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

Name of Center: Eldora Children's Center Inc **Enrollment:** 60 **License ID No. (Reapplications)** 16190

Street: 1025 11th AVE **City:** Eldora Iowa **Zip** 50627 **County:** Hardin

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

Director's Name: Kendra Kendall **Phone Number:** 641-939-3926

On-Site Supervisor(s): Zoe Tomlinson - AD, Terry Weatherly - OSS **E-Mail:** eccdirector@southhardin.org

Date(s) of Visit: 05-14-2025, 07-03-2025

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 05-20-2025

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

Date Inspected: 05-16-2025

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	17	22	25	86
Summer					0

QRS Rating: 2

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 05-01-2024 to 05-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-09-2025

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

NA

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced annual visit was made to the Eldora Children's Center on05-14-25, and again on 07-03-25. The initial visit completed the review of administrative records and looked at the physical facilities of a renovated space the center was planning to move into. The follow-up visit was to review the operation of the program in the new facility setting. I met with center director Kendra Kendall during the initial visit, and Zoe Tomlinson during the second as Kendra was out at that time. 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. 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 60 children currently enrolled in the program served by 10 teachers. All aspects of the program subject to licensing standards were reviewed.

As noted the program moved into a renovated space. The program 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 does make use of a mobile fence and gate system to define a programming space for younger non-mobile infants and staff were observed to use the gate access during the visit.

Each classroom had a copy of the daily schedule and planned curriculum posted. The center was following a more relaxed program on the day of the visit due to reduced attendance with the pending holiday but staff were still observed to be engaged with the children. This included attending to basic care needs such as diapering or preparing/serving meals, and more general engagement of joining the children as they engaged in play activities. The center uses a positive behavior management approach which seeks to reduce the occurence of negative behavior by reminding children of expectations, recognizing positive behavior, and redirecting children as needed. Given this approach and the lower numbers of children present on the day of my visit this was very effective with no behavioral concerns observed. Ratio was maintained in each classroom as required by age.

Good health and safety practices are generally observed during the visit. I was able to observe a diaper change and the staff

not only followed the posted procedures, but was able to articulate an understanding of the procedures when explaining that she had to obtain hand soap from another sink rather than using that sink which was designated for food/bottle preparation. Good cleaning practices were observed when using chemical cleaners with staff waiting for children to be out of the immediate area. The center does use different products for sanitizing and disinfecting surfaces and again the staff were able to articulate the difference between the products and when they are used. Good handwashing practices were observed with the teachers ensuring children washed their hands and did so in an effective manner. 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 in the 2 year old room where there toys with small parts that could easily break off which would be a choking hazard. 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. These items need to be removed from classrooms serving children under 3 years of age, and should be kept in storage where they can be brought out for supervised play in classrooms serving 3 year old children. 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. 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. 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 is currently using an older school playground that has a tall slide structure, swings, and other toys and materials for the older preschool and school age children. Pea gravel is used for fall surfacing and has developed a hardpan layer. The toddlers are currently using a small area along the exterior wall outside the 2 year old room which was primarily a hard packed area of dirt and rock. There was a small toddler slide present which had no fall surfacing present. The center either needs to ensure that a proper depth of fall surfacing material is present or discontinue the use of climbing structures especially in the area being used by the toddlers. Due to on-going construction some of the fencing enclosing the space is of a temporary nature. The center does have plans to install a new playground space but that construction has not yet started.

In reviewing administrative records all required notices were posted in an area readily visible and accessible to parents and visitors with the exception of the required No Smoking notice. All required inspection logs and certificates for the fire marshal, carbon monoxide, playground, fuel burning appliances, radon, and emergency drills were current and available. 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. When reviewing child files the center was in the process of completing annual updates and had identified 17 that were still needed. Staff files were found to contain all required information with the exception of 1 that needed an updated FBI background check and physical, both of which had just recently expired.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center is participating in the IQ4K program which seeks to implement best practice recommendations and has elevated their status to a Level 2 program out of a 5 level scale.

The center has completed the purchase and renovation of a building and will be working to develop the outdoor playground.

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

109.4(2): Postings are required for:The certificate of license.Notice of exposure to communicable disease.Notice of decision to deny, suspend, or revoke center license or reduce to provisional status.Mandatory reporting requirements.Notice of availability of the handbook.Name and contact information of the HHS licensing consultant.Program activities and menus.All postings shall be conspicuously placed at the main entrance of the center.
-- The required posting for No Smoking was not present on the day of the visit.

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.
-- Items and toys with parts less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards and need to be removed from classrooms serving children under 3 years of age.

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 fall surfacing for outdoor climbing structures is insufficient and either needs to be aerated, supplemented, or installed beneath climbing structures. Children need to be restricted from use of climbing structures until appropriate fall surfacing is present.

V. SPECIAL NOTES/RECOMMENDATIONS:

A full license 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.

*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.