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

CHILD CARE COMPLIANT

Name of Provider	County	
Destini Maxwell	Marshall	
Care Address	**City**	**Zip Code**
204 N 22nd ST	Marshalltown	50158
Mailing Address	**Mailing City**	**Mailing Zip Code**
204 N 22nd ST	Marshalltown	50158
Phone	**Email**	
641-485-8746		

Date of Complaint:	07/06/2023	**Date of Visit:**	07/26/2023

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

[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 regarding a potential unapproved household member staying in the home with no background checks completed.

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Rule Basis and Findings of Complaint(s):

Rule:
110.8 "Conditions in the home shall be safe, sanitary, and free from hazards."

Findings:
I conducted an unannounced spot check visit on 7/26/2023 and followed up with a phone call on 7/27/2023. I report the following:

- I reviewed all rooms in the home during my visit. I found no evidence of an adult male living in the home. The adult in question was identified by Destini as her current boyfriend. He was not present during the time of my visit.

- Destini reported that he maintains his own residence and works out of town. He does visit her home regularly, though rarely during child care hours.

- I reviewed with Destini that when visiting, he cannot have access to children alone, cannot assist in caring for the children, and cannot distract her from providing careful supervision.

Resolution and Action Required:

I have no evidence that the person in question is residing in the home, has access to children alone, or helps in providing care to children. I reviewed with Destini that he would need to be first approved by HHS with full background checks before residing in the home.

I conducted a full annual spot check during the same visit.

No re-check is planned at this time.

Consultant's Signature:	Earl Crow	**Date of Visit:**	09/27/2023
Supervisor Signature:	Sheila Aunspach	**Date of Visit:**	09/27/2023