

**Iowa Department of Human Services  
CHILD CARE CENTER COMPLAINT**

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

**Date of Complaint:**

**Date of Visit:**

Scheduled       Unannounced       NA

Non-Compliance with Regulations Found       Compliance with Regulations Found       NA

**RECOMMENDATION FOR LICENSE**

- NO CHANGES to licensing status recommended**
- PROVISIONAL license from \_\_\_\_\_ to \_\_\_\_\_**
- SUSPENSION of License**
- REVOCAION of License**

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**Summary of Complaint:**

**Licensing Rules Relevant to the Complaint:**

**Inspection Findings:**

**Special Notes and Action Required:**

**Consultant's Signature:**

**Date:**