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

Name of Center: The Tiger Den Inc **Enrollment:** 41 **License ID No. (Reapplications)** 16178

Street: 2002 15th AVE **City:** Eldora Iowa **Zip** 50627 **County:** Hardin

Mailing Address: 2002 15th AVE, Eldora, IA, 50627

Director's Name: Diane Bunger **Phone Number:** 641-858-2273

On-Site Supervisor(s): **E-Mail:** cjeske@heartofiowa.net
thetigerden@heartofiowa.net

Date(s) of Visit: 07-10-2024

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: 09-08-2021

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	8	4	12	13	37
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 09-01-2024 to 09-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-16-2024

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to The Tiger Den Inc. daycare center on 07-10-24 where I met with center director Diane Bunger. Diane has been the director of this program since 1994. The center is located in a residential building making use of the upper level which does have direct ground level access on one side. The lower level has been used as a rental residence though it is currently unoccupied and used as an emergency storm shelter. The center is considering options to renovate that space for school age programming. The program is operated as a non-profit entity overseen by a board of directors. The center provides daycare programming to infants through school age children. There are approximately 41 children currently enrolled in the program served by 5 staff. All aspects of the program subject to licensing standards were reviewed during this visit.

The general layout and design of the center remains the same as in prior reports. The center makes use of two rooms with the larger open space serving the preschool and school age children, and the other smaller room designated for infants. It was previously reviewed that due to changes in Licensing Standards in the prior year the center would need to request an exception to policy for the combined age group room for the 2 year old to school age children. The center has not yet completed that request. Both rooms have direct secondary egress to the outdoors. All exits were clear of obstruction and opened easily and freely, however the lock for the door of the infant room was engaged and did not disengage when manipulating the handle. It has been previously reviewed with the center that all doors must be able to open with a single operation of the handle and if deadbolt or other locks that do not automatically disengage are installed these must be manually disengaged whenever the center is occupied. As noted the program makes use of an enclosed space on the lower level as a tornado shelter. An evacuation crib is present in the infant room and was also clear of obstruction. Each room has windows on the exterior walls that provide natural light, ventilation, and a view of the outdoors. Restrooms are located off the main classroom space and an additional sink is located in each classroom to facilitate hand washing. During the visit the water temperature was measured to be 136 deg. F. and this needs to be either turned down or mechanical scald preventers installed so that the temperature does not exceed 120 deg. F. at the spigot when only the hot water tap is open for all sinks used for hand washing. Each room was observed to be clean with no immediate maintenance issues noted.

Toys and materials were present in the center and maintained on shelves around the edges of the room to leave a larger open space in the middle of each room. The toys were generally observed to be in good repair and generally appropriate to the ages of the children present but there were some items that need to be removed. This includes toys that had parts less than 1 1/4 inches diameter and 2 1/4 inches length in the infant room which would be considered choking hazards and need to removed from classrooms serving children under 3 years of age. In the older age classroom there were toys that were labeled as being manufactured as promotional items for food vendors and these also need to be removed from the center for all age groups. The center does have a daily schedule but a copy of the planned curriculum was not posted on the day my visit. The center has identified this information in a parental newsletter in the past and posted a copy of that newsletter which is an acceptable option. Despite not having a copy posted it was clear that the center was following a schedule and curriculum plan. As an example on the day of the vist the combined ages class was engaged in a large group teacher lead activity of story time. Following that the class separated into smaller groups each of which had a mix of younger and older children where the older children would read a book to their group. Following this the class went outside for a period of self-directed play. Ratio was maintained in the center as required by age. Good interactions were observed with the

teachers presenting the planned activities as previously noted, and attending to the children's care needs. Good use of positive behavior supports were observed with the teachers using routines, reminders, and redirection to encourage positive behavior in most situations and for those situations where the children did not respond to that approach the teachers did use time out. The teachers all used calm and positive tones of voice when speaking to the children even during those times that the children were not responsive to redirection and were given consequences of time out.

Good Health and Safety policies and procedures were generally observed but again some practices do need to be reviewed. I was able to observe a diaper change on the day of my visit and the teacher followed the required procedures but did not wash the infant's hands following the diaper change. It was reviewed that this required for all children after every diaper change. Another issue that was noted is that the cleaning product used to clean the changing station was not a disinfectant. The classroom teacher did identify that the center had purchased another product and was just trying to use the last of the current cleaner. In reviewing the other product it was identified as an approved disinfectant and it was reviewed with the staff to begin using that product immediately for changing stations and other items that needed to be disinfected. Items such as purses, diaper bags, and chemical cleaners were stored where they were not accessible to children. Good Safe Sleep practices were observed. First aid kits are maintained in the center and were stocked with a minimal supply of items necessary to address most common first aid needs. Good hand washing practices were observed with the teachers ensuring the children washed their hands, and did so in an effective manner. The center does need to ensure that all over the counter medications are labeled with the name of the individual to whom it belongs.

The kitchen was observed to be clean with good food handling practices in place. Staff were observed to wear food service gloves and use measured scoops when serving children. Several food options present in the center are not considered to be compliant with the Child and Adult Care Food Program (CACFP) nutritional credibility requirements. This was cited in the prior report and the center did have information regarding credible food options. Food storage practices were also an issue with several items that were not properly stored in air tight sealable food grade containers after having the original packaging seal was broken. A copy of the menu was not posted on the day of the visit and does need to be prepared at week in advance and posted. Meals are served in the preschool/school age room where tables and high chairs were present. During the visit the children were just finishing a meal or snack when I arrived and the staff were providing supervision to the children while they were eating. After the majority of the children finished eating and returned to the programming space there was one infant that was allowed to remain to finish the food on the tray. The classroom teacher returned to the room with other children, and the center cook was to watch the child finish eating. This did occur for a brief period but the cook was then observed to leave the area and return to the kitchen and begin washing dishes. While the doors to the kitchen and classroom were open and it was possible to observe the children from each area depending on positioning it was noted that both the classroom teacher and cook were distracted by other activities and were not watching the infant. When it was pointed out that the child did need to be supervised the child was returned to the classroom.

The playground consists of a fenced space with three play surfaces that include a grassy area, paved riding path, and an area that has pea gravel for surfacing where the children can dig. There are no climbing structures present on the playground. A variety of toys and materials are available for the children to play with. Large mature trees provide ample shade. The playground is fully enclosed by fencing which was in good repair.

A review of administrative records found that all required notices were posted in an area that was readily accessible to all parents and visitors. A random selection of 15 of the full enrollment of child files were reviewed and of those 1needed an updated physical, and 2 need documentation of an annual update. All staff files were reviewed and of those 3 needed a renewed Iowa SING background check, and 1 had a physical that was not on the required form. All inspections logs and certificates were available and current.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has continued to maintain stability in both child enrollment and staffing.

The center does have new appliances that will be delivered in the coming weeks for the kitchen area.

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

109.10(3)a: All medications shall be stored in original containers with physician or pharmacist directions. Labels should be intact and stored so they are inaccessible to children and public. Nonprescription medications shall be labeled with the child’s name.
-- Some none prescription medications were not labeled with the name of the individual to whom it belonged.

109.10(15)d: Daily checks to ensure all exits are unobstructed.
-- The lock on the infant room emergency exit was engaged and did not disengage automatically when the handle was operated and needs to be disengaged manually and left unlocked whenever the center is occupied.

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 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. Toys labeled as being produced as promotional items for food vendors need to be removed.

109.12(5)b: Infants diapered in a sanitary manner as needed in central diapering area.One changing table for every 15 infants/toddlers needing diaper changes.Diapering, sanitation, and handwashing procedures posted and implemented in central diapering area.
-- Children's hands were not washed following diapering. When cleaning the changing station an approved disinfectant was not used.

109.15(1): Center shall serve each child a full, nutritionally balanced meal as defined by CACFP guidelines.Staff shall provide supervision at table during snacks and meals.Children at center two hours or longer shall be offered food of not less than two hours and no more than three hours apart unless child is asleep.
-- Non-credible foods need to be removed and replaced with credible food options. Children must be provided direct supervision at the table when eating.

109.15(5)b: Sanitary and safe methods in food preparation, serving, and storage sufficient to prevent transmission of disease, infestation, and spoilage are followed.Staff preparing food that have injuries on hands wear protective gloves.Staff serving food use clean serving utensils and have clean hands/wear protective gloves.
-- All food items whether intended for child consumption were not placed in air tight sealable food grade containers labeled with the date placed in storage and contents once the original packaging seal had been broken.

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 the center is not able to request and receive approval for an exception to policy the center will need to take steps to create separate spaces for the children by age group, or otherwise limit enrollment.

*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.