



## Iowa Department of Health And Human Services

### CHILD CARE COMPLIANT

|                                        |  |                                  |                                  |
|----------------------------------------|--|----------------------------------|----------------------------------|
| <b>Name of Provider</b><br>Amber Evans |  | <b>County</b><br>Polk            |                                  |
| <b>Care Address</b><br>4133 69th ST    |  | <b>City</b><br>Urbandale         | <b>Zip Code</b><br>50322         |
| <b>Mailing Address</b><br>4133 69th ST |  | <b>Mailing City</b><br>Urbandale | <b>Mailing Zip Code</b><br>50322 |
| <b>Phone</b><br>515-249-7792           |  | <b>Email</b>                     |                                  |

|                           |            |                       |            |
|---------------------------|------------|-----------------------|------------|
| <b>Date of Complaint:</b> | 08/28/2026 | <b>Date of Visit:</b> | 09/01/2026 |
|---------------------------|------------|-----------------------|------------|

|                                    |                                                 |                              |  |
|------------------------------------|-------------------------------------------------|------------------------------|--|
| <b>Type of Visit</b>               |                                                 |                              |  |
| <input type="checkbox"/> Scheduled | <input checked="" type="checkbox"/> Unannounced | <input type="checkbox"/> N/A |  |

|                                                                           |                                                            |  |  |
|---------------------------------------------------------------------------|------------------------------------------------------------|--|--|
| <b>Compliance Regulation</b>                                              |                                                            |  |  |
| <input checked="" type="checkbox"/> Non-Compliance with Regulations Found | <input type="checkbox"/> Compliance with Regulations Found |  |  |

|                                                                                   |  |  |  |
|-----------------------------------------------------------------------------------|--|--|--|
| <b>Recommendation for Registration:</b>                                           |  |  |  |
| <input checked="" type="checkbox"/> No Changes to registration status recommended |  |  |  |
| <input type="checkbox"/> Revocation of Registration                               |  |  |  |
| <input type="checkbox"/> Cancellation of Child Care Assistance Provider Agreement |  |  |  |

|                                                                                     |  |  |  |
|-------------------------------------------------------------------------------------|--|--|--|
| <b>Category of Care:</b>                                                            |  |  |  |
| <input type="checkbox"/> Category A                                                 |  |  |  |
| <input checked="" type="checkbox"/> Category B                                      |  |  |  |
| <input type="checkbox"/> Category C (with no co-provider)                           |  |  |  |
| <input type="checkbox"/> Category C (with co-provider)                              |  |  |  |
| <input type="checkbox"/> Non-registered Child Care Home with CCA Provider Agreement |  |  |  |

|                                                                                                                      |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Complaint Details:</b>                                                                                            |  |  |  |
| Did this complaint result in a serious injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |  |  |
| Did this complaint result in a death to a child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Summary of Complaint:</b>                                                                                                                                                                                                                                                                                                                        |  |  |  |
| While Registration was on the phone with the provider, she told a child she was not going to buckle him up because he would have to jump out in line. She said this while she was at home evidenced by her running back into the house to get his water bottle. When asked about this, she said she was in the drop offline when she told him this. |  |  |  |

## CHILD CARE COMPLIANT

**Rule Basis and Findings of Complaint(s):**

110.8(1)m "Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized."

**Findings:**

This worker went to the Child Development Home of Amber Evans unannounced on 9/1/2026 at 10am. Amber allowed this worker into the home. A walk through was completed without any safety concerns observed. This worker informed Amber of the complaint details. Amber said she does remember the conversation with the register worker recently. Amber informed this worker the school staff asked the restraints to be off when they are off the public street to facilitate unloading at the school. This worker had a conversation with Amber regarding the restraints need to be on when driving on public streets. Amber agreed to follow public street laws.

This worker also completed a full compliance check during the visit. The results are documented in a separate document available online.

**Resolution and Action Required:**

110.8(1)m "Any driver who transports children shall have a valid driver's license for the type of vehicle driven. Child restraint devices shall be utilized."

The provider was out of compliance with the above rule, demonstrated by the reporting of the registration worker. Amber agreed the restraints would stay on until they are off public streets to follow public law and facilitate the drop-off process at the school.

No further actions are needed at this time.

|                                |                 |                       |            |
|--------------------------------|-----------------|-----------------------|------------|
| <b>Consultant's Signature:</b> | Jake Aringdale  | <b>Date of Visit:</b> | 09/01/2026 |
| <b>Supervisor Signature:</b>   | Sheila Aunspach | <b>Date of Visit:</b> | 09/02/2026 |