IOWA HHS **Iowa Department of Health And Human Services**

CHILD CARE COMPLIANT

Name of Provider	County	
Cynthia Anderson	Marshall	
Care Address	**City**	**Zip Code**
404 Sharon AVE	Marshalltown	50158
Mailing Address	**Mailing City**	**Mailing Zip Code**
404 Sharon AVE	Marshalltown	50158
Phone	**Email**	
641-752-8051		

Date of Complaint:	05/24/2023	Date of Visit:	06/21/2023

Type of Visit

[ ] Scheduled [X] Unannounced [ ] N/A

Compliance Regulation

[X] Non-Compliance with Regulations Found [ ] Compliance with Regulations Found

Recommendation for Registration:

[X] No Changes to registration status recommended

[ ] Revocation of Registration

[ ] Cancellation of Child Care Assistance Provider Agreement

Category of Care:

[ ] Category A

[ ] Category B

[ ] Category C (with no co-provider)

[X] Category C (with co-provider)

[ ] Non-registered Child Care Home with CCA Provider Agreement

Complaint Details:

Did this complaint result in a serious injury? ☐ Yes ☒ No

Did this complaint result in a death to a child? ☐ Yes ☒ No

Summary of Complaint:

The Department received a complaint that a child had been bitten on two separate occasions, timely incident reports or notification to parent was lacking, and concern over lack of careful supervision.

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Rule Basis and Findings of Complaint(s):

Rules:
110.7(1)a "Gives careful supervision at all times."
110.7(1)b "Frequently exchanges information with the parent of each child to enhance the quality of care."

Findings:
I conducted an unannounced spot check on 6/21/2023 and report the following:

- I spoke with provider Cynthia Anderson and co-provider Lacey Anderson. Cynthia was familiar with the biting incidents described in the complaint and the children involved. Both providers agree the child in question was bitten multiple times in rapid succession as described in the report.

- Cynthia agreed that one of the children in her care went through a brief period of biting other children. The providers described their attempts during this period to increase attention/supervision with the child, separate the child from others, and re-arranging the environment to limit contact with other children.

- The provider admitted she was a little slow getting the first incident report completed and to the parent, and per a busy day, did not complete one for the second incident. I reviewed the need to complete a timely incident/injury report and provide to parent anytime there is an injury or incident of this nature.

- The complaint report and providers agree there were multiple bite marks though no serious injury to the child.

- The providers report the child is no longer biting at this time.

Resolution and Action Required:

Both parties agree there were multiple bites to a child, though no serious injuries. Multiple bites can happen within seconds. Per the close environment and both providers present full time, I have no evidence of disregard to providing careful supervision.

There is a degree of non-compliance with failing to provide a timely Injury/Incident Report to the parent. This has been reviewed with the providers.

A full annual spot check visit was conducted.

No further follow-up is planned at this time.

Consultant's Signature:	Earl Crow	**Date of Visit:**	07/27/2023
Supervisor Signature:	Sheila Aunspach	**Date of Visit:**	07/27/2023