Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Eldora Children's Center Inc

Provider No.: 16190

Address: 1025 11th AVE, Eldora, IA, 50627

County: Hardin

Director's Name: Kendra Kendall

On-Site Supervisor: Zoe Tomlinson - AD, Terry Weatherly - OSS

Phone Number: 6419393926

E-Mail: eccdirector@southhardin.org

HHS Visit Date: 03/20/2026

Licensing Period: 05/01/2026 to 05/01/2028

Fire Inspection:

Date Inspected: 05/16/2025

Comments:

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 2

- [ ] Accrediation

Program Duration:

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

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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	22	17	22	25	86
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Eldora Children's Center on 03-20-26. Kendra Kendall is the center director but was not in on the day of the visit so I met with on-site supervisor Terry Weatherly. Kendra took over the director position in 2018 and is well qualified for the position with prior experience as a director of another program. Zoe Tomlinson was appointed as the assistant director, and Terry Weatherly as on-site supervisor for when Kendra is not available in 2024. Both are also well qualified for the positions based on their prior experience, education, and on-going training. The program relocated to a renovated building on the Eldora elementary school campus in 2025. Although having a close cooperative relationship with the school the program is operated independently of the school under a separate board of directors as a non-profit entity. The center provides programming for infants through school age children. There are 55 children currently enrolled in the program served by 11 teachers. All aspects of the program subject to licensing standards were reviewed.

As noted the program moved into a renovated space and has completed the interior work and landscaping but still has some elements to complete with regard to the outdoor playground. The interior space and programming remains the same as in the prior report. The center continues to determine classrooms by age groups with one for infants birth to 18 months, one for children 18 months to 2 years, 3 year olds, preschool, and school age. The infant, 2 year old, and preschool rooms all have secondary exits providing direct egress to the exterior. The 3 year old and school age rooms have pass-through connections to other rooms that have direct egress. All emergency exits were observed to be clear of obstruction and opened easily and freely. The preschool room does have windows that provide a view of the outdoors and natural light while the other rooms do not have windows. Each room has access to restroom facilities directly from the room, and additional restroom facilities are available off the main corridor which are the primary facilities used by the school age children. Changing stations are also available for the infants, toddlers, and 3 year old children. Additional sinks are

available in the classrooms to facilitate hand washing. Children were escorted to the restroom as needed to ensure supervision was provided on the day of the visit. Each room was observed to be clean with no issues regarding construction or maintenance noted. Each room has an open floor plan that is divided into activity centers through the placement of furniture and play structures which were arranged so as not create any blind areas. The infant room removed the mobile fence and gate system used to define a programming space for younger non-mobile infants and now has the full of the classroom accessible to all children.

2. Identify Observed Strengths of the program

Each classroom had a copy of the daily schedule and planned curriculum posted, and good engagement was observed. Each teacher appeared to be implementing the planned schedule moving through different activities such self-directed center play, teacher lead group learning, and outdoor play. Each teacher presented a positive and energetic demeanor, and used calm tones when speaking with the children. Each teacher was actively engaged with the children joining their play or presenting the planned curriculum. The center uses a positive behavior management approach which seeks to reduce the occurence of negative behavior through the use of routines, reminding children of expectations, recognizing positive behavior, and redirecting children as needed. Ratio was maintained in each classroom as required by age.

Good health and safety practices are generally observed during the visit but some practices do need to be reviewed. I was able to observe a diaper change in a couple of the classrooms and staff did follow the required procedures though one staff did not deglove between handling soiled and clean items, and the changing pad in one room had a tear in the protective cover and needs to be replaced. Good hand washing practices were observed with both staff and children washing their hands as required. Good cleaning practices were observed when using chemical cleaners with staff waiting for children to be out of the immediate area. Tables were sanitized before and after meal service. The center does use different products for sanitizing and disinfecting surfaces and again the staff were aware of the difference between the products and when they are used. First aid kits are maintained in each classroom and generally contain materials necessary to address most common first aid needs. Purses, medications, chemical cleaners, and other items that could be a hazard to children were stored in a location where the children would not have access to them. One issue that was noted was the presence of a couple toys with small parts that could easily break off which would be a choking hazard in both the infant and 2 year old rooms. As a reminder choking hazards are items to toys with parts that can break off which would be less than 1 1/4 inches diameter and 2 1/4 inches in length. While the number of toys that presented a concern was very limited it is a good reminder that items can migrate in from other classrooms and the staff need to remain vigilant in reviewing materials on a regular basis to ensure suitability for use. Good safe sleep practices were followed on the day of my visit for infants under 1 year of age. Bedding was present for cots being used for napping by older children.

A kitchen area is located in the preschool classroom separated by a counter and half door to prevent intrusion by the children. While there are a number of stoves present the center is currently making us of non-frying options such as the oven and crock pots. Good food storage practices were observed for both dry pantry and refrigerated items. I was able to observe the breakfast service during the time of the visit. Good food handling practices were observed with teachers wearing food service gloves, using measured scoops, and providing supervision at the tables when children were eating. For younger children that spilled their meal, cereal, the spilled items were cleaned up and a new serving offered. A copy of the menu was posted and identified a good variety of nutritionally balanced meal options. The children do eat in the classrooms and the teachers eat with the children to provide supervision and model good eating habits.

The center playground was removed as part of the renovation. The program does not currently have access to a traditional playground but does have access to a large open grassy area. During the visit the children were observed to be playing outside with some participating in an organized game, and some engaging in self-directed play. The center does have plans to construct a traditional playground in the future.

In reviewing administrative records all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted in an area readily visible and accessible to parents and visitors. Other required notices for emergency evacuation, emergency numbers, hand washing, diapering, disease exposure, daily schedule, curriculum, and menu were also present. It was noted that emergency evacuation postings had been knocked down or were otherwise missing from some designated exits and the staff stated they would repost them. All required inspection logs and certificates for the fire inspection, carbon monoxide, playground, fuel burning appliances, and emergency drills were current and available. Radon testing had not been completed yet but the center is still within the first year of the renovation work

which included foundational construction and the center is waiting to provide time for the foundation to resettle. In reviewing staff and child files the center does maintain a self-audit system to identify and track what information is present and what needs to be obtained or updated. A random selection of 20% of child, and 50% of staff files were selected for review and all were found to contain all required information with the exception of 1 employee who had a recently expired physical. The parent handbook was reviewed and found to contain most required written policies but some had not been brought forward in the most recent revision.

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 polices were needed for, Field Trips, Transportation, Incident Reports, Biting, and Confidentiality. In addition other policies were present but needed to be revised to ensure that all required information was present which include Health/Safety (responding to major/minor medical dental injury, handwashing requirements for staff), and Access (visitors, sex offenders)

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.
-- Toys and materials with small parts that can easily break off that are less than 1 1/4 inches diameter, and 2 1/4 inches length need to be removed from classrooms serving children under 3 years of age. Changing pads, mattresses, and other items with waterproof covers to protect foam cores where the cover is torn need to be replaced to ensure that proper sanitizing and disinfecting can be applied.

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

A list of all required written policies with guidance for implementation was provided.

Staff did begin removing toys with small parts, and stated they would replace the items with torn covers.

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: 04/20/2026

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**.