Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Sprouts Daycare LLC

Provider No.: 51622

Address: 121 N Dodge ST, Algona, IA, 50511

County: Kossuth

Director's Name: Samantha Elbert (owner)

On-Site Supervisor:

Phone Number: 5153415041

E-Mail: littlesproutsalgona@gmail.com

HHS Visit Date: 08/14/2026

Licensing Period: 10/01/2025 to 10/01/2027

Fire Inspection:

Date Inspected: 05/06/2026

Comments:

Report Visit Type:

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

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 3

- [ ] Accrediation

Program Duration:

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

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	6:30 AM to 5:30 PM		
Tuesday	6:30 AM to 5:30 PM		
Wednesday	6:30 AM to 5:30 PM		
Thursday	6:30 AM to 5:30 PM		
Friday	6:30 AM to 5:30 PM		
Saturday			

Program Population Served:

- [X] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [ ] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	26	17	35		78
Summer					0

1. Basic Overview

An unannounced visit was made to Little Sprouts Daycare on 08-14-26 where I met with the center director and owner, Samantha Elbert. Samantha is well qualified for the position based on her education and experience as a Registered Nurse and in overseeing the daycare, as well as having completed on-going training in early childhood care and education. The program is located in a free standing building in the downtown area of Algona which was previously a bank but which has been remodeled for use as a daycare. The center provides daycare programming serving infants through pre-school age children. The are approximately 41 children enrolled in the program served by 19 staff.

The general layout of the building remains the same as observed in prior visits. The center provides programming on two levels with the infants and toddlers on the upper level, and the preschool age children on the basement level. Infants are divided into three classrooms on the upper level with one for younger non-mobile infants, one for mobile infants 6-18 months, and one for older infants upto 24 months. A forth classroom on the upper level is used for 2 year olds. Classrooms on the lower level include 3 year olds, and 4 year olds. The center has the capacity to serve older children if needed. With the exception of the older infants, and the 3 year old preschool rooms all classrooms have windows that provide natural light, a view of the outdoor, and ventilation though the view and ventilation options were limited for classrooms on the basement level. Each room has several exits from the room with the middle age infant room having direct egress to the exterior. All exits were maintained clear of obstruction. Restrooms are located off main access corridors and staff were observed to escort children to the restrooms as needed to ensure that supervision was provided as required. Changing stations were present in the infant rooms, and classrooms with children that may not be fully potty trained. There were no observed maintenance issues noted. All classrooms were observed to be clean. Activity centers are created through the placement of furnishings and play structures which were arranged so as not to create any blind areas.

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2. Identify Observed Strengths of the program

Programming and Engagement
This continues to be a very strong program with a focus on helping children reach appropriate developmental and learning skills. Each classroom had a copy of the daily schedule and planned curriculum posted. The center uses a commercial curriculum program which identifies learning themes, and specific activities that are established for each developmental age group. Each teacher was observed to be presenting the planned curriculum and doing so in a manner that was engaging and entertaining for the children. This included examples such as the teacher in the older infant room using repetitive words and actions, and the teacher in the 2 year old class using combined speaking with sign language to help children build language comprehension skills. Older age classrooms had more formal circle time activities and when visiting the classrooms the children were excited to share the activities they, and talk about the topics they had been learning that week. Each teacher was observed to be actively engaged with the children attending to their needs, or presenting the planned curriculum. Each teacher appeared to know the children on an individual basis talking to older children about their interests and families. Each teacher spoke to the children in calm tones using positive and encouraging word choices. The combination of the relationships, programming, and interactions resulted in there being no observed behavioral issues. Ratio was maintained as required by age. The center uses a positive support approach to behavior management with the teachers using routines, reminders, recognition of positive behavior, and redirection to encourage appropriate behavior choices.

Health and Safety
Good health and safety practices were observed during the time of the visit. I was able to observe diaper changes in several classrooms and all staff followed the required procedures. Good handwashing was observed for both staff and children. Good practices were observed with regard to the use of chemical cleaners. First aid kits were present in each classroom along with materials in the center office. Chemical cleaners, medications, personal belongings, and other items that could pose a safety risk to children were properly labeled and stored. Items that toys with small parts that could break off and be a choking hazard that had been identified in the prior visit had been removed and the toys and materials present were appropriate to the ages of the children. Good safe sleep practices were observed for infants under 1 year of age.

Nutrition
As noted the center has a full kitchen and meals are prepared on-site and good practices continue to be observed. Good food storage practices were observed for both refrigerated and dry pantry items. A copy of the menu was posted and provided a good variety of nutritious meal options. The meal served on the day of my visit was consistent with the planned menu. I was able to observe the breakfast service during the time of my visit. One issue that was noted during the meal service was that staff did take a plate of hashbrown patties around the table offering each child to take one but no service utensils were provided so that children used their hands. Other meal options were portioned by staff for the children using serving spoons. While having children engage in family style self-service is a good option the center will want to ensure that equipment is provided which the children can manage in a way that ensures good hygiene and food handling practices. Supervision was provided at the tables by staff when the children were eating.

Playground
The center playground remains the same as observed in prior reports. The playground is fully enclosed by a tall wooden privacy fence that appeared to be in good repair. There is a small combination geodesic dome climber and slide structure but all other equipment is intended for ground based play. Rubber mulch and foam tiles are used for fall surfacing beneath the climbing structure. There are additional toys and materials such as riding toys, balls, and items for use in sand/water play. There are small green spaces where the children have planted some garden items which are used in some of the meal preparations. Shade is provided by the building and small awning shade structures.

Administration
All required notices for No Smoking, Consultant Contact, Mandatory Abuse Reporting, and the Center license were present and posted at the parent notice board. Additional postings for emergency evacuation, emergency contacts, diapering, hand washing, menu, and disease exposure were also present. Child files were reviewed and all were found to be in compliance with all required documentation. Staff files were also reviewed and found to contain all required documentation. All inspection logs and certificates were current and available. The center handbook was reviewed and found to contain all required written policies.

3. Identify the aspects that fall below the standard

None Cited

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

NA

5. Special Notes/Recommendations

A full license is recommended at this time. At least one visit will be made to the center during the next year.

Date: 08/17/2026

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**.