Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE ANNUAL EVALUATION

Business Name: Karissa Taylor

Provider Name: Karissa Taylor

Provider No.: 45578

Address: 403 W South ST, Jefferson , IA, 50129

E-Mail:

County: Greene

Phone Number: 5152406001

- [ ] Pre-Inspection Date:
- [ ] Approval Date:
- [X] Annual Visit Date: 9/4/2026

Program Type:

- [ ] Registered Child Development Home A (guidelines for ratios on all categories)
- [X] Registered Child Development Home B
- [ ] Registered Child Development Home C
- [ ] Registered Child Development Home C1
- [ ] Non Registered Child Care Homes accepting CCA

Program Population Served:

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

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1. Basic Overview

Karissa is a category B provider who has been registered for 11 years. Karissa's hours are 5:30AM to 5:00PM, Monday thru Friday. She takes children of all ages. She accepts childcare assistance payments. She does not participate in the food program. Karissa resides in a two-story home but provides care on only the first floor.

2. Identify Observed Strengths Of The Program

Karissa aims to provide a home like environment with lots of individual attention. She is always close by. She treats the children as if they were her own. Karissa reports that her program is a learn through play program. She reports that she takes the children outside to play a lot during the summer.

3. Identify The Aspects That Fall Below The Standard

110.9 (4) c : A signed medical consent from the parent authorizing emergency treatment.
110.9 (4) d : For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.
110.9 (4) e : For infants and preschoolers: A statement of health signed by a physician submitted annually.
110.9 (4) g : A signed and dated immunization certificate provided by the state Department of Public Health.
110.9 (4) i : Documentation signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.
110.9 (4) j : Written permission from the parent(s) for their child to attend activities away from the child development home.

Several children need updated documents in their files.

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

NA

5. Special Notes/recommendations

2026 Target Compliance of Emergency Preparedness Plan was complete and in line with current operations.

HHS Child Development
Home Compliance Worker: Dave Jaehrling Date: 9/22/2026

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations.

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 (712) 786-3489