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

Name of Center: Eagle's Wings Preschool & Childcare **Enrollment:** 79 **License ID No. (Reapplications)** 17747

Street: 600 NE 2nd ST **City:** Eagle Grove Iowa **Zip** 50533 **County:** Wright

Mailing Address: 600 NE 2nd ST, Eagle Grove, IA, 50533

Director's Name: LuAnne Pederson **Phone Number:** 515-603-3621

On-Site Supervisor(s): **E-Mail:** ewings@goldfieldaccess.net

Date(s) of Visit: 06-14-2023

Licensing Visit X **Unannounced Visit** X **Off Year Visit** **Administrative Change**

LICENSING VISITS

New Application X **Re-Application** **NA**

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 06-06-2022

FIRE INSPECTION X **State** **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 07-12-2023

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	12	14	73	30	129
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 07-01-2022 to 07-01-2024
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 06-27-2023

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

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Eagles Wings Childcare center on 06-14-23 where I met with the center director, LuAnne Pederson. LuAnne is well qualified for the position based on her experience and on-going training in early childhood care and education. The program is located in a free standing building that was designed as a child care center in Eagle Grove. The center is operated as a non-profit program overseen by a board of directors. The center provides preschool, and child care services to infants through school age children. All areas of the program subject to licensing standards were reviewed.

The general layout and design of the center and classrooms remains the same as in prior visits. The center has several classrooms designated by age groups with two rooms for infants with one for children under 1 year of age and the other for infants 1-2 years of age. Each classroom has windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. Each room has direct access to restroom facilities from the classroom and additional sinks in the room to facilitate hand washing. Rooms with younger children also have changing stations present in the rooms. Copies of the required postings for diapering were present by all changing stations, but hand washing postings were not present by all sinks used for that purpose. Each room has secondary exits either with direct access to the outdoors, or through another classroom. Evacuation notices that include both diagram and written instructions for fire and tornado were not present by all exits from all programming spaces. Emergency exits were observed to open freely and easily but access between the two infant rooms used as secondary egress was impeded by the changing station and a cabinet that had been arranged to limit access to the bathrooms in the connecting corridor of the older infant room. Given that this is a designated emergency evacuation route this access does need to remain open. Each room was observed to be clean with no food spills, trash, or other debris present. There were several concerns related to maintenance that were present throughout the center. These concerns ranged from minor issues such as damaged paint and drywall, to more immediate concerns such as a cabinet drawer front that was missing with the construction staples exposed, a window with a rotted sill, and outlet missing a cover plate in the kitchen.

In reviewing classrooms each was observed to have a good variety of toys and materials present but some toys and materials were not appropriate or created safety concerns especially in classrooms with younger children. Toys with parts that are smaller than 1 1/4 inches in diameter and 2 1/4 inches in length are considered choking hazards and should be removed from classrooms with children under 3 years of age. Children under 4 years of age can still be prone to mouthing toys and items containing small parts should be kept in storage and brought out for supervised play for children. During the visit items that would be a choking risk including toys with small parts, and teething beads were observed in the infant and toddler rooms. Other concerns regarding toys included the presence of toys that were manufactured as promotional items for food vendors which are prohibited. It was also noted that the center does make use of repurposed toys and materials such as "homemade" experience bottles. While these can be an excellent way to help children use divergent thinking, explore recycling, and practice creativity staff do need to be aware of potential concerns when using items that were not initially intended for play. As an example one of the experience bottles had a loose cap which could be a choking risk, but was also filled with dried beans which contain natural proteins which if ingested in their uncooked state can have a toxic effect. With regard to materials in classrooms concerns included a rug in the older infant room which had a raised/rolled gather creating a tripping hazard for both children and staff, and other classrooms had damaged shelving, toys, and equipment that needs to be

repaired or removed. The equipment and furniture was arranged so as not to create any blind areas in each room. One issue that was noted in the 2 year old room was the presence of a refrigerator/freezer unit that was not functioning properly. This had be identified as a concern with the refrigeration part being used for storage in the prior report and the center has addressed this by using packing tape to secure the door while still using the freezer component. The contents of the freezer were limited and it is recommended that the center consider the options of disposing of the unit and either acquiring a replacement or storing items that would be kept in the freezer in a unit in another classroom.

Copies of the daily schedule were present but a copy of the planned curriculum was not posted in each classroom as required. While it is understood that the center may have a more relaxed approach during the summer a planned curriculum is still required and does need to be posted where it would be visible to parents. Ratio was maintained as required in all classrooms and when on the playground. The level of engagement did vary between the individual staff but much of the interactions were noted to be more observational supervision. Good behavior management practices were observed with the staff redirecting children and providing reminders of expected behavior.

While the center does have established health and safety policies the implementation and practices do need to be reviewed. During the visit I was not able to observe a diaper changes but the staff were able to identify the established procedures. During the visit in the young infant room it was noted that the center did have an essential oils atomizer, powder diapering products, and teething gels containing benzocaine. These items do need to be removed due to various health risks such as respiratory concerns that can be caused or triggered by the oils and powder particles that are inhaled, and benzocaine. Safe sleep requirements also need to be reviewed as one crib was observed to have a rail mounted activity center attached and while the crib was not in use the teacher in the room did identify that it is used for sleeping infants. In addition the classroom had decorations suspended from the ceiling and these need to be moved so that they do not hang over cribs. First aid kits were present in classrooms. Each classroom had a phone with emergency numbers posted. Chemical cleaners, medications, personal items, and other items that could pose a safety risk to children were stored in areas where they were not accessible.

The center does have a full kitchen and meals are prepared on-site. A menu is prepared and the meal served on the day of the visit included a Mr. Rib sandwich, green beans, pineapple, and milk. The kitchen was observed to be clean with visible evidence of insect or rodent infestation. Good food storage and handling practices were observed. Meals are served in the classrooms and the teachers sit at the tables and eat with the children to provide supervision and model good eating habits.

The center playground is a large fenced area that uses a second smaller enclosed area for the infants and toddlers. The fence appeared to be in good repair but a few retaining clips were missing and these need to be replaced. The toddler playground has a variety of toys including a crawling tree play structure that had a reach and grasp flower activity that was damaged. The flower had been removed from the reinforced plastic stem which presented an impalement risk that could cause injury to the face if a child were to fall and this needs to be repaired or removed. The area also had a large foam play mat and the cover was torn exposing the foam core and this needs to be removed. The playground area for the older children has a large climbing structure, paved riding path, and grassy area. The play equipment was observed to be in good repair. Rubber mulch is used for fall surfacing and a good depth of material was observed on the day of my visit but has been displaced in some areas and needs to be raked back into place to reduce the risk of tripping hazards at transition points. Shade is provided by constructed gazebos in both areas. The wood of the gazebo structures, and wooden tables does need to be sanded and sealed due to splintering, and some of the screws of the wooden table were beginning to backout and need to be reseated.

Administrative records were reviewed and all required notices were posted in an area readily accessible to parents and visitors. In reviewing staff and child files the center did have a self-audit for each set of files but these were not complete. A random sample of both staff and child files were selected for review and compared to the self-audits which were found to be accurate for those records that had been audited to that point. With regard to staff files 5 were selected for review and of those 2 needed an Iowa SING background check, 1 needed a National FBI Fingerprint check, 3 needed a physical, and 4 needed documentation of on-going training. LuAnne did state that she has the equipment to roll fingerprints and the one missing employee was not yet 18. It was reviewed that requirements had changed and all staff are now required to have a national record check based on fingerprints but for employees under 18 years of age their parent or guardian needs to provide written consent for the center to conduct that check. It was also noted that for those staff who needed an updated Iowa SING record check the prior checks has only recently expired at the end of May. In reviewing child files the center had completed the self-audit which identified that 30 children needed an initial or updated physical, however it was noted that 15 physicals had been received but not yet filed. It was also noted that the center is currently using an electronic communication application to provide information to parents including infant daily sheets. When reviewing that information it was noted that staff were not include information on daily activity and disposition as required. It was reviewed that the staff can use the application to take an attach photos for the children which could be used as a visual depiction of these elements. In reviewing inspection logs and certificates all were available and current with the exception of Radon testing. Luanne stated she does have a test kit but has not done the test yet.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

Luanne stated that a recent grant has been provided to the county to assist daycare programs and she anticipates that the funds will be distributed soon which would allow the center to effect repairs to those aspects of the building that need maintenance.

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

109.9(1)b: All files contain:A signed copy of DHS criminal history record check or any other permission form approved by the Department of public Safety for conducting an Iowa or national criminal history check. A copy of Request for Child Abuse Information.Copies of the results of Iowa records checks conducted.Copies of national criminal history check results.Any Department-issued documents sent to the center related to records check.
-- Number not in compliance: 1

109.9(1)d: 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: 3

109.9(1)e: 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: 5

109.9(4): Daily written records are maintained for each child under two years of age and include time periods slept, amount of/time food consumed, time/irregularities of elimination patterns, general disposition, and general summary of activities.
-- Daily infant sheets were being completed but did not include all required elements. Staff were not including daily disposition and activities. The communication application used by the center does allow for photos to be attached and these could be used as a visual depiction of those elements. As reminder if using that option staff should be taking photos both in the morning and afternoon to document any changes in functioning throughout the day.

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: 30

109.10(3): The center shall have written procedures for dispensing, storage, and authorization, and recording of all prescription and non-prescription medications.
-- The center had essential oils and atomizers, powder diapering products, and benzocaine based teething gels. These items have been found to present increased risks for infants due to causing or increasing respiratory, or other health risks and need to be removed. The center should include either written policy or guidance for families/staff regarding not allowing these products.

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.
-- Required emergency postings for both fire and tornado with written and diagram instructions were not present by all exits from all programming spaces.

109.11(3)a: Center shall ensure that: Facility and premises are sanitary, safe, and hazard free. Adequate indoor and outdoor space is provided. The outdoor area shall include safe play equipment and area of shade. Sufficient space provided for dining. Sufficient lighting shall be provided. Sufficient ventilation. Sufficient heating. sufficient cooling. Sufficient bathroom and diapering facilities. Equipment, including kitchen appliances, are maintained so as not to result in burns, shock, or injury to children. Sanitation and safety procedures for the center are developed and implemented to reduce risk or injury or harm to children and reduce transmission of disease.
-- Fall surfacing of the outdoor playground needs to be raked back into position to allow smooth transitions between surface areas. Damaged equipment including the foam mat, and reach/grasp flower in the toddler area need to be removed. Wooden structures need to be sanded/sealed to reduce the risk of splintering, and loose hardware needs to be tightened. (NOTE: Issue of the damaged reach/grasp flower 2nd year cited)

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.
-- Testing results were not present on the day of the visit and need to be renewed.

109.12(1): Program structure that uses developmentally appropriate practices and written program of activities planned to the developmental needs of children served.Program complements but does not duplicate school curriculum.Schedule of program is posted in a place visible to parents.
-- A copy of the planned curriculum was not present on the day of the visit. (NOTE: 2nd Year Cited)

109.12(4): Sufficient toilet articles are provided for handwashing.Sufficient and safe indoor play equipment, materials, and furniture that conforms with CPSC or ASTM.Play equipment, materials, and furniture meet the developmental, activity, and special needs of the children.Room's arrangement does not obstruct the direct observation of children.Individual covered mats, beds, or cots, and appropriate bedding is provided for all children who nap.Procedures are developed and implemented to maintain equipment and materials in a sanitary manner.Sufficient spacing is maintained between equipment to reduce transmission of disease and allow ease of movement by children and staff to respond to activities and care needs.Sanitary procedures are followed for use and storage of personal hygiene articles.
-- Toys and materials with parts smaller than 1 1/4 inches diameter and 2 1/4 inches length shall be removed from classrooms with children under 3 years of age.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license will remain 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: A referral has been made to CCR&R and the Public Health Nurse to provide the center with assistance in providing training and developing a plan to correct and maintain those issues cited in the report. Failure to correct and maintain the corrections could result in negative action being taken against the center license, particularly for those issues that have been cited in prior reports.

*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.