Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Eagle's Wings Preschool & Childcare

Provider No.: 17747

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

County: Wright

Director's Name: LuAnne Pederson

On-Site Supervisor: Mercedes Meyer

Phone Number: 5156033621

E-Mail: ewings@goldfieldaccess.net

HHS Visit Date: 05/12/2026

Licensing Period: 07/01/2026 to 07/01/2028

Fire Inspection:

Date Inspected: 07/12/2023

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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HOURS:	Year-round	School-Year	Summer Only
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:

- [X] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [X] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	12	14	73	30	129
Summer					0

1. Basic Overview

An unannounced annual visit was made to the Eagles Wings Childcare center on 05-12-26 where I met with the center director, LuAnne Pederson, and Assistant Director, Mercedes Meyer. LuAnne is well qualified for the position based on her experience and on-going training in early childhood care and education. Mercedes Meyer was named as the assistant director and is qualified for that position having been with the center since 2021 and completing on-going professional development. 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. There are currently 75 children enrolled in the center served by 14 staff. All areas of the program subject to licensing standards were reviewed.

The general layout of the center and classrooms remains the same as in prior visits. The center has several classrooms designated by age groups. There are two infant rooms with one for children under 1 year of age and the other for infants 1-2 years of age. Subsequent classrooms serve children 2-3 yoa, 4-5 yoa, formal preschool, and school age children. 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. Each room has secondary exits either with direct access to the outdoors, or through another classroom. Emergency exits were observed to open freely and easily. One issue which was noted was with regard to tornado shelters. The center makes use of a combination of spaces that include storage closets some of which had materials stored in a manner that would limit the viable useable space. While not rising to the level of being a violation it was reviewed that these should be cleaned or organized to provide sufficient space for staff and children to shelter if needed. Each room was observed to be clean. There were several maintenance issues that were present throughout the center which included issues such as damaged cabinetry doors, an electrical outlet with a

cracked cover plate in the older infant room, loose door handles, and other equipment. While these issues did not rise to the level of being an immediate safety risk these do need to be addressed. Each classroom had activity centers created through the placement of play structures, and furniture that were arranged so as not to create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were observed in all classrooms on the day of the visit. Copies of the daily schedule and curriculum were posted for the 2 yoa and older classrooms. The curriculum focus was related but different for each classroom such as the 2-3 year olds which had a focus theme of "Nature's Builders", and the 3-4 year olds which had a theme of "Birds". All staff were engaged with the children during the time of the visit either playing with the children or attending to their needs. This included during self-directed center play teachers moving around the room playing and talking with the children. Classrooms were also observed to engage in teacher lead small group activities. One example of a very positive approach was in the 2-3 year old classroom where the teacher had gotten a cot out for a child that was tired and was sleeping during the time when the class was engaged in center play. By supporting the child's individual need for rest rather than attempting to keep the child awake and participating it prevented a situation of a power struggle and frustration that could have lead to behavioral issues. When interacting with the children all staff presented an energetic and positive attitude. All staff used calm tones and word choices when speaking with children. The center continues to use positive behavior management approaches such as transition activities and reminders of expected behavior, redirection, and guided problem solving. Ratio was maintained in classrooms as required by age.

While the center does have established health and safety policies some practices do need to be reviewed. I was able to observe a diaper change during the current visit and while the teacher did follow good practices overall she did not wash the infant's hands immediately after the diapring before returning the child to the programming space. Good handwashing practices were observed in other situations with both the children and staff washing when required such as prior to meals, and following restroom use. Staff did follow good practices when using chemical cleaners waiting for children to be out of the immediate area, and following a 3 step process to clean, rinse, and sanitize/disinfect as needed. 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 to children. First aid kits were present in classrooms and while taken as a whole the center does have materials necessary to address most common first aid needs individual kits do need to be reviewed and replenished. Medications were properly stored with prescription medications being maintained in a lock box in the kitchen. Documentation was maintained for medication administration. Each classroom had a phone with emergency numbers posted. Safe sleep practices were not followed for infants under 1 year of age with one child being left to sleep in a chair. For older children the center does make use of cots and cot sheets were observed to be present. The toys with parts that could be considered choking hazards had been removed from classrooms serving children under 3 years of age.

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 was consistent with the posted menu. The kitchen was observed to be clean with no evidence of insect or rodent infestation. Good food storage and handling practices were observed for both dry pantry and refrigerated. 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. Teachers wore food service gloves, and used measured scoops when serving children.

The outdoor playground is divided into two spaces with one for infants and toddlers, and one for preschool and school age children. The infant and toddler playground has a variety of small climbing, and non-climbing structures which were observed to be in good repair. A unitary pour in place material covers the entire activity area serving as both fall surfacing and soft play covering. An awning shade structure was installed. The playground area for the older children had a large climbing structure which is showing it's age and needed maintenance for several missing and loose hardware connections. Rubber mulch is used for fall surfacing and has been displaced creating a tripping hazard at the point of entry from the main walkway, and insufficient fall surfacing for the west side of the climbing structure. A wooden gazebo shade structure is present. The playground is fully enclosed by fencing, and is also used to separate the infant/toddler area from the preschool playground area. The fencing was observed to be in good repair for the older playground, but had areas of gapping in the toddler playground at the ground level. There were areas beneath the fencing which was more than 3 1/2 inches but less than 9 inches which creates an entrapment risk. This does need to be addressed by adding material, installing a barrier, or adjusting the fence.

Administrative records were reviewed and all required notices for consultant contact, mandatory abuse reporting, no smoking, and the center license were posted in an area readily accessible to parents and visitors. Other required postings for emergency evacuation, emergency numbers, diapering, handwashing, schedule, curriculum, and menu were also present.

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In reviewing staff and child files a random sample of both were selected for review and compared to the self-audits completed by the center which were found to be accurate. With regard to child files the self-audit identified 12 that needed a renewed physical. The center is currently using a combination of hard copy and an electronic communication application to provide information to parents regarding infant daily sheets. When reviewing that information it was noted that staff were not including information on daily activity and disposition as required. This was identified and cited in the prior licensing visit. In reviewing staff files the self-audit identified 3 needed updated 1st Aid/CPR training. In reviewing inspection logs and certificates all were available and current. The center parent handbook had been previously reviewed and is in the process of being updated.

3. Identify the aspects that fall below the standard

109.9(3) Daily activities and implementation. For each child under two years of age, the center must make a daily written record. At the end
of the child's day at the center, the daily written record shall be provided verbally or in writing to the parent or to the person who removes the child from the center. The record shall contain information on each of these areas:

a. The time periods in which the child has slept.
b. The amount of food consumed and the times at which the child has eaten.
c. The time of and any irregularities in the child's elimination process.
d. The general disposition of the child.
e. A general summary of the activities in which the child participated.

-- Documentation of daily activity and disposition was not being maintained for children under 2 years of age. This has been cited in prior reports and options such as using daily photographs as a visual depiction of activity and disposition were discussed. -- NOTE 2ND YEAR CITED.

109.11(3)a: Center shall ensure that:Facility and premises are sanitary, safe, and hazard free.Sufficient lighting shall be provided.Sufficient ventilation.Sufficient heating.Sufficient cooling.Equipment placed in the program area is maintained so as not to result in injury to the children.
-- Several maintenance issues were identified in multiple classrooms with damaged cabinet hinges, a cracked electrical outlet cover plate in the older infant room, a loose/damaged door handle of the older infant room, and furnishings with loose hardware. These items need to be repaired or replaced.

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 spear 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 spacing at the base of the fencing needs to be adjusted to less than 3 1/2 inches from the ground and secured to reduce the risk of entrapment. The climbing structure of the preschool playground has loose and missing hardware that need to be tightened and/or replaced. Fall surfacing needs to be added or raked back in place to ensure sufficient loose fill material to provide adequate fall protection. The material either needs to be compliant with the requirements as established in the CPSC Public Playground Safety Handbook (https://www.cpsc.gov/s3fs-public/325_PublicPlaygroundSafetyHandbook2025_7-30-25_1.pdf?VersionId=tpCoaKp.DSdJ0QmD4_29kwEHeQgFphM2).

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.
-- Infants hands were not washed following diapering before being returned to the programming space. Changing pads with torn covers that expose the foam core need to be replaced.

109.12(4)e: The provider shall follow safe sleep practices for infants under one year of age:Infants shall always be placed on their backs for sleep.Infants shall be placed on a firm mattress with a tight fitted sheet.Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface.No child shall be allowed to sleep in any item not designed for infant sleeping, including but not limited to an infant seat, car seat, swing, or 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 and an expiration date.

-- An infant was observed to be left sleeping in a chair. The teacher in the classroom was aware the child was sleeping, and did not remove the child to a crib despite having a reasonable opportunity to do so.

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

A plan was made that either LuAnne or Mercedes would review infant daily sheets to ensure that staff are documenting all required information.

Requirements for diapering and safe sleep were reviewed with staff in the infant room on the day of the visit. The staff did immediately correct the concerns.

LuAnne stated that staff would address those maintenance issues which were possible for them to correct, and contact contractors to address those they could not.

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: 05/13/2026

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**.