Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Discovery Daycare

Provider No.: 17841

Address: 600 2nd Ave SW, Pocahontas, IA, 50574

County: Pocahontas

Director's Name: Sarah Vial

On-Site Supervisor:

Phone Number: 7123354804

E-Mail: discovery.daycare@pocahontashospital.org

HHS Visit Date: 08/14/2025

Licensing Period: 09/01/2023 to 09/01/2025

Fire Inspection:

Date Inspected: 10/03/2024

Comments:

Report Visit Type:

- [ ] PTO
- [ ] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

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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	9	5	30	10	54
Summer					0

1. Basic Overview

An unannounced visit was made to the Discovery Daycare center on 08-14-25 where I met with the center director, Sarah Vial. Sarah has been the director of the program since 2013 and is well qualified for the position based on her experience and on-going training. The program is located in a wing of the St Peter's Church in Pocahontas. While having a strong collaborative relationship with the church the program is overseen by an independent board of directors. The center provides full range child care serving infants through school age children.

The general layout of the program remains the same as in prior years. Building has a split level design with infants and school age children on the lower level, and preschool age children on the upper level. The center has space to divide the infants into two classrooms if needed but on the day of my visit were just making use of one infant room. The infant does have a mobile fence and gate divider to separate the primary programming area which is carpeted from a tiled area used for feeding and diapering. Windows of the lower level are located along the top of the walls and provide natural light but do not provide any real view or ventilation. The classrooms on the upper level do have more traditional windows that provide light, a view, and ventilation. The preschool and two year old room of the upper level are separated by a mobile panel divider. Each room has secondary exits to the main access corridors. Restrooms are located on the upper level off the main corridor and staff were observed to escort children to the restrooms as needed to ensure that supervision was provided as required. Additional sinks are located in both infant rooms, and the 4 year old preschool classroom to facilitate hand washing.

The center has a playground space that is divided into two areas with one for the infants/toddlers, and the other for the preschool/school age children. While the church does have full kitchen facilities available all meals are contracted. During the summer meals are prepared by the local hospital and transported in hot/cold holding containers for the infants and younger preschool children. The older children go the local community school to participate in the school summer lunch program. During the school year all meals are prepared by the school.

Classrooms are divided into activity centers through the placement of furniture and play structures. The equipment and materials present in the classrooms were observed to be good repair and appropriate to the ages of the children present. T here were some minor maintenance issues noted in the classrooms but the center has implemented some temporary solutions to address this. This includes options such as moving shelving units in front of radiator sections that were missing, or covering smaller gaps with duct tape. Other issues included loose or missing hardware such as cabinet handles or hinges. While none of these issues rose to the level of being an immediate safety concern they are still issues that need to be addressed.

2. Identify Observed Strengths of the program

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Each classroom had a copy of a planned daily schedule and curriculum posted. The curriculum plans used a general focus theme and identified some specific activities that would be engaged in related to that focus theme. The younger classrooms generally had activity options characterized by craft projects. The older age classrooms had a more diverse curriculum plan that identified not only craft and special activity projects, but also options that would help the children build cognitive, and social skills. During the visit much of the activities were focused on outdoor play given that it was the first day in several weeks where the temperatures were more comfortable.

Good interactions and supervision were observed through out the day. Many of the teachers were actively engaged with the children either attending to their direct care needs such as preparing meals or diapering, or participating in their play activities. Others were engaged in providing more observational supervision which included specific attention to positioning. One example of this included when on the playground one of the teachers noted that as children shifted where they were playing some had moved to an area where a teacher was not present and commented on this to a co-worker while moving to that area. All teachers were observed to be very positive and energetic when engaged with the children. When speaking to the children all used calm tones, and positive and encouraging word choices. The center uses a proactive approach to behavior management with the teachers using routines, reminders, and redirection to encourage positive behavior.

As noted the classes spent a great deal of time on the playground which has undergone major renovations. The climbing structure in the preschool/school age playground that was identified as having reached the end of it's useful life had been removed and new commercial grade structure installed. The fall surfacing had also been replaced and now makes use of a unitary pour in place rubber material. The climbing structures that had been present in the infant/toddler playground area had also been removed but crawling tunnels and other ground play materials were present.

Good health and safety policies and practices were also observed during the visit. I was able to observe a diaper change while at the center and the staff did follow the posted procedures. With older children the teachers did escort the children to the restrooms to ensure that supervision was provided. For those children that needed assistance either with toileting or hand washing the teachers did enter the restrooms to provide that assistance. For older children that did not need assistance the teachers remained outside the restrooms but were attentive to behavioral issues redirecting peers to exit the restrooms when they began to engage in inappropriate and distracting behavior. The center does make use of approved cleaning and disinfecting products and staff did follow the label directions for their use. Chemical cleaners, personal belongings, medications, and other items that could be a safety issue to children were properly stored. Good safe sleep practices were observed for infants under 1 year of age. Older children make use of cots which did have appropriate bedding present.

The center does make use of a combination of hard copy files and an electronic file management system, (Procare) which has the functionality to provide communication with parents, and integrated informational audits. In reviewing child files the center did have contact information and physicals for all children with the exception of 2 that had recently expired. Infant daily sheets are completed and do prompt staff to gather all required information. Staff files were also reviewed and found to contain all required documentation however it was noted when reviewing the I-Power training registry that many of the staff did not have documentation of having completed the required 6 hours of on-going professional development. In reviewing inspection logs and certificates the center did have documentation that fire and tornado drills had been completed and documented monthly as required. Radon testing was last completed in 2020 and had measured levels of 1.0 pCu/L which is well below the maximum cutoff limit of 4.0. It was confirmed that the center does not have a mitigation system and Sarah was informed that testing does need to be renewed and if it remains below the allowable cutoff limit those results would be valid for 5 years. All other inspection logs and certificates were available and current.

3. Identify the aspects that fall below the standard

109.7(2): Center directors and all staff have the required contact hours of training.
-- When reviewing the I-Power Training Registry only 1 employee had documentation of completing the required 6 hours of on-going professional development, and profiles were not found for staff identified as part time employees. While training can be completed outside of the I-Power system staff do need to upload those certificates to ensure that they are provided by approved training entities and meet training requirements.

109.11(3)a: Center shall ensure that:Facility and premises are sanitary, safe, and hazard free.Sufficient lighting shall be provided.Sufficient ventilation.Sufficient heating.Sufficient cooling.Equipment placed in the program area is maintained so as not to result in injury to the children.

-- Staff were observed to step over the mobile fence/gate barrier in the infant room. This does create a significant risk of injury from tripping and falling on a child, dropping a child, or dropping an item on a child. Staff must use an access gate or opening. Boppy pillows were present in the infant room and it was reiterated that these shall only be used for their intended purpose as an aid to nursing mothers, and shall not be used as supports or pillows for infants in cribs or engaged in floor play/activities.

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 fence enclosing the outdoor playground has significant flex in the areas between support posts at the ground, and at the junction of the dividing fence for the infant/toddler playground.

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

The requirement to use gate openings for barriers in the infant room and the risks of stepping over the barrier were reviewed with staff during the visit who acknowledged the concerns and were observed to make use of the gate during the remainder of the visit.

Sarah acknowledged the concern regarding the fencing and stated she would contact the board regarding arranging for correction.

5. Special Notes/Recommendations

A full license is recommended at this time. At least one visit will be made to the center during the next year.

Date: 08/28/2025

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**.