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

CHILD CARE COMPLIANT

Name of Provider Shirley Wilson	**County** Polk	
Care Address 670 37th ST	**City** Des Moines	**Zip Code** 50312
Mailing Address P.O. Box 41444	**Mailing City** Des Moines	**Mailing Zip Code** 50311
Phone 515-724-8415	**Email**	

Date of Complaint:		**Date of Visit:**	

Type of Visit

[X] Scheduled [ ] 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:

On 7/21/23 Health and Human Services received a complaint regarding registered category B child development home provider Shirley Wilson. The complaint alleges Ms. Wilson was yelling at daycare children and using profanity.

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Rule Basis and Findings of Complaint(s):

RULE(S):
441 IAC 110.8 Standards. Conditions in the home are safe, sanitary, and free of hazards.

FINDING(S):
On 8/1/2023 this worker completed an announced visit to Ms. Wilson's daycare residence. I reviewed the complaint regarding Ms. Wilson yelling and using profanity towards daycare children. Ms. Wilson stated she only watches daycare children that are family and during overnight shift. Ms. Wilson stated that when she was allegedly yelling profanity at daycare children, there were no daycare children present. Only her own children were present. Ms. Wilson stated she was yelling at her own children because they are were playing rough in the house. Ms. Wilson denies yelling at daycare children. We reviewed using appropriate language to all children.

Resolution and Action Required:

A compliance visit was also completed on this day and addressed in a different report. This report concludes the evaluation of this complaint, no further action is required at this time.

Consultant's Signature:	Ellen Abbott	**Date of Visit:**	10/25/2023
Supervisor Signature:	Sheila Aunspach	**Date of Visit:**	10/25/2023