



IOWA DEPARTMENT OF HUMAN SERVICES

Child Care Complaint

Name of Provider Nicole Foster	County Polk	
Care Address 1331 E 17th ST	City Des Moines	Zip Code 50316
Mailing Address 1331 E 17th ST	Mailing City Des Moines	Mailing Zip Code 50316
Phone 515-423-9728	Email	

Date of Complaint:	08/23/2019	Date of Visit:	09/09/2019
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Type of Visit

<input type="checkbox"/> Scheduled	<input checked="" type="checkbox"/> Unannounced	<input type="checkbox"/> N/A
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Compliance Regulation

<input checked="" type="checkbox"/> Non-Compliance with Regulations Found	<input type="checkbox"/> Compliance with Regulations Found
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Recommendation for Registration:

<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

Category of Care:

<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

Complaint Details:

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

Summary of Complaint:

On 8/23/19, the Department of Human Services received a complaint regarding Category B Registered Child Development Home Provider, Nicole Foster. The concern indicated an infant under one year of age had an unexplained bruise and Ms. Foster was unaware how the injury occurred.

Rule Basis and Findings of Complaint(s):

Code of Iowa, Chapter 237A / 441 Iowa Administrative Code Chapter 110

RULE(S):

110.7(1) The provider meets the following requirements:

- a. Gives careful supervision at all times.

FINDING(S):

DHS social workers Melissa Crawford and Erica Jones planned to jointly visit Ms. Foster unannounced on 8/23/19, 8/27/19, and 9/3/19, however, all visits needed to be rescheduled due to illness.

An unannounced visit was conducted with Ms. Foster, Ms. Crawford, and Ms. Jones on 9/9/19 to address the complaint concern at Ms. Foster's daycare residence. Ms. Foster reported the infant arrived with no injuries and was behaving in a normal manner. Ms. Foster stated they proceeded with their day and she and her substitute/assistant, Sokyanya White, took the 10 children in care on an outing to the park and the store. They returned to the daycare residence around 2:30 p.m. Ms. Foster reported one of the older children informed her the infant appeared to have a bruise under their eye. Ms. Foster stated she noticed a faint mark that she thought might turn into a bruise. She reported calling the infant's mother to report the mark and the mother arrived around 4:00 p.m. and picked up the child. Ms. Foster denied being aware of how the child received the mark and stated the child was supervised at all times. Ms. Foster also denied that the children are ever rough with the infant. Ms. Foster stated an injury report was not completed as she was not aware of any injury occurring, however, she did contact the mother to inform her of the observations. This infant is no longer attending Ms. Foster's daycare.

Disciplinary practices were discussed and reviewed at this time. Ms. Foster reports implementing time outs as age appropriate to address any behavioral issues.

Ms. Foster is found to be IN COMPLIANCE with supervision requirements at this time. There is no evidence that Ms. Foster was not properly supervising the children. Ms. Foster does have areas of NONCOMPLIANCE with rules and regulations not listed in this complaint. (See Corrective Action Letter 9/19).

Resolution and Action Required:

A full compliance visit was completed at this time. Corrective action is required pertaining to regulations unrelated to the complaint. (See Corrective Action Letter 9/19).

A recheck is planned and may occur anytime prior to 1/1/20 to review corrective action items.

No additional action is required.

This report concludes the evaluation of this complaint.

Consultant's Signature:	Melissa Crawford	Date of Visit:	09/26/2019
Supervisor Signature:	Jone Staley	Date of Visit:	09/26/2019