signed:**

FIRE INSPECTION X **State** **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 06-20-2024

Comments :

LICENSE TYPE: X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

Financial Type: Profit X Non-Profit NA

Accredition: Accredited NAEYC NSACA Other X NA

Program Serves: X Infants (0-23 mo.) X 2 Years X Preschool-Age X School-Age

Get-Well Evening Care Special Needs

SCHEDULE: X Year-round School-Year Summer Only

HOURS:	*Year-round*	*School-Year*	*Summer Only*

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General	18	16	19	23	76
Summer					0

QRS Rating: 1

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 06-01-2025 to 06-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 05-23-2025

I. IF CURRENT LICENSE IS PROVISIONAL, IDENTIFY THE CORRECTIVE ACTIONS

NA

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to Little Bison Daycare on 05-21-25 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 currently 65 children enrolled in the program served by 9 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 one change is a return to the use of a 5th classroom which has cycled between being used for formal preschool programming by the school, and school age programming space by the daycare. 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 with no concerns noted due to maintenance.

In reviewing classrooms the toys and material present were generally in good repair and appropriate to the ages of the children present. The exception was in the 2 year old classroom where there were a number of toys that had small parts which can easily break off that would be less than 1 1/4 inches diameter and 2 1/4 inches length which would be a choking hazard. These need to be removed from classrooms serving children under 3 year of age. In addition it was noted that in the 12-24 month, and 2 year old classrooms the materials and activity centers present are very limited. What was available to the children consisted primarily of large and small manipulatives, with the 2 year old room adding a few dramatic play food and dish items that were kept in a small 2 drawer cabinet. While craft materials, and additional toys were stored in closets which could be brought out for play having more toys and activity center options such as puzzles, music, and books would provide the children with more choices and support additional developmental skills such as language and cognitive thinking. Each classroom had a copy of the daily schedule and curriculum plan posted. The center uses a general center wide theme with classrooms establishing specific age appropriate activities to implement that plan. Each classroom did follow the general daily schedule. Copies of the daily schedule and planned curriculum were present for each room. The general theme was Mother's Day and the children were doing art/craft projects related to this theme. Interactions were observed to be varied between the classrooms with some staff being very engaged with the children attending to their needs and presenting the planned activities. In other classrooms the teachers provided care that was more process oriented with

attending to tasks such as assisting children with toileting/diapering or cleaning the classroom. Other staff provided more observation supervision. While these approaches do continue to provide for the overall needs and safety of the children was observed to result in situations were the children were left to engage in more self-directed play. This in turn lead to more issues for engaging in inappropriate play, and escalating behavior and conflict. While the conflict was typical of the children for the classroom it did require the teachers being more reactive with regard to working to correct children as opposed to promoting and supporting positive behavior choices. This ultimately resulted in situations where the teachers became frustrated and responded to behaviors in a manner that while not rising to the level of being a violation could easily reach that level. Teachers were heard to use raised voices, tones, and word choices that verged on being intimidating or threatening. As examples in one classroom the teacher told a child that they would need to help clean up toys or the child would lose their blanket. This was in reference to a blanket the child was carrying and using to wrap up in for comfort, and for play as a cape. While this was said in a manner that was not related to sleeping, and appeared to be a warning of potential consequence it would be possible to also interpret it as a threat.

Good health and safety practices were generally observed on the day of my visit but some practices do need to be reviewed. When observing diaper changes staff did follow posted procedures with regard to gloving, disposal of soiled materials, and handwashing, but did not follow procedures regarding cleaning. Staff were observed to change multiple children without cleaning or disinfecting the changing station between each child. While it is noted that some children were checked and found to be clean and dry, and others were soiled, the changing station does need to be properly cleaned and disinfected between each child regardless of if the child needed a clean diaper/pull-up or not. In addition classrooms should maintain a bucket or container where toys and materials that have been mouthed or otherwise contaminated can be placed to remove them from play until they can be sanitized or disinfected. Good hand washing practices were 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 and providing hand-over-hand assistance. 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. Good safe sleep practices were observed for children under 1 year of age. It was identified that items such as a white noise machine, and toys using ring clips to secure them to crib rails were present on cribs that were not being used at the time and it was reviewed that these needed to be removed. 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 dry pantry food items. With regard to refrigerated items the center did have a thermometer present but did not maintain a temperature log and the observed temperature of the refrigeration unit was 46 deg. F. It is noted that breakfast was served during the time of my visit and it is possible that staff had been accessing the unit to prepare and put items away prior to the unit being observed which could have elevated the temperature. It is recommended that the center maintain a temperature log as a way to verify that proper cold holding temperatures are maintained. 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 were posted at the main entrance where they were readily visible to all parents and visitors. A random sample of child files were selected for review and compared to the self-audit completed by the center which was found to be accurate. The self-audit identified 8 children needed an updated physical. In reviewing staff files 50% of files were selected and reviewed and of those each contained all required information with the exception of 1 where the SING check had just expired, and 1 that had not completed the required initial training within the first 90 days of employment. All inspection logs and certificates were found to be current and available.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is participating in the IQ4K program which seeks to implement best practice recommendations. The center is rated as a Level 1 program out of a possible 5 Level scale with 5 being the highest level.

Jennifer identified that she does have a very stable group of employees who have been with the center for several years and

have developed strong relationships with each other, the children, and families using the center.

IV. IDENTIFY THE ASPECTS OF OPERATION THAT FALL BELOW THE STANDARDS REVIEWED:

109.6(6)c: Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.
-- Number not in compliance: 1

109.7(1): All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of child abuse.At least one hour of training regarding universal precautions and infectious disease control.Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC 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, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
-- Number not in compliance: 1

109.9(1)d: 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.
-- Number not in compliance: 1

109.10(1)a: 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, PA, Chiropractor or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
-- Number not in compliance: 8

109.10(5): Infectious disease control: Centers shall establish policies and procedures related to infection disease control and use of universal precautions with handling of bodily fluid. Soiled diapers shall be stored in containers separate from other waste.
-- Changing stations must be disinfected following each diaper change regardless of whether the child is clean/dry, or has a soiled diaper.

109.12(4): Sufficient toilet articles are provided for handwashing.Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM.Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children.Room’s arrangement does not obstruct the direct observation of children.Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap.Procedures are developed and implemented to maintain equipment and materials in a sanitary manner.Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs.Sanitary procedures are followed for use and storage of personal hygiene articles.
-- Items and toys with parts that can break off which are less than 1 1/4 inches diameter and 2 1/4 inches length are choking hazards and need to be removed from classrooms serving children under 3 years of age.

V. 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: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact your DHS Licensing Consultant to discuss the issue. The child care director may also send a response which will be placed in the licensing file.

*Note: If you are a member of the general public, there may be additional information contained in the public file. You may contact the DHS Licensing Consultant to inquire.