Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Pekin Child Care Center

Provider No.: 23277

Address: 1062 Birch Ave, Packwood, IA, 52580

County: Jefferson

Director's Name: Ashley Sieren

On-Site Supervisor: Gina Swearingen

Phone Number: 3196955127

E-Mail: ashley.sieren@pekincsd.org

HHS Visit Date: 02/23/2026

Licensing Period: 05/01/2026 to 05/01/2027

Fire Inspection:

Date Inspected: 11/13/2023

Comments: completed by State Fire Marshall Amy Fratzke, due every 3 years

Report Visit Type:

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

License Type:

- [ ] Full
- [X] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

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

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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	36	10	40	50	136
Summer					0

1. Basic Overview

Pekin Child Care Center has been in operation since 1992. They provide traditional child care, before and after school care, and preschool for approximately 150 children each year. The building is a single story sole occupancy next to an elementary/junior high/high school located in rural Packwood. A modular building has been added to the property which now houses infants only. Director Ashley Sieren was appointed Director in June 2022. She has an AA in Early Childhood Education from Indian Hills Community College and 20 years' experience in 2 rooms of the childcare prior to accepting the Director position. Gina Swearingen was director since the center's opening and is now the On Site Supervisor. Ms. Swearingen has 32 years of experience and a BS in Elementary Education with an Early Childhood Endorsement. Teresa Hixson, also fills in as onsite supervisor has 24 years at the center with a Child Care Technical certificate. Cheryl Deutschle was appointed as an additional OSS in 2021.

The program serves infant- school age children. The center offers 3 classes of the Statewide Voluntary Preschool Program. The center follows school district schedules with daycare available on school in-service days.

Approx. 30 infant/toddlers, 50 daycare, 40 preschooler, and 40 before/after school age enrolled at the center each year.

On 4/8/2024 all program space was observed on an unannounced licensing visit. Again on 2/24/26 this year's visit was conducted unannounced at the end of the day. The visit consisted of classroom and outdoor play area review and observations of activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review.

Center Nutrition:

The center kitchen was clean the day of the visit. Food was stored appropriately. Open food was in sealed containers. No expired food was noted. No food was stored on the floor. Thermometers are present in the freezer and refrigerator. Center menus indicate CACFP requirements are not being met. The Director is willing to learn CACFP requirements. However, food is provided by the school. Some school food requirements differ from CACFP requirements for childcare. Information has been provided on this topic in years past by Malia Love (CCR&R). Consultant Love provided information again this year on foods meeting guidelines.

Center Health and Safety:

A new building was added in 2018 serving infants ages 0-1. This building is set up to accommodate infants and may change year to year based on center needs. As children are dozing off or showing signs of sleepiness they should be moved to cribs. HHS encourages the center to observe sleep ques and place children in cribs. All staff have had Safe Sleep

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training and requirements have been covered for the past several years by HHS, IDPH and CCR&R. During a visit in February 2026 another provider witnessed several Safe Sleep issue.

Supervision and ratios were reviewed during the visit. In 2019 I asked the center to refine schedules, routines and curriculum so that transitions and other parts of the day are not chaotic. Staff should be assigned specific children to supervise so that they are reasonably able to know the names and number of children assigned to their care. This has been discussed many times and for the past several years. The 2-5 year old childcare room is now divided in two. Twos and younger three year old children are to be on one side of the room and chidden ages 3-5 on the other side. Staff and administration reported this arrangement works better than the open space. However, this was not the case the date of the visit in 2025. Children ages 2 through 5 were combined. This was during nap time and right after. During this year's visit at the end of the day children one year old through school age children were combined in this room despite the program being on a Provisional License.

Staff are to use walkie talkies to communicate when a child is using the restroom coming in from outdoors. The Director indicated this is the typical method or a staff will bring the child in. This could leave the outdoor play area out of ratio. Each and every time a child comes indoors, they must have supervision. The Director indicated she is available each day to intercept children and conduct a handoff from the staff. Malia Love has covered this topic repeatedly with the center post the HHS visits to assure the center Director and staff are aware of supervision requirements the past three years.

Mandi Lauderman CCNC with Iowa Department of Publics Health performed Medications Administration training for the center onsite in March 2022. Medications have pharmacy labels intact and are kept out of the reach of children. All children with diagnosed allergies have allergy action plans signed by a physician.

First aid kits are present and contain items to administer basic First Aid. All kits observed were labeled.

Radon testing should be conducted in winter months when the ground is frozen. It is due every five years. The center has conducted testing within the past 5 years with a reading below 4 pci/L.. The center does not contain fuel burning appliances. If they are added a fuel burning appliance inspection is required annually. The center contains carbon monoxide detectors. Ventilation and lighting is adequate.

We reviewed tornado and fire drills. These have been documented on a monthly basis, and documentation is present with the exception of January 2026.

Allergy action plans should be in the rooms or in mobile packs following the child where staff can reference them in an emergency. The plans are hanging on the kitchen door.

Center Outdoor Play Area:

A small playhouse is present in the preschool age play area. Staff sit right beside the playhouse in the doorway when children are playing inside the house. First aid kits are taken outdoors, as well as emergency medications. They added fencing in the grassy area 2 years ago.

Playground inspections should be performed and documented monthly. Staff utilize the Child Care Weather Watch to determine if outdoor play is suitable in varying weather conditions. If weather conditions meet standards children should be outdoors playing. CCNC Mandi Lauderman can provide more information on this topic or any other health or safety outdoor issue..

Center Field Trips:

The center goes to Richland library for field trips for school age kids. The school provides the transportation on a school bus. All students attending have signed field trip authorizations. Emergency contacts and medication as well as a First Aid kits are taken on each trip. Field trip ratios are followed. Classes sometimes go on walks around school campus, which is not considered a true field tip. Community members come to the center for presentations as well.

Center Administration:

All required postings were present including Mandatory Reporter information, DHS Center License, DHS Center

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Consultant Contact information and No Smoking signage. The center has a tracking system for staff and child files. They have less turnover than other centers. Administration feels this is due to center location.

Staff and child files are reviewed annually. Administration keeps detailed staff and child tracking sheets.

Administration is working with parents to secure updated child physicals. Immunization certificates will be reviewed by IDPH. Child files should have signed field trip authorizations and have annual updates on pick up authorizations, emergency contacts and dental and medical information.

Fingerprints (due every four years) and SING checks (every 2) were reviewed. Professional Development training (Essentials), CPR/1st Aid, Mandatory Reporter training, staff physicals, fingerprints and SING checks are tracked and monitored by Ashley. However, some staff are behind on trainings.

Staff have been trained on the Emergency Preparedness Plan. They have signed and dated acknowledgement of such. Any new staff must also be trained on the plan.

2. Identify Observed Strengths of the program

Four staff from the program are participating in the WAGES program.

Iowa IQPPS rates the facility.

Five members on a parent advisory board meet 4 times a year and help govern the center.

The center provides vision screening services to the children in cooperation with the local Lions Club.

The center provides hearing screening services to the children in cooperation with the local AEA.

The center has an Emergency Preparedness Kit.

3. Identify the aspects that fall below the standard

1. 109.7(2): Center directors and all staff have the required contact hours of training. Some staff do not have any training. Some staff do not have the required number of hours due annually. CCR& demonstrated in January 2026 how to run PD reports with the Director.

2. 109.8(2): Ratio maintained in center as required: Ratio in infant rooms is always maintained. When more than eight children are present on the licensed premises, at least two staff members shall be present. For a period of two hours or less at the beginning and end of the center's hours of operation, one staff member may care for eight or fewer children, provided no more than four of the children are under two years of age and there are no more than eight children on the premises.

c. Children between 18 months and three years of age may be combined, if appropriate to the developmental needs of the child. If a child under two years of age is in a combined age
group, the staff ratio of one to seven will be maintained. Otherwise, staff ratio may be determined by the age of the majority of the children in the group.

For an hour and a half prior to closing at least 13 children ages 1 to school age were mixed together in one room. This violates ratio by combining age groups that are not to be combined unless 8 children or fewer are present. CCR&R has covered this topic with the center the past three years.

3. 109.6(2) Director or on-site supervisor on-site during the hours of operation or a minimum of six hours of center's hours of operation. Another responsible adult is clearly designated as the interim on-site supervisor if the on-site supervisor is temporarily absent from the center. The person responsible for the center must know and comply with rule. Rule was in disregard the date of the visit and is a regular practice. The designated person must have al required trainings. The designated person in charge the date of the visit had expired CPR and First Aid training. The person in charge moving forward will be trained on ratio and supervision specifically.

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

The center will work with CCNCs and CCR&R Consultant on a plan to address each individual violation. Long term solutions should be implemented.

5. Special Notes/Recommendations

Based upon this review, it is recommended that this center remain in Provisional licensing status. The center is directed to correct the items listed in Section IV. The director gave me a verbal commitment that the noted rule violations will be corrected. She is developing a plan to ensure the violations above are corrected on a long-term basis.

The center may reach out to CCR&R Consultant Malia Love or Iowa Department of Public Health Child Care Nurse Consultant Mandi Lauderman and or Tammy Merrill at any time for consultation. HHS suggests the center and providers arrange a drop-in visit schedule for twice a month. These visits should be unannounced. Safe sleep and ratio, as well as other licensing rule will be observed and documented.

Child Care Resource & Referral offer centers assistance with meeting the HHS regulations, IQ4K, infant/toddler concerns, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. Consultant Love met with the new Director in May 2022 to discuss general functioning of the center, IPOWER, and what to look for going into the next school year. She contacted the Director after my visit to assist her with violation correction. She visited the program twice last year. Malia visited again twice this past year (in the fall and again in May 2024 after the HHS visit). Active supervision, menus, and other licensing areas were discussed.

She provided the following the past year:

5/28/24- Followed up on a referral you made around CACFP and Supervision. Went over menus and CACFP resources, discussed supervision and ideas and practices for active supervision. Followed up with CACFP resources, and active supervision resources via email.

6/12/2024-Discussed staff files and what she should keep for former staff, let her know she should keep all training certificates should they come back needing them and any incident reports or complaints filed.

9/19/2024-Did a book reading with the children and while there answered questions for the staff about supervision and mixing age groups.

10/17/2024-During our work on IQ4K requirements, I ran a PD report for all staff and the roles they were linked to in i-Power letting the director know who was not meeting requirements for training hours and matching up with their roles indicated in i-Power and the classroom breakdown they gave us.

1/7/2025- Went over staff i-Power profiles and Professional Development during a visit about IQ4K.

4/4/2025-Set up a visit to meet with the program 4/11/2025 to go over IQ4K. The director was also given a list of staff who are currently not meeting requirements for Professional Development. We will also go over their most recent licensing visit items.

Consultant Love also visited many times after the visit in 2025 attempting to assist the program to move to full licensure. In the last unannounced visit made in February 2026 several Safe Sleep violations were observed. Infants were not present during the HHS visit, however, this issue should be addressed on a long term basis. Staff should look for sleep cues then place infants in a crib or on a cot to fall asleep.

March 2025-Provided support with i-Power and staff profiles

April 11th 2025-On site visit to follow up on HHS referral, assisted with staff files, discussed supervision and room arrangement and options to address age mixing, checked ratio and supervision in classrooms found no issues

April 30th-One site, Did a file review with director, discussed training and training options for CPR/First Aid, there were

limited options. Checked ratio and supervision in classrooms and found no issues.

May 15th 2025-Onsite, Stopped by and checked on ratio and staff supervision, found no issues. Discussed staff training, all staff had been signed up for CPR/First Aid for Fall

June 13th On site, Stopped by and checked on ratio and staff supervision, found no issues.

August 11th-On Site, I met with the director and we went over staff files and trainings. We discussed upcoming changes in the program and where they were moving different rooms too. We did a walk through of each of the classrooms I found no issues with supervision or ratio.

August 18th-Email, Answered questions about AEA Mandatory Reporter Training.

August 25th-Email, Offered support and insight around issues with the AEA and trying to get services for a child in care.

September 24th-,On site, Spoke with the director about Growing Iowa Grant and offered support with questions. Offered training resources and went to rooms to check in on ratio and supervision and found no issues.

November 9th-Email, discussed ratio for 18mo-2year olds

January 13th-On site,I met with the program and went over their Growing Iowa application and approval. I got a copy of the receipt. While there we discussed ideas and way for outdoor play in the winter and how to cut down on getting ready along with some schedule changes. We discussed training and i-Power and I showed the director how to run PD reports in the staffs profiles. I did a walk through of each of the center classrooms and the director shared how they separate and supervise the children as to not mix age groups. We also discussed sleep sacks for the infant room and how they could move one 14 month old to a cot if he was struggling with the crib. I am going to follow up with the main office and ask about sleep sacks. (Safe Sleep Issues were noted in the infant room this day)

February 6th-Onsite, I visited the program and did a walk through of the classrooms following up on the request of HHS to check on ratio and staff files. The director was not there to view files so I will make another visit. While there I also dropped off sleep sacks for the infant room. I followed up with an email to the director to let her know that I had stopped by and that I had dropped off the sleep sacks. I encouraged her to have a review of safe sleep practices with the infant room staff and suggested they could contact their CCNC to schedule a safe sleep training which also counts for HHS credit. I will follow up again next week.

February 25th-Onsite, did a walk through of the program space, did not see any supervision or ratio issues, staff files are up to date according to tracking sheets, no safe sleep issues seen in the infant room today, looked at a couple staff profiles and trainings are present from start dates to now, noted some do need annual training.

Child Care Nurse Consultants work with child care 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. CCNC Lauderman conducted an Injury Prevention Checklist. The center followed all recommendations. She conducted PALS training in May 2024. She stated on 4/9/25, "I have visited them a few times, doing handwashing and completing a health and safety checklist for IQ4K. Ashley had reached out and I provided her with some contacts for CPR. I will reach out and visit again in the next couple of weeks."

On 2/26/26 CCNC Lauderman stated, "I have visited Pekin 3 times in the last six months to provide consultation. (9/24/25, 11/5/25, &1/22/26). The last visit was following your referral after they had received the complaint about taking the kids outside. I have provided consultation on managing infectious disease, special needs care planning, medication administration, and various other things. As well as some strategies to help mitigate the issue of taking the children outside. When I have been there on my visits, I did not witness any concerning items. The visit I made in November also included a training and so I was at the center for a significant period of time. Please let me know if you have any additional questions. I will try to make another unscheduled visit sometime soon. I feel that is the best way to get a true picture of how things are going."

HHS recommends centers utilize IDPH and CCR&R services. The center is already actively involved with both Child Care

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Resource & Referral and Child Care Nurse Consultant Malia Love and with the Iowa Department of Public Health Mandi Lauderman working on IQ4K.

It is recommended the child care have access to the preschool room to partially alleviate ratio issues or the program add another building.

CCR&R and IDPH agree to perform drop in visits the next three months to observe ratio.

6. ADDENDUMS:

- Addendum1: HHS made an unannounced visit to the program on 4/16/26. The program was mixing ages of children 2 years old through school age. I followed up with the Director on this on 4/17/26. She indicated staff will not listen to directives and they are aware they are not to mix ages outdoors. She will be leaving this position in May. I contacted CCR&R and made another referral for this program.

This Addendum is approved by supervisor on 4/20/2026 3:43:22 PM

Date: 02/27/2026

HHS Licensing Consultant: Jill Seibert

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**.