Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Explorers Daycare

Provider No.: 52026

Address: 503 W Olive ST, Graettinger, IA, 51342

County: Palo Alto

Director's Name: Tammy Peyton

On-Site Supervisor:

Phone Number: 7128593773

E-Mail: jpf5374@rvtc.net

HHS Visit Date: 10/29/2025

Licensing Period: 12/01/2024 to 12/01/2026

Fire Inspection:

Date Inspected: 12/09/2022

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

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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	22	22	44	63	151
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Little Explorers Daycare on 10-29-25 where I met with the center director, Tammy Peyton. Tammy is well qualified for the position with a Diploma in Child Daycare Management, and extensive experience in early childhood care in both registered home and licensed daycare settings. The program is located in the Immaculate Conception church and operated as a non-profit program overseen by a board from the Graettinger Economic Development Council. The center offers full range child care for infants through school age children. There are currently 39 children enrolled in the center served by 10 teachers. All aspects of the program subject to licensing standards were reviewed during the visits.

The general layout and design of the building and programming spaces remains the same as identified in prior reports. The program makes use of four classrooms determined by age, (infant, 2-3, 3-4, 5+) and also has a large cafeteria gathering hall that has space which can be used for large motor skill activities. Each classroom has large banks of windows along the exterior walls that provide ample natural light, a view of the outdoors, ventilation, and secondary egress for the 3-4, and 5+ age classrooms. The infant, and 2-3 year old classrooms have secondary doorway exits providing direct access to the outdoors. Exits were observed to be clear of obstruction and opened easily and freely. Restrooms are located off the main corridor and children are escorted to the restrooms as needed. The infant, 2-3, and 3-4 year old classrooms have diapering stations present in the classrooms and 3-4 year old classroom also had an area set up for a potty chair by the changing station with a small screen. Each classroom has a sink present to facilitate handwashing. Each classroom was observed to be clean with no concerns noted due to maintenance. Each classroom has an open floor plan that is divided into activity centers through the placement of furniture, low shelves, and play structures which are arranged so as not to create any blind areas. The infant room is currently making use of low shelving units to separate the room into two sides with one for mobile infants and the other non-mobile infants. During the visit staff were observed to step over the shelving units which cannot be allowed as it creates a significant safety risk for staff tripping and dropping a child, dropping an item on a child, or falling on a child. Gates are present which can be easily opened the center may consider adding additional gate openings to other areas of the divider if ease of access is an issue.

2. Identify Observed Strengths of the program

Good interactions were observed on the day of the visit with all staff being actively engaged with the children and attending to their needs. This include the teachers playing with the children in large and small group teacher lead activities, as well as supervising the children as they engaged in self-directed play. In the infant room the teachers were working with the children to develop specific skills such as non-mobile children engaging in floor time, and working with older children making use of supported walking play. In other classrooms the 3-4 year old children were engaged in a group playdough

activity, and the 2-3 year old children were observed engaging in large motor skill play in the cafeteria/meeting hall area. Each classroom had a copy of the planned curriculum which identified a center wide focus theme, and specific learning concepts of a color, shape, and number. All of the teachers spoke to the children in calm tones using positive and supportive language. The center uses proactive behavior management techniques such as routines and reminders of expected behavior. In addition there were two teachers present in each classroom and this paired with the proactive approach resulted in a program where there were no observed behavioral concerns. Those minor issues that did arise were easily addressed with simple redirection.

Good health and safety practices were generally observed during the visit but some practices do need to be reviewed. I was able to observe a diaper change and staff did not deglove between handling soiled and clean items, nor were children's hands washed immediately afterward until an inquiry was made regarding that practice. Additionally a child did make use of the potty chair in the 3-4 year old classroom during the visit and again the staff did not have the children wash their hands following that. The staff did clean and disinfect the changing station and the potty chair, but it was noted that the product being used did provide different instructions regarding dilution and dwell times and it was not clear that the staff were fully aware of the label directions and the solutions being used. That information should be reviewed and clearly communicated to all staff to ensure proper procedures are being followed. It was noted that some of the changing stations make use of padded mats for chld comfort and while those were clean it was obvious from the debris around and beneath them that staff are not lifting those to clean the platform surface of the changing stations on a regular basis as well. Staff did clean and sanitize tables after play, and before and after snack service. Chemical cleaners, medications, personal belongings, and other items that could pose a safety risk to children were stored where they were not accessible to children. First aid kits are maintained in each classroom and taken as a whole contain a supply of materials necessary to address most common first aid needs. Safe Sleep practices were followed for all children under 1 year of age. It was noted that children over 1 year of age were provided blankets in cribs and while safe sleep practices do not apply to children over 1 it is not recommended to introduce blankets, pillows, plush toys, or other items until after children transition to cots. Older children did make use of cots but the center does need to provide cover sheets or other bedding that can be removed and laundered as needed.

The outdoor playground space is located in a large open field directly across the street from the center. The playground space is fully enclosed by fencing and the space is further divided by fencing to create a preschool/school age space and an infant toddler space. Both have a paved area, and an area with fall surfacing that consists of artificial turf over pea gravel. A large shade structure has been built that extends over part of the space in each area. There are no climbing structures present in either area but there are a variety of toys and materials that can taken out and used when the children are engaged in outdoor play. The center does have the cafeteria area that can be used for indoor large motor play when weather conditions do not allow for outdoor play. That space has options such as soft side climbers, balls, and other toys. The center also makes use of community based options such as going for walks, local parks, the public library, and public pool.

The program does have access to the church kitchen facilities and meals are prepared on-site. A copy of the planned menu was posted and the prepared meal and snack options were consistent with the planned menu. Good food storage, handling, and preparation practices were observed with the staff wearing food service gloves both when making, and serving foods. All refrigeration units had thermometers present. Meals are pre-portioned to reduce the waste. The staff did sit at the tables and ate snack with the children.

In reviewing administrative records all required notices for No Smoking, Consultant Contact, Mandatory Abuse Reporting, and the License Certificate were posted in an area readily accessible to all parents and visitors. Other required notices for emergency evacuation, emergency contact numbers, diapering procedures, hand washing procedures, curriculum, and daily schedule were also posted. It was that the emergency evacuation notices needed to be replaced as some were missing diagram and/or written instructions, and some were not present by each exit as required. Additionally while the diapering procedures posting was present in the infant room the location of the changing station had been moved but the procedures posting was not and so was not present by the station where it could be reviewed as needed. In reviewing staff and child files the center does maintain a self-audit to track what information is present and what is needed. Random files were selected for review and compared to the self-audits which were found to be accurate. Based on the self-audit and reviewed files for the children the center does need to obtain a physical for 6 children. The center did not have any children with any identified allergies but does have documents and policies to ensure response plans are developed if needed. Infant daily sheets are maintained and provide a prompt for staff to document all required elements. In reviewing staff files 1 was found to need an updated Iowa SING background check, 2 needed a current physical, and 2 needed renewed mandatory reporter training. All inspection logs and certificates were available and current.

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3. Identify the aspects that fall below the standard

109.6(4)c: Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs.
-- Number not in compliance: 1

109.9(1)b: All files contain a pre-employment physical exam report completed within six months prior to hire and at least every three years. Physical exams shall be documented on form 470-5152, Child Care Provider Physical Examination Report.
-- Number not in compliance: 2

109.9(1)c: All files contain documentation to indicate that ongoing staff training requirements are met, including current certifications in first aid/CPR and mandatory child abuse training.
-- Number not in compliance: 2

109.10(13)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.
-- The required evacuation instructions were incomplete in multiple classrooms with some not being posted by each exit, and in other classrooms missing either the written or diagram instructions. As a reminder both written and diagram instructions for are required for fire and tornado evacuation by each exit from all programming spaces.

109.11(2)b: Program space must meet the following conditions:Room must be arranged so as not to obstruct the direct observation of children by staff.Individual covered mats, bed, or cots and appropriate bedding will be provided for all children who nap.Equipment and materials are maintained in a sanitary manner.Sufficient spacing must be maintained.The center will have sufficient toilet articles for each child for hand washing.
-- When using divider barriers in classrooms such as the low shelves in the infant room staff must use access points or gates that do not require them to step over barriers. Cover sheets or other appropriate bedding is required for all cribs, cots, or mats used for sleeping/napping children.

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 ensure that children washed their hands immediately following diapering changes, or when using restrooms/potty chairs. Hand washing is required for each child each time regardless of if the child touches contaminated surfaces or not.

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

Tammy has provided communication reminders, and deadlines for parents, and staff to provide required documentation.

Tammy stated that the other concerns would be reviewed in a staff meeting.

5. 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.

Date: 11/07/2025

HHS Licensing Consultant: Ray Salsbury

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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**.