Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Community Early Childhood Center

Provider No.: 7446

Address: 1315 S 24th St, Fort Dodge, IA, 50501

County: Webster

Director's Name: Renea Pesina

On-Site Supervisor:

Phone Number: 5155735461

E-Mail: cecc@mediacombb.net

HHS Visit Date: 02/23/2026

Licensing Period: 04/01/2026 to 04/01/2028

Fire Inspection:

Date Inspected: 04/12/2024

Comments:

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 2

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

Health and Human Services

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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	59	51	56	105	271
Summer					0

1. Basic Overview

An unannounced visit was made to the Community Early Childhood Center on 02-23-26 where I met with center director Renea Pesina. Renea has been with the center for several years and initially stepped into an interim role but accepting the full director position in 2025. She is well qualified for that position based on her experience and on-going training in early childhood care. The program is operated as a non-profit center overseen by a board of directors. The program is located in a free standing building that was constructed and remodeled for providing daycare programming. The center provides full range programming serving infants through school age children. There are currently 80 children enrolled in the center served by 32 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The general layout and design of the building and classrooms remains the same as in the prior reports. Classrooms are determined by age and developmental level. Each classroom has secondary exits with all but one providing direct egress to the outdoors. The one classroom that does not have a direct exterior exit is an older infant room that opens to one of the connected toddler rooms. Each classroom has windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Several classrooms have direct access to toilet facilities directly from the classroom space, but one school age classroom makes use of restrooms off a main access corridor, and several infant rooms make use of changing stations. Additional sinks are available in each classroom to facilitate handwashing, with secondary sinks for bottle and food preparation activities. Each classroom was observed to be clean. There were a few minor maintenance issues noted but none of which rose to the level of being an immediate safety concern.

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2. Identify Observed Strengths of the program

Good interactions were observed in all classrooms with each teacher using active engagement with the children implementing the planned curriculum and/or attending to their needs. With regard to scheduling this included the teachers making rotational use of the indoor large motor space, serving meals, and changing diapers at planned times as determined by classroom. Staff were also observed to be implementing planned curriculum activities such as reading stories, doing craft activities, or playing with the children while they engaged in self-directed center play. The center uses proactive methods of behavior management such as implementing routines, praising positive behavior, and redirecting negative behavior. Staff were observed to make effective use of these approaches and there were no behavioral concerns observed during the visit. All staff presented positive attitudes and spoke to the children in calm tones using positive word choices. Ratio was maintained in each classroom as required by age.

Good health and safety practices were generally observed throughout the center. I was able to observe several diaper changes and staff did follow established procedures. Good hand washing practices were observed both with the staff and the children washing their hands as required prior to meals, after restroom use, and other times that they became soiled. Good cleaning practices were observed with the staff directing the children away from the area when using chemical cleaners, and staff sanitizing tables and high chairs before and after meals and other messy play. Chemical cleaners, medications, personal belongings, and other items that could present a safety risk to children were stored in areas where they were not readily accessible. Most medications are stored in a cabinet in the kitchen that is not readily accessible to children and visitors, and required documentation was present. Emergency medications such as epi-pens were maintained in classrooms for those children who needed them. Each classroom does maintain a first aid kit and additional supplies are also available to replenish as needed. Safe sleep requirements were reviewed. During the visit it was noted that staff were using "swaddler" style sleep sacks and were binding the arms, and in addition one child was observed to be sleeping with items placed under the mattress to elevate the child. While the center did have a medical note for the elevated child, it only included a statement from the physician that it was OK to elevate the child. It was reviewed that swaddling is prohibited and when using swaddling style sleep sacks the "wings" should wrapped around the torso with the arms out so the arms and legs are left free to move. It was also reviewed that the medical authorization for the child that was being elevated was insufficient. When providing instruction regarding modified sleep positioning medical instructions should be written in the form a prescription identifying when the modification is required, how it is to be implemented, and when it is to be discontinued. Other children sleeping on cots did have appropriate bedding, sufficient illumination, and staff were positioned so that they could observe all children.

The center does have a full kitchen and meals are prepared on-site. The kitchen was observed following lunch preparation and good cleaning practices were being followed with regard to cleaning dishes, floors, and work surfaces. Meals are served in classrooms with staff portioning meals for the children. Good food handling and service practices were observed in the classrooms. While the staff observed did not wear gloves when handling food she did wash her hands before serving lunch. It was also noted that while each child was provided a generous portion of each element serving spoons rather than measured scoops were provided. It was recommended to Renea that using measured scoops can ensure that each child receives a full serving. Good food storage practices were observed with items placed in an air tight sealable food grade container in the kitchen and classrooms, and labeled with the date placed in storage. A menu is posted and provides a good variety of meal options that meet CACFP guidelines. The staff did provide supervision at the tables with the children when eating.

The center playground was not fully reviewed during the visit due to snow cover but remains the same as observed in prior visits. The playground is divided into two areas with one for older children and one for the toddlers. Rubber mulch is used for fall surfacing beneath climbing structures in the playground used by the older age children. Foam rubber tiles provide a soft play area for the toddlers. The playground is fenced both around the full perimeter and between the two spaces. Shade is provided by the building, mature trees, and an awning structure in the toddler area. Maintenance and review expectations were discussed with Renea, and a return visit will be made later in the summer to review the playground and any issues identified will be addressed at that time.

All required notices for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse Reporting were posted in an area that was readily accessible and visible to all parents and visitors on the day of my visit. Other required notices for emergency evacuation, emergency numbers, handwashing, diapering, disease exposure, daily schedules, curriculum plans, and menu were also present. A random selection of 20% of the child files were reviewed of those 5 needed an initial or renewed physical. The center did have a list of 20 children which had been identified as needing to provide updated health information. In addition it was noted that daily sheets for children under 24 months were not being completed to include all required information. While staff were logging information about sleeping, eating, and diapering they were not logging

information about disposition, and activity. It was discussed that all five elements are required as they communicate information about the functioning of children who are not able to communicate for themselves. The center does use the Brightwheel communication application to track information and communicate with parents and that system has the functionality to select preset options, or to attach photographs which would be considered a visual depiction of mood and activity. The center did have a self-audit system for staff files and a random sample of 10% of the files were reviewed and compared to the self-audit which was found to be accurate. Based on the reviewed files and self-audit all staff files were in compliance with all required documentation. Inspection logs and certificates were current and available for all required elements with the exception of Radon, and Fuel Burning Appliances testing which could not be found. Renea stated that the center was in the process of retesting for radon. Emergency drills, and playground inspections had also not been completed for several months in 2025. The center does own several vans that are used for transportation and vehicle maintenance and service records were available for each vehicle. The parent handbook was reviewed and policies regarding Incident Reporting, and Access were missing.

3. Identify the aspects that fall below the standard

109.4(1): Written policies on: Enrollment and discharge. Field trips and non-center activities. Discipline/Behavior/Biting. Nutrition. Health and safety policies. Transportation if applicable. Assurance people do not have unauthorized access to children at the center. Protecting children's confidentiality.
-- Policies on Incident Reporting, and Access of Visitors, and Sex Offenders were missing and need to be included.

109.9(3): Daily written records are maintained for each child under two years of age and include: The time periods in which the child has slept. The amount of food consumed and the times at which the child has eaten. The time of and any irregularities in the child's elimination patterns. The general disposition of the child. A general summary of the activities in which the child participated.
-- Documentation of Disposition, and Activity was not being recorded for each child each day as required. Documentation of all required elements must be included in infant daily sheets for children under 24 months. Elements of diapering, sleeping, and feeding must be documented each time they occur. Elements of disposition and activity should be documented both in the morning and afternoon to show if there are changes in functioning that may indicate concerns such as the onset of illness.

109.10(13)d: Daily checks to ensure all exits are unobstructed.
-- The secondary emergency exits open onto entry areas that serve two classrooms on either side of the dividing wall. Items were stored in several of these entry areas that restricted one or both classroom exits from opening fully. In addition snow had not been removed from several of the direct exterior exits which prevented them from opening fully. It was reviewed that all exits must be free of obstruction and open easily and freely at all times.

109.11(4)b: Record of monthly inspections of outdoor recreation area and equipment shall be kept.
-- Documentation of regular inspections was not completed each month as required.

109.11(8)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.
-- Documentation of radon testing could not be located on the day of the visit.

109.11(8)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.
-- Documentation could not be located on the day of the visit.

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

Information with all required written policies and guidance for implementation was provided to Renea along with identification of those policies that were needed.

Renea did state that the center is in the process of renewing Radon testing, and she was unaware that the center had any fuel burning appliances believing that all appliances were electric. In reviewing various mechanical closets those units that have

gas lines were identified and if those appliances are no longer being used the supply should be disconnected and capped.

It was discussed with Renea that a individual should be tasked with reviewing infant daily sheets to ensure that staff are completing those as required. It was also discussed that elements such as emergency drills, and inspections should be pre-scheduled on the center calendar to ensure that they are conducted.

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: 02/27/2026

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**.