



Iowa Department of Human Services
Child Care Complaint Report

Name of Provider	County	
Care Address	City	Zip Code
Mailing Address	City	Zip Code
Phone	Email	

Date of Complaint:

Date of Visit:

- Scheduled Unannounced N/A
 Non-Compliance with Regulations Found Compliance with Regulations Found
 N/A

RECOMMENDATION FOR REGISTRATION:

- NO CHANGES to registration status recommended
 REVOCATION of registration
 CANCELLATION of *Child Care Assistance Provider Agreement*

CATEGORY OF CARE:

- Category A
 Category B
 Category C (with no co-provider)
 Category C (with co-provider)
 Nonregistered child care home with *Child Care Assistance Provider Agreement*
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Summary of Complaint:

Rule Basis and Findings of Complaints:

Resolution and Action Required:

Consultant's Signature	Date
Supervisor's Signature	Date