Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: The Tiger Den Inc

Provider No.: 16178

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

County: Hardin

Director's Name: Diane Bunger

On-Site Supervisor:

Phone Number: 6418582273

E-Mail: cjeske@heartofiowa.net
thetigerden@heartofiowa.net

HHS Visit Date: 07/02/2026

Licensing Period: 09/01/2026 to 09/01/2028

Fire Inspection:

Date Inspected: 08/01/2023

Comments: A fire inspection was conducted 08-28-23 which noted corrections were required. Contact from the Fire Marshal on 08-20-25 identified that documentation of corrections had not been submitted and would be followed up on by that office.

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

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	5:30 AM to 6:00 PM		
Tuesday	5:30 AM to 6:00 PM		
Wednesday	5:30 AM to 6:00 PM		
Thursday	5:30 AM to 6:00 PM		
Friday	5:30 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	8	4	12	13	37
Summer					0

1. Basic Overview

An unannounced annual visit was made to The Tiger Den Inc. daycare center on 07-02-06 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 is not used by the center for programming but does make space available for use as an emergency storm shelter for the center. 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 35 children currently enrolled in the program served by 3 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 and has operated in this manner since its inception. The center has requested an exception to policy for the combined age group room for the 2 year old to school age children. Given the limited capacity, and the school age children being present during limited hours before/after school and over the summer that exception has been granted. Both rooms have direct secondary egress to the outdoors. All exits were clear of obstruction and opened easily and freely. 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. Toddler training chairs are present in the restroom for younger children that are engaging in toilet training and each was observed to be clean. Each room was observed to be clean with no immediate maintenance issues noted. Activity centers are arranged around the edges of the classrooms and do not create any blind areas.

CHILD CARE CENTER ANNUAL EVALUATION

2. Identify Observed Strengths of the program

Interaction & Programming
The center does have a daily schedule but a copy of the planned curriculum was not posted on the day my visit. Diane did state that she just had not yet had a chance to post the curriculum for the new month. During the visit the majority of the morning was focused on self-directed center play with the staff providing observational supervision. Having a more defined curriculum that maintains a focus on skill development has been a topic that has been identified in prior reports as a way to reduce behavioral issues, maintain engagement for each age group, and improve interactions in the center. One example of a positive curriculum activity was observed in the infant room where the teacher present identified she was working with the child on emerging sitting skills. The teacher provided the child with time on their tummy and back, and placed the child in supported sitting positions letting the child grasp her fingers for support and also using a Bumbo seat for support. Good behavior management techniques were used during the time of the visit. With the less structured curriculum there were situations of escalating stimulation and conflict which the teacher was able to address with using a bulb horn to get their attention. Staff also used a combination of ignoring nondisruptive behavior, and redirecting and providing guided problem solving for other behaviors. While there were 3 staff present at the center there were issues with regard to maintaining ratio with short term situations of the teacher in the infant room leaving the child alone when retrieving supplies from the kitchen or storage. While these timeframes were very brief a better option would have been to request a coworker to provide assistance in either retrieving the items, or stepping in to watch the infant. A more serious issue was when Diane left the center to attend a scheduled appointment where she was gone for a timed period of approximately 45 minutes. At other times the children in the preschool/school age room were left unsupervised for brief periods while staff attended to other tasks such as preparing lunch.

Health & Safety
I was able to observe a diaper change on the day of my visit and the teacher did not deglove between handling soiled and clean items, did not wash the infant's hands nor her own hands following the diapering, and did not clean or disinfect the changing station afterward. Another concern was that immediately following the diapering the teacher provided the child with a bottle. Hand washing practices were an issue in general with some children being sent to the restroom and to wash their hands prior to lunch service but the directed to sit on the floor while waiting for peers but not rewashing their hands immediately before eating. Other children were observed to move directly from play activities to eating without washing their hands. In addition when Diane returned from her appointment she immediately began preparing lunch which included placing items on a baking sheet without having washed her hands before doing so though she did wash them and use food service gloves later when preparing and serving other items. Items such as medications, personal items, diaper bags, and chemical cleaners were stored where they were not accessible to children. Medications were labeled with the name of the individual to whom it belonged. First aid kits are maintained in the center and taken as a whole were stocked with items necessary to address most common first aid needs. Sleeping practices were an issue for both infants and older children. Upon arrival a child in the preschool/school age space was observed to be sleeping directly on the floor and was allowed to remain doing so even after it was reviewed that this cannot occur and cot needed to be provided. With regard to Safe Sleep practices the infant under 1 year of age was observed to be left sleeping on the floor, and when directed that the child needed to be moved to a crib the staff put the child in laying on their stomach.

Nutrition
The center does have a full kitchen and meals are prepared on-site. The kitchen was observed to be clean. Staff were observed to wear food service gloves and use measured scoops when serving children. The center does continue to stock a large number of food options which are not considered to be compliant with the Child and Adult Care Food Program (CACFP) nutritional credibility requirements. This was cited in reports and the center has been provided information regarding credible food options. Diane stated that many of the non-credible items are donated and she does try to limit those items, and serves them as supplementary to the credible meal options. Good food storage practices were observed for both refrigerated and dry pantry items. A copy of the menu was not posted on the day of the visit and again this was identified as being due to the change to a new month. This has been cited in the past and the requirement hat menus needing to be prepared a week in advance and posted has been reviewed. Meals are served in the preschool/school age room where tables and high chairs were present. While the teachers did not eat with the children supervision was provided at the tables.

Playground
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.

Administration
A review of administrative records found that all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted in an area that was readily accessible to all parents and visitors. Child files were reviewed and found to contain all required documentation. All staff files were reviewed and found to contain all required documentation with the exception of all required training. Inspections logs and certificates were available but it was noted that Radon testing had a measured level of 6.0 pCu/L which is above the 4.0 cutoff limit. Diane did state the testing was done in the lower apartment area and it was reviewed that since the program is not using that space she should redo the testing in the programming classrooms to determine the levels in those areas used by the center. The last fuel burning appliance inspection was also dated 01-28-24 and it was reviewed that this is expired and should be renewed prior to the start of the heating season. The center parent handbook was reviewed and several required polices had not been included 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. Health and safety policies.
Transportation if applicable. Assurance people do not have unauthorized access to children at the center. Protecting children's confidentiality.
-- Several policies were missing or need to be updated to include all required elements including Nutrition, Health & Safety (major/minor injury, handwashing, safe sleep, immunization notification, response plans), Incident Reporting, Curriculum, Staff Orientation/Training, Access, Confidentiality, and Emergency Plans (impaired individual, lost/abducted child).

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 not found in 2 files.

109.8(2): Ratio maintained in center as required:Brief absence of staff person permitted for 5 or less minutes when another staff person is present. At least one staff is present in every room where children are resting.If ratio reduced to one staff per room during nap time, does not exceed one hour and ratio in center is still maintained.Ratio in infant rooms is always maintained.When more than eight children are present on the licensed premises, at least two staff members shall be present.For a period of two hours or less at the beginning and end of the center's hours of operation, one staff member may care for eight or fewer children, provided no more than four of the children are under two years of age and there are no more than eight children in the center.Ratio exceeded for school-age children when school classes unexpectedly start late, are dismissed early, or cancelled. For no more than four hours, care is limited to children already in the program and licensed capacity is not exceeded.
-- The center was out of ratio for a timed period of approximately 45 minutes when Diane had left the center to attend a scheduled appointment. Additionally the infant room, and preschool/school age classrooms were left without staff in the room or able to maintain direct line of sight for brief periods of time while staff attended to other duties such as retrieving items, or preparing lunch. These situations cannot occur and the center can reduce to one staff in classrooms for those brief periods when attending to other tasks, and could make use of a volunteer if an employee has to leave for scheduled appointments.

109.10(5): Staff hand washing: The center shall ensure staff demonstrate clean personal hygiene sufficient to prevent or minimize the transmission of illness or disease
-- Staff did not wash their hands following diapering an infant. Staff did not wash their hands immediately prior to meal preparation or service including providing an infant a bottle, and arranging food on a baking sheet.

CHILD CARE CENTER ANNUAL EVALUATION

109.10(6): Children's hand washing: Center shall ensure staff assist children in personal hygiene.
-- Children did have their hands washed as required including following a diaper change, and immediately before eating. While some children were directed to wash their hands before eating lunch others were not, and those that did were also instructed to return to the programming area to sit on the floor while waiting for peers negating any benefit from washing.

109.11(8)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034.
-- Documentation not present on the day of the visit. -- NOTE 2ND YEAR CITED

109.12(4)b: Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.
-- Staff did not deglove between handling soiled and clean items, did not wash the infants hands or their own hands following diapering, and did not disinfect the changing station following the diaper change.

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.
-- In infant under 1 year of age was left to sleep on the floor, and when directed to be moved to a crib was placed on their stomach in the crib until directed to be rolled to their back.

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

A list of all required written policies with suggestions for implementation was provided to the center.

A referral to Child Care Resource and Referral has been made to assist the center with developing a plan of correction to address the other identified concerns.

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 by 09-01-26. Failure to provide verification of corrections or a plan of correction may result in negative action against the center license. At least one visit will be made to the center during the next year.

Date: 07/09/2026

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**.