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

CHILD CARE COMPLIANT

Name of Provider Ashley Hill	**County** Polk	
Care Address 2515 E 28th ST	**City** Des Moines	**Zip Code** 50317
Mailing Address 2515 E 28th ST	**Mailing City** Des Moines	**Mailing Zip Code** 50317
Phone 515-418-8945	**Email**	

Date of Complaint:	01/14/2026	**Date of Visit:**	01/29/2026

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

[ ] Category B

[X] 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:

Ratio concerns with provider. Billing periods 9/29/25-1/4/26 (6 periods) showing the provider to be over numbers having as many as 12 CCA children in care during the same time. The provider is a category C1 with one approved assistant.

Rule Basis and Findings of Complaint(s):

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110.6 “No more children are in care than the number authorized on the Registration Certificate.”

110.15(I)e “If only one approved provider is present, not more than eight children are present.”

Findings:
This worker went to the registered category “C1” Child Development Home Provider of Ashley Hill unannounced on 1/29/2026 at 10am. Ashley allowed this compliance worker into the Child Development Home. A regular full compliance check was completed. This worker observed all areas of the Child Development Home. The compliance results are addressed in a separate document. There were 7 preschool children in care during the compliance check.

This worker discussed the details of the complaint with Ashley. Ashley said she didn’t understand why those numbers were billed and did not understand what I was saying. I showed her an example of the billing submitted to HHS by her. Ashley continued to say she did not understand. This worker then told her this was not a one or two billings it was consistent billing over a 3-month time period.

I discussed with her that she is responsible for billing accurately, keep records of billing, and staying in the acceptable ratios as a category “C1” Child Development Home Provider. Ashley signed a Safety Plan agreeing to only having the number of children in care she is approved for.

The CCA Provider Agreement Ashley signed to enable her to bill for Child Care Assistance State of Iowa funds has the following conditions:

Billing and Payment
I understand:
1. I must provide the service as authorized on the client Notice of Decision or Certificate of Enrollment before submitting the claim for payment.
2. At the end of each billing period, I will submit a Child Care Assistance Billing/ Attendance, form 470-4534 to the Department only for the actual hours of child care services that were provided. This form must be signed by the provider and the parent and I must keep a copy of the signed form for my records.
3. I have the option to submit attendance online through the KinderTrack web portal. If I choose to do so, I must print a Child Care Assistance Billing/Attendance Provider Record, form 470-4535 which must be signed by the provider and the parent and kept for my records.
4. I f I am not able to use form 470-4534 or 470-4535, I must keep adequate attendance records instead. To be considered adequate, attendance records must include the child’s name, the dates and daily time in and time out entries for days the child was in care, and the signature of the parent or other adult designee certifying the attendance is accurate.
5. I will be paid only for the hours of care (number of half day units) that were authorized by the Department on the Notice of Decision or Certificate of Enrollment.
6. I cannot bill the Department or PROMISE JOBS more than what I charge other families for the same service.
7. If I exceed the allowed child capacity for my facility based upon the number and ages of children, this Agreement may be terminated and any payments may be recouped.
8. Failure to comply with this Agreement or other Department child care rules may result in recoupment of payments made and termination of this Agreement for up to 36 months.

“By signing this form, I agree to participate as a provider of child care services approved by the Iowa Department of Health and Human Services (hereafter “Iowa HHS”) and/or the Promise Jobs program and assure Iowa HHS that I will comply with the provisions of this

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Agreement"

1. I am responsible for keeping accurate records that document times and dates of care provided to each individual child funded by the Department or PROMISE JOBS.
2. These records must be kept for five years.
3. If this case is selected for review or audit authorized by the Department, I will make these records immediately available, upon request, to substantiate the services I provided and received payment from Child Care Assistance funds.
4. Failure to keep accurate attendance records that have been signed by the parent, may result in termination of this Agreement and repayment of funds for time periods that I am unable to provide adequate attendance verification to support the payments I have received.

Audits or Investigations:
Repayment:
I understand that I may have to repay money received in error or as a result of failure to comply with Department rules, failure to report changes, or fraudulent billing.
Agreement Termination
Non-compliance with any of the provisions of this Agreement may result in termination of this Agreement upon ten days written notice from the Department. Termination of this Agreement may prevent you from making application for another Agreement. The Department may also refuse to enter into subsequent agreements with you for up to 36 months.

I understand that when fraudulent practices are suspected, a referral may be made to an investigative unit, and that I must cooperate with the investigation. I agree to permit federal, state, and local officials to monitor and evaluate my child care facility with or without notice.

Resolution and Action Required:

110.6 "No more children are in care than the number authorized on the Registration Certificate."

110.15(I)e "If only one approved provider is present, not more than eight children are present."

The Registration Unit provided evidence Ashley Hill has been knowingly or unknowingly billing inappropriately over the past several months. Ashley did not have a reasonable explanation of why or how the billing occurred.

Ashley signed an agreement with the State of Iowa to follow clear expectations and rules related to billing the State of Iowa's Child Care Assistance program.

Ashley is out of compliance with the above rules for providing Child Development Home services.

Ashley's billing will continue to be monitored for compliance or non-complaince with rules.

Ashley is required to follow the Provider Agreement she signed with the State of Iowa. If she continues to be out of compliance with rules the Provider Agreement can/will be terminated.

No further actions are needed at this time.

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Consultant's Signature:	Jake Aringdale	**Date of Visit:**	02/03/2026
Supervisor Signature:	Sheila Aunspach	**Date of Visit:**	02/03/2026