Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Lake Mills Community Preschool & Daycare

Provider No.: 22427

Address: 711 Hwy 69 N, Lake Mills, IA, 50450

County: Winnebago

Director's Name: Ashley Brackey

On-Site Supervisor:

Phone Number: 6415921318

E-Mail: lmdaycare@wctatel.net

HHS Visit Date: 05/28/2026

Licensing Period: 08/01/2025 to 08/01/2027

Fire Inspection:

Date Inspected: 06/12/2023

Comments: The fire inspection is expired. Ashley stated that the fire marshal had conducted a renewed inspection and had issued orders for correction which the center is working to complete and provide verification to receive the renewed certificate.

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

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

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	5:30 AM to 5:45 PM		
Tuesday	5:30 AM to 5:45 PM		
Wednesday	5:30 AM to 5:45 PM		
Thursday	5:30 AM to 5:45 PM		
Friday	5:30 AM to 5:45 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	23	19	46	62	150
Summer					0

1. Basic Overview

An unannounced visit was made to the Lake Mills Community Preschool and Daycare center on 05-28-26 where I met with the center director Ashley Brackey. Ashley has been the director of this program since April of 2015 and is well qualified for the position based on her experience and on-going training. 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 nonprofit entity overseen by a board of directors. The center provides daycare and preschool programming to infants through school age children. There are approximately 120 children enrolled in the center served by 25 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 young infant room makes use of shelving units and low mobile fence barriers to separate a programming space from the feeding and sleeping areas. 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 and gate. Each room was observed to be clean. There were several minor maintenance issues that did not rise to the level of being a safety concern but one issue that was noted was an electrical outlet in the 4 year old preschool room which was damaged and allowed the outlet and/or plate cover to rotate freely in the wall and this does need to be repaired immediately. Each room has a secondary exit providing direct access to the outdoors. All exits were observed to be clear of obstruction and opened easily and freely. Evacuation cribs are used for children needing mobility assistance and these were also clear of obstruction. Each room with the exception of the school age space 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 and staff did escort and supervise children as needed. Changing stations are present in classrooms for the infants and two year olds, and are also available in a passthrough area for the 3 and 4 year old preschool classrooms. Each room is divided in to activity centers through the use of furniture and play structures which are arranged so as not to create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were observed on the day of the visit with all staff attending to the children's needs and implementing the planned schedule and curriculum. This included providing the children with snack, engaging in center play activities, or taking children out to the playground. All staff presented with a positive and energetic attitude while interacting with the children. When speaking to the children the staff used conversational tones and positive word choices. This combination of engagement is part of the proactive positive intervention approach used by the center to encourage children to make good behavior choices. This was observed to be effective in that there were no observed behavioral concerns in any of the classrooms throughout the time of the visit. Ratio was maintained in each classroom as required by age with at least two teachers present in each room.

Good health and safety practices were observed on the day of the visit. I was not able to observe a diaper change but the staff were able to describe the steps they follow which are consistent with the required postings. I was able to observe a teacher that assisted an older preschool child with using the restroom and ensuring that good hygiene practices were followed. Good handwashing practices were observed with staff ensuring children washed their hands prior to snack services. Good cleaning practices were observed with staff using bleach water and a 3 step process to sanitize tables, and waiting for children to be out of the immediate area before cleaning. Chemical cleaners, medications, and other items that could pose a safety risk to children were stored in areas where they were not readily accessible to children. Safe Sleep requirements were followed for infants under 1 year of age. Bedding was present for all cribs, cots, and mats.

The center has two outdoor playground areas with one for toddlers and the other for preschool/school age children, and a commercial climbing structure in the "gym" area of the school age space. Both outdoor playgrounds are fully enclosed and separated from each other by tall chain link fencing. Both were observed to have a variety of commercial grade equipment and play surfaces. All equipment was observed to be in good repair. Rubber mulch is used for fall surfacing in the outdoor playground areas and a good depth of material was present though the material had been displaced around a spring rocker in the school age playground area. Shade is provided by the building, climbing structures, and constructed shade structures. As noted the center also has an indoor gym area with a climbing structure present which was also observed to be in good repair. Foam tiles are used for fall surfacing beneath this structure.

The center does have a fully functioning kitchen and meals are prepared on-site. A copy of the planned menu was present and did identify a good variety of nutritious meal options. In addition to the kitchen area several refrigeration/freezer units are maintained in a storage area, and in classrooms. Good food storage practices were observed for both dry pantry and refrigerated items. I was able to observe the afternoon snack service during the time of the visit. Meals are served in the classrooms and the staff do use measured scoops and containers to ensure each child is provided a full serving. The snack on the day of the visit included chips and salsa. While the staff did not eat with the children they did provide supervision at the tables.

In reviewing administrative records all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted in an area that was readily accessible and visible to parents and visitors. Other required notices for emergency evacuation, emergency numbers, diapering, handwashing, daily schedule, curriculum plan, and menu were also present. The center is using the Procare electronic file management and communication system which helps to maintain both staff and child files. The program also has a self-audit system present to identify what information was needed for files and the self-audit was found to be accurate when compared to files that were randomly selected for review. The self audit for both staff and child files identified substantial compliance with required documentation and those documents that were expired had done so within the past few weeks or were set to expire later this month. The application is also used to track infant daily sheets and there was some inconsistency with staff documenting all required elements on some days but not others. It was reviewed that the system does have the ability to attach photos which can be used as a

visual depiction of required elements for disposition and activity. Inspection logs and certificates were current and available for all required elements. The parent handbook was reviewed and while all required written policies present the policies for Field Trips, Transportation, Health & Safety (handwashing, immunization exemptions, response plans), Staff Orientation & Training, and Emergency plans should be expanded to ensure that all required information is included.

3. Identify the aspects that fall below the standard

109.11(2)a: The center will provide sufficient and safe indoor play equipment, materials, and furniture. It must meet the developmental, activity and special needs of the children.
-- The staff in the young infant room were observed to step over the mobile fence barriers which creates a significant risk of tripping and falling on a child, or dropping a child, or dropping items on a child. Items and toys were observed in the 2 year old classroom with parts that can easily break off that are less than 1 1/4 inches in diameter and 2 1/4 inches in length are considered choking hazards and need to be removed from rooms serving children under 3 years of age. -- NOTE 2ND YEAR CITED. Both issues were cited in the previous report.

109.11(3)a: Center shall ensure that:Facility and premises are sanitary, safe, and hazard free.Sufficient lighting shall be provided.Sufficient ventilation.Sufficient heating.Sufficient cooling.Equipment placed in the program area is maintained so as not to result in injury to the children.
-- One outlet was observed to be damaged allowing the outlet and/or cover to rotate freely.

109.11(4)a: Center must have safe outdoor program area adjacent to the center, with sufficient square footage to accommodate at least 30 percent of the enrollment capacity at any one time at 75 spear feet per child. Outdoor space must:Be free from litter and unsafe materials and free from contamination by the drainage or ponding of sewage or storm water.Include safe play equipment and an area of shade.Include fencing to protect from bodies of water or vehicular traffic.
-- The fencing along the north side of the playground had a low area between the fence and the ground which created a potential entrapment risk. The rubber mulch around the spring rocker of the school age playground has been displaced and needs to be raked back into place.

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

A list of all required written policies and suggestions for implementation was provided along with notation of those policies that should be expanded.

Ashley stated that she would follow up with contacting someone to repair the outlet immediately. The low area of the playground fence also needs maintenance which can be addressed by lowering the fence, filling in dirt, or attaching an additional barrier at the base of the fence in that area.

The issue of staff stepping over the mobile fence barrier was cited in the prior visit and is a significant safety concern. It was discussed that the center must correct this immediately with the most simple option being to move an area of the barrier so that there is an open access. Ashley stated that they are looking to acquire a different gate system that would be easier to open.

5. Special Notes/Recommendations

A full license will remain in effect 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: 06/02/2026

HHS Licensing Consultant: Ray Salsbury

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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**.