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

Name of Center: Lake Mills Community Preschool & Daycare **Enrollment:** 130 **License ID No. (Reapplications)** 22427

Street: 711 Hwy 69 N **City:** Lake Mills Iowa **Zip** 50450 **County:** Winnebago

Mailing Address: 711 Highway 69 N, Lake Mills, IA, 50450

Director's Name: Ashley Brackey **Phone Number:** 641-592-1318

On-Site Supervisor(s): **E-Mail:** lmdaycare@wctatel.net

Date(s) of Visit: 06-29-2023

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: 06-12-2023

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	23	19	46	179	267
Summer					0

QRS Rating: 4

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 08-01-2023 to 08-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 07-10-2023

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 Lake Mills Community Preschool & Daycare program on 06-29-23 where I met with center director Ashley Brackey. Ashley has been the director of this program since April of 2015. The program is located in a building that was previously used as a manufacturing facility that has been remodeled to create classrooms. The center is operated as a non-profit entity overseen by a board of directors. The center provides daycare and preschool programming to infants through school age children. There are approximately 130 children enrolled in the center served by 20 staff. All areas of the center subject to licensing standards were reviewed during the visit.

The general layout and design of the program, and classrooms remain the same as observed in prior reports. The infants are divided into two classrooms with one for younger non-mobile infants, and one for older mobile infants. The infant rooms and a two year classroom are located in classrooms at the front of the building. There are two preschool rooms located off a large open central area. The large central area makes use of mobile divider panels and shelving to create a space for school age children. The remainder of the open central area is used as indoor play space when weather conditions do not allow for outdoor play. The indoor play space is further divided with a smaller area for the infants and toddlers defined by a half wall. Each room was observed to be clean with a few minor issues regarding maintenance such as damaged drywall/paint, a cracked outlet cover that did not expose electrical wires, but nothing that rose to the level of being an immediate safety concern. Each room has a secondary exit providing direct access to the outdoors. All exits were observed to open easily and freely and were clear of obstruction. Evacuation cribs are used for children needing mobility assistance and these were also clear of obstruction. Each room has windows along the exterior walls that provide natural light, a view of the outdoors, and ventilation. Each classroom has restroom facilities located just off the programming space so that the children do not need to leave the room. It is noted that the restrooms used by the school age children are located on the opposite side of the large open area from the area where the classroom space is established. While the children are of an age that they do not require assistance supervision was provided to ensure that children follow health and safety procedures, and address behavioral issues.

Each room is divided in to activity centers through the use of furniture, play structures, and shelving that did not create any blind areas. Each room was observed to have a good variety of toys and materials that were in good repair and generally appropriate to the ages of the children present. There were a few toys with small parts such as cars with wheels in the younger infant room which could present a choking hazard. It was reviewed that items less than 1 1/4 inches diameter and 2 1/4 inches in length can be choking risks and need to be removed from rooms with children under 3 years of age, and monitored use for children under 4 years of age. Each classroom had a copy of the daily schedule and a of the planned curriculum posted posted at the main entrance. It was noted that the curriculum plans were different for each classroom, and identified activities that would be appropriate to the developmental level of the children in the room. Ratio was maintained in each classroom as required by age. For those classes that engaged in off site activities an additional teacher was included. Good interactions were observed with all of the staff being actively engaged with the children or attending to their needs. The center was just finishing lunch and preparing for nap time during the time of my visit. While the staff did set cots out for the children and turned the lights out or down the children were not required to nap. This was most notable in the classrooms with the 3-4 year old, and school age classrooms where the children had the option to watch a movie, or engage in other quiet play.

Good health and hygiene practices were generally observed but there are practices and situations that the center does want to review. I was able to observe a diaper change and while staff generally followed the required procedures it was noted that the teacher did not wear gloves during the diaper change. The teacher stated that this is common practice for wet diapers with gloving for when a child has a bowel movement. While gloving is not required for all diaper changes it is recommended and if staff do not wear gloves they should wash their hands or at a minimum use a hand sanitizer between handling soiled and clean articles. Additionally it was noted that the center is using a bleach water disinfectant and the teacher did not use a clear water rinse following the use of soapy water to clean the station. It was reviewed that soap residue can reduce the effectiveness of bleach water solutions. Safe Sleep practices were followed in the infant room. As noted it was nap time during the visit and cots were spaced so that there was sufficient room to allow for access to assist children if needed, and to reduce the risk of disease transmission. Sufficient illumination was present in classrooms for staff to be able to observe the children and determine if they were in distress. Chemical cleaners, personal items, items that could be choking risk, and items labeled as "Keep Out Of The Reach Of Children" were stored in areas where they were not readily accessible to children. Staff did wait for children to be out of the immediate area before using chemical cleaners. Good hand washing practices were observed for both children and staff. Over the counter medications were properly labeled and stored. First aid kits were present and taken as a whole the center did have items necessary to address most common first aid needs.

The center has two playground areas with one for toddlers and the other for preschool/school age children. Both are fully enclosed and separated from each other by tall chain link fencing. Both were observed to have a variety of equipment and play surfaces. All equipment was observed to be in good repair. Rubber mulch is used for fall surfacing with some displacement beneath swings and at the discharge of slides. This was most notable in the toddler playground where the transition between the fall surfacing and surrounding concrete track used for a retaining barrier was uneven and created a tripping hazard. Ashely stated that the center does have additional mulch and plans are in place to have this installed. Shade is provided by the building, climbing structures, and constructed shade structures.

The center does have a fully functioning kitchen and meals are prepared on-site. A copy of the planned menu was present in the kitchen and did identify a good variety of nutritious meal options. In addition to the kitchen area several of the classrooms maintain some limited snack items, and also have small refrigerators for items that require refrigeration, and additional refrigeration and freezer units are present in a storage area. Good food storage practices were observed for both dry pantry and refrigerated items. The staff do use measured scoops and containers to ensure each child is provided a full serving. Meals are served in the classrooms and the teachers do provide supervision at the tables. During the visit it was noted that the serving plates and bowls had cuts and scratches that were holding stains and other indications of use and raised a concern about the ability to ensure proper sanitation of the dishes. It was recommended that the center monitor and evaluate these items for replacement.

In reviewing administrative records all required notices were posted in an area that was readily accessible and visible to parents and visitors. The center is using the Procare system which helps to maintain both staff and child files. The system was found to be accurate when compared to the documentation maintained in hard copy files. In reviewing the self-audit report generated by that system 20 children needed an updated physical, and 8 needed documentation of updated contact information. The center also uses that system to track infant daily sheets and while the system does have the capability to track all required information not all staff were doing so on a regular basis. When reviewing the records not all staff were documenting daily mood and activities. It was reviewed that the system does have the ability to attach photos which can be used as a visual depiction of these required elements. The self-audit for the staff files identified 3 that needed an updated Iowa SING and/or FBI Fingerprint background check, 11 needed an updated physical, and 10 needed updated 1st Aid/CPR training, and 2 had not completed the required training within the first 90 days of employment. It is noted that the numbers of those needing the required information may be lower than that which was identified by the self-audit as the system did include those that were still valid but due to expire soon. Documentation of Fuel Burning Appliances inspections was not available on the day of the visit. Ashely stated that the heating/cooling contractor who maintains the systems donates his services so does not provide any billing for services and only sends a bill if materials are needed. It was reviewed that given that there is no specific required form the center could create a form that the contactor could sign and date when at the center identifying that the units were serviced and in good repair. Inspection logs for playground inspections had not been maintained since May 2022. Fire and tornado drill logs were also missing for January through May 2023. As a reminder these are all required to be conducted and logged monthly.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

This continues to be a program where the staff seek to provide a positive and engaging experience for the children as identified by the strong focus on curriculum.

The center has a very positive reputation in the community which is reflected in the support provided to the program with grants, financial assistance, and donations of time and services.

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

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.
-- Number not in compliance: 3

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.
-- Number not in compliance: 2

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: 11

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: 10

109.9(2): All files are updated at least annually and when a change occurs.
-- Number not in compliance: 8

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 present for many children on a regular basis. It was reviewed that photographic options can be used as a visual depiction of these elements. NOTE: 2nd Year Cited.

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: 20

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.
-- Documentation was not maintained for the months of January - May of 2023.

109.11(3)d: Record of monthly inspections of outdoor recreation area and equipment shall be kept.
-- Documentation was not made after May 2022.

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.
-- Documentation of an annual inspection was present on the day of the visit.

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.