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

Name of Center: Mt. Pleasant Childcare Center **Enrollment:** 43 **License ID No. (Reapplications)** 51508

Street: 304 W. Washington St **City:** Mt. Pleasant Iowa **Zip** 52641 **County:** Henry

Mailing Address: 304 W Washington ST, Mount Pleasant, IA, 52641

Director's Name: Cairece Allen **Phone Number:** 319-348-1984

On-Site Supervisor(s): Ivet Rodriguez **E-Mail:** mpchildcare9@gmail.com

Date(s) of Visit: 03-08-2023, 05-08-2023

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

LICENSING VISITS

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

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 06-08-2023

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

Date Inspected: 07-02-2021

Comments : conducted by SFM Amy Fratzke due every 3 years

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	28	11	18	5	62
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:		
	FULL license from	
X	**PROVISIONAL** license from	11-30-2022 to 12-01-2023
	DENIAL of initial application	
	SUSPENSION of license	
	REVOCATION of license	

Licensing Consultant: Jill Seibert **Date:** 06-21-2023

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

CCR&R Consultant Jodi Norton met with the Director on 8/8/22 to develop a Corrective Action Plan on several violations.

1. 109.6(6)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs. On the day of the visit prints had been rolled but not sent off. Two staff have been hired in May 2023 and fingerprints not yet sent off. (currently corrected, ongoing correction required)

2. 109.4(2)i: Develop and Implement a policy for protection of child's confidentiality. The Director will ensure child confidentiality is implemented daily. Cheyenne S. was face timing a person outside of the center. A child from the center could be seen in the background. Cheyenne S. chose to leave employment. The Director assures DHS all confidentiality policies will be followed moving forward. Since the center was placed on a Provisional License no further issues regarding child confidentiality have been brought to DHS attention.

3. 106.6(7): Use of controlled substances and medications: All owners, personnel, and volunteers shall be free of the use of illegal drugs and shall not be under the influence of alcohol or of any prescription or nonprescription drug that could impair their ability to function. The Director will ensure any staff suspected of being under the influence of drugs or alcohol shall be sent home immediately. Since the center was placed on a Provisional License no further issues regarding suspected use of controlled substances or medications have been brought to DHS attention.

4. 109.8(2): Ratio maintained in center as required by age.

109.8(2)c: Every child-occupied program room has adult supervision in the room.

The center deemed the following steps would be taken to ensure ratio issues were corrected. Staff are trained on capacity and ratio for each room and have dated acknowledgement of such. If ratio is violated parents will be contacted and children sent home so that ratio can be met. The Director will ensure ratio is followed daily. She held a staff meeting 8/9/22 and reiterated the importance of maintaining ratio at all times. On 8/8/22 OSS Cheyenne S. left an ill child unattended in the front common area of the building. Cheyenne S. chose to leave employment.

The Director has had to phone parents in the month of August alerting them that staff did not arrive at work when scheduled. The Director is making strides to ensure ratio is met and maintained. If ratio is not able to be met or maintained parents have been contacted and children sent home.

On 8/18/22 CCR&R Consultant Norton noted, "Cairece and I created an action plan around ratio that will include the use of several ratio tracking forms (attached). One form is to be completed whenever a ratio issue occurs to help find the pattern causing ratio concerns. The other is to create protocols and a plan for each of the ratio issues. I also provided additional ratio information to use in staff meetings/training. Here are full lessons with videos that may be helpful in staff meetings. Ensuring Staff-to-Child Ratios are Followed at all Times Maintaining Safe Adult-to-Child Ratios These both contain to the point, easy to understand information along with short videos and quizzes to check for understanding.
• During our CAP visit, we created ratio signs (attached) that are hanging up in each classroom."

The months of September and October the facility is utilizing a ratio check sheet where staff sign and initial each hour how many children they are watching. During visits made by CCR&R and IDPH in September, October and November the center was maintaining ratio in each room. During my unannounced visit in September all rooms were in ratio.

From November to May charts were being utilized. However, a 2 year old child was left in the restroom unattended in April 2023 for 45 minutes. Staff gave differing accounts of who was supervising the child. Ongoing correction is needed.

5. 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, or ARNP, and contains health history; present health status including allergies, medications, and acute/chronic conditions; and recommendations for continued care if necessary.

CCNC Dierksen completed a child record review for the program in November 2021 to help the center get on track. This issue was cited by DHS in March 2022, due to the center not keeping up on maintaining and updating files from November to March. During the 7/28/22 DHS visit we discussed upkeep of child files. The Director reported in July child files were in compliance. Director Allen is now in charge of ensuring all child file information is up to date.

CCNC Toni Krana conducted a child file inspection on 8/17/22. CCNC Krana indicated many child files were out of compliance regarding outdated physicals, annual updates overdue and Allergy Action Plans, Asthma Action Plans, etc.. not present. CCNC Krana indicated there were so many missing items, she will have to return to the center to make another visit to get through the rest of the files. She is working with the center to procure all necessary child file information. CCNC Krana visited the center again on 10/11/22 on an unannounced drop in visit. She met with OSS Jaden Streeter and did not observe concerns on her visit. She visited again in November and conducted an immunization audit and reviewed allergy action plans.

The Director is meeting with Brightwheel the last week of November and hopes to utilize this tool for child file tracking.

6. 109.10(7): Staff hand washing: The center shall ensure staff demonstrate clean personal hygiene. Staff shall wash hands: Upon arrival at the center. Immediately before eating or participating in food service activity. After diapering a child. Before leaving the rest room either with a child or by themselves. Before and after administering nonemergency first aid if gloves are not worn. After handling animals or cleaning cages. CCNC Toni Krana conducted a hand washing training on 8/17/22. Staff will be responsible for implementing staff and child hand washing. If hand washing is not conducted, OSS Streeter or Director Allen will address with staff.

CCNC Toni Krana visited the center on 11/11/22 and noted staff and children were handwashing as required, which is an improvement from months past.

7. 109.10(8): Children’s hand washing: Center shall ensure staff assist children in personal hygiene. For each infant or child with a disability, a separate cloth for washing and one for rinsing may be used in place of running water. Children’s hands shall be washed: Immediately before eating or participating in food service activity. After using the restroom or being diapered. After handling animals. CCNC Toni Krana conducted a hand washing training on 8/17/22. Staff will be responsible for implementing staff and child hand washing. If hand washing is not conducted, OSS Streeter or Director Allen will address with staff.

CCNC stated on 8/18/22, " I spent the day yesterday at the Mt. Pleasant Center, I did handwashing activities with all the classrooms and their teachers which I feel went very well for the most part and did identify what is a frustration and barrier for staff when it comes to washing the kid's hands in the classrooms the height of the sinks is causing the staff to physically have to lift most of the children for them to be able to reach the water and it was definitely not the best ergonomics for staff, so yesterday Carience and I talked about steps for the rooms that the children will be able to use and staff will be able to them assist the children without having to hold them up to the sink. 1 has been ordered and will be there on Monday once it is received and see that it is going to work the way we hope I will then assist them in getting additional ones for each room with some of the funds that are available to them for that county. We also went over policies, and requirements. I provided them with some educational posters to put in the center to be visual reminders for staff.

Thanks Toni Krana RN, CCNC"

CCNC Toni Krana visited the center on 11/11/22 and noted staff and children were handwashing as required, which is an improvement from months past.

8. 109.10(10): Recording incidents: Parents shall be notified on the day of the incident involving a child that includes: Minor injuries. Minor changes in health status. Minor behavioral concerns. Incidents resulting in injury to a child. Shall be verbally notified immediately when there is: A serious injury to a child. An incident resulting in significant change in health status. An incident includes child being involved in inappropriate, sexually acting out behavior. A WRITTEN report, fully documenting every incident, shall be provided to the parent or authorized person. This should be completed by staff that witnessed the incident and retained in child file. Serious injuries and deaths must be reported to the Department within 24 hours.

Incident reports, both serious and minor have not been completed as required. This has been specifically covered by CCR&R in August 2022 and DHS sent the center the form again on 8/12/22 explaining the requirement of completing serious incident reports when necessary. The center had a parent complain of a one year old child with bruising in September 2022, no incident present. This report was concluded as a founded physical abuse. Mother of the child felt this was more a matter of lack of supervision.

On 11/22/22 Consultant Norton observed a child bump her head and staff immediately fill out an incident report.

Incident reports were not completed on an incident reports again in April when a child was left unattended in the restroom by the two staff supervising the child. Ongoing correction needed

9. 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.

Consultant Norton observed completed monthly drills on 11/22/22. August drills were missed for fire. These have resumed. They have been completed and documented from January 2023 June 2023.

Director Allen will be responsible for ensuring fire and tornado drills are completed and documented monthly.

10. 109.10(16)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. A technical referral was made to CCR&R regarding supervision issues in March 2022, but administration reported supervision had drastically improved for 3 months. Another technical referral was made to CCR&R again in July after reported concerns. Another supervision concern was reported in August 2022. On 8/8/22 OSS Cheyenne S. left an ill child unattended in the front common area of the building. Cheyenne S. chose to leave employment after being interviewed about the incident by other DHS personnel. CCR&R Consultant visited the center on 8/18/22. She advised the center take a specific training on supervision entitled Supervision training from Better Kid Care- Where Do I Stand?. She reported, "It may be an excellent place for the staff to start considering the layout of the program and playground could lead to supervision issues." The center had a parent complain of a one year old child with bruising in September 2022, no incident report present.

Again in September 2022 supervision and incident reporting were accepted complaints. Other DHS personnel and DHS Licensing concluded a one year child had a mark that was not reported by staff to the parent of the child

Staff have been trained on active and safe supervision techniques and are aware they are to have eyes on each child indoors and outdoors. Children cannot be left alone or unattended.

In May 2023 a two year old child was left in the restroom on the toilet for 45 minutes. Consistent monitoring of classrooms and coaching will be required to reinforce safe supervision practices are in place.

11. 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. A gate in the preschool outdoor play area does not latch. The Director contacted the contractor about this issue on 8/18/22. A hot plate was being used to fry food. The center was aware this was unacceptable but continued to use it. The Director stated she removed the hotplate on 8/5/22. This has been verified by SFM Fratzke, CCR&R Consultant Norton and CCNC Krana. When SFM Fratzke visited in August she directed the center not to use a toaster oven, per International Fire Code.

CCNC Toni Krana visited the center on 11/11/22 and noted no building issues regarding child health and safety, which is an improvement from months past. Consultant Norton and the director verified this on 11/22/22. The program oven arrived and was installed in December. CORRECTED

12. 109.11(3)d: Record of monthly inspections of outdoor recreation area and equipment shall be kept. Administration will be responsible for ensuring outdoor play area inspections are completed and documented. Consultant Norton observed this on 11/22/22. All inspections for the year of 2023 have been completed. CORRECTED

13. 109.15(2): Center shall follow minimum CACFP menu patterns for meals and snacks. Menus planned one week in advance, made available to parents, and kept on file with substitutions noted. Avoid foods with high incident rate of causing choking. When DHS visited in July staff was unsure how to make a hamburger helper meal. They voiced concern over meal preparation. I did not observe rotten or moldy food, but some food had been stored in the refrigerator for several days. We had a discussion about food storage and food life after opening. The center now has a designated kitchen person.

The Director indicated on the Corrective Action Plan Marissa Fross is in charge of ensuring all food prepared, stored and served per CACFP guidelines. All meals and snacks will meet guidelines and a menu be kept.

State Fire Marshal Amy Fratzke visited on 8/16/22 and discussed with the Director the program is not able to use toaster ovens. CCR&R Consultant Norton met with the program on this issue on 8/1/22 and stated, "This leaves the program serving only cold lunch or items that can be cooked in a crock pot. I am going to follow up with ISU Extension to see if they can come provide safe cooking tips as well as some easy menu ideas. "

When Consultant Norton visited on 8/18 she shared concerns that the hamburger being cooked n the crockpot would not be cooked all the way through by lunch time. She suggested cold lunches only be served as staff shared they were unsure of how to prepare the meals. She emailed the center on 8/19/22 stating, "Attached is a 6-week menu rotation that does not require cooking but still meets all CACFP requirements. I also attached a blank menu that can easily be filled in and includes the meal pattern required items. I did attach another set of sample menus that require cooking- there may some additional breakfast or snack ideas."

The program has a working oven as of November and are now learning menu items that may be baked.

14. 109.7(1) All staff(within first 3 months of employment)

Two hours of approved training FOR the mandatory reporting of child abuse.
At least one hour of training regarding universal precautions and infectious disease control.
Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) OR equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained.

Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained. Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.

This was cited in March 2022 with staff not having required training hours or physicals as required. CCR&R and IDPH will go over requirements with the Director to assure all staff are current. The Director was not sure what trainings were required.

CCR&R Consultant Norton met with the program on this issue on 8/1/22 and stated, "Director Allen is now in charge of ensuring all staff file information is up to date. She stated on 8/12/22 all files are up to date. CCR&R or CCNC will assist the Director with ensuring staff files contain updated training and other requirements."

CCR&R Consultant Norton met with the program on this issue on 8/1/22 and stated, Training I would suggest for staff: Passport to Early Childhood Education- this is similar to Essentials but more in-depth and covers interactions, room arrangement, schedules, supervision, etc... It is also a requirement for all staff in IQ4K Level 1.

Director Allen held a staff meeting on 8/9/22 and addressed all issues above with staff.

On 8/18/22 CCNC Jodi Norton wrote" Good afternoon, Cairece and I met this morning as a post-corrective action plan visit. As expected, the biggest struggles and areas of ongoing stress are staffing and the kitchen.
. The Swaddler, 3's and 4's rooms are all in need of lead teachers. The program is in need of a Bye-bye buggy or other stroller so the infants can go outside.
• We identified programs that can help MP CCC with income:
o CACFP- for meal and snack reimbursement. I suggested contacting Michelle at New London CC for assistance as she recently completed the process for the program to sponsor themselves. The main CACFP contact at the state level is Cheryl Tolley: 515-681-2304 cheryl.tolley@iowa.gov
o Participation in the Iowa Quality 4 Kids program would provide a bonus check as well as increased CCA amounts.
o The TEACH and WAGES programs may help with staff retention as well as the quality of staff. TEACH pays for individuals to return to school in an Early Childhood field (Melissa should qualify for this) and WAGES provides a bonus check twice a year for individuals with higher levels of education who continue to work in childcare.

Jodi Norton
IQ4K Specialist
Child Care Resource & Referral of Southeast Iowa
Community Action of Eastern Iowa
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CCNC Dierksen conducted a Child Record Review in November 2021. Several children were missing updated physicals and other health related items for special health conditions and allergies. CCNC Dirksen worked with the program to obtain these items. CCNC Toni Krana worked with the program again on this issue in September 2022..

One staff was out of compliance. Five staff tood medication certification in December.

CCNC Krana conducted the recommended Emergency Medication Training on June 15,2023. She stated, " I covered Seizure Medication and Procedures and reviewed the care plans with staff. I also covered Epi Pen and Procedures and reviewed child's care plan with staff. The Child with Asthma is no longer attending the center so did not cover asthma medications.

Staff the was in attendance :Ivet Rodriquez, Cairece Allen, Cristina Carthey, Jessica Burnett, Manssa hayes, Michenna Davis,Rachel Duncan, Kaela Bass, Calysta Wilson, Colin Cumpton, Derek Marrufo, Sarah Krabill, Emily Bainbridgem Megan Hulett, and Celsay French.
I was told that 2-3 staff members were not present at the training.

Thank You,
Toni Krana RN, CCNC
Muscatine Public Health
1609 Cedar St.
Muscatine, IA 52761"

The Director is fairly new, and learning rule and requirements. All issues above have been clearly addressed by the Department, Child Care Resource and Referral Consultant Norton and Iowa Department of Public Health Child Care Nurse Consultant Toni Krana. Consultation, training and information have been provided and supports will continue to be in place for the duration of the provisional licensing period. Service providers and HHS will continue to support and consult the center in efforts to maintain long term compliance. It is the center's responsibility to ensure the plans set forth to make corrections are enacted. The Director has given clear direction to staff and parents regarding both center and DHS policies. All parties agree clear communication from Administration has helped the center maintain rule and establish routine and practice. The center agrees that supervision issues should be clearly corrected and long term visible results will be apparent by 12/1/2023. Consultant Jodi Norton is visiting the center every other week providing services attempting to assist the program to move from Provisional Licensing status.

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

Mount Pleasant ChildCare Center opened in July 2021. It is located on the edge of downtown Mt. Pleasant in a business/ housing district. The center is housed in a one story former commercial building on a busy street in Mt. Pleasant. The Director originally hired for this position is no longer with the program. The second director hired for this program resigned and her last day was June 17th, 2022.. At that time the center on-site Supervisor, Cairece Allen, was appointed as the interim Director until the Board of Directors is able to hire another Director. She was hired in August 2022 as the full time Director. Director Allen has been employed at the center since it's inception as staff and then On Site Supervisor. Director Allen holds a BA in Criminal Justice and over 70 hours of child care related professional development training. She has 8 years of experience in child care. Ivet Rodriguez was appointed on site supervisor in March 2023. She has a BA in Psychology and has worked at the center since October. This facility offers full day child care. It is governed by a Board of Directors. The Mount Pleasant Area Chamber Alliance supports this center and provides guidance.

I made an unannounced off year visit to the center on 3/11/22 and all program areas were observed at that time. I made a complaint visit in July 2022 and other DHS personnel visited the center 8/11/22 on a separate complaint. Another visit was made to the program on 3/8/23 for a regular licensing with several violations found. This worker held this report in order for the center to make corrections. However, on 5/8/23 another visit was required due to a supervision complaint. All rooms were in ratio during the entirety of the visits. Frequent email and phone consultation has occurred the past two years since the center opened.

Center Nutrition:

The center has a large kitchen. They participate in the CACFP program. Menus are available and meet requirements. Food

storage met safe food storage guidelines. No expired food items were expired or stored on the floor. Each refrigeration and freezer unit contained thermometers. All opened food items or liquids were stored in sealed bags or containers. An OSS, or the Director should visit each classroom and monitor and/or trains staff on CACFP. Food allergies should be posted. Diet modification forms and allergy action plans are not present on all children with allergies.

Center Health and Safety:

Primary care groups are implemented in each classroom. Ratio was met and maintained throughout the visit. Staff should know how many children they were supervising. A camera system is utilized. A technical referral was made to CCR&R regarding supervision issues in March 2022, but administration reported supervision had drastically improved for 3 months. Another technical referral was made to CCR&R again in July after reported concerns. Another supervision concern was reported in August 2022 and another in May 2023.

The program contains separate rooms for infants, toddler, twos, threes and fours. Restrooms are in a central location in the middle of the building. It contains 6 toilets. The center is in compliance with the rule of 1 restroom for every 15 children counted in capacity. Each center room has a capacity sign so staff know how many children can be present in each room at one time. The center contains a moderate sized kitchen and office.

Rooms may be modified/switched or repurposed to fit different ages/needs of children and center growth in the future. CCNC or CCR&R should be consulted in these matters as well as DHS.

Radon testing is up to date. It is required every 2 years. Testing should be conducted in the winter months when the ground is frozen. The center is compliant with UL approved plug in carbon monoxide detectors on opposite ends of the building. The center does contain fuel burning appliances. An approved fuel burning appliances inspection is due annually. The initial inspection was not approved. A second inspection was later conducted and approved. The center had to close a day this summer due to the AC not working correctly.

Emergency medication as well as regular medication had pharmacy labels intact. Storage and documentation for such met rule. First Aid kits are inaccessible to children and contain products sufficient to administer first aid. Kits are taken outdoors with classrooms. A child with asthma does not have a Health Care Plan on file. CCNC Krana is working with the facility (August 2022) to secure the necessary documentation so that staff know how to respond in a health emergency. This child no longer attends the center. CCNC Krana covered special health plans and allergy action plans in may 2023.

The restroom has ventilation. Capacity for restrooms 1:15, classroom space (35 square feet of useable floor space per child) and outdoor play are (75 square feet of useable floor space) a are met. Capacity and ratio signs are posted in each room.

All rooms should implement safe supervision practices to ensure careful supervision of each child is achieved at all times.

In May a newborn infant was being swaddled. This is not allowed. Coaching, instruction and services have been provided to the center on Safe Sleep regarding all matters of Safe Sleep.

Center Outdoor Play Area:

The center has an L shaped play area for older children on the side and back of the building. The center also has a separate play area for toddlers and infants on the side of the building. The Child Care Weather Watch is consulted when weather conditions are questionable for outdoor play. The outdoor play inspection should be conducted and documented monthly. A latch on the gate was reported to the center contractor in August as it will not shut properly. Staff are aware and will ensure children do not exit the area through the gate.

Center Field Trips/Transportation:

Transportation and field trips are not provided by the center.

Center Administration:

Child files are reviewed annually including physicals, immunization and annual updates including emergency contacts, medical and dental information, pick up and field trip authorizations.. Allergy Action plans will be sent home with parents of every child that had allergies marked on physicals.

Staff files are reviewed annually including SING checks (every 2 years), fingerprints (every 4 years). Prior to staff starting on the floor fingerprints are obtained and sent off. During the interim period staff are able to get training hours and perform other duties in the center. Staff are mostly up to date on professional development hours, CPR/1st Aid training (all but 2), Mandatory Reporter training, physicals and Universal Precautions training. In an effort to keep updates current CCR&R and IDPH have been assisting the Director and OSS with ongoing tracking of requirements.

Discipline and behavior policies are clearly defined.

Curriculum or program structure developmentally appropriate and activities designed to the developmental level/needs of children served. Since inception curriculum has been an ongoing work, due to staff turnover and consistency. The center is meeting with CCR&R consistently and will continue to address this. They met on this topic in June. Creative Curriculum is utilized in each classroom. Lesson plans should be completed for the week ahead. A designated staff member should work with the staff on the lesson plans. CCR&R Consultant Jodi Norton has been providing consultation on this matter to the center the past year and prior to opening. The Director will ensure curriculum is implemented daily. This was also cited during the July visit but continued to be an issue in August. The Director indicated on 8/12/22 staff are following schedules and utilizing curriculum daily. The center has removed broken toys, etc to reduce clutter so they can focus on providing age appropriate curriculum. Jodi Norton visited again on 11/22/22 and helped staff with this process. She continues to do so in 2023.

DHS has encouraged the center to have a all staff take trainings prior to being in ratio in the rooms. The Director reports all staff get to job shadow prior to be in ratio in the rooms. The Director has an open door policy encouraging staff to approach her with potential issues so they can be immediately addressed. A points system is in place for employees regarding following center policy and DHS rules. Clear leadership roles have been assigned and staff are now aware of the chain of command. The Director is present on a daily basis and takes an active role in the center. CCR&R and DHS sent the new Director informational videos on the IPOWER system on 6/21/22.

All required postings are present such as No Smoking signage, DHS Licensing Consultant contact information, the Center License, and Mandatory Reporter posting.

Administration trains each staff on the center Emergency Preparedness Plan annually. Staff sign and date acknowledgement of such.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The Director and Chamber are willing to reach out to utilize resources.

The former Director implemented several positive changes in the center bringing it into compliance in several areas. The new Director and OSS are willing to work on deficiencies and quickly correct them once identified.

The Center Director understands the importance of lead teachers in each room, being present consistently so that schedules, routines and curriculum are established and maintained.

The Director plans on expanding enrollment after qualified, competent staff are in each room and routines, schedules and daily curriculum are established. The center filled the position for a lead teacher in the four year old room. An new Board President was recently appointed and the new Director and Board President have already had discussions regarding decisions and recommendations on capacity increases.

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

1. 109.6(6)c: Center repeats Iowa record checks at a minimum of every two years or when aware of additional child abuse or criminal history that occurs. The Director reported on 3/7/23 all SING checks are now up to date. As staff are hired SING checks should be ran on each individual. As new staff have been hired they are completed.

2. 109.6(6)d: Center repeats national criminal history checks at a minimum of every four years or when aware of additional history that occurs. On the day of the visit prints had been rolled but not sent off. Two staff have been hired in May and fingerprints not yet sent off. now CORRECTED

109.7(1): All staff(within first 3 months of employment)Two hours of approved training FOR the mandatory reporting of child abuse. At least one hour of training regarding universal precautions and infectious disease control. Certification in American Red Cross, American Heart Association, American Safety and Health institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) OR equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date shall be maintained. Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid or an equivalent certification approved by the department. A valid certificate indicating the date of training and expiration date

shall be maintained. Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed. The Director also needs Universal Precautions and all PD hours for the past year.

109.7(2): Center directors and all staff have the required contact hours of training. Number not in compliance: 6 Now CORRECTED

3. 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. Training must be conducted annually on the emergency Preparedness plan. The Director contacted me after the visit and indicated she trained staff on the plan and each staff signed and dated acknowledgement of such. CORRECTED

4. 109.11(7)c: All centers: Annual inspection prior to heating season of all fuel-burning appliances to reduce risk of carbon monoxide poisoning and shall install one carbon monoxide detector on each floor that conforms to UL Standard 2034. CORRECTED

5. 109.9(2)g: Any child with allergies, a written emergency plan. Copy shall accompany child if they leave the premises. DHS contacted CCNC Toni Krana on 3/8/23 regarding this issue. She agreed to address this issue with the Director in the month of March. However, the CCNC visited again on 5/24/23 and stated, "Child CW has a peanut allergy and has an Emergency Epi Pen present at center. A diet modification care plan was in the child's chart along with the instructions on how to use Epi Pen and what to do after administration of medication, but there was not an Anaphylaxis care plan in chart. Explained to director this was needed ASAP and requested it be emailed to me when completed. Medication was stored in room but the Epi training pen was also in with the medication I requested the trainer pen be removed and placed in office or other location so that staff does not confuse it with the real medication and try and administer the trainer pen and to also place a copy of the care plan with the medication as soon as it is received from parents. I have not received that care plan yet.

I have also requested that a time be set up and mandatory for all staff to attend a 30-45 min training that I will provide at the center to go over the proper procedure and administration of all the emergency medications that are currently at center and that this be done within 3 weeks of my visit on the 24th. I will also at that time review that all changes that needed to take place have been completed.

I would recommend that if there is any child that enrolls in the center and they have any condition whether it requires medication or not that they notify me so that I can determine whether a care plan is needed or not per regulations, or if a currently enrolled child is dx with a new condition. This is a safety issue and very important that all children with any special needs or conditions have the proper care plans in place and that staff have the proper training needed to provide care to prevent a serious complication and or death to a child. Please let me know if you have any questions or addition concerns.

Thank You,
Toni Krana RN, CCNC
Muscatine Public Health
1609 Cedar St.
Muscatine, IA 52761
563-262-6274
toni.krana@unitypoint.org

On 6/21/23 CCNC Krana emailed, "Mt. Pleasant Child Care Center completed the recommended Emergency Medication Training on June 15,2023. I covered Seizure Medication and Procedures and reviewed the care plans with staff. I also covered Epi Pen and Procedures and reviewed child's care plan with staff. The Child with Asthma is no longer attending the center so did not cover asthma medications.

Staff the was in attendance :Ivet Rodriquez, Cairece Allen, Cristina Carthey, Jessica Burnett, Manssa hayes, Michenna Davis,Rachel Duncan, Kaela Bass, Calysta Wilson, Colin Cumpton, Derek Marrufo, Sarah Krabill, Emily Bainbridgem Megan Hulett, and Celsay French.
I was told that 2-3 staff members were not present at the training.

Thank You,
Toni Krana RN, CCNC
Muscatine Public Health
1609 Cedar St.
Muscatine, IA 52761"

Ongoing correction needed. When a child is enrolled in the center or a new physical indicates the child has an allergy an

allergy action plan must be present.

V. SPECIAL NOTES/RECOMMENDATIONS:

Capacity for the building is 62. The center currently has around 45 children enrolled. This center was placed on a provisional license in 2022. Since that time HHS has supported the program with ongoing help from HHS, IDPH and CCR&R. These providers have conducted in person visits 2 to 4 times per month the past year. The center will remain on a Provisional License until supervision practices are corrected and practiced daily. Furthermore, child files continue to be out of compliance specifically children with medical histories. The center continues to display a pattern of ongoing violations. The program should hire an administrative person to keep track of child and staff requirements and updates or this will continue to be an ongoing issue. High turnover remains an issue.

The center is directed to continue to monitor day to day practice and adjust accordingly to ensure licensing rule is met consistently. If ratio is not able to be met or maintained parents will be contacted and children sent home. It is important to note, all DHS licensing standards and procedures must be maintained. HHS encourages you to continue contact with your local nurse consultant. Child Care Nurse Consultants work with childcare and early education businesses. Businesses may call or send questions to a child care nurse consultant about health and safety policies, health programs, health of personnel, and specific child health or safety issues. Please visit the following website for more information. http://idph.iowa.gov/hcci/consultants. Toni Krana is the center CCNC. The former Director accessed CCNC Nielsen regularly. CCNC Nielsen performed an Injury Prevention Checklist in August 2021. The center has been actively working with CCNC Krana on several health and safety issues. Both Consultant Norton

DHS encourages you to contact Child Care Resource and Referral consultant. They offer centers assistance with meeting the DHS regulations, QRS, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. Please visit the following website for more information: http://www.iowaccrr.org Jodi Norton is the facility consultant. The Director has accessed Jodi Norton on a regular basis. CCNC Norton is working with the center on ratio and supervision issues identified in spring months. The center is changing scheduling policies and ensuring staff are present when parents identify they are dropping off children in the a.m. As soon as staff clock in and report for duty they are assigned specific children to supervise. Until they are relieved the staff will continue care of specific children assigned to her care until the new worker clocks in and reports for duty. At shift change or breaks the worker in charge will clearly designate verbally and visually on a hanging board what children staff are supervising during their shift. Consultant Norton visited the center on 4/7/22 to observe how new practice is working and provide further consultation. She visited again in June and August to meet with the new Director. She has provided frequent consultation as has DHS and IDPH the past year. Consultant Norton continued to meet with the program every month since that time addressing any and all center issues and covering Comm 204.

The director may access other seasoned area directors for support and consultation. HHS encourages these partnerships and recommended in 2021 and in 2022 the center access another area Director in town who has implemented a successful program for many years. HHS continues to recommend this the past year but it has not yet occurred. The center is accessing services from Children's First Finance. The new Board President is also a support.

*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.