



Health and
Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Nature Explorers

Provider No.: 52923

Address: 214 W 2nd Ave N, Estherville, IA, 51334

County: Emmet

Director's Name: April Breck

On-Site Supervisor:

Phone Number: 7122092965

E-Mail: michellehowing@yahoo.com
lirpa89@hotmail.com

HHS Visit Date: 04/29/2025

Licensing Period: 08/01/2025 to 08/01/2027

Fire Inspection:

Date Inspected: 07/21/2025

Comments:

Report Visit Type:

- ☐ PTO
- ☒ Licensing Visit
- ☐ Drop In
- ☐ Administrative Change

License Type:

- ☒ Full
- ☐ Provisional

Quality initiative:

- ☐ Accrediation

Program Duration:

- ☒ Year-Round
- ☐ School Year
- ☐ Summer Only



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HOURS:	<u>Year-round</u>	<u>School-Year</u>	<u>Summer Only</u>
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:

- ☒ Infant(0-<24 Months)
☒ Toddler
☒ PreSchool
☒ School Age
☐ All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	28	25	54	64	171
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Nature Explorers program on 04-29-26 where I met with the center director, April Breck. April is well qualified for the position based on her experience and on-going training. The program is located in the old McKinley elementary school in Estherville. The center provides full range care serving infants through school age children. The program is operated as a non-profit entity overseen by a board of directors that oversees a sister program, Tiny Treasures, which is also located in Estherville providing programming for infants. There are approximately 75 children currently enrolled in the center served by 25 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The layout of the center remains much the same as in the prior visits. The children divided by age groups making use of 5 distinct classrooms, and the school age children in a larger commons area that was previously the cafeteria space of the building. The building has a split level design with the preschool age children located on the upper level, and the school age children and the infants on the lower level. The infant area and school age age are have direct exits to the exterior. The preschool rooms make use of evacuation windows on the west side of the building, and a connecting door of the administrative offices for the 4 year old children. The administrative office configuration does have a desk work area located in front of that door and the center will need to verify with the Fire Marshal that this does not violate fire code. Each classroom with the exception of the school age space has large banks of windows that provide ample natural light, a view of the outdoors, and ventilation. Rooms were observed to be clean with no maintenance issues noted. Restroom facilities are located directly accessible from each classroom with the the center having completed renovation to install two new restrooms directly accessible from the school age space. Additional restrooms are located off the main corridors. Activity centers are created through the placement of furniture and play structures and are arranged so as not to create any blind areas.

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Good interactions were observed throughout the time of the visit. The center does have established schedules and curriculum plans for each classroom. The curriculum uses a general focus theme, and the staff then identify specific activities that will be completed which are reflective and supportive of that focus. During the visit the teachers in each classroom were actively following the schedule and curriculum. This included following a breakfast rotation where each class came to the cafeteria area at different times to reduce congestion. When in classrooms the teachers engaged the children in planned activities such as teacher lead group learning, self-directed center play, and small group craft or worksheet activities. While the classrooms did have established schedules and lesson plans the staff also displayed good judgement with being flexible to changes based on child interest. As an example in the 2 year old room a teacher was attempting to read a story to a group of children who were not focused on listening and the teacher noted that several were dancing to background music. The teacher responded by shifting from reading to engaging the children in a music and dance activity rather than entering into a power struggle and attempting to make the child focus on the story. All staff appeared to be very energetic and positive during the visit. All staff were observed to use positive behavior management techniques of routines, reviews of expected behavior, classroom helper jobs for children, praise, and positive recognition. These approaches were very effective in that there were only a few minor issues which were easily addressed through simple redirection and problem solving.

The center does have good health and safety policies and practices in place. I was able to observe several diaper changes during the visit and the staff did follow the established procedures. It was noted that as classrooms had rearranged furnishings some of the changing stations had been moved but the changing procedures posting had been left where they had previously been hung so that they were no longer next to the changing station. It was reviewed that those postings do need to be present at the changing station and hung where they are visible to staff. During the visit staff were observed to use good hygiene practices with ensuring the children washed their hands as required and assisted as needed to ensure that they did so effectively. The teachers also directed the children to wash at other times their hands became soiled such as when one child sneezed into their hands. The center does use an approved disinfectant and the staff did follow the label directions when using that product. First aid kits are maintained in classrooms and have materials necessary to address common first aid needs. During the visit one child did have a bloody nose and the teacher followed good practices both for reassuring and assisting the child, and using good universal precautions procedures in dealing with the blood. Good safe sleep practices were followed for infants making use of cribs. Cots were available for older children. All cribs and cots had appropriate bedding which could be removed and laundered as needed. Good feeding position was also observed for all children. One issue that was noted is the center was using "stock" medications which are supplies purchased by the center and available for use by all enrolled children. It was reviewed that this is not a recommended practice and that parents should provide any medications or other over the counter health products they want their child to use to ensure that the parents do approve the specific product, and to reduce the risk of cross contamination.

The center has a full kitchen and meals are prepared on-site. Good food handling and service practices were observed with the cook pre-portioning meals while wearing food service gloves, and using measured scoops. All staff did wash their hands before serving or handling food items. Food items were properly stored for both dry pantry and refrigerated food items. A menu was present which identified a good variety of nutritious meal options. While the teachers did not eat with the children they did sit at the tables to provide supervision.

The center has two playground areas. One is a more traditional space with climbing structures that make use of foam tiles for fall surfacing. The other is a larger more open natural space with grass, several mature trees, and a small climbing structure that uses rubber mulch for fall surfacing. The equipment was observed to be in good repair in both areas. There were a couple issues noted with the natural playground space. As noted there was a small geodesic climbing dome which had been placed in an area that used a low retaining wall to contain the rubber mulch. The concern resulted from several dramatic play structures that had also been placed in this area which resulted in there being insufficient use/fall zones around the climbing structure. It was reviewed that the dramatic play structures were not intended for use as climbing structures and should be moved outside of the area using fall surfacing which would then allow for proper use zones of the dome climber. Both playground are also fully enclosed by chain link fencing and it was noted that several of the retention clips used to secure the fence to the support posts were broken or missing. This combined with low areas at the base of the fence created several entrapment hazards. Shade is provided by mature trees in both areas.

In reviewing administrative records all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were present and posted in areas where they were visible to all parents and supervisors. Other



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required postings for emergency evacuation, emergency numbers, diapering, hand washing, curriculum, schedule, menu, and disease exposure were also present. A random sample of approximately 20% of child files were selected for review and all contained all required documentation. The center does use an electronic communication application for logging infant daily sheets and while staff were documenting all required elements in general there was some inconsistency for documentation of daily activity and disposition. It was reviewed that these need to be documented daily both AM and PM to show any changes in functioning that may occur. A random sample of 20% of the staff files were also selected for review and compared to the self-audit completed by the center which was found to be accurate. Again all files were found to have all required information. In reviewing inspection logs and certificates all were current and available with the exception of Radon, and Vehicle Maintenance. Radon testing results were present but it was noted in the prior visit that radon testing had been completed and would still be valid but the center does need to maintain documentation to ensure that it can be reviewed as needed. Similarly the center did not have documentation of maintenance reports for center owned vehicles but April confirmed that service had been provided. It was reviewed that center owned vehicles should be serviced or inspected at least annually or more frequently as needed and that documentation whether in the form of a bill, multipoint inspection form, or other documentation from the service provider is maintained for review. The parent handbook was reviewed and while all required written policies were present some were identified that should be expanded including Field Trips, Transportation, Health & Safety (notice of immunization exemptions), Incident Reporting, and Curriculum.

3. Identify the aspects that fall below the standard

109.11(2)a: The center will provide sufficient and safe indoor play equipment, materials, and furniture. It must meet the developmental, activity and special needs of the children.

-- Several toys were present in the infant room which had parts that could easily break off and become choking hazards. --
CORRECTED -- Staff did immediately move through the room and removed those items identified as being of concern.

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 square 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 outdoor playground identified as the "Natural" playground did have non-climbing structures located in close proximity to the geodesic dome climber such that required use/fall zones were sufficient. Those non-climbing structures need to be moved to allow a minimum of 6 ft of distance in all directions around the dome climbing structure. Missing fence retention clips also need to be replaced. The low areas around the fencing that create a space between the fence and the ground that is more than 3 inches but less than 9 inches also create entrapment risks and need to be corrected by either lowering the fence, filling in dirt, or installing a supplemental barrier.

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

The center immediately removed the items that could be a choking hazard.

April stated that she would contact the maintenance contractor about the playground concerns.

A list of required written policies with guidance on implementation was provided to the center.

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: 05/06/2026



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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>**.