Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Wee Saints Day Care

Provider No.: 22966

Address: 122 W 8th ST, Saint Ansgar, IA, 50472

County: Mitchell

Director's Name: Rose Minnis

On-Site Supervisor:

Phone Number: 6417134652

E-Mail: weesaints@myomnitel.com

HHS Visit Date: 05/08/2026

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

Fire Inspection:

Date Inspected: 09/29/2022

Comments:

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	6:00 AM to 6:00 PM		
Tuesday	6:00 AM to 6:00 PM		
Wednesday	6:00 AM to 6:00 PM		
Thursday	6:00 AM to 6:00 PM		
Friday	6:00 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	33	25	47	29	134
Summer					0

1. Basic Overview

An unannounced annual visit was made to Wee Saints Day Care on 05-09-26 where I met with the center director, Rose Minnis. Rose is well qualified for the position having been the director since 2000, has an AA degree in Early Education, and completes annual on-going professional development training. The program is located in a free standing building in St. Ansgar and is operated as a non-profit program overseen by a board of directors. The center provides daycare programming to infants through school age children, and also provides formal preschool programming. The preschool does include programming under the 4 Year Old Preschool Grant program. There are currently 86 children enrolled in the program served by 15 teachers. All aspects of the program subject to Licensing Standards were reviewed during the visit.

The general arrangement of the building and programming remains the same as in the prior report. The center separates the children by age group with infants separated into two rooms with one for non-mobile birth to 1, and the other for mobile 1 year old children. Each room was observed to be clean with no maintenance issues noted. Each room has windows along the exterior walls that provide natural lighting, ventilation and view of the outdoors. Each room has a secondary exit from the room providing direct egress to the outdoors. All exits were observed to be clear of obstruction, and opened easily and freely. Steel storm shutters are present on the windows of the preschool classroom which serves as the emergency tornado shelter. Each room has access to restrooms directly from the room with additional restrooms located off common corridors. Additional sinks are present in each of the classrooms to facilitate handwashing. The room used for birth to 1 year infants is divided into three areas by a low half wall and built-in shelving unit to define programming, sleeping, and feeding areas. All other classrooms have an open floor plan with limited activity centers arranged along the walls so that there are no blind areas.

CHILD CARE CENTER ANNUAL EVALUATION

2. Identify Observed Strengths of the program

Good interactions were observed through out the center on the day of the visit. Copies of the daily schedule and planned curriculum were posted with a center wide curriculum focus of "Mother's Day". This was reflected in the craft projects, and other activities engaged in by the classes. During the visit the teachers did maintain a focus on skill development and learning. Examples included in the one year old classroom where the teacher was working with the children on tower building using stacking cups, the two year old doing a puzzle activity, and the 4 year olds doing a teacher lead activity of different types of running outside on the playground. The center uses proactive positive behavior management approaches such as transition activities, reminders of expected behavior, and use of positive behavior recognition/rewards. One example of the effective implementation of use of structured programming was in the 3 year old classroom where the children were engaged in a "bucket play" activity where groups had materials from different buckets such as farm animals, blocks, and magnet tiles. The teacher had the children rotate which bucket they were playing with for specific time periods. This approach was very effective in helping the children build positive relationships and social interactions with the peers in their group, and reduce boredom and conflict by providing each child with the opportunity to play with each activity set. The teachers also provided simple reminders and redirection with a focus on safety such as reminding children to use, "walking feet" rather than telling them to stop running. All staff presented positive and nurturing demeanors, and used calm and encouraging tones of voice when interacting with the children. Ratio was maintained as required by age in each classroom.

Good health and safety practices were observed on the day of my visit. I was able to observe a diaper change and staff did follow the required procedures. Over the counter medications, diaper creams, and other personal items were properly labeled and stored. Allergy response plans were available and posted in classrooms for children with identified food allergies. Teachers did provide supervision and assistance to children as needed when using restrooms and washing hands. Good cleaning practices were observed during the visit. This included staff sanitizing and disinfecting toys, furniture, and materials as needed. Staff were also very conscious of issues such as waiting for children to be out of the immediate area, and allowing disinfectant products sufficient time to dwell. Chemical cleaners, personal items, and other items that could pose a safety risk to children were stored in areas that were not accessible. The toys and items identified in the prior visit as being potential chocking hazards had been removed from classrooms serving children under 3 years of age. First aid kits were present in classrooms and had items necessary to address most common first aid needs. Safe sleep practices were followed in the infant room for children under 1 year of age. Older children make use of cots, and appropriate bedding was provided for all cribs and cots. Good feeding positioning was observed with all children being fed in an upright position.

The center playground has an older preschool age climbing structure and a new larger school age climbing structure. The older preschool climber is nearing the end of it's useful life and while still structurally sound does need to be monitored. The center had performed maintenance to address the issue of support for the slide chute that was separating from the entry platform. Pea gravel is used for fall surfacing beneath this structure and has developed a hardpan layer that either needs to be aerated or supplemented to ensure a proper depth of loose material. The larger school age climber is a new structure that was observed to be in good repair but did have one connecting bolt on the blue slide chute that was missing and needs to be replaced. Rubber mulch is used for fall surfacing for this structure and a good depth of material was present. The playground is fully fenced and also includes a large open grassy area. It was noted that the ground beneath the fencing has settled and has created gapping that creates an entrapment risk. Shade is provided by several mature trees, and a constructed picnic shelter.

The center has a full kitchen and meals are prepared on-site. The center participates in the Child and Adult Care Food Program (CACFP) and uses a four week menu rotation with a good variety of nutritious meal options. The meal served on the day of my visit was consistent with the planned menu. Good food storage and handling practices were observed both in the kitchen and the classrooms. Breakfast was served during the time of the visit. The staff did wear food service gloves and used measured serving utensils. The teachers did sit at the tables and ate with the children to provide supervision and model good eating habits. The kitchen was observed to be clean with no evidence of insect or rodent infestation.

In reviewing administrative records all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were present and posted in an area that was readily accessible and visible to parents and visitors. One issue that was noted is that another posting had been placed where it did cover the contact number for reporting concerns of child abuse. As a reminder these notices must be posted so that they are fully visible at all times. Other required postings for emergency evacuation, emergency numbers, diapering, handwashing, daily schedule,

curriculum, and menu were also present. A random selection of 20% of child files were reviewed and each reviewed file was found to contain all required information with the exception of 1 that needed a current physical. One issue that was noted is that while the center did have response plans for children with food allergies they did not have them for other medication or environmental allergies. A random sample of 20% of staff files were reviewed and compared to the self-audit completed by the center which was found to be accurate and showed that all files contained all required information. All required inspection logs and certificates were current and valid. The centner does not have a radon mitigation system and with tested levels below the 4.0 cutoff limit it was reviewed that retesting is now required every 5 years. The center parent handbook was reviewed and some required policies had not been brought forward in the most recent revision, or needed to expanded.

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.
-- Written policies need to be included or expanded to ensure all required elements are present for Nutrition, Health & Safety (handwashing, response plans, immunization exemptions), Curriculum, Staff Orientation/Training.

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). The missing anchor bolt on the blue slide of the school age climbing structure needs to be replaced. The gapping beneath the fencing needs to be reduced.

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

A list of required written policies with suggestions for implementation was provided. A sample form for medication and environmental allergies was also provided.

Rose stated that maintenance had already been scheduled for the playground to aerate the fall surfacing and was scheduled for the coming weekend.

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.

Date: 05/09/2026

HHS Licensing Consultant: Ray Salsbury

CHILD CARE CENTER ANNUAL EVALUATION

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**.