Iowa Department of Human Services
CHILD CARE CENTER EVALUATION AND RECOMMENDATION FOR LICENSE

Name of Center: Hand in Hand at Edwards Church **Enrollment:** 38 **License ID No. (Reapplications)** 51463

Street: 3420 Jersey Ridge Rd **City:** Davenport Iowa **Zip** 52807 **County:** Scott

Mailing Address: 3860 Middle Road, Bettendorf, IA, 52722

Director's Name: Brenda Kroeger **Phone Number:** 563-332-8010

On-Site Supervisor(s): none **E-Mail:** angie@HandInHandQC.org

Date(s) of Visit: 06-18-2025

X **Licensing Visit** X **Unannounced Visit** **Off Year Visit** **Administrative Change**

LICENSING VISITS

New Application X **Re-Application** **NA**

Signed Application (470-0722) Received X **Yes** **No** **NA** **Date Signed:** 06-20-2025

FIRE INSPECTION **State** X **Local** **NA** **Is Fire Inspection Approved?** X **Yes** **No** **NA**

Date Inspected: 07-11-2024

Comments :

LICENSE TYPE: X **Child Care** **Preschool (ages 3-5 meets three hours or less per day)**

Financial Type: Profit X Non-Profit NA

Accredition: Accredited NAEYC NSACA Other X NA

Program Serves: Infants (0-23 mo.) 2 Years Preschool-Age X School-Age

Get-Well Evening Care Special Needs

SCHEDULE: X Year-round School-Year Summer Only

HOURS:	*Year-round*	*School-Year*	*Summer Only*

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Age	Capacity
General				45	45
Summer					0

QRS Rating: N/A

RECOMMENDATION FOR LICENSE:	
X	**FULL** license from 07-01-2025 to 07-01-2027
	PROVISIONAL license from
	DENIAL of initial application
	SUSPENSION of license
	REVOCATION of license

Licensing Consultant: Heidi Hungate **Date:** 06-24-2025

I. IF CURRENT LICENSE IS PROVISIONAL, IDENTIFY THE CORRECTIVE ACTIONS

N/A

II. IDENTIFY THE AREAS OBSERVED ON THE VISIT:

An unannounced licensing visit took place at this center on 6/18/25. The center is owned and operated by Hand In Hand. Hand In Hand is an existing center that opened up this second location to serve school age children only. The center director for this site is Brenda Kroeger. Brenda was present along with other staff. This center is a non-profit center governed by a board of directors. Angie Kendall is the CEO for the board. This center operates out of several rooms located within the Edwards United Church of Christ. This is a contract arrangement between the center and Hand In Hand. The program operates on non school days.

The center utilizes the following program space: Youth room ("relax room", room 6, quiet, sensory type activities), touchstones room ("art room", room 7, art activities), children's chapel room ("play room", room 3, play room), Baxter Hall (fellowship area, used for all meals and snacks and indoor large motor activities), and game room (room 8). Program rooms were observed to be clean and organized and generally well supplied with accessible materials to support program needs. Books were displayed nicely for the children as well. All children have to travel to use nearby hallway restroom areas for all toilet and diapering activities and including for most hand washing activities, with the exception of the touchstones room which does include a hand washing sink within the room. Hallway restroom areas nearest to Baxter Hall are used for all hand washing prior to food service activities. All program space was observed.

The center does notparticipate in the CACFP. Morning and afternoon snacks are provided by the center, and children bring their own lunches from home. The center utilizes designated space in the church kitchen. The kitchen area is large and nicely designed with commercial dish washing facilities and a separated hand washing sink.

III. IDENTIFY THE OBSERVED STRENGTHS OF THE CENTER:

The center continues to be nicely organized and supplied. The building is clean and well maintained. Furnishings and materials are well maintained. The center reports an excellent relationship with the church. The center is highly staffed and staff were once again observed to be highly engaged with the children in activities in all program areas. Licensing documentation for the licensing binder was found to be organized.

IV. IDENTIFY THE ASPECTS OF OPERATION THAT FALL BELOW THE STANDARDS REVIEWED:

STAFF FILES:
109.7(1) All staff (within first three months of employment): • Two hours of approved training for the mandatory reporting of child abuse within three months of employment. • At least one hour of training regarding universal precautions and infectious disease control. • Certification in American Red Cross, American Heart Association, American Safety and Health Institute or MEDIC First Aid infant, child, and adult cardiopulmonary resuscitation (CPR) or equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Certification in infant, child, and adult first aid that uses a nationally recognized curriculum or is received from a nationally recognized training organization including the American Red Cross, American Heart Association, American Safety and

Health Institute or MEDIC First Aid or an equivalent certification approved by the Department. A valid certificate indicating the date of training and expiration date shall be maintained. • Minimum health and safety trainings, approved by the Department. If significant changes occur to content, the Department may require the training be renewed.
1. _4_ staff files reviewed did not have evidence of the required trainings being completed or being completed within the first three months of employment.

***Improvement is needed for the organization and compliance of staff files. Please use the HHS recommended tab system to organize all files. This has been sent by email to the center director.

CHILD FILES:
109.9(2)h Signed and dated valid Certificate of Immunization, Certificate of Immunization Exemption, or Provisional Certificate of Immunization, provided by the department must be on file for each child enrolled as required by Iowa Administrative Code 641—7.
1. _1_ child file reviewed immunization certificate was not signed and dated by the medical personnel and thus is not valid.

109.10(3): Medications.
1. Epi pen present without emergency action plan.
2. Medication present does not match the medication stated on the emergency action plan.

109.10(15)b: Emergency instructions, phone numbers, and diagrams for fire, tornado, and flood shall be visibly posted and documented at least once a month for fire and tornado. Records shall be maintained for current and previous year.
1. Fire and tornado drills were not documented for 11/2024 through 4/2025.

109.11(3)d: Record of monthly inspections of outdoor recreation area and equipment shall be kept.
1. Playground inspections were not documented for 11/2024 through 4/2025.

V. SPECIAL NOTES/RECOMMENDATIONS:

1. Staff and child files need organization. The center shall use the HHS recommended tab system for organization of files.
2. Ensure bleach solution is being mixed properly according to the manufacturer's instructions (two TEASPOONS bleach per one gallon of water or 1/2 TEASPOON bleach per quart of water).

The center will continue with a full license. The center is directed to correct the items cited and the items noted above in this section of the report and to submit a written summary to the licensing consultant as to how and when those corrections are/will be completed. The written summary shall be submitted within 30 days of receipt of this evaluation. Thank you.

*Note: If you are the Child Care Center Director and you feel something is unclear or unjustly cited, please contact your DHS Licensing Consultant to discuss the issue. The child care director may also send a response which will be placed in the licensing file.

*Note: If you are a member of the general public, there may be additional information contained in the public file. You may contact the DHS Licensing Consultant to inquire.