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

CHILD CARE COMPLIANT

Name of Provider	**County**	
Angela Strum	Jasper	
Care Address	**City**	**Zip Code**
2305 E 19th ST N B-1	Newton	50208
Mailing Address	**Mailing City**	**Mailing Zip Code**
2305 E 19th ST N B-1	Newton	50208
Phone	**Email**	
641-840-1228		

Date of Complaint:	03/22/2023	**Date of Visit:**	03/28/2023

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:

[X] Category A

[ ] 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:

DHHS was made aware of a possible injury to a child in the Child Development Home which required medical attention.

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

CHILD CARE COMPLIANT

Rule Basis and Findings of Complaint(s):

110.7(1)a “Gives consistent, dependable care.
110.8(6) a “Corporal punishment including spanking, shaking, and slapping is not used.”

Findings:
This worker and another DHHS worker went to the Child Development Home on 3/28/2023 to address the above concern. Angela invited us into the home and was cooperative with the visit. This worker was able to see the entire home and no safety concerns were noted. The home was clean and well organized. There were 2 children in care, one infant and one toddler.

Angela described her actions on the day of the injury. Angela noticed a rash on the child and urged the guardian to take the child to the ER to be safe. Angela stayed in contact with the guardian of the child throught the night to support the family.

The nature of the injury is inconclusive on whether it was accidental or nonaccidental. The provider maintains the child did not suffer any injuries in the Child development Home. The guardians of the child voice they do not believe the provider caused the injuries and report the injuries could be related to a negative reaction to medication.

Resolution and Action Required:

At this time there is no evidence the provider caused purposeful injury to the child in question. The child’s guardians have expressed they do not believe the provider caused the injury. DHHS has no evidence to conclude the provider is out of compliance with the above identified rules.

No further action will be taken at this time.

During this visit this worker was able to complete a full compliance inspection and the details will be addressed in another compliance letter. Below is a summary of the findings:

1. Emergency numbers for each child need to be written on paper and easily available in case of an emergency.
2. You need current certificates of completion for CPR and Mandatory Reporting Trainings in your provider file.

Consultant's Signature:	Jake Aringdale	**Date of Visit:**	05/01/2023
Supervisor Signature:	Sheila Aunspach	**Date of Visit:**	05/03/2023