Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Kids Corral Inc

Provider No.: 39488

Address: 1509 E Washington ST STE 3, Washington, IA, 52353

County: Washington

Director's Name: Kim Farrell

On-Site Supervisor: Kali McDole

Phone Number: 3195918028

E-Mail: kidscorral8028@gmail.com

HHS Visit Date: 06/02/2026

Licensing Period: 07/01/2026 to 07/01/2028

Fire Inspection:

Date Inspected: 06/27/2023

Comments: conducted by Mark Chenoweth Washington Fire Department, due every 3 years

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	6:30 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:

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

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	24	12	24		60
Summer					0

1. Basic Overview

Kids Corral Inc. is a center established in 2012 located on the edge of downtown Washington in a commercial district. The building is one story and is a sole occupancy on a busy thoroughfare. The center provides year round full day child care to infant through preschool age children. The center is owned and operated by Kids Corral, Inc., a not for profit corporation. The new Director (2026) is Kim Farrell. Ms. Farrell also directs Kids Corral BASP on the other side of Washington.

The center has two onsite supervisors (Claire Robinson (2025) and Kali McDole (2023). Claire will be leaving this position mid to late June. The Director is present at the center for the majority of program hours.

HHS made an unannounced licensing visit on 6/2/26. All program areas were observed at that time. I met with director Kim Farrell, and other staff members. Staff were actively providing care to the children during the visit. All program areas were observed. The visit consisted of classroom and building area review and observations of activities, ratios, nutritional practices, health and safety practices, playground observation, field trip and transportation practices, and administrative review. Approximately 48 children are enrolled.

The center consists of an enclosed infant area, an area for 1s that have transitioned to cots, an adjoined area for preschool age children and a space for twos. The center also has a separate kitchen and director's office.

The infant area is self-contained with its own phone, infant meal preparation facilities, and direct exit to the outdoors. The area is carpeted for infant floor play. Cribs, diaper changing area, other equipment, and toys for infant stimulation and development are present.

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The three year old area is separated from the rest of the center by a door to an adjoining building. The area is equipped with toys and activities specific to preschool age development and play. It is open and self-contained with its own phone, and restrooms.

Center Nutrition Practices Observed:

Meals are served family style in the classrooms and posted menus indicate that minimum nutritional requirements are met. The kitchen contains new equipment, sufficient storage for center food, and sufficient dish washing capacity to accommodate a center of this size. The center participates in CACFP. Menus are posted and meet guidelines. Food is served every three hours. Food storage was adequate. No outdated food items were present and no food was stored on the floor.

Center Health and Safety:

CCNC Krana reviewed center administration of prescription and non-prescription medication in accordance with licensing regulations, physician directions, and parental consent. Center 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 were reviewed. Tornado and fire drills were also reviewed.

Ratio was met. Staff were positioned so that staff could see all children under their care. Capacity is posted and followed for each room.

Center Playground:

The center has a fenced and naturally shaded outdoor play area immediately behind the center. The area currently features a commercial climbing structure and rubber chip surfacing of adequate depth. The Childcare Outdoor Weather Watch is consulted when outdoor play is questionable due to varying weather conditions. Playground inspections should be conducted monthly. Each child has at least 75 square feet of space when outdoors. Caps were put on the fence bolts for safety measures. A first aid kit should be taken outdoors each time the children go outside, along with any emergency medication. A climber rated for children three and up may not be used by children under age three.

Center Transportation Arrangements/Field Trips:

The center owns 2 vans, and provides transportation. They have working safety devices, emergency contacts and a first aid kit. Field trip and transportation ratios are followed. .

Community volunteers come to the program and give presentations.

Center Administrative Records:

The Director has been working with each room on curriculum, schedules and daily routines. She may access CCR&R to assist with any issues of this nature. Brenda Miles, former preschool Director also assists in this room voluntarily.

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 and child records are reviewed annually. Trainings reviewed annually are CPR/1st Aid (due every 2 years), Universal Precautions (once) and Mandatory Reporter training (due every 3 years). Sing checks due every 2 years, Fingerprints, due prior to starting and every 4 years, and professional development due annually were reviewed. All staff should have approved physicals 6 months after hire and every 3 years.

The center has a specific Emergency Preparedness plan for this building. It is reviewed annually with staff and they sign and date acknowledgement of such. It has not been conducted yet the past year but the Director agreed to do so.

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2. Identify Observed Strengths of the program

The Center Director is willing to work with resources.

PBIS coaches, CCR&R and CCNC visit frequently.

The center has a supportive board of directors.

3. Identify the aspects that fall below the standard

1. 109.9(2)i: Staff must have a physical 6 months after employment and every three years after. Four staff have outdated physicals.

2. 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. The Director reported drills had not been conducted prior to her employment in March. They have been conducted the past 3 months. The Director agreed to go over the Emergency Preparedness Plan with staff and have them sign and date acknowledgement of such.

3. 109.11(4)b: Record of monthly inspections of outdoor recreation area and equipment shall be kept. The Director agreed to conduct and document outdoor play inspections.

4. 109.11(5): Bathroom facilities: One toilet and sink for each 15 children over two years of age in room with ventilation. Ventilation. Centers can ventilate the facility by means of windows, air conditioning units, or mechanical ventilation systems. A center with noticeable air drafts at floor level does not mean a well-ventilated center. Bathrooms and kitchens without windows should have mechanical ventilation, such as that provided by exhaust fans. Restrooms do not contain exhaust fans.

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

5. Special Notes/Recommendations

Based upon this review, it is recommended that this center be returned to Full licensing status. It is important to note, all HHS licensing standards and procedures must be maintained during the renewal period.

HHS encourages you to contact your local nurse consultant. 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. Toni Krana is the Child Care Nurse Consultant for the program. HHS made a referral to CCNC Krana. She visited the program on 5/20/24 to provide consultation and training.

Following the HHS and subsequent IDPH visit CCNC Krana noted the following, "Kids Corral,

I completed a visit on 5-20-24 to address issues that were identified in the licensing visit and to provide supplies to implement toothbrushing. I have identified areas of concern in the playground, these have been identified on the attached documents along with the playground inspection report that was completed with the director yesterday. The playground has serious safety issues that need to be addressed ASAP. Please notify when these have been completed, then I will come back out and do another inspection. If these are not completed right away the playground needs to be taken out of service until they are completed. The climbing structure is designed for children ages 3 and up and should not be used by the toddlers.

I also completed a safe sleep checklist and reviewed with staff in the room and director. Director will schedule a safe sleep class with me for all staff to be completed at the center by end of June 2024. It was also noted that the light needs to be fixed that room.

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I also checked all medications on site and identified that there were multiple medications that were expired and medication like cough syrup and oral gel present these are not allowed to be used in childcare unless prescribed by a doctor. None of the medication in the box met the required HHS guidelines. This was discussed with Dolly and the staff that are trained to give medications and Dolly is working on getting the required authorization and getting medication bottles marked with child's full name to be in compliance. Other than emergency medications on site there are no other prescription medications, only over the counter. I would highly recommend changing the medication policy to not give over-the-counter medications unless they are prescribed by the child's doctor. This will help with compliance issues that could cause you to be sited by licensing staff, it also decreases the center and staff liability. This was discussed with Dolly and staff that give medications and all agree that changing the policy would be helpful.

Please let me know if you have any questions related to the finding and if I can help in any way.

Kids Corral:

5-20-2024 Site visit to go over Safe Sleep and complete the playground checklist, problems identified and plan in place to fix issues.
6-19-2025 Safe Sleep Class provided to staff
8-30-2024- site visit to address complaints that had been received and the snack schedule.
9-6-2024- Site visit to address issues that staff were having, board members present.
9-12-2024- Site Visit to meet new director.
10-8-2024- Site visit to do medication test out for 3 providers, also discussed OTC medications.
10-21-2024- Site visit immunization audit completed.
01-8-2025- site visit to go over room arrangements.
1-30-2025- TA question about illness in the center
3-31-2025 Onsite visit walk through of center, any violations corrected at time of visit.
5-7-2025 Onsite visit to do walk through of center prior to HHS visit, violations that needed corrected discussed with the director.

5/7/2025- on site visit to work on compliance issues, prior to licensing visit.
Items found: plastic bags in reach of children, personal belonging accessible to children, baby room had push pins in wall, staff in 1yr old room did not wash hands of children or themselves prior to serving lunch, went over child file requirements, immunization records that were missing were updated. All these items were discussed with staff in each room, given the rationale behind the rule, director to fixed items noted at the time of visit.

07-08/2025 I made an unannounced visit while in the area, director was in ratio in the infant room, one staff member left that room leaving them out of ratio 9:2, it was pointed out to Jordie and she had the staff member come back into the room to fix the issue. Ratio requirements reviewed.

08/27/2025- On site visit to address emergency medications on site, the children had moved from the preschool program to the before and after school program 1 child's meds were still at the main site, other childs was as the school program, both needed updated care plans, and parent authorization. I requested this be emailed to me for review as soon as it was received, I have emailed asking the status of this item with no response. Also discussed staff CPR status and the option to set up a class for them as early as Sept. 2025 have not received a request to set up a class as of this time.

1-20-26 TA information on employee illness
02-19-26 TA information on cleaning products for the floor
03-19-26 On Site Visit Playground inspection/ General visit with new director
04-01-26 TA child file requirements for school age children
04-03-26 On site visit review with infant room staff procedures for a child with severe reflux/new crib sheets also provided
05-04-26 TA Sunscreen Authorization form sent
05-09-26 onsite visit went over emergency meds at BASP site
05-09-26 CPR for 4 staff members
05-29-26 TA immunization record request completed

Thanks,
Toni Krana RN, CCNC
Muscatine Public Health

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Muscatine, IA 52761
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toni.krana@unitypoint.org

HHS encourages you to contact Child Care Resource and Referral. They offer centers assistance with meeting the DHS regulations, QRS, infant/toddler concerns, 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/ Tabitha Copeland is the child care consultant for this program. Consultant Copeland has provided consultation and training services to the center the past year. She will continue to work with them on room arrangement, curriculum, etc.. Consultant Copeland is visiting with Consultant Heck on 5/27/24. She stated, "Kids Corral: I took this as an official referral from HHS. I am scheduled to go in May 28th and start with ratios, files and trainings. Dolly and I are planning on me going in every 2-3 wks. for a while as she tries to get staff on board with several things. I will keep you updated."

2-4-25 Jordie called about illnesses requiring centers to close, referred to CCNC Toni K and gave COMM 204 information

2-24-25 Call on what was acceptable discipline and when to call Mandatory reporting gave COMM 204 information and suggestion that when in doubt staff should call. discussion of when to fill out injury/ incident reports.

2-26-25 On-Site to discuss polices the program might consider updating or adding to handbooks for staff and families. Given supports for classroom management like " your words matter" sheet to share with staff and families. Training calendar given

4-26-25 Text to Jordie as several staff were signed up for ECI training summit that day. Told that she was unable to attend and she had let staff decide if they could or not

5-6-25 Email to support in finding training hours if needed for staff. Told many staff in first year so completing essentials but looking for trainings for infant room

6-2-25 General support and discussion of 3's/PreK room

6-11-25 Onsite to look over the 3's and PreK room and discuss environments. Referred to CCNC for slide in the tot's room as it may need fall surfacing. They have a PD day scheduled for June 19. Follow up email included a list of trainings they can do online anytime and several specifically to support the infant room Discussion on DAP materials needed in the rooms and in sufficient quantities. Note EC-PBIS Jackie is working with the room

8-12-25 Program wished to discuss IQ4K. Gave iPower checklist and suggested starting there as the program needs to update profiles. told OSS Kylea does iPower and this would get passed on. Discussion on DAP materials needed in the rooms and in sufficient quantities. gave the Caring for our children materials guides for served ages

8-15-25 supports sent for 2's rm while we get date for observation. Infant toddler materials guide Caring for Our Children, 5 classroom practices, Handling biting in toddlers article from challenging behaviors 2019, ITERS material checklist, CDC milestones age 2. Sent dates I can observe and support room. Suggested looking at policy for biting and staff discipline

8-29-25 Drop off on donated materials for rooms to support DAP materials in sufficient quantities. Suggested program remove magana-tiles in 2's room. Discussion of plan to maintain ratio as Jordie was in kitchen and staff was on the lower side. Discussed use of direct care groups to assist with ratio and supervision. offered dates in follow up for 2's observation as Jordie stated the staff could use support

9-4-25 Growing Iowa funding discussion

9-12-25 support for Growing Iowa funding application

9-29-25 On-site for growing Iowa consultation and items allowed. Note: Jordie was in infant room when I arrived feeding and infant while another slept in a swing next to her. I removed the infant from swing and place to sleep in crib on her back. Removed sleep sack from crib and placed in carrier next to crib Did safe sleep consult with her and staff in the room and

left her know that I would have to inform licensing. Follow-up included safe sleep info for program and things to share with families. Rest of visit was on Growing Iowa items that would help program maintain requirements

1-5-26 Spoke with previous director Jordie about HHS referral and offered assistance with iPower and trainings. I was asked to revisit the topic in 2 wks due to the director being in ratio
1-26-26 Met with new director Kim Farrell to see what assistance was needed and to cover the programs current list of goals being worked on. Covered ratios, safe sleep and at the time program had correct ratios and supervision
3-13-26 Call to discuss with Kim how things were going as she settled in and offer support.
3-25-26 onsite program in ratio and director working on files and paperwork compliance items. Program was working to find and organize Fingerprints and SING (I received a text at days end saying that staff's were found). Program in ratio and infants awake and attended in infant room. Discussion on curriculum and follow up included free options like ELM. COMM 204 provided on facility requirements as the program was looking at new buildings.

She also met with the program in May to go over all issues related to the provisional license.

Tabitha Copeland
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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 demonstrate expected behavior management and de-escalation practices."

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6. ADDENDUMS:

- Addendum1: I conducted an unannounced licensing visit on 7/27/26. All rooms were in ratio. All age ranges in each group were compliant. I met with the Director.

This Addendum is approved by supervisor on 8/5/2026 1:13:03 PM

Date: 06/09/2026

HHS Licensing Consultant: Jill Seibert

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**.