

Iowa Department of Human Services
CHILD CARE CENTER COMPLAINT

Name of Center:	Enrollment:	License ID:		
Street:	City:	IA	Zip Code:	County:
Mailing Address:				
Mailing City:	IA	Zip Code		
Director's Name:	Center Phone Number:			
On-Site Supervisors:	E-Mail Address:			

Date of Complaint:

Date of Visit:

- Scheduled Unannounced NA
 Non-Compliance with Regulations Found Compliance with Regulations Found NA

RECOMMENDATIONS FOR LICENSE

- NO CHANGES to licensing status recommended**
 PROVISIONAL license from _____ **to** _____
 SUSPENSION of license
 REVOCAION of license

Complaint Details:

Did this complaint result in a serious injury? Yes No

Serious injuries include:

- Disabling mental illness.
- Bodily injury which creates a substantial risk of death, causes serious permanent disfigurement, or causes protracted loss or impairment of the function of any bodily member or organ.
- Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia.
- Includes but is not limited to skull fractures, rib fractures, metaphyseal fractures of the long bones of children under the age of 4 years.

Did this complaint result in a death to a child? Yes No

Summary of Complaint:

Licensing Rules Relevant to the Complaint:

Inspection Findings:

Special Notes and Action Required:

Consultant's Signature:

Date: