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

Name of Center: Eagle's Wings Preschool & Childcare **Enrollment:** 67 **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: 05-20-2024

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: 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 07-01-2024 to 07-01-2026
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 06-04-2024

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 05-20-24 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. 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 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. There were several concerns related to maintenance that were present throughout the center which ranged from minor issues such as damaged paint and drywall, to more immediate concerns such as damaged cabinetry doors. While these issues did not rise to the level of being an immediate risk these do need to be addressed. Luanne did identify that the center has completed several renovation projects and is working on others. The renovations that have been completed include replacing windows, painting, flooring, and a new HVAC system. Work on the playground was in progress during the time of the visit. With the work that has been done the center did have items that had been placed in storage in corridors and was in the process of moving those items to storage or disposal. With the painting having been completed required notices for Diapering Procedures, Handwashing Procedures, and Emergency Evacuation do need to be posted back their required locations.

Each classroom had activity centers created through the placement of shelving, play structures, and furniture that were arranged so as not to create any blind areas. Each activity center was observed to have a good variety of toys and materials present but some toys and materials were not appropriate, or were damaged an need to be removed or repaired. 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 need to 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. Other items were observed to be damaged such as table in the two year old room which had substantially loose hardware on the legs. While Luanne did immediately address this and tightened the hardware the concern is more that the table had been the classroom in that condition for an unknown amount of time but not recognized as a concern by the classroom teachers.

As with other notices that had been removed for painting the copies of the daily schedule and curriculum were not present in

each classroom as required and need to be reposted. Ratio was maintained as required in all classrooms. Good interactions and engagement were observed throughout the center. This included all teachers being actively engaged with the children playing with them, implementing curriculum activities, and attending to their needs. Good behavior management practices were observed with the staff using positive behavior management approaches such as transition activities and reminders of expected behavior, redirection, and guided problem solving. All staff were observed to have a calm demeanor and use a natural tone when engaging with the children both in normal interactions and when addressing behavioral issues.

Good health and safety policies and practices were observed during the visit. I was to observe several diaper changes and the teachers did follow the established procedures. Good handwashing practices were observed with both the children and staff. 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. 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. Safe sleep practices were followed for infants under 1 year of age. For older children the center does make use of cots and either a cot sheet, or other bedding that can be removed and laundered does need to be put on cot in addition to any blankets, pillows, or other bedding used by children when napping.

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 items. 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 is in the process of renovating the playground. The area used for the infants and toddler has had all equipment and fall surfacing removed which will be replaced with new materials. The playground area for the older children had a large climbing structure which is showing it's age but was in good repair. Rubber mulch is used for fall surfacing and has been displaced creating a tripping hazard at the point of entry from the main walkway. A wooden gazebo shade structure was observed to have weathered over the winter resulting in the support posts having surfaces that need to be sanded and sealed to reduce the risk of splinters. The playground fully enclosed by fencing which was observed to be in good repair.

Administrative records were reviewed and 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. A random sample 12 (30%) of the child files were selected for review and of those 2 did not have a current physical. 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. All staff files were reviewed and 5 needed a physical, and 5 needed documentation of on-going training. In reviewing inspection logs and certificates all were available and current with the exception of Playground and Radon testing. Luanne stated radon testing had been completed but the sample was rejected and retesting is being completed. With the playground inspections Luanne stated that they have been completed but she could not locate the documentation at the time of the visit.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center has completed several substantial renovation projects including new windows, HVAC, flooring, and painting. In addition the center is continuing additional projects such as renovation of the outdoor playground space.

As part of the renovation the center has been working to remove damaged materials and equipment, and general clutter of items that the center no longer needs or uses.

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

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: 5

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.
-- Documentation of daily disposition and activities was not being logged as required.

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: 2

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 fall zones, and areas with transitions to eliminate tripping hazards. Wooden structures that have weathered need to be sanded and sealed to reduce the risk of splinters. Documentation of monthly playground inspections need to be maintained.

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.
-- 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. Damaged equipment needs to be repaired or removed. Cover sheets are needed for all cribs and cots used for sleeping children.

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.