IOWA DEPARTMENT OF HUMAN SERVICES

Child Care Complaint

Name of Provider	County	
Jennifer Wolkenhauer	Des Moines	
Care Address	**City**	**Zip Code**
2422 West AVE	Burlington	52601
Mailing Address	**Mailing City**	**Mailing Zip Code**
2422 West AVE	Burlington	52601
Phone	**Email**	
319-750-2564		

Date of Complaint:	05/15/2018	**Date of Visit:**	05/18/2018

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

[X] Category B

[ ] Category C (with no co-provider)

[ ] 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:

It is reported the provider had smoked cigarettes in the childcare home as evidenced by two empty packs of cigarettes in the trash within the bathroom area, the fan on in the bathroom, the window open in the bathroom and the air in the bathroom smelling of burnt cigarette smoke.

Rule Basis and Findings of Complaint(s):

110.8(1) i Smoking and use of tobacco products prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in
outdoor play area during hours of operation. Nonsmoking signs are posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone number for reporting complaints, and www.iowasmokefreeair.gov.

5/18/18 This worker spoke with the provider at the childcare home about the concerns before the department. The provider admitted to smoking a cigarette out the window in the bathroom in this new childcare environment. She did not know when this occurred. The provider also admitted to smoking cigarettes in her upstairs bedroom out of the window if she would get up in the middle of the night and this happens at least three times a week. This worker reminded the provider of the tenets of the Iowa Smoke Free Air Act and told her she cannot smoke anywhere in her house at all whether daycare children are present or not. The provider stated they will probably get "a vape pen" then.

Complaint: There is a preponderance of evidence based on the provider's self-admission that the concerns before the department are valid.

Resolution and Action Required:

The Department had Jennifer sign a safety plan on 5/18/18 which states "The provider will not use tobacco products or smoke tobacco products in her childcare home whether daycare children are present or not.

This worker made a written complaint to the Iowa Smoke Free Air Act on 6/4/18 to relay information concerning the violation.

Consultant's Signature:	Chad Reckling	**Date of Visit:**	05/21/2018
Supervisor Signature:	Machelle Pezley	**Date of Visit:**	06/04/2018