



CHILD CARE COMPLIANT

|                                                                                                                                                                                                                                                                                                     |  |                               |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|----------------------------------|
| <b>Name of Provider</b><br>Andrea Boughton                                                                                                                                                                                                                                                          |  | <b>County</b><br>Polk         |                                  |
| <b>Care Address</b><br>814 SW 2nd ST PL                                                                                                                                                                                                                                                             |  | <b>City</b><br>Ankeny         | <b>Zip Code</b><br>50023         |
| <b>Mailing Address</b><br>814 SW 2nd ST PL                                                                                                                                                                                                                                                          |  | <b>Mailing City</b><br>Ankeny | <b>Mailing Zip Code</b><br>50023 |
| <b>Phone</b><br>515-964-4908                                                                                                                                                                                                                                                                        |  | <b>Email</b>                  |                                  |
| <b>Date of Complaint:</b>                                                                                                                                                                                                                                                                           |  | <b>Date of Visit:</b>         |                                  |
| <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<br><input type="checkbox"/> Revocation of Registration<br><input type="checkbox"/> Cancellation of Child Care Assistance Provider Agreement                                                                       |  |                               |                                  |
| <b>Category of Care:</b>                                                                                                                                                                                                                                                                            |  |                               |                                  |
| <input type="checkbox"/> Category A<br><input type="checkbox"/> Category B<br><input checked="" type="checkbox"/> Category C (with no co-provider)<br><input type="checkbox"/> Category C (with co-provider)<br><input type="checkbox"/> Non-registered Child Care Home with CCA Provider Agreement |  |                               |                                  |

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**Complaint Details:**Did this complaint result in a serious injury? ☐ Yes ☒ NoDid this complaint result in a death to a child? ☐ Yes ☒ No**Summary of Complaint:**

Caller states that her children have been spanked by the provider. On 1/12/25, another mother had reached out to the caller stating her child said the provider slapped him. The mother reached out to the provider and the provider had admitted to spanking children but stated she did not slap. In the conversation she admitted to spanking the caller's son. The caller reached out to Andrea on 1/13/25 after speaking to her children. All three children of the caller admitted that they were spanked by the provider. When calling the provider, the provider admitted that she spanked the older child but did not spank the twins. When she admitted to spanking, she admitted to doing it as recently as 1/8/25 for crying over a car and play-dough. The provider says she could not think of anything else to do and then placed the child in a room to take a nap.

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

This worker went to the Child Development Home of Andera Boughton on 1/24/2025 unannounced. Andrea allowed this worker entry into the CDH. This worker did a full walk through of the entire home and no safety concerns were observed.

I communicated the details of the complaint with Andrea. Andrea readily volunteered she did spank the child in question because she felt she was out of alternatives. Andrea said the child had an extended behavioral emotional melt down and she resorted to spanking the child. Andrea voiced she does know it is not acceptable. This worker communicated if she is going to stay a Registered Provider Corporal Punishment is not an option. She said she understood.

Provider denies slapping a child.

I reviewed the situation with her and asked her what alternative interventions she could do in place of spanking. She communicated she could have put a video on the TV to distract the child's lack of emotional control. We discussed how structure is very important in creating a calm safe environment for the children but at times it might require the structure of the day needs to change if the children's emotional skills require it.

I also said she could contact the parents and tell them their child is really struggling today and needs to be pick up.

I asked when children take naps does she frequently monitor the child. She indicated she does monitor the children frequently when they are napping



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**Resolution and Action Required:**

The Child Development Home Provider admitted to being out of compliance with the above detailed policy. She has agreed she must use non-corporal punishment interventions when children struggle with behavioral control.

Andrea signed a Safety Plan agreeing to not use Corporal Punishment in her Child Development Home. If she would continue to employ Corporal Punishment in her CDH her State Registration would be revoked.

This worker made a referral to Child Care Resource and Referral to have the worker contact Andrea and review appropriate behavior interventions with Andrea. This referral was made on 1/24/2025.

A full Compliance Check was made during the visit. The results are included in a separate report.

|                                |                 |                       |            |
|--------------------------------|-----------------|-----------------------|------------|
| <b>Consultant's Signature:</b> | Jake Aringdale  | <b>Date of Visit:</b> | 02/05/2025 |
| <b>Supervisor Signature:</b>   | Sheila Aunspach | <b>Date of Visit:</b> | 02/05/2025 |