Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Kids Corral Before & After

Provider No.: 45905

Address: 206 W 2nd ST, Washington, IA, 52353

County: Washington

Director's Name: Kim Farrell

On-Site Supervisor: Claire Robinson

Phone Number: 3195918028

E-Mail: kidscorral8028@gmail.com

HHS Visit Date: 06/08/2026

Licensing Period: 07/01/2025 to 07/01/2026

Fire Inspection:

Date Inspected: 10/12/2022

Comments: performed by Washington Fire Department, due every 3 years, the center must have an approved fire inspection to be moved back to full licensure

Report Visit Type:

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

License Type:

- [ ] Full
- [X] 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	6:30 AM to 6:00 PM		
Tuesday	6:30 AM to 6:00 PM		
Wednesday	6:30 AM to 6:00 PM		
Thursday	6:30 AM to 6:00 PM		
Friday	6:30 AM to 6:00 PM		
Saturday			

Program Population Served:

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General				30	30
Summer					0

1. Basic Overview

Kids Corral BASP is a center established in 2016 located in an area of the Wesley Center (United Methodist Church) building in central Washington. The center provides year-round full day childcare to school age children. The new Director (2026) is Kim Farrell. She also directs Kids Corral (the main site) on the other side of Washington. The building has a handicap accessible entrance with elevator between the main church building & Wesley Center. The Wesley Center is not utilized by the community on a regular basis.

The onsite supervisor is Claire Robinson. I met with her during the visit.

On 6/4/26 I made an unannounced visit to the center but they program was on a field trip to the Mt. Pleasant pool Again on 6/8/26 I made an unannounced licensing visit to the center. All areas of the program were observed at that time. I followed up with Director Farrell on 6/9/26. Church administration is also present daily in the office. One adult staff and one staff under 18 years old were present. Another staff came to assist in transportation for lunch.

Center Nutrition Practices Observed:

Meals are served in the classroom for snack and at the school for lunch in the summer. The center utilizes the school food program during the summer when available. The program room and attached kitchen is located on the second floor. It is spacious and contains working equipment, sufficient storage for center food, and sufficient dish washing capacity to accommodate a center of this size. The center does not participate in CACFP. Menus have been an issue in years past and were again this year. The program contained no snack or lunch menus. The pm snack has not been served but is required.

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Opened food was stored in sealed containers or bags. No food was stored on the floor. No expired food items were noted. The kitchen area was clean. Food items are being served that do not meet CACFP guidelines such as granola bars and fruit bars.

Center Health and Safety:

The center and supervisor shall ensure that staff knows names and number of children assigned. Children were running around the room and climbing on furniture. Last year they were climibing on countertops in both the kitchen area and main program room. They were also climbing on the heating units under windows. This is unsafe and should not occur in childcare. Staff ratio was 1:7 which is below requirements of 1:15. Staff shall provide careful supervision. We discuss ratio/supervision at length each year. HHS encourages staff to break children into smaller groups assigned to each staff member so that safe supervision can be easily achieved. Since the room was chaotic it would have been better for staff to split the group and taken half of the children outdoors or engage the children in activities so that the room was under control. This was also recommended last year.

The center administers prescription and non-prescription medication in accordance with licensing regulations, physician directions, and parental consent. The center is in compliance with regulations regarding staff and child hand washing, storage and maintenance of a first aid kit, emergency plans and drills for fire and tornado, environmental testing and the maintenance of any necessary detection equipment, and general regulations regarding safety and sanitation policies and procedures.

Allergy Action Plans were discussed. No children currently enrolled in the center have allergies or medications.

Center Playground:

The center has a fenced and naturally shaded outdoor play area immediately beside the center. The area currently features a fenced in grass area. The bottom perimeter of the fence should be secured so that it is not a potential entrapment hazard. This was noted last year. The gate on the fence has a gap between it and the fence between 3.5-9 inches.
Screws on the fence have been capped so they are not potential impalement hazards. The child care weather watch is consulted when outdoor play is questionable due to varying weather conditions.

A first aid kit is taken outdoors along with any emergency medication.

Center Transportation Arrangements/Field Trips:

All children have signed field trip authorizations in their file. First aid kits and emergency contacts are taken on each field trip. The center owns two vans for transportation. Both vehicles do not have updated annual inspections.

Center Administrative Records:

Child misbehavior is addressed by redirection, and positive reinforcement of appropriate behavior. The center is in compliance with regulations regarding required notices and postings and required written policies provided to parents in the form of a parent handbook. Staff records and child records were examined during this inspection.

Staff and child records are mostly complete and well organized.

All school age children had school age signed statements of health in their files as well as dental and medical information, emergency contacts, and pick up authorizations. Signed and updated field trip authorizations are in each child's file. Trips to the school for lunch in the summer is considered a field trip.

Staff files contain updated First Aid and CPR training (2 years), FBI fingerprint results (4 years), SING results (2 years), Universal Precautions training (annually) and Mandatory Reporter training. Staff physicals should be updated every 3 years. Some are overdue.

The center trains staff on the Emergency Preparedness Plan annually. All staff sign and date acknowledgement of such. The new Director is not aware of the EPP for this site. The center agreed to find it or write a new one and train staff on the plan.

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2. Identify Observed Strengths of the program

The sidewalk around the outdoor play area has been replaced.

The program is centrally located in the town of Washington.

3. Identify the aspects that fall below the standard

1. 109.10(13)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year. No fire or tornado drills had been recorded. The center fire inspection expired October 2025. An approved inspection must be procured.

109.10(13)c: Center shall develop procedures for annual staff and volunteer training on emergency plans. Staff should review and sign the EPP.

The OSS stated no drills had been completed that she knew of. She stated she was not aware of an emergency preparedness plan.

2. 109.10(14)a: The center and supervisor shall ensure that staff knows names and number of children assigned. Staff shall provide careful supervision. Children were in the restroom together with no staff standing nearby (out in the hallway). Staff was in the doorway of the classroom while children were in the restroom down the hallway.

3. 109.11(4)b: Record of monthly inspections of outdoor recreation area and equipment shall be kept. The OSS stated she was not aware of playground inspections being completed for the program.

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

The center must come into compliance with International Fire Code before being moved to a full license. They are currently on a Provisional License due to not having a current approved fire inspection.

5. Special Notes/Recommendations

Based upon this review, it is recommended that this center be moved to Provisional licensing status until an approved fire inspection is procured. The center is directed to correct the items listed in Section IV. The Director gave me a verbal commitment that the noted rule violations would be promptly corrected. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period.

IHHS recommends the center consult with Child Care Resource and Referral on a continual basis. They offer centers assistance with meeting the HHS regulations, IQ4K, room arrangement and environment, developmental concerns, Best Practice information, CDA assistance, or any questions or concerns you may have. Please visit the following website for more information: http://www.iowaccrr.org/who_we_are/region_5. Your Consultant is Tabitha Copeland. HHS recommends Director Farrell continue contact with Child Care Resource & Referral so Consultant Copeland may assist with the resolution of these violations and assist with a process to ensure future compliance. Tabitha's contact information is tcopeland@caeiowa.org T: 563-362-8228 500 E 59th St.| Davenport, IA 52807| www.iowaccrr.org

Funding provided by the Iowa Department of Human Services through the Child Care Development Fund

Consultant Copeland provided the following services the past year:

6-11-25 on-site briefly to give swimming safety resources from poolsafety.gov and discuss summer plans and ratios needed for field trips. Offered to support further

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12-12-25 discussed with previous director Jordie the programs plan for the holiday season to support supervision and ratios
1-26-26 Met onsite new director Kim discussed the changes to staff at the program and plan moving forward for supervision, ratios and curriculum. Suggested LEAAD training for Kim as she settles into directors role.
3-13-26 Call to discuss the curriculum of program and was to support. Discussed staff training needs and options to meet
3-25-26 Onsite to meet new staff and discuss understanding of ratios and supervision. 2 staff under 18 so covered what is allowed. discussed schedule and direct care grouping, observed children arrive and begin day. Program in ratio and supervision maintained. Discussed use of incident reports as a general practice to document injuries and behaviors as needed.

IHHS encourages you to contact and collaborate with your local nurse consultant with IDPH on an ongoing basis. Child Care Nurse Consultants work with child care and early education businesses. Businesses may call or send questions to a child care nurse consultant about health and safety policies, health programs, health of personnel, and specific child health or safety issues. The new CCNC is Toni Krana. IDPH Child Care Nurse Consultant Toni Krana is also available for consultation in health and safety matters.

She visited the BASP on 05/09/2026 went over the emergency meds and talked about drills, the emergency meds were out of compliance, and Kim was notified of that and I let them know what they needed to do to fix them, I was also told that no drills had been completed it was discussed that monthly drills needed to be done.

The Director and I discussed behavioral management techniques. She stated, '
1. How do you help staff understand the expectations associated with behavior management?
I establish clear, consistent expectations through onboarding, ongoing training, coaching, and modeling. Staff are provided with behavior management policies, intervention protocols, and practical examples of appropriate responses to challenging situations.. Expectations are reinforced during team meetings, supervision sessions, and performance reviews to ensure consistency across the team.
2. How do you help staff recognize their frustration and respond with de-escalation?
I encourage staff to develop self-awareness by reflecting on emotional triggers, stress responses, and situations that may increase frustration. Training includes recognizing early signs of escalation in themselves and others, using techniques such as pausing before responding, maintaining a calm tone, active listening, empathy, and non-threatening body language. During supervision, evaluations and impromptu moments, we discuss challenging interactions, identify what contributed to frustration, and explore alternative de-escalation strategies that could be used in the future. I also promote a culture where staff can seek support before frustration impacts their interactions.
3. How do you monitor these skills and expectations?
I monitor these skills through direct observation, coaching, evaluation meetings, incident reviews, and feedback from colleagues, individuals served, and families when appropriate. Following significant behavioral incidents, I conduct evaluations of escalated situations to assess whether behavior management and de-escalation techniques were implemented effectively. Trends in incident reports, staff responses, and outcomes are reviewed to identify strengths and opportunities for additional training. Performance evaluations and ongoing competency assessments are used to ensure staff consistently."

Date: 06/11/2026

HHS Licensing Consultant: Jill Seibert

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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**.