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

Name of Center: Little Explorers Daycare **Enrollment:** 35 **License ID No. (Reapplications)** 52026

Street: 503 W Olive ST **City:** Graettinger Iowa **Zip** 51342 **County:** Palo Alto

Mailing Address: 503 W Olive St, Graettinger, IA, 51342

Director's Name: Tammy Peyton **Phone Number:** 712-859-3773

On-Site Supervisor(s): **E-Mail:** jpf5374@rvtc.net

Date(s) of Visit: 07-30-2024

X **Licensing Visit** X **Unannounced Visit** **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: 12-09-2022

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 X 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	22	22	44	63	151
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 12-01-2024 to 12-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-31-2024

I. IF CURRENT LICENSE IS PROVISIONAL, IDENTIFY THE CORRECTIVE ACTIONS

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced licensing visit was made to the Little Explorers Daycare on 07-30-24 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 35 children enrolled in the center served by 8 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 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 with the required procedures postings present in the classrooms for the younger two age groups but not in the 3-4 year old classroom. 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 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. The staff were observed to move one shelving unit when accessing the programming space. Tammy did identify that the center is looking to acquire a mobile fence and gate system to provide easier access.

As with the facilities the arrangement of classrooms remains much the same as in prior visits. The available activity centers in each classroom varies according the developmental levels of the children with increasing options available to older age groups. Activity center include books, art/crafts, and large manipulatives in all classrooms with older age groups adding dramatic play, small manipulatives, sensory, math/science, and group learning. Each activity center was well stocked with a variety of toys that were in good repair and generally appropriate to the ages of the children present. There were a few items with small parts that could break off which would be less than 1 1/4 inches diameter and 2 1/4 inches length. Items of that size are considered choking hazards and need to be removed from classrooms serving children under 3 years of age. Each classroom had a copy of the daily schedule posted. The center is using a general centerwide curriculum identifying a learning focus with each classroom then developing specific activities to implement that focus as well as older classrooms also identifying numbers, colors, shapes, and other specific learning concepts of focus. The general learning focus on the day of my visit was "Under My Feet" with the school age children doing activities focused on insects. Good interactions were observed with regard to all staff being engaged with the children and attending to their needs. The teachers in each classroom were also presenting the planned curriculums such as the school age children doing a cut & paste of insects and then labeling the various parts of an insect. The center does use a positive behavior support approach to encourage appropriate behavior in children with using routines, reminders, and redirection. All of the teachers spoke to the children in

calm tones using positive and supportive language.

Good health and safety practices were generally observed during the visit. I was able to observe a diaper change and staff did follow the established procedures. Over the counter medications were labeled with the names of the individual to whom it belonged and stored where it was not accessible to children, as were chemical cleaners. One issue that was observed was a staff purse that was left out in an area that was defined to be a teacher work area. While not intended for general programming use by the children it was still accessible to the children. Good cleaning practices are in place with the staff cleaning and disinfecting surfaces as needed, waiting for children to be out of the immediate area when using chemical cleaners, and following the label directions regarding use and storage. There were no children currently taking any prescription medications on the day of my visit but the center does have policies in place should it become necessary in the future. 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 but several of the individual kits were depleted and need to be replenished especially if these are the kits used when taking children to off site activities. Safe Sleep practices were not being followed with items such as spit-up cloths and white noise machines being hung on crib rails, a pacifier with a teething bead ribbon clip in a crib, and an infant that was partially swaddled with one arm pinned. It was reviewed that each of these would be a violation and that nothing can be hung on or over cribs, a simple pacifier is allowed, teething beads would be a choking hazard, and children shall not be swaddled. If a swaddling sleep sack is used the wings must be secured around the torso so that the arms and legs are not bound and are

The center has added an outdoor playground space but is in the process of planning and fund raising to install equipment. The playground is currently 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. 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. 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 of soft tacos, pears, corn, and milk was consistent with the planned menu. Good food storage, handling, and preparation practices were observed with the staff wearing food service gloves. All refrigeration units had thermometers present. Meals are pre-portioned to reduce the waste but it was noted that the staff do not use measured scoops. While not required this can be a way to ensure that each child receives a full serving. The staff did note that children are always provided additional servings if they are still hungry. Supervision practices also need to be reviewed. During the visit the staff did eat at the same time as the children but at separate tables. Supervision is required at the tables where children are eating and if staff sit to eat with the children this ensures not only good supervision, but allows the staff to model good eating habits.

In reviewing administrative records all required notices for no smoking, consultant contact, mandatory child abuse reporting, and the permission to open letter were posted in an area readily accessible to all parents and visitors. Evacuation notices that include both diagram and written instructions were posted in all classrooms but were not present by each exit as required, and the diagrams did not show the route of evacuation from the classroom. Options such as using color coded lines to denote the evacuation route were discussed. 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 9 children, and also document that each file is updated annually to ensure all contact information and authorizations are current. In reviewing staff files all were found to contain all required documentation. The center did have documentation that monthly fire and tornado drills were being conducted however all were conducted during the morning hours. It was reviewed that variation in the dates and times is needed to ensure that all children and staff have an opportunity to practice emergency drills. All other inspection logs and certificates were available and current. One issue that was noted is that while the center had conducted Radon testing the results were above the cutoff limit of 4.0 piCu/L with measured results ranging from 4.7 to 7.0 piCu/L. It was reviewed that with readings exceeding the allowable limits the center does need to develop a mitigation plan. The center handbooks have been previously reviewed and the center has completed the required emergency response plans policies that were needed.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

This program has continued to see growth over the past year with an increase in child enrollment, staff numbers, and physical facilities. The center does have continued plans for expansion and further development of the outdoor playground with obtaining and installing a climbing structure for the children.

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

109.9(2): All files are updated at least annually and when a change occurs.
-- Documentation was not present in files for children that have attended the center for more than 1 year that the files had been updated and authorizations renewed or extended.

109.10(1)a: Preschool (for children five years and younger not enrolled in school): Physical exam report submitted within 30 days of admission, was obtained no more than 12 months prior to admission, is signed by a licensed MD, DO, PA, Chiropractor or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.
-- Number not in compliance: 9

109.10(15)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.
-- Evacuation notices were not present by all exits from all programming spaces, specifically by the direct exits of the infant and toddler rooms. Diagram instructions did not contain drawn route of evacuation information.

109.11(7)b: Centers at ground level that use basement area as program space, or have a basement beneath program space: Testing and plan for remedy of radon is conducted.
-- Radon testing had been conducted but the tested levels exceed allowable cutoff limits and the center needs to develop a plan for remedy or mitigation.

109.12(5)e: The provider shall follow safe sleep practices recommended by AAP for infants under one year of age:Infants shall always be placed on their back for sleep.Infants shall be placed on a firm mattress with a tight fitted sheet that meets Consumer Product Safety Commission federal standards.Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface. No child will be allowed to sleep in any items not designed for sleeping but not limited to, an infant seat, car seat, swing, bouncy seat.No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.No co-sleeping shall be allowed.Sleeping infants shall be actively observed by sight and sound.If an alternate sleeping position is needed, a signed physician or physician assistant authorization with statement of medical reason is required.
-- Safe Sleep requirements were not followed with spit-up rags and white noise machines hung on crib rails, pacifiers with teething bead ribbon clips in cribs, and an infant swaddled with one arm restrained.

V. 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.

*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.