IOWA DEPARTMENT OF HUMAN SERVICES

Child Care Complaint

Name of Provider	County	
Connie Baca-Canales	Polk	
Care Address	**City**	**Zip Code**
1342 DeWolf ST	Des Moines	50316
Mailing Address	**Mailing City**	**Mailing Zip Code**
1342 DeWolf ST	Des Moines	50316
Phone	**Email**	
515-865-0170		

Date of Complaint:	08/19/2019	**Date of Visit:**	09/05/2019

Type of Visit

[X] Scheduled [ ] 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:

The Department received a complaint of potential involvement in some inappropriate activities by an older sibling/household member.

Rule Basis and Findings of Complaint(s):

Rules:
110.7(1)a "Gives careful supervision at all times."

Findings:
I conducted a short notice scheduled visit on 9/5/2019 and report the following:

- Connie discovered some potentially inappropriate exchanges between a household member child, a grandchild in care, and an older household sibling though a gaming device medium.

- Connie appropriately adjusted access to gaming devices, technology, and room access.

- Connie appropriately reported the incident to assure full transparency as the incident was reviewed.

- A comprehensive review has determined the older household sibling had no involvement in the exchanges, did not encourage nor participate in the exchanges between the younger children, and he was not present when this occurred.

- The incident did not occur in a normal child care space, Connie has taken appropriate steps to limit access to some of the electronic devices, and we reviewed maintaining regular child care practices with supervision and household space usage even if children in care are family.

Resolution and Action Required:

I have no evidence or observation of non-compliance with regards to an older household member's interactions with children in care.

A full annual spot check was conducted. Some non-compliance items unrelated to the complaint were identified as follows:
- Connie needs to install child safety locks on her lower kitchen and bathroom cabinets.
- Connie seemed confused with safe infant sleeping practices and reported use of some in appropriate sleeping surfaces.
- Connie needs to obtain a current copy of an Emergency Preparedness Plan to have on file.
- Connie needs to obtain current physician signed statements of health for Heron and Adrian on the State form.

The above items have been addressed in a separate compliance report. I have reviewed safe infant sleeping practices with Connie and she signed a safety plan. Child Care Resource and Referral will be contacting Connie per my referral on safe sleep and Emergency Preparedness Plan. The paperwork corrections will be reviewed during our next visit.

Consultant's Signature:	Earl Crow	**Date of Visit:**	09/07/2019
Supervisor Signature:	Jone Staley	**Date of Visit:**	09/09/2019