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

Name of Center: Bear Care **Enrollment:** 95 **License ID No. (Reapplications)** 46329

Street: 808 E Lucas ST **City:** Algona Iowa **Zip** 50511 **County:** Kossuth

Mailing Address: 808 E Lucas ST, Algona, IA, 50511

Director's Name: Sara Casey **Phone Number:** 515-341-7226

On-Site Supervisor(s): Sabrina Meraz **E-Mail:** caseys@bishopgarrigan.org merazs@bishopgarrigan.org

Date(s) of Visit: 01-30-2025

Licensing Visit X **Unannounced Visit** X **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: 02-26-2024

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 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	29	17	47	15	108
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 02-01-2024 to 02-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 02-20-2025

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 the Bear Care center on 01-30-25 where I met with center directors Sara Casey, and Sabrina Meraz. Both are well qualified for the position based on their experience, and training. The program is located in the Bishop Garrigan Catholic school in Algona and is overseen by the Archdiocese of Sioux City. The center provides daycare and preschool programming for infants and preschool age children, a formal 3 year old preschool program, and after school and summer programming for school age children. There are approximately 95 children enrolled in the center between the various programs served by 20 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The general layout, design, and operation of the program and buildings remains the same as in the prior visits. The program has a campus arrangement using various classrooms of the school building for older children, and the young infant care (birth - 12 months) in a renovated residential home that is on the same property as the school building. The layout of the school building rooms has a large room that is divided into two rooms by a pass-through work area and a small hallway with older infants on one side, and 3 year old children on the other. There are two classrooms on either side that are connected by doorways with 2 year old children in one, and the formal 3 year old preschool in the other. The center did discontinue the use of the classroom that had been previously used for school age children. Each of the classrooms in the school building have windows located along the exterior walls which provide ample natural light, a view of the outdoors, ventilation, and secondary emergency egress. The older infant room also has a secondary emergency exit providing direct egress to the outdoors. A large archway opening connects the infant room to the 2 year old classroom but a barrier is in place to prevent intrusion by the older children. Each room was observed to be clean and arranged so as not to create any blind areas. Bathrooms are located off the main hallway with separate facilities for boys and girls though an additional bathroom is located directly across the hall from the 3 year old daycare room. The infant spaces and the 2 year old rooms have changing stations, and additional sinks in them to facilitate hand washing.

The young infant space as noted is a renovated residential building. All programming occurs on the main floor though there is a full basement which is used for an emergency storm shelter. The layout has a main area that would have served as a living/dining room space with two alcove rooms off that space which are used for cribs and sleeping areas. Both are accessed via large archway openings and are visible from the main programming room. A changing station is located in what would be considered a back bedroom. A full bathroom is present where the infants hands can be washed. During the visit the water temperature was measured to still be in excess of 140 deg F and it was reviewed that this needs to be adjusted immediately so that the temperature does not exceed 120 deg F at the spigot. Photo confirmation of correction was received via email the following day showing that the temperature had been reduced to less than 120 deg. F. The building has windows along the exterior walls in all rooms. There are several exits including one that was installed with a ramp to provide at grade egress for use with evacuation cribs. The programming rooms were observed to be clean. There were a few minor maintenance issues such as some cribs with loosening hardware and drywall damage but nothing that rose to the level of being an immediate safety concern.

Each room had a copy of the planned schedule but not all had a copy of the planned curriculum. For those that did not have a copy of the planned curriculum posted it was still obvious that they were engaged in activities that were intended to help

the children develop various motor, cognitive, and social skills. This included the classes engaging in teacher lead activities such as reading a book, or group learning of reviewing number and letter concepts with the children. For those classrooms that did have a posted curriculum the displayed craft and art projects, play materials, and activities engaged in were reflective of the identified curriculum. Each room in both buildings had a good selection of toys and materials that were observed to be in good repair and generally appropriate to the ages of the children present. There were some toys that had been labeled as being manufactured for food vendors as promotional items and these do need to be removed from the center. In addition there were some toys in classrooms serving younger children where the toys was of a size or had parts that could break off which would be considered a choking hazard. Items that are less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards and need to be removed from classroom serving children under 3 years of age, and placed in storage where they can be brought out for supervised play for children 3 years of age. Good interactions were observed throughout the visit with all staff being actively engaged with the children either attending to their needs or implementing specific curriculum activities. Ratio was maintained in each classroom as required by age with at least 2 staff present in each room. One issue that was observed was with regard to restroom use. During the visit children in the 3 year old classroom were observed to be sent across the hall from the room to use the restroom. While there was a teacher in the restroom to provide supervision to the children there was no supervision for those who were leaving the classroom as they crossed the hallway. While the distance, secure nature of the building, and presence of the teacher in the restroom does limit risks it is still possible that a child may use this opportunity to elope from the program. Better options would be for the teacher assisting in the restroom to take children in groups, or at a minimum the teacher in the classroom should stand by the door where they can observe both the children in the room, and those crossing the hallway to ensure that all children are within direct line of sight at all times. Good behavior management techniques were observed during the visit with proactive approaches of routines, and transition activities, and reactive approaches of providing simple redirection or review of appropriate behavior choices. All teachers used positive and encouraging tones when talking to the children.

Good health and safety policies were observed during the visit. I was not able to observe a diaper change during the visit but the required changing procedures postings were present at all stations. Staff working in classrooms where diaper changing is implemented were able to identify the proper procedures from memory when asked. Good cleaning practices were observed with the teachers sanitizing table surfaces before and after meal/snack service. The teachers did wait for the children to be out of the immediate area before engaging in cleaning. The center does maintain first aid kits in the classrooms but also has access to the larger stores of materials located in the school office. The center did have children with diagnosed allergies and response plans were maintained for the children in the classrooms. Good safe sleep practices were generally observed in the infant setting for children under 1 year of age. Cots and cribs with appropriate bedding were provided for all children that nap. Good handwashing practices were observed for both staff and children.

Meals are prepared by the school cafeteria and a menu of planned meals and snacks is posted. A limited supply of snack crackers and other items are stored in cabinets and refrigerators in some of the classroom areas. Good food storage and handling practices were observed during the visit. Snack was served during the time of my visit and good food service practices were observed. Food service gloves were worn when handling food and food service items. Snacks were pre-portioned for the children with the teachers using measured scoops to ensure that each child received a full serving. The teachers did not eat with the children but did provide supervision at the tables during the meals.

The playground is located between the school and the infant house and is fully enclosed by fencing. Several of the retention clips used to secure the fence to support posts were missing allowing the fence to flex away from the posts creating an entrapment risk and these do need to be replaced. The playground is intended for the older preschool and school age children. The playground has grassy, paved, and soft play areas. Pea gravel is used in the soft areas for fall surfacing beneath climbing structures and has developed a hardpan layer which will need to be aerated or supplemented prior to allowing children to climb on equipment. The equipment was generally observed to be in good repair though the wooden climbing structure has served it's useful life and has boards and posts that are rotting, and an anchor bolt on the slide chute that is missing and needs to be replaced. Mature trees provide shade.

In reviewing administrative records all required notices for consultant contact, mandatory abuse reporting, no smoking, and the center license were posted and readily visible to all parents and visitors in both locations. The center uses a self-audit system to track information in child and staff files. A random sample of both child and staff files were selected for review and compared to the self-audits which was found to be accurate. Based on the review and self-audits all staff and child files were in substantial compliance for all required documentation. All inspection logs and certificates were available and current.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center does have a centerwide training planned that will help to ensure that all staff are current in on-going professional development, and with regard to presenting consistent programming for all children.

The center is now using a parent communication application to share information with parents. The center also provides a newsletter for those that do not have internet access. The center also has a strong community relationship with formal

entities such as medical/dental providers, the public library, emergency services, as well as with more informal entities such as community leaders and parents.

The center is working with CCR&R on possibly participating in the IQ4K program which seeks to implement best practice recommendations.

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

109.11(3)a: Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. Sufficient space provided for dining. Sufficient lighting shall be provided. Sufficient ventilation. Sufficient heating. sufficient cooling. Sufficient bathroom and diapering facilities. Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease.
-- Hot water temperatures were in excess of allowable limits on the day of the visit with a measure temperature in excess of 140 deg. F.. Missing/broken fence clips need to be replaced, and fall surfacing aerated or supplemented to ensure a minimum of 9 inches of loose material is present in fall zones before children are allowed to use climbing structures.
NOTE: Confirmation was received 01-31-25 that the hot water temperature had been adjusted to less than 120 deg. F.

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.
-- Toys with parts, or items 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, and kept in storage for use with supervised play for children 3-4 years of age. Toys labeled as produced as promotional items for food vendors are prohibited and need to be removed.

V. 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.

*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.