

## IOWA DEPARTMENT OF HUMAN SERVICES

# **Child Care Complaint**

Name of Provider		County										
3		Adair									,	
Care Address		City					- 1	Zip Code				
312 NE Dodge ST		Greenfield					-+	50849				
Mailing Address		Mailing City						Mailing Zip Code				
312 NE Dodge ST		Greenfield					;	50849				
<b>Phone</b> 641-745-0508	Email											
Date of Complaint:	ate of Complaint: 04/02/2019					Date of Visit:			04/09/2019			
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 A											
[ ] Category B	] Category B											
[ ] Category C (with	Category C (with no co-provider)											
[X] Category C (with	X] 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 use of corporal punishment in the operation												
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## Rule Basis and Findings of Complaint(s):

#### Rule

110.8(6)a "Corporal punishment including spanking, shaking, and slapping is not used."

### **Findings**

I conducted an unannounced spot check on 4/9/2019 and report the following:

- Co-Provider Rachel Hamilton was aware of the incident described in the complaint. She reports two school age children in conflict, signs the conflict was about to get physical, and she stepped in between the children to separate them. Rachel denies any grabbing, shoving, or banging head as described in the complaint.
- The complaint indicates no visible or known injury to the child in question. The complaint describes a primary source of the information as a child in another room with no direct observation of the events.
- It is hard for me to determine the duration or intensity of this encounter between the two children. I did visit with both providers about completing an incident report if either child is involved in a future confrontation, even if resulting in no injury. We reviewed the provider's discipline policy, both deny any use of corporal punishment. Misty indicated she did visit with the mother of the child in question to let her know what took place.

## Resolution and Action Required:

I have no evidence or observation of non-compliance with use of corporal punishment as described in the complaint.

A full annual spot check was conducted. The following items unrelated to the complaint were identified for correction and have been addressed in a separate request letter:

- Need a log for substitute hours.
- Need to re-mount a smoke detector in the dining room area.
- Needs to get the dog's vet record on the State form.
- Needs to repair the child safety locks on one of the lower kitchen cabinets.
- Needs to re-supply her first aid kit.
- CPR/First Ald just expired for Misty and substitute.

Consultant's Signature:	Earl Crow	Date of Visit:	04/10/2019
Supervisor Signature:	Jone Staley	Date of Visit:	04/12/2019