Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Little Comets Childcare

Provider No.: 52077

Address: 201 N Wilhelm ST, Conrad, IA, 50621

County: Grundy

Director's Name: Erin Cross

On-Site Supervisor:

Phone Number: 6413663041

E-Mail: lilcometschildcare@gmail.com

HHS Visit Date: 03/03/2026

Licensing Period: 04/01/2025 to 04/01/2027

Fire Inspection:

Date Inspected: 05/28/2025

Comments:

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	6:00 AM to 5:30 PM		
Tuesday	6:00 AM to 5:30 PM		
Wednesday	6:00 AM to 5:30 PM		
Thursday	6:00 AM to 5:30 PM		
Friday	6:00 AM to 5:30 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	14	12	17	11	54
Summer					0

1. Basic Overview

An unannounced licensing visit was made to the center on 03-03-26 where I met with the center Erin Cross. Erin is well qualified for the position based on her experience and training. The center is operated under a board of directors as a non-profit program. The program is located in a free standing building in Conrad that was designed as a daycare. The center provides full range programming for infants through school age children. There are currently 59 children enrolled in the center served by 15 staff. All aspects of the program subject to licensing standards were reviewed.

The general layout and design of the center remains the same as in prior visits. The center has 4 primary classrooms established by age groups for infants, 2 year olds, preschool, and school age children. There is also a large central corridor area which had been used for additional programming space in the past and could be used for summer over-flow programming for school age children if needed. Each classroom has secondary exits providing direct access to the outdoors. All designated emergency exits were maintained so that they are clear of obstruction, and opened easily and freely. Each room has windows along the exterior walls that provide ample natural light, a view of the outdoors, and ventilation. Each room has sinks available in the classroom to facilitate hand washing. Pass through restrooms are located between the infant and toddler rooms, and the preschool and school age rooms with direct access from each room. Each restroom has two toilets present. A third restroom is located off the central corridor area. The infant and toddler rooms also have changing stations and the diapering procedure postings was not present by the station in the 2 year old room and needs to be reposted. The preschool room has an elevated play area above low cabinets where cots are stored but that space was currently being used for storage. Each room has an open floor plan that is divided into activity centers through the use of shelving, play structures, and furniture that was arranged so as not to create any blind areas.

CHILD CARE CENTER ANNUAL EVALUATION

2. Identify Observed Strengths of the program

Good interactions were observed in each classroom with the staff being actively engaged with the children and attending to their needs. This included direct care activities such as changing diapers, serving meals, and presenting specific lesson plan activities to more indirect interactions of playing with the children as they engaged in center play. Good behavior management practices were observed with one example being in the preschool room where one child was having a difficult time with following the rules. The teachers used a variety of approaches which included having the child leave the room to sit in the office with Erin, and later after returning the classroom using options of explaining potential outcomes, and redirection. All teachers used calm tones and positive word choices when speaking with children. Ratio was maintained in each classroom as required by age.

I was able to observe diaper changes in both the infant and toddler classrooms and the staff do need retraining on required procedures. During one change the staff did not deglove between handling soiled and clean items, and did not allow the disinfecting product to remain on the changing station for the required dwell time to be effective. In other changes the staff again did not deglove, and did not clean the changing station between children. Good handwashing practices were observed with staff assisting and ensuring children washed their hands following restroom use/diapering, before meals, and other times they became soiled such as when doing craft activities. Good cleaning practices were observed for tables with staff sanitizing them before meal service. Each classroom maintains a first aid kit in the classroom, and the center does have a large stocked kit and additional supplies which is maintained by a commercial vending service. Purses, chemical cleaners, and other items that can pose a safety risk to children were stored in areas where they are not accessible to children. The toys and items that could pose a choking risk to younger children had been removed and the materials present in the classrooms were appropriate to the ages of the children present. Safe Sleep practices were reviewed as they were not being followed for children under 1 year of age. This included one infant that was observed sleeping in a crib with a blanket, and another that was sleeping in a bouncer. The staff did remove the blanket, and moved the child that was sleeping in the bouncer identifying the child had only just fallen asleep though it was noted that staff had reasonable opportunity to move the child earlier. Older children made use of cots, and proper bedding was present for all cribs and cots. Staff were observed to position infants in an upright manner when feeding them.

The center has a full kitchen and meals are prepared on-site. A copy of the menu was posted and contained a good variety of items that meet nutritional guidelines for CACFP requirements. The kitchen was observed to be clean with no evidence of insect or rodent infestation. Good food storage practices were observed for both refrigerated and dry pantry items. Meals are served in classrooms and good food handling and service practices were observed. Meals were pre-portioned in the kitchen and transported to classrooms in covered containers. While the teachers did not eat with the children supervision was provided at the tables.

The center playground remains much the same as observed in prior visits. The playground is fully fenced and divided into two areas by additional fencing to define a side for toddlers, and a side for preschool and school age children. The fencing was observed to be in good repair. The toddler playground area contains open grassy areas, a paved riding track, climbing equipment, and other play items. Rubber mulch is used for fall surfacing beneath climbing structures. The school age playground area makes use of rubber mulch beneath some equipment, and foam tiles for fall surfacing beneath other equipment. It has been previously identified that the foam tiles are curling and separating at the edges indicating that they are nearing the end of their useful life and the center will need to consider replacement options. Both areas had sufficient depth of material for the rubber mulch. In addition to the climbing structures other toys and equipment were present. Shade structures have been built over play areas in both playgrounds. The edges of the pavement has been painted to clearly delineate the transition points.

In reviewing administrative records all required notices for No Smoking, License Certificate, Consultant Contact, and Mandatory Abuse Reporting were posted in an area readily accessible to parents and visitors. Other required notices for emergency evacuation, emergency contacts, disease exposure, diapering, handwashing, curriculum, schedule, and menu were also present. A random selection of child and staff files were reviewed and compared to the self-audits completed by the center which were found to be accurate. With regard to child files the self-audit identified that 10 needed an updated physical. Response plans were present for those children with identified health concerns. Infant daily sheets were noted to have inconsistent documentation for required elements. It was reviewed that Feeding, Toileting, Sleeping, Disposition, and Activities must be documented for each child under 24 months of age each day. While staff were documenting feeding, toileting, and napping regularly disposition and activities were not recorded though some staff were attaching photos of children. It was reviewed that a photo would be considered a visual depiction of disposition and activity but if the center

were going to use that approach a photo of each child would need to be take each day in the morning and afternoon to show changes in functioning. With regard to employee files the self-audit was again found to be accurate and identified one needed a renewed SING background check, 4 had not completed or renewed all required training, and 6 needed a current physical. Erin did state that she has notified staff and families of the information that is needed, and provided a deadline for turning that information in. All required inspection logs and certificates were available and current. The center does have a Radon mitigation system and renewed testing had been completed to ensure that system was working properly. The center policy handbook was reviewed and there were several required policies that had not been brought forward in the most recent revision.

3. Identify the aspects that fall below the standard

109.4(1): Written policies on: Enrollment and discharge. Field trips and non-center activities. Discipline/Behavior/Biting. Nutrition.
Health and safety policies. Transportation if applicable. Assurance people do not have unauthorized access to children at the center.
Protecting children's confidentiality.
-- Written polices are needed regarding Discharging, Field Trips/Off-site Activities, Transportation, Safe Sleep, Acceptability of Immunization Exemption Certificates, Incident Reporting for changes in functioning and sexualized behavior, Staff Orientation/Training, Access by visitors & sex offenders, and Emergency Plans.

109.6(4)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.
-- Documentation not present in 1 file

109.7(1): All staff (within first three months of employment):Iowa's training for the mandatory reporting of child abuse.At least one hour of training regarding universal precautions.Certification in 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, (Essentials) approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
-- Documentation of all required training being completed within 90 days of employment, and renewed as required was not present in 4 files.

109.9(1)b: 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.
-- Documentation of a current physical was not present in 6 files even allowing for recent changes in licensing standards that allowed for providing a current physical within 6 months after hire.

109.12(4)b: Each infant and toddler shall be diapered in a sanitary manner as frequently as needed at a central diapering area. Diapering, sanitation, and hand-washing procedures shall be posted and implemented in every diapering area. There shall be at least one changing table for every 15 infants.
-- Staff did not delgove between handling soiled or clean items, did not allow the disinfectant to remain for the required time in one situation, and did not clean or disinfect the station between children in others.

109.12(4)e: The provider shall follow safe sleep practices for infants under one year of age:Infants shall always be placed on their backs for sleep.Infants shall be placed on a firm mattress with a tight fitted sheet.Infants shall not be allowed to sleep on a bed, sofa, air mattress or other soft surface.No child shall be allowed to sleep in any item not designed for infant sleeping, including but not limited to an infant seat, car seat, swing, or bouncy seat.No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, or loose bedding shall be allowed in the sleeping area with the infant.No co-sleeping shall be allowed.Sleeping infants shall be actively observed by sight and sound.If an alternate sleeping position is needed, a signed physician or physician assistant authorization with statement of medical reason is required and an expiration date.
-- One infant identified as being under 12 months of age was sleeping in a crib with a blanket. Another child identified

under 12 months of age was observed sleeping in a bouncer for a timed period of 5 minutes during which staff had a reasonable opportunity to move the child. The staff had stated that the child had only just fallen asleep and they were giving the child an opportunity to enter a deeper stage of sleeping.

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

Erin did renew the background check for the one employee that needed one during the time of the visit, and confirmed that she had notified parents and staff of the information missing from files and provided a deadline to provide that information.

Safe sleep, and Diapering requirements were reviewed with staff during the visit and they did make immediate corrections.

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: 03/15/2026

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**.