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

CHILD CARE COMPLIANT

Name of Provider	**County**	
Jessica Jimenez	Polk	
Care Address	**City**	**Zip Code**
7203 SW 13TH ST	Des Moines	50315
Mailing Address	**Mailing City**	**Mailing Zip Code**
7203 SW 13TH ST	Des Moines	50315
Phone	**Email**	
515-776-1908		

Date of Complaint:	12/15/2022	**Date of Visit:**	01/12/2023

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:

There is a report to Health and Human Services an 18 month old child in Jessica's care had 5 bite marks on his arm and it was believed to have happened when he was at the Child Development Home. The reporter said the bites did not result in the skin being broken or bruising. It is also reported the provider is now not communicating with the family.

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Rule Basis and Findings of Complaint(s):

110.7(1)a “Gives careful supervision at all times.”
110.7(1)b “Frequently exchanges information with the parent of each child to enhance the quality of care.”

Findings:
This worker went to Jessica’s Child Development Home unannounced on 1/12/2023 to address the complaint. Jessica allowed entry into the Child Development Home. I informed Jessica of the nature of the complaint. Jessica said she knows the child in question and believes this is a retaliatory complaint because Jessica was holding the family accountable for the contract they signed. Jessica said the family did not contact her for about 3 and half hours after the child was picked up. Jessica said the child in question wore a short sleeved shirt that day and she put the child’s coat on when the child was picked up. Jessica said she did not notice any bite marks at that time. Jessica said she thought that if the child has bite marks it happened after the child left her Child Development Home.

Jessica shared that she has not had any bite concerns for at least 6-8 months and takes care to monitor for the behavior.

Jessica said she has text messages of her communications with the family to prove she was communicating with the family about the issue.

Resolution and Action Required:

HHS does not have any evidence Jessica is supervising the children in her care inappropriately. HHS does not have any evidence the bite marks in question happened when the child was in Jessica’s Child Development Home. HHS reviewed careful supervision policy with Jessica.

Jessica has text messages of the communication with the family which demonstrates she was communicating with the family regarding the biting issue.

This worker completed a full compliance visit during the visit also. This worker viewed the home and no safety concerns were identified.

The following corrections will be addressed in a separate Compliance Letter:
1. You need to have a current certificate of completion for Mandatory Reporting in your Provider File.
2. Your assistant files need to have a current certificate of completion for Mandatory Reporting.
3. Your substitute file needs to have a current certificate of completion for Mandatory Reporting and CPR.

Consultant's Signature:	Jake Aringdale	**Date of Visit:**	01/20/2023
Supervisor Signature:	Sheila Aunspach	**Date of Visit:**	01/21/2023