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

Name of Center: Little Sprouts Daycare LLC **Enrollment:** 34 **License ID No. (Reapplications)** 51622

Street: 121 N Dodge ST **City:** Algona Iowa **Zip** 50511 **County:** Kossuth

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

Director's Name: Samantha Elbert (owner) **Phone Number:** 515-341-5041

On-Site Supervisor(s): **E-Mail:** littlesproutsalgona@gmail.com

Date(s) of Visit: 09-05-2023

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: 06-16-2023

Comments :

LICENSE TYPE: X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

Financial Type: X Profit Non-Profit NA

Accredition: Accredited NAEYC NSACA Other X NA

Program Serves: X Infants (0-23 mo.) X 2 Years X Preschool-Age 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	13	14	17		44
Summer					0

QRS Rating: 1

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 10-01-2023 to 10-01-2025
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Raymond Salsbury **Date:** 09-18-2023

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 Little Sprouts Daycare on 09-05-23 where I met with Samantha Elbert who is the owner and director of the center. Samantha is qualified for the director position based on her education, experience, and on-going training. Samantha is also a Registered Nurse. The program is located in a free standing building in Algona serving infants through school age children. There are currently 34 children enrolled in the center served by 20 staff. All aspects of the program subject to Licensing Standards were reviewed during the visit.

The physical structure and layout of the building has changed with renovations to the lower level being completed to provide programming for older preschool and school age children. The building is located in the downtown area of Algona and does have some attached outdoor space. The building has two levels with infants and toddlers on the upper level, and older children on the lower. Windows along the exterior walls provide natural light, a view of the outdoors, and ventilation for all classrooms on the main level with the exception of the space used for older mobile infants which is an interior room. The lower level has three classrooms though only two are currently being used for programming. The room not being used, and one other have windows on the upper part of that wall that provide natural light, and the other classroom is an interior space that makes use of artificial lighting. Each room has secondary exits from the room. All exits were maintained to be clear of obstruction. Doors with deadbolt locks had the locks disengaged so that the doors opened freely and easily. Restrooms are located off a main corridor, and an area accessed through the director office on the upper level. The restroom of the main corridor has both a regular, and toddler sized toilet. On the lower level restrooms are located off a main corridor. Additional sinks are located in each programming space to allow for hand washing. Changing stations are located in the infant and toddler rooms with the required changing procedures posting present. There were no concerns regarding construction or maintenance noted.

Each room has a open floor plan that does not create any blind areas. Activity centers are created through the placement of furniture and play structures. The variety and complexity of activity centers increases in classrooms as the age of the children increases. All classrooms have options of large/small manipulatives, art/crafts, and reading. Older age classrooms also add options of dramatic play, group learning, math/science, and music/media. The center has continued to obtain toys and materials and those that were present were in good repair and generally appropriate to the ages of the children. There were some toys in classrooms with the infants and toddlers that contained small parts which could break off and present a choking hazard. Items and toys with parts less than 1 1/4 inches diameter, and 2 1/4 inches in length need to be removed from classrooms with children under 3 years of age, and should be monitored for children 3-4 years of age who may still be prone to mouthing items. Daily schedules were posted in the classrooms. The program uses a center wide curriculum to identify learning concepts and activities. Ratio was maintained in each classroom as required by age, and younger children were in areas separate from older children both in classrooms and when on the playground.

Good interactions were observed during the visit. All of the staff were attending to the children's needs, and implementing the planned curriculum. This included teachers reading to the children in one classroom, doing a teacher lead crafty activity in another, and playing with the children when on the playground. Good behavior management techniques were used with staff recognizing positive choices, and redirecting children when making negative choices.

Good health and safety practices were generally observed. During the visit I was able to observed a diaper change and staff did follow the posted procedures. It was noted that the changing pads do have an embossed quilted design and it is recommended that when replacing these a design with a smooth nonporous surface be used which can be more easily cleaned. Over the counter medications were labeled with the name of the individual to whom it belonged. Chemical cleaners, medications, first aid kits, and other items that could present a safety risk were stored in areas that were not accessible to children, however one purse was observed to have been placed on the floor in the infant room where it would be accessible to the children. Even though it was a space that is sectioned off by furniture it would still have been accessible to children. The teacher did move the purse as soon at this was pointed out. The staff did ensure that when children washed their hands they did so in an effective manner. The center does maintain first aid kits in each classroom and in the office and taken as a whole are equipped to address most common first aid needs. Safe sleep practices were being followed in all classrooms however it was reviewed that decorations suspended from the ceiling need to be moved so that they are not directly over cribs where they could fall into a crib either causing injury, or being an entanglement risk to infants.

The center has an outdoor playground which contains a soft surface area making use of rubber mulch, a paved area, and an area for sand play. There was one small climbing structures present on the playground which was placed over the rubber mulch but which needed to be moved further into the soft surface area to ensure proper fall zones. In addition the rubber mulch had been displaced in high traffic areas such as the discharge of the slide chute, and entry to climbing ladders and needs to be supplemented or raked back into place. There are a variety of balls, riding toys, a crawling tunnel, and other items for the children to play with. Due to the commercial nature of the location the space is fully enclosed by a tall wood fence. Shade is provided by an extended overhang, and the building but is limited based on the time of day, and seasonal positioning of the sun.

The center does have a kitchen and meals are prepared on site. Good food storage practices were generally observed though a couple bulk products of chips, and cereals were rolled closed rather than being placed in air tight sealable food grade containers after the original packaging seal had been broken. The kitchen was observed to be clean with no evidence of insect or rodent infestation noted. Good food preparation and handling practices were observed with the staff washing their hands before handling food and using food service gloves. Meals are pre-portioned by staff and served in the classrooms with children being provided additional servings if they are still hungry. Supervision is provided at the tables.
A planned menu is posted and was followed on the day of my visit. It was noted that some items that were present and listed on the menu such as Pop-Tart toaster pastries are not considered credible and should be discontinued once the existing supplies are exhausted.

In reviewing administrative records all required notices were posted in an area that was readily visible and accessible to parents and visitors. The center uses the Bright Wheel application to communicate with parents and maintain child records. The center does provide staff members with a cell phone to be used during work hours to access the app, and to make phone calls if needed. Good documentation of daily infant reports was maintained with the staff using photographs as a way to identify the daily activities and disposition of the children. The Bright Wheel app, and hard copy files are used to maintain enrollment information about children and staff but the center also maintains hard copy documentation. When reviewing child files a random sample of 20% of files were reviewed and each was complete with the center audit identifying 3 that needed a current physical. In reviewing staff files a random sample of 6 files were reviewed and again the self-audit system of the center was accurate and identified that all were current. One issue that was noted is that the center had several employees who are college students who only worked during the summer. While licensing does allow a 90 day period to obtain all required initial training many of those employees had not completed the training but also left prior to the end of the 90 day grace period. The center is encouraged to have staff complete training as soon as possible, and for those staff who may seek to return during holidays, or the next year will need to complete those trainings prior to their return. All inspection logs and certificates were available and current. In reviewing the center policy handbooks all required written policies were present.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

This center has continued to grow and develop in completing renovations and expanding served age groups, increasing enrollment, and obtaining additional materials.

The center is currently participating in the QRS program which seeks to implement best practice recommendations and is currently rated a 1 STAR program out of a possible 5 STAR scale.

Samantha stated she is currently fully staffed and she has a strong group of employees.

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

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: 3

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.