Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Handicare Inc

Provider No.: 24236

Address: 2220 9th ST, Coralville, IA, 52241

County: Johnson

Director's Name: Laura Lage

On-Site Supervisor: Donnie Stanley

Phone Number: 3193547641

E-Mail: director@handicareinc.com

HHS Visit Date: 12/18/2025

Licensing Period: 12/01/2024 to 12/01/2026

Fire Inspection:

Date Inspected: 10/08/2024

Comments: Does comply.

Report Visit Type:

- [ ] PTO
- [X] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

Quality Rating: 1

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	6:30 AM to 6:30 PM		
Tuesday	6:30 AM to 6:30 PM		
Wednesday	6:30 AM to 6:30 PM		
Thursday	6:30 AM to 6:30 PM		
Friday	6:30 AM to 6:30 PM		
Saturday			

Program Population Served:

- [X] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [X] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	75	21	98	26	220
Summer					0

1. Basic Overview

An unannounced annual visit was made to HANDICARE INC - 24236 on 12/18-25 where I met with the center director Laura Lage, and on-site supervisor, Donnie Stanley. Both are well qualified for the positions they hold based on their education, experience, and on-going training. Laura started with the program in 2002 and has a Bachelor degree in Early Childhood Education, and Donnie has been with the program since 2023. The center is nonprofit program overseen by a board of directors. The center serves infants to school aged children, and is open year around with hours of operation of 6:30am-6:30pm. There are approximately 200 children enrolled in the center though not all attend on a regular basis, and the center has 45 staff providing care.

The center is located in a commercial building making use of 13 classrooms on two levels. The building has a split level design where the front of the building is at grade on the upper level, and the back of the building is at grade on the lower level. The infants and toddlers are served in classrooms on the lower ground level, and the preschool and school age children are served on the upper level. Each classroom had windows along the exterior walls that provided natural light, a view of the outdoors, and ventilation. Restrooms are located off main access corridors, and classrooms serving infants and toddlers have changing stations present. Two of the classrooms on the upper level have a U shape design that does create blind areas and while this is is easily addressed by staff positioning is a situation that staff need to be mindful of when children are present in the classrooms. Activity centers are created in each classroom through the placement of furnishings and play structures. The infant rooms do make use of mobile fence and gate barriers to define primary programming areas separate from other areas used for feeding, diapering, and napping. Staff were observed to use the entry gates to access those areas.

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2. Identify Observed Strengths of the program

Good interactions were observed throughout the time of the visit in all classrooms. Each teacher was observed to be actively engaged with the children either attending to their direct care needs such as diapering, feeding, or presenting the planned curriculum, or through indirect activities such as joining the children in their play. When presenting the planned curriculum the teaches were observed to be engaged in activities such as reading to the group, singing/dancing in music/movement, or doing planned craft activities with older children. With the infants the teachers were engaged in activities such as doing floor time, and assisting children with developmental skills of sitting, and walking. All teachers were observed to use calm tones and positive word choices when speaking to the children. Good behavior management techniques were observed during the visit with the teachers using reminders, and simple redirection to encourage appropriate behavior choices. When visiting one classroom where the teacher and children were engaged in a music and movement activity there was one child that was laying on the floor and not participating. The teacher did encourage the child to join the group but did not require the child to do so. In addition the teacher reframed the child's actions as an alternative form of participation rather than as a negative behavior choice. Ratio was maintained in classrooms as required by age with at least two teachers present in each room. There were some issues with children being observed leaving classrooms unattended which was addressed with staff.

Good health and safety practices were observed during the time of the visit. I was able to observe several diaper changes and required procedures were generally followed. There was one instance where a staff member still within their first week of employment did not wash a young infant's hands following a diaper change. It was reviewed that this is required for all children and that if it is difficult to hold a younger infant at the sink staff could use an option of wetting a paper towel and applying soap to wash, and then rinse with a clean wetted towel. It was reviewed that diaper wipes are not an acceptable alternative due to not having any detergents. Good cleaning practices were observed with staff waiting for children to be out of the immediate area before using chemical cleaners. The center also made appropriate use of disinfecting products and sanitizing products. All medications were properly labeled. All medications, cleaning products, personal belongings, and other items that could pose a safety risk to children were stored where they were not accessible. First aid kits were present and contained materials necessary to address most common first aid needs. Safe sleep practices were followed for all children under 12 months of age through a white noise machine was hung on the exterior of one crib rail. It was reviewed that this should be moved to a counter, under the crib, or some other location where the benefits of the device would still be available but where it was not in or on the crib. Children using cots did have appropriate bedding, and spacing to reduce the risk of disease transmission.

The center does have a full kitchen where meals and snacks are prepared on-site. A copy of the planned menu was posted and identified a good variety of nutritious food options. Good food storage practices were generally observed though there were a few bulk packaged cereal items where the bag had been rolled/folded and secured rather than being placed in a food storage container. Good food handling practices were observed with staff washing their hands or using food service gloves prior to handling food items. Measure scoops were available for portioning meals. I was able to observe food service both for bottle feeding of infants, and snack service for older children. The staff feeding infants did position children under 6 months of age in an upright position when feeding as required. With older children there were some issues with the snack provided which included providing items with a high incidence of choking risk, and ensuring a fully nutritional snack option. Staff did provide supervision at the tables when children were eating.

The center playgrounds were observed but not fully inspected due to weather conditions. Prior reports note that the center had renovated the playgrounds in the prior licensing year. The playground is fully enclosed by chain link fencing which appeared to be in good repair. The playground makes use of "Natural" structures such as created hills, wood log climbers, stepping stones, and other options. A paved side walk also provides a hard surface for use of riding toys. It was noted that there was some settling of the dirt along the edges of the sidewalk and it was reviewed that this should be filled in, or a high visibility paint added to the face and edge of the walk to denote the transition point and reduce the risk of tripping.

In reviewing administrative records all required notices for No Smoking, Consultant Contact, License Certificate, and Mandatory Abuse Reporting were present at the main entry where they were readily accessible and visible. Other required postings for emergency evacuation, handwashing, diapering, daily schedule, curriculum, emergency contacts, and disease notifications were present. In reviewing child files the center uses an electronic communication application to communicate with parents which can also track enrollment information. The center does maintain a self-audit system to track what information was expired so that parents can be notified to provide renewed documentation. Response plans were present both in the child files and classrooms for children with identified health concerns. The center does use hard copy infant daily sheets for children under 24 months of age and while the sheets do have prompts for the required elements of Feeding,

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Diapering, Napping, and Activities it does not prompt for Disposition. There is an open comment section which can be used to document this information in narrative format but staff will need to ensure that they are consistent in doing so. A random selection staff files were reviewed and found to contain all required documentation. All required inspection logs and certificates were available and current.

3. Identify the aspects that fall below the standard

With regard to required postings the center did have several disease notices posted at the entry door for various classrooms. While this is an excellent practice Licensing Standards require that disease notices are posted at the main entry to the building in a location that is conspicuous to all parents and visitors. This allows that anyone who may be visiting the center is able to determine if there is a health risk such that they would avoid entry such as a delivery driver that may have a compromised immune system.

With regard to the requirement of supervision during the visit several children were observed to leave classrooms unsupervised entering into the restroom, other classrooms, or going to individual coat cubbies. Licensing Standards require that staff provide careful supervision which is interpreted as within direct line of sight and sound of children at all times. This ensures that staff can immediately respond to situations such as injury, inappropriate interactions with others, or children who attempt to elope from the program.

With regard to safe and sufficient toys it was observed that classrooms serving younger children under 4 years of age that are prone to mouthing items had choking hazards present. Items and toys with small parts that can easily break off which would be less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards and must be removed from classrooms serving children under 2 years of age, and should be placed in storage where they can be brought out for supervised play for children 3 years of age.

with regard to the physical facilities the hot water temperatures of hand washing sinks was measured to be 145 deg. F. when measured at the spigot with only the hot water tap turned on. This is a temperature that can result in immediate scalding burns and needs to be adjusted so that water temperatures do not exceed 120 deg. F. for sinks used for hand washing.

With regard to food service it was observed that some bulk packaged items were not properly stored in air tight sealable food grade containers once the original packaging seal had been broken. It wad reviewed that rolling/folding the bag and the use of a clip or tape is insufficient as this still allows for ready access by insects and rodents, and can increase the risk for spoilage. In addition the snack served on the day of the visit included whole raw baby carrots, ranch dip, and crackers. While the infants were not provided with the carrots, the 2 year old children were. Being raw and in a whole presentation these would be considered a food with a high incidence of choking and either needed to be modified by cooking, or cutting into strips to eliminate disc shapes. Additionally snacks should include two credible items and if element such as the carrots are removed it should be supplemented with another credible food option. While the ranch dip did contain sour cream which would be a credible dairy option in the context it was provided would more appropriately have represented a condiment which would not be considered a credible option.

4. Any corrective action plans, provisional license, and safety plans-steps to get into compliance

It was reported that the center had recent work completed on the plumbing due to lines freezing it was believed this may have resulted in the change to hot water temperatures. Laura stated she would contact the contractor to adjust the temperatures.

Laura did speak with staff during the visit about the issues of the choking hazards, and supervision during the time of the visit.

The center does have additional disease notices and Laura stated she would post one at the main entrance.

5. Special Notes/Recommendations

A full license will remain in effect at this time.

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Date: 12/22/2025

HHS Licensing Consultant: Ray Salsbury

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Care License. Please take steps necessary to completely address each of the violations noted above.

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at **https://iowaccrr.org**.