Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Sprout Kids Academy Inc

Provider No.: 47699

Address: 400 Elderberry St, Tiffin, IA, 52340

County: Johnson

Director's Name: Rachel Volk

On-Site Supervisor: Katie Cilek

Phone Number: 3195455437

E-Mail: rachelvolk@sproutkidsacademy.com

HHS Visit Date: 12/16/2025

Licensing Period: 12/01/2024 to 12/01/2026

Fire Inspection:

Date Inspected: 09/28/2024

Comments: Does Comply.

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	6:15 AM to 6:00 PM		
Tuesday	6:15 AM to 6:00 PM		
Wednesday	6:15 AM to 6:00 PM		
Thursday	6:15 AM to 6:00 PM		
Friday	6:15 AM to 6:00 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	48	48	48	50	194
Summer					0

1. Basic Overview

An unannounced annual visit was made to SPROUT KIDS ACADEMY INC – 47699 on 12-16-25 where I met with the center director Rachel Volk who has been with the center since August 2016. The assistant director is Katie Cilek who started with the program in January 2017. The center is operated as a for profit program providing full range child care serving infants to school aged children. The center is open year around with hours of operation of 6:15am to 6:00pm. There are currently 160 children enrolled in the program served by 50 staff. All aspects of the program subject to licensing standards were reviewed during the visit.

The program is located in a large commercial building providing programming on two levels with younger children on the lower level, and older age children on the upper level. Rooms are determined by age groupings in yearly increments for infants through preschool age children, and school age children being combined in a larger group. Each classroom was observed to be clean with only minor maintenance issues such as damaged paint or drywall that did not rise to the level of being an immediate safety concern. Each classroom has windows along the exterior walls that provide natural light, a view of the outdoors, ventilation, and emergency egress. Each classrooms has access to restroom or diapering facilities, and sinks. Activity centers are created through the placement of furniture and play structures which were arranged so as to not create any blind areas.

2. Identify Observed Strengths of the program

Good interactions were observed in each classroom throughout the visit with staff being actively engaged with the children

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and attending to their needs. This included direct care activities such as assisting with feeding or diapering/assisting with toileting, providing supervision, and implementing the planned curriculum as well as indirect activities such as playing with the children. Prior licensing reports note that the staff use a variety of commercially prepared curriculum plans that include Creative Curriculum, Applebaum curriculum, Read-It-Again, Jolly Phonics, Handwriting Without Tears, Second Step and Leap. All staff were observed to use positive word choices, and calm tones when speaking to children. Staff were observed to use proactive approaches to addressing behavioral concerns such as reminders of expected behavior, and redirecting children to appropriate behavior choices. During the visit one child in a 4 year old classroom was observed to be having a very difficult time dealing with their frustrations and the teacher did an excellent job of talking to the child and calming them down, and then helping the child with regaining control and resuming positive play activities with their peers. Ratio was maintained in each classroom as required by age, and when children needed to step into the hallway to put materials in their backpacks/cubbies a teacher did step into the doorway so as to be able to continue to supervise those children and the classroom as a whole.

Good health and safety practices were generally observed during the visit. First aid kits were present in classrooms with additional supplies maintained in the center office to restock individual kits. Response plans were present and posted for children with identified health concerns. Staff did ensure that older children did wash their hands as required prior to meals, and after restroom use. Medications were stored where they were not accessible to children and were labeled with the names of the children to whom they belonged. While I was not able to observe a medication administration during the time of the visit the center did maintain documentation for those children who had received medications in the past. Good cleaning practices were observed with the staff using appropriate cleaners for disinfecting and sanitizing as needed. When using chemical cleaners staff did wait for children to be out of the immediate area, and allowed the products to dwell on surfaces for the required amount of time to be effective. One issue that was noted but not cited was with regard to Safe Sleep requirements. During the visit several infants under 12 months of age were observed to be making use of swaddling sleep sacks. Swaddling is not recommended past 6-8 weeks of age and is prohibited once children start to display emerging or full abilities to roll. The children that were swaddled were identified to be 3-4 months of age and did have posted notes from their physicians that swaddling was allowed. It was reviewed that when authorizing modified sleep positioning a doctor's note should contain more than just an "it's OK" statement and should be more closely related to prescription identifying the reason, method of administration, period of use, and when the practice should be discontinued as the doctor is identifying that it is more dangerous for the child to not sleep in a modified position than it is to follow safe sleep requirements.

A full kitchen is present where meals and snacks are prepared on-site. A copy of the planned menu was posted and identified a good variety of nutritious meal and snack items. During the visit there were a few dry pantry items that were not properly stored in air tight sealable food storage containers as required. Refrigerated items were properly stored both in the kitchen and classrooms. All refrigeration/freezer units had thermometer to ensure proper cold holding temperatures were maintained, and all foods were stored in covered containers that were dated and labeled. The kitchen was observed to be generally clean though there was some old food debris under the stove. There was not indication of insect or rodent infestation. Good food handling and service practices were observed with staff wearing food service gloves and using measured scoops to portion meals. Meals and snacks are served in the classrooms and the teachers did provide supervision at the tables.

The center does have an attached playground which was observed but not fully inspected due to weather conditions and snow cover. The play ground does have a large climbing structure which appeared to be in good repair. The playground is fully enclosed by chain link fencing which appeared to be in good repair. Shade is limited to that which is provided by the building, play structures, and trees located along the edge of the playground space.

In reviewing administrative records all required postings for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse Reporting were present and readily available near the front entrance. All other postings for diapering procedures, hand washing, daily schedule, curriculum, menu, and emergency contacts were posted as required. A random sample of child files were reviewed and found to contain all required information. The center does use an electronic communication application to exchange information with parents including infant daily sheets. The application does allow the center to include photographs of the children and the staff were using this method as an option to provide a visual depiction of daily activity and disposition. It was reviewed that when using a photo method staff would need to take a photo of each child each day both morning and afternoon to show any changes in functioning. A random sample of staff files were also reviewed and found to contain all required documentation. All inspection logs and certificates were available and current.

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3. Identify the aspects that fall below the standard

With regard to indoor play materials and equipment there several issues observed. This included items or toys with small parts that could easily break of which would be considered choking hazards in classrooms serving children under 4 years of age. Children under 4 years of age are prone to mouthing toys and items. Objects which are less than 1 1/4 inches in diameter and 2 1/4 inches length are considered choking hazards and need to be removed from classrooms serving children 2 years of age and younger, and should be placed in storage where they can be brought out for supervised play for children 3 years of age. In addition it was noted that staff were using "Boppy Pillows" for positioning devices for infants engaged in floor play. "Boppy Pillows" are intended as aides to nursing mothers and are not considered appropriate positioning devices to assist children engaged in floor play and should not be used for that purpose. Several cribs were observed to have loose hardware that allowed the crib rails to move and these need to be tightened.

With regard to diapering procedures staff were observed to not wash infant hands before returning the children to the programming space. It was reviewed that every child needs to have their hands washed with soap and running water following every diaper change. It was reviewed that for younger infants that are difficult to wash at sinks that staff could get a paper towel wetted with water and soap applied to wash, and rinse with a clean wetted paper towel as an option.

With regard to food storage several dry pantry items were not properly stored in air tight sealable food grade containers as required but had simply had the packaging folded over and secured by clips or tape. This method is insufficient as it can still allow access to insects and rodents, and also increased risk for spoilage.

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

Those issues cited as not meeting licensing standards were reviewed with staff at the time of the visit and staff were observed to make immediate changes to practice.

5. Special Notes/Recommendations

Based upon this review, it is recommended that this center remain in Full licensing status.

Date: 12/21/2025

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**.