Scott County Health Department
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Director's Report
to the
Board of Health
September 11, 2026

Director's Attended External Meetings –

- CDC Response Team: All State, Territorial, Local, & Tribal Health Department Update
- District 7 Public Health Planning Partners (2)
- Iowa Health and Human Services (HHS) Behavioral Health Town Hall
- Iowa HHS Public Health Office Hours
- Iowa HHS Measles Update for School Officials
- Iowa State Hygienic Laboratory Wastewater Testing Office Hours
- Jail Health Advisory Committee
- Live Lead Free Quad Cities
- Melissa Sharer, St. Ambrose University MPH Program Assistant Professor/Director of the University of Illinois Chicago Online MPH Program
- Network for Public Health Law Health & Democracy Peer Group
- Quad Cities Medicaid Coalition
- Quad City Health Initiative Board
- Quad City Health Initiative Board Tour of Community Action of Eastern Iowa
- Quad City Health Initiative Individual Board Member Discussion
- Scott County Emergency Management Agency – Rivercrest Mobile Home Planning
- Stay Covered, Stay Healthy QC (Medicaid Coalition) Committee
- Stay Covered, Stay Healthy QC Messaging Workgroup
- Tim Carr, Board of Supervisors Candidate
- United Way of the Quad Cities/OneTable QC Convening: Shaping Public Policy Together
- Vera French Clinical Care Committee
- Waste Commission of Scott County

Recognition of Years of Service with the Department:

Aubrey Hanrahan, Per Diem Dental Hygienist	2 years	September 4th
Heather Hopson, Office Assistant	5 years	September 13th
Tara Marriott, Environmental Health Specialist	13 years	September 17th

Assessment

Assess and monitor population health status, factors that influence health, and community needs and assets

Connection with School Personnel on Surveillance and Reporting

Staff hosted two webinars for school nurses and school surveillance staff. Topics included immunization audits, communicable disease reporting, illness surveillance through the School Health Reporting database, and animal bite exposures. Several school nurses and representatives attended the webinars. Following the presentations, the webinar recording and PowerPoint presentation were emailed to all school nurses and nonpublic school representatives for reference.

Investigate, diagnose, and address health problems and hazards affecting the population

Communicable Disease Program

Ten confirmed communicable diseases were reported during August. These included two cases of cryptosporidiosis, one case of giardiasis, one case of hepatitis C, one legionellosis case, one case of pertussis, and four salmonellosis cases.

The Communicable Disease Program section of the Core Public Health Activity Report was revised to include school health surveillance for illnesses reported through the School Health Reporting database. This section was added to capture the total number of school days missed due to illnesses rather than the number of cases reported for each illness within the school system. These revisions were made to ensure accurate, consistent reporting of illness-related absenteeism across Scott County school districts.

Dr. Donahue, State Epidemiologist and Deputy Medical Director with the Iowa Department of Health and Human Services (HHS), provided Iowa Measles Update webinars for local public health agencies, infection prevention professionals and healthcare facilities, and school nurses. The presentations included national and state measles updates, the number of reported cases in Iowa, case surveillance and investigation, testing, and vaccination.

Animal Bite Program

In August, twenty-seven individuals required rabies risk assessments after exposure to five dogs, two cats and thirteen bats. Four of the bats exposed two people each, and one bat exposed four people. Thirteen victims were recommended to have rabies prevention treatment for high-risk exposure or a bite above the shoulders, and six victims started treatment.

Sexually Transmitted Disease Program

Seventy-three individuals received sexual health services at the department during August.

Positive Results	**Sexual Health Clinic**	**Express Clinic**	**Total Cases Reported in Scott County**
Chlamydia	3	3	66
Gonorrhea	1	0	27
Syphilis	0	0	6
HIV	0	0	0

There were 22 additional syphilis cases and one HIV case investigated and determined to be out of jurisdiction, not identified as a case, or had a pending result. These cases were closed, referred, or remained open pending additional results.

Childhood Lead Poisoning Prevention Program

In August, there were 12 lead poisoned children on the department's caseload. The children receive public health nursing case management services until three blood lead levels equal to or below 15 ug/dL or two consecutive blood lead levels equal to or below 10 ug/dL are obtained.

Blood Lead Level	Number on Caseload
Greater than 20 ug/dL	2
15-19 ug/dL	1
10-14 ug/dL	7
Less than 10 ug/dL	2

Ten children utilizing the department's immunization clinic accepted lead testing services at their August appointments. There was one new positive identified during these efforts.

Staff completed two visual clearance inspections at two Davenport properties. Once additional lead remediation work was completed, staff returned to conduct dust wipe clearance testing. One property passed all clearance testing. The second property had three of its four floor samples fail clearance thresholds. The contractor assigned staff to reclean the floors throughout the property. Follow-up dust wipe clearance sampling was performed and they did not pass. The contractor has removed the existing carpet and installed new carpet.

Staff completed a visual inspection at a Davenport property that is occasionally frequented by a child with an elevated blood lead level. This property is owned by the child's grandmother. The child does not spend eight or more hours per week at this location so it would not typically be evaluated by the department, but the parent requested a visit. The visual inspection noted areas on the front porch and interior first floor of the property that had chipping or peeling paint. Due to the age of the home being pre-1978, the homeowner was informed that any painted surfaces that have chipping and/or peeling present, are to be assumed positive for lead-based paint. Staff discussed safe lead remediation practices with the homeowner and mailed resources on lead-safe work practices, how to identify hazards, methods for proper cleaning following home renovation work, and a LLFQC application to request financial assistance with paint materials.

Safe Sleep Practices Referral

Staff and a Child Care Resource and Referral consultant visited a child care home following a referral for unsafe infant sleep from their HHS registration consultant. They assessed current practices and shared educational materials and resources to promote safe infant sleep. The child care provider expressed an understanding of safe sleep for infants.

Policy Development

Communicate effectively to inform and educate people about health factors that influence it, and how to improve it

Be Ready QC: Emergency Preparedness Fair

Staff held a vendor table at the Be Ready QC: Emergency Preparedness Fair and gave out preparedness packets to attendees, which included a communication plan, an emergency contact card, and a Roth ID car seat safety tag. Each person who received an item was educated on the importance of having an emergency plan before a disaster happens. Staff participated on the planning committee for this event and indicated a higher number of participants than at previous events.

Measles Materials Shared with Public and Target Audiences

Staff distributed several pieces of information related to the measles outbreak in southern Iowa where there have been 22 confirmed cases with evidence of person-to-person spread (9/10/2026). Social media and department website pages were updated with information about the outbreak, guidance on recommended actions, and links to relevant resources. Information and guidance were also shared directly with healthcare partners, school nurses, and childcare providers.

Back to Swell Event at Friendly House

Staff from Community Health, Family Health, and Clinical Services attended the Back to Swell event put on by the Friendly House and provided over 500 youth and adults with information and resources on tobacco/vaping, dental, and lead.

Caring for Children with Asthma Presentation

Staff virtually presented *Caring for Children with Asthma* to seven child care providers. This training provides information on the causes of asthma, signs and symptoms of asthma, emergency action plans, and how to respond when a child needs care for an asthma episode.

Virtual Lactation Class

Staff taught a virtual lactation class to participants of the WIC program. Participants learned about the science of milk production, how to maintain supply, feeding cues, tips for an effective latch, and how to incorporate lactation into one's lifestyle.

Family Night & Back to School Bash in Maquoketa

Staff participated in the Voy 61 Drive-in Theatre's Family Night and Back to School Bash for Jackson County. I-Smile and Child Health programs were promoted with brochures, flyers, toothbrushes, toothpaste, floss, and promotional items.

Tipton Ridiculous Days Health Fair

Staff participated in Cedar County's Annual Health & Wellness Fair during Tipton Ridiculous Days. Staff shared information and educational/promotional items for I-Smile, Hawki, Maternal Health, and Child Health.

Edwards United Church of Christ Annual Carnival

Staff participated in the Edwards United Church of Christ Annual Carnival in Davenport. The church sponsors this annual event to the community for families with music, games, food, and a variety of information on community resources and programs. Staff hosted a table and shared information on Hawki, Medicaid income guidelines as well as I-Smile services.

Community Baby Shower

Staff attended the Healthy Pregnancy Coalition's Community Baby Shower at the Lincoln Center in Davenport. There were 50 new or expectant birth parents in attendance plus their partners, children, and support people. Attendees received health information and practical items like clothing, diapers, and lactation supplies. Coalition members and donors contributed refreshments and raffle prizes of significant value like pack-and-plays, car seats, baby baths, gift baskets and playsets. The event was beneficial to attendees in need of support as well as organizations seeking to make connections with pregnant and post-partum clients.

Strengthen, support, and mobilize communities, and partnerships to improve health

Stay Covered, Stay Healthy QC Committee

Staff and I attended meetings for the Stay Covered, Stay Healthy QC Committee (formerly known as Medicaid Coalition) at United Way, as well as the Messaging Workgroup. The Messaging Workgroup reviewed one-page handouts for beneficiaries and providers with information on the upcoming work requirement changes and links to both Iowa and Illinois websites. A website page draft was also reviewed that contains links to sub-pages for Iowa and Illinois information. The group discussed scheduling a virtual event for late September or early October with community partners and providers to increase awareness of the changes and how to prepare. The Benefit Navigation Workgroup has discussed hosting a series of benefit navigation train-the-trainer sessions later this fall as well.

Scott County Kids Home Visitation Providers

Staff attended a meeting convened by Scott County Kids Early Childhood Iowa for early childhood service providers to connect and learn about the programs available for children and families in the service area. Staff from Community Health Care presented information on their programs for pregnant and post-partum patients.

Create, champion, and implement policies, plans, and laws that impact health

CHANGE Tool Assessment Completed and Results Shared

Staff met with Family Resources and LivWell to provide an overview of the department's Community Transformation Program and complete the workplace Community Health Assessment and Group Evaluation (CHANGE) Tool.

Staff also met with John Brynes, Parks & Recreation Director for the City of Bettendorf, to review the community-at-large CHANGE Tool results and recommendations. Mr. Brynes expressed interest in several CHANGE Tool recommendations. Staff offered to provide technical assistance in implementing the recommendations.

Emergency Operations Plan Component Review

Staff met with Jodi Freet from Scott County Emergency Management Agency to review the Public Health and Medical Services component of the Emergency Operations Plan. The team identified some redundancy and provided suggested edits to strengthen the public health response in an emergency or disaster.

Utilize legal and regulatory actions designed to improve and protect the public's health

Food Program

Food Program staff have been participating in training and user acceptance testing in preparation for the transition from USA Food Safety to SAFHER, the new licensing and inspections database for the food program. The new SAFHER platform is scheduled to launch in October 2026.

Verified Food Service Complaints

Facility	**Reason**	**Status**
Garner Place II, West 53rd Street, Davenport	Improper Holding Temperatures, Inadequate Cooking, Poor Personal Hygiene	Resolved
Home Plate Diner, Rockingham Road, Davenport	Food from Unsafe Sources/Adulterated Food, Pest Control, Poor Personal Hygiene	Resolved
Casey's, 140th Street Place, Davenport	Food from Unsafe Sources/Adulterated Food	Resolved
Izumi Japanese Steak House, Utica Ridge Road, Davenport	Contaminated Equipment/Cross Contamination, General Facility Sanitation	Resolved
The Outing Club, Brady Street	General Facility Sanitation, Poor Personal Hygiene	Resolved
Cold Stone Creamery, Utica Ridge Road, Davenport	Non-Service Animal in Facility	Resolved
Happy Joe's, 50th Street, Davenport	Pest Control	Resolved

Food Service Program Closures

Facility	**Reason**	**Status**
Subway, Plainview Road, Walcott	No Hot Water	Reopened
Vibrant Coffeehouse and Kitchen, Ridge Pointe, Bettendorf	No Hot Water	Reopened

Temporary Events

Event	**Number of Inspections**	**Status**
Mississippi Valley Fair	66	Violations Corrected on Site
Tug Fest	10	Violations Corrected on Site

Tattoo Program

A new tattoo establishment was inspected and approved for licensing in Muscatine.

A complainant reported an individual was illegally tattooing in her residence. Based on social media evidence, a cease-and-desist order was issued citing violations of the Iowa Tattoo Code. Only licensed tattoo artists are allowed to tattoo. Tattooing is only allowed in licensed tattoo establishments. The individual's online presence no longer includes tattoo references.

Swimming Pool Program

The swimming pool at the Hampton Inn in Muscatine had a pre-opening inspection. This was the first time Scott County had done this inspection. Several violations were noted at this indoor pool that had not been in operation for several years. Most violations have been corrected, but the pool has not been approved to open due to an electrical issue. The facility operator has agreed to have a licensed electrician conduct an assessment.

Verified Hotel Complaints

Facility	**Reason**	**Status**
Motel 6, West 65th Street, Davenport	General Facility Sanitation	Resolved
Super 8, Jason Way, Davenport	General Facility Sanitation (2 Complaints)	Resolved
Double Tree Hotel, East 2nd Street, Davenport	Water Leakage from Cooling System	Pending
I-80 Inn & Suites, Northwest Boulevard, Davenport	General Facility Sanitation	Pending

Public Health Nuisance Program

The department collaborated with the City of Davenport's Neighborhood Services in response to a complaint about roaches migrating from a rental property in Davenport to neighboring properties/homes. Because both City of Davenport and the department receive complaints of this type and often at the same time, collaboration on investigating the complaints and decision-making on achieving compliance, including the use of enforcement measures, is necessary to achieve a positive outcome. Additional conversations will take place to strengthen the partnership between the two departments.

Assurance

Assure an effective system that enables access to the individual services and care needed to be healthy

Oral Health Services Provided at Child Care Locations

I-Smile staff visited three child care locations in Clinton and Scott Counties providing screenings for 23 kids and education for 60 kids. Staff also completed an annual refresher for I-Smile Program staff on the topics of dental care coordination and dental direct services.

Veterans Linked to Oral Health Services

I-Smile Silver helped three Veterans with applications for the Iowa Veterans Trust Fund. Two of these Veterans struggle with transportation barriers, so staff picked up information from them at home to expedite the process.

Non-Public School Support

Staff met with the new school nurse at one of the non-public schools to discuss immunization pre-audits and medication administration requirements. Staff also provided information to support the nurse with available health resources and services.

Outreach Testing

During August, staff provided STI/hepatitis C/HIV education and testing services at Rosecrance, CADS, Scott County Jail, and The Center: Love and Action to 44 individuals. Anyone who received a positive result was either treated in-house or referred for treatment.

Dental Student Experiences Oral Health Services at the Scott County Jail

Staff hosted a fourth-year dental student from the University of Iowa. The student was able to spend time in the Correctional Health Program and assisted I-Smile Silver staff with dental triage for five inmates.

Build and support a diverse and skilled public health workforce

Childhood Lead Poisoning Prevention Learning Collaborative

Staff attended the 2026 Childhood Lead Poisoning Prevention Learning Collaborative, *Healthy Communities Starte with a Lead Safe House*; the fifth year for this virtual learning event. The event highlighted programs from across the state of Iowa that address and prevent childhood lead poisoning, including several case studies involving lead poisoned children. The keynote speaker, Dr. Jennifer Sample, shared an overview of updated guidance for management of low-level lead exposure. She explained that primary prevention should begin in pregnancy and infancy and that the only way to prevent the adverse effects of lead poisoning is to not get exposed to lead in the first place.

Another presenter shared info on the drinking water kiosk policy initiative. Free-standing water/ice for purchase kiosks are often marketed as higher quality water, but sometimes are not, as some show increased levels of lead and other metals when tested. In addition, a new campaign for young children will be available, including an early childhood education toolkit with curriculum, classroom activities, books and handouts for families.

Virtual Series on Breastfeeding

Staff attended a three-part virtual series on breastfeeding by HHS. The training covered breastfeeding essentials, common concerns, pumping, and supporting breastfeeding for pre-term infants. The training was designed to assist child care centers support breastfeeding for their employees (parents of children in their center).

Feedback Training for Supervisors

Staff attended the *Feedback Training for Supervisors* sponsored by Scott County Human Resources. The training provided a review of feedback best practices, practical tips, and strategies for having impactful conversations that strengthen engagement, productivity, and team connections.

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

Food Program Contract Performance Review Results

In early August, DIAL shared the results of its 2026 Contract Performance Review of SCHD's Food Inspection Program. Three out of 45 items were marked as needing improvement (NI). The items are minor and the low number of NI items identified is a direct reflection of the work the Food Team has been putting in following the 2022 Contract Performance Review to improve documentation and enhance and update program procedures. A corrective action plan is required to be submitted 60 days following disclosure (Attachment 2).

Discussion of Program Practices with Black Hawk County

Staff providing environmental inspections in the Childhood Lead Poisoning Prevention Program participated in a conversation with staff at Black Hawk County Health Department performing the same work. Staff compared program procedures and gleaned information on tools each department is utilizing to support families while removing children from environments with lead hazards. This type of collaboration between other local health departments in Iowa continues to be beneficial and provides staff with confidence as they implement complex programs.

CMS Agency Tabletop Exercise

Staff coordinated and facilitated a tabletop exercise (TTX) with the Quad Cities Centers for Medicare and Medicaid Services Certified Agency (CMS) Disaster Planning Committee. The tabletop exercise moved participants through a five-module scenario involving severe winds that caused power outages, internet outages, and fallen limbs. Participants had to identify how patient care would be maintained in those instances. More than 20 facilities from both Scott County and Rock Island County participated.

Overdose Data to Action in States Site Visit Report Received

The final approved checklist and closure letter for the Overdose Data to Action in States (OD2A-S) grant site visit were received. Program successes recognized by Iowa HHS included strong community collaboration and partnerships, the integration of the Overdose Detection Mapping Application Program (ODMAP) into the Public Health and Safety Team (PHAST) efforts, and ongoing mechanisms for community engagement and feedback. The one item to address was minor regarding promotional materials used by the peer recovery coach that Iowa HHS staff requested to view (Attachment 3).

Build and maintain a strong organizational infrastructure for public health

Board of Health Member Personal Liability

In response to the question posed at the August Board of Health meeting regarding Board of Health member personal liability for actions of the Health Department, I was able to connect with County Leadership and received the following: "Board of Health members are considered agents of the County and are therefore subject to the same statutory provisions requiring the County to defend and indemnify them for claims arising from actions within the scope of their duties. They may be personally liable for criminal conduct, willful misconduct, or for bad faith actions that fall outside of the scope of their duties".

PHAB Reaccreditation

August 28th was the one-year anniversary of the department's Public Health Accreditation Board (PHAB) reaccreditation, and the first annual report of this reaccreditation period was submitted. The focus of the first report is to document progress on any of the items that were flagged as needing attention in the PHAB Final Report last year. Fortunately, the department had no items requiring ongoing attention, so the report was able to be submitted quickly.

Department Infrastructure Teams

Health Equity Committee

The Health Equity Committee is developing plans for ongoing Health Equity in Action projects and enhanced learning about populations whose health is impacted negatively due to various non-medical drivers of health. In September, the Committee will host Scott County Community Services at the All Staff Meeting. The presentation will inform department staff, specifically those who are new, about the services available through Community Services and how those services remove barriers to leaving healthier lives.

Health Promotion Team

The Health Promotion Team continues to monitor the health promotion strategies that are underway regarding oral health and youth preparedness. The team is collecting the final articles for the FY26 Annual Report. An overall review of the articles will occur and then the layout work will begin.

Public Health Policy Committee

Two Public Health Policy Committee members attended the United Way of the Quad Cities Impact Partner Convening in Partnership with OneTable QC: Shaping Policy Together event. Non-profit organizations from both sides of the river were in attendance, as well as two Illinois State legislators and two Iowa State Representatives (Mike Vondran and Dan Gosa). The goal is to create a nonprofit platform that can be used with legislators and help bring a voice to nonprofit organizations.

Quality Improvement Council

The Quality Improvement (QI) Council reviewed a QI project nomination and identified next steps to vet whether it was something that could be addressed through a smaller process or needed a full process to evaluate. The Council continues to identify activities to advance the goals of its workplan.

Workplace Culture Committee
The Workplace Culture Committee is transitioning its workplan from a one-year plan to a three-year plan to align with the results of the Public Health Workforce Interests and Needs Survey. Goals will be built upon during the three-year workplan. The committee has begun work on drafting a Workplace Culture Plan that would describe department efforts regarding building a strong workplace culture. The committee is also exploring the development of a tool that would review the cultural impact of a policy, program change, decision, etc.

Workforce Development Committee
The Workforce Development Committee continued to work through its update of the Workforce Development Plan. As part of that process, the committee entered information into the Public Health Workforce Calculator, a tool developed by PHAB to assist local health departments with workforce planning. The tool was used during the 2023 update of the plan as well. This committee has also moved from a one-year workplan to a three-year workplan to track progress during what will be a three-year assessment period.

Meetings Attended by Staff
Alison Ryley, Quad Cities Chamber
Be Ready Quad Cities Emergency Fair Planning Committee
Brittany Wells, Visit Quad Cities
Community Health Care 50th Anniversary Event
Community Health Care Wellness Committee
Food Rescue Partnership
Iowa Academy of Science Chapter
Iowa Environmental Health Association
Iowa Food System Coalition
Iowa HHS Behavioral Health Town Hall
Iowa HHS Community Health Assessment-Community Health Improvement Plan Partners
Iowa HHS Immunization Quality Improvement Discussion
Iowa HHS Maternal Health Contractors
Iowa HHS/Child Care Resource and Referral/Child Care Nurse Consultants
Iowa Hunger Coalition Pantry to Policy Committee
Iowa Public Health Association Advocacy Committee
Jarrod Connor, River Bend Food Bank
Jeremy Mask, Iowa Primary Care Association
Jessica Skiles, Quad Cities Chamber (2)
John Byrnes, City of Bettendorf
Live Lead Free QC
Mindy Lawlor, Family Resources
OD2A-S Academic Detailing Community of Practice
OD2A-S Capacity Coordinator Community of Practice
OD2A-S Public Health and Safety Toolkit (PHAST) Community of Practice
Public Health for the Win Coalition
Quad Cities Behavioral Health Coalition
Quad Cities Chamber Annual Meeting
Quad Cities CMS Disaster Preparedness Committee

Quad Cities HEARTSafe Coalition
Quad Cities Housing Cluster
Quad Cities Youth Conference Planning Committee
Quad City Emergency Planning Committee
Quad City Trauma Informed Consortium
Quad Cities Regional Disaster Conference Planning Committee
Scott County Emergency Management Agency
Rhonda Halterman, LivWell
Ride Safe 'n' Smart Committee
Ride Safe 'n' Smart Press Conference
RiverWay Steering Committee
Rodney Tatum, Central High School
SAFHER User Acceptance Kickoff
Scott County Emergency Management Agency – Rivercrest Mobile Home Planning
Service Area 5 Healthcare Coalition FY27 Grant Kick-off
Stay Covered, Stay Healthy QC (Medicaid Coalition) Committee
Stay Covered, Stay Healthy QC Messaging Workgroup
United Way Quad Cities & OneTable QC: Shaping Public Policy Together

Attachment 1: Reports regarding the education the department provided to the community, education the department provided to service providers, and media inquiries

Attachment 2: 2026 Contract Performance Review Checklist (Iowa Department of Inspections, Appeals, and Licensing for Food Program)

Attachment 3: OD2A-S Site Visit Report

Education provided between August 1, 2026 and August 31, 2026

Education To:	*Presentation Date*	*Total Audience*	*Requesting Organization*	*Description*
Community				
	8/6/2026	13	Youth Justice & Rehabilitation Center	Tobacco and Vaping
	8/10/2026	8	Davenport Schools	Hands-Only CPR & AED
	8/18/2026	500	Friendly House	Dental, Lead, and Tobacco/Vaping
	8/19/2026	60	Kindercare	Oral Hygiene
	8/19/2026	50	KinderCare Davenport	Oral Hygiene
	8/25/2026	5	Safer Foundation	Tobacco and Vaping
	8/27/2026	16	Youth Justice & Rehabilitation Center	Tobacco and Vaping

Education To:	Presentation Date	Total Audience	Requesting Organization	Description
	8/31/2026	8	Iowa Food System Coalition	Food Rescue Partnership
Service Providers				
	8/11/2026	7	Healthy Child Care Iowa	Caring for Children with Asthma
	8/12/2026	29	MercyOne Genesis	Prevention of Non-Ventilator Hospital Acquired Pneumonia through Oral Care
	8/20/2026	3	MercyOne Genesis	SCHD Overview
	8/26/2026	12	MercyOne Genesis	Prevention of Non-Ventilator Hospital Acquired Pneumonia through Oral Care

Media Inquiries between August 1, 2026 and August 31, 2026

Request Date	*Nature of Request*	*Request From*	*Newspaper*	*Radio*	*Television*
8/3/2026	Tobacco	Television			KWQC-TV6
8/4/2026	Other	Television			KWQC-TV6
8/10/2026	Other	Staff Member			
8/26/2026	Other	Television			KWQC-TV6
8/27/2026	Communicable Diseases	Television			KWQC-TV6

2026 Contract Performance Review Checklist

Scott County Health Department
600 W 4th St.
Davenport, IA 52801

Reviewers
Julie Kraling (RPL) Julie.Kraling@dia.iowa.gov
Thao Schlichte (RRTC) Thao.Schlichte@dia.iowa.gov
Brian Church (CA) Brian.Church@dia.iowa.gov
Heather Gordon (CIS) Heather.Gordon@dia.iowa.gov
Tenesha Stubblefield (HFPE) Tenesha.Stubblefield@dia.iowa.gov

Review Time Period:07/01/2024 through 12/31/2025
Date: 08/10/2026

Administration			
U-Undetermined; A-Acceptable; NI-Needs Improvement; N/A-Not Applicable			
1	**A**	CA	Memorandum of Understanding to provide contract services. MOU with Johnson County, expires 06/30/2027
2	**A**	CA	The Local Health Agency shall maintain a 20.88 information sharing agreement with the FDA to allow the sharing of information during recalls and other food emergencies. Current, expires 06/30/2029
3	**N/A**	HFPE	The Local Health Agency shall notify the Department, in a manner prescribed by the Department, if the Local Health Agency identifies a Consumable Hemp Establishment that is not registered with the Department. None reported for Scott County for this time period.
4	**A**	CA	Provide notice to the Department of any significant changes in staff involved in the food program including inspectors, administrative support, and management. Significant changes in staffing may result in a reassessment by the Department of the contracting agreement.

<table>
<tr>
<td>5</td>
<td>A</td>
<td>CA</td>
<td>Total Full Time Equivalents (FTEs): 4.42
Food Safety Inspection Officer: 4 averaging 34.3 hrs per week = 3.43 FTE
Administrative: 3 averaging 9.3 hrs per week = .7 FTE
Supervisory: 1 averaging 11.6 hrs per week = .29 FTE
Total number of licenses: 1,316 for review time period
Licensing Status
<table>
<tr><th>Business Area</th><th>Delinquent</th><th>Current</th><th>Total</th></tr>
<tr><td>Annual Temporary Event</td><td>3</td><td>37</td><td>40</td></tr>
<tr><td>Farmer's Market</td><td>0</td><td>7</td><td>7</td></tr>
<tr><td>Food Service</td><td>17</td><td>852</td><td>869</td></tr>
<tr><td>Hotel</td><td>0</td><td>45</td><td>45</td></tr>
<tr><td>Mobile</td><td>9</td><td>79</td><td>88</td></tr>
<tr><td>Retail Food</td><td>4</td><td>208</td><td>212</td></tr>
<tr><td>Temporary Food</td><td>0</td><td>4</td><td>4</td></tr>
<tr><td>Unattended Food Establishment</td><td>0</td><td>48</td><td>48</td></tr>
<tr><td>Vending Machine</td><td>0</td><td>3</td><td>3</td></tr>
</table>

<u>1,316 total licenses for Scott County
1,316 / 3.4=382.5</u></td>
</tr>
<tr>
<td>6</td>
<td>A</td>
<td>CA</td>
<td>The Local Health Agency shall use and include all supervisory, inspection, and administrative staff on the Foodshield system. This system contains current policy interpretations and resources related to the performance of this agreement.</td>
</tr>
<tr>
<td>7</td>
<td>A</td>
<td>CA</td>
<td>Refer to the Department all processing plants, including those that are manufacturing thermally processed low acid foods packaged in hermetically sealed containers under 21 CFR Part 113 or acidified foods under 21 CFR Part 114.</td>
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<tr>
<td>8</td>
<td>A</td>
<td>CA</td>
<td>The agency has been represented at all Department sponsored regional meetings and FDA training in Iowa.</td>
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<tr>
<td>9</td>
<td>A</td>
<td>CA</td>
<td>Electronic inspections utilized.</td>
</tr>
</table>

10	**A**	CA	USA Food Safety maintained up-to-date with accurate information 1,316 licensed establishments, reviewed 70 reports Firm Classification-100% Sub-classification- 93% Risk- 100% Franchise info- 80% Contacts- 98% CFPM- 99%
11	**A**	CA	Hiring qualifications and pay are comparable to state inspection personnel. Scott County hiring qualifications are similar to DIA. Scott County starting salary is $32.18 an hour which is $65,647 per year.
12	**A**	CA	Does the agency issue State prescribed licenses?
13	**A**	CA	Does the agency use State prescribed license applications?
14	**A**	CA	Does the agency use State prescribed inspection reports:
15	**A**	CA	Forward requests for variances or HACCP (Hazard Analysis and Critical Control Points) plans and Agency recommendations to the Department for approval. Variances and HACCP plan approvals may only be granted by the Department if sufficient information is provided to substantiate the need and propriety for the action. The Department shall provide the Local Health Agency with copies of approvals of all variances or HACCP plans within the Local Health Agency's geographic region.
16	**A**	CA	Send all plans for Reduced Oxygen Packaging under 3-502.12 of the Food Code to the Department for approval.
17	**A**	CA	Total number of licenses: 1,316 for reviewed time period Inspections performed:1,426 Statewide average is: 47.5 County average is: 53% TF and FM inspections: 358 Routine inspections completed as scheduled based on risk assessment. The statewide average is 47.5% during the reviewed time period, Scott County average is 53% for the reviewed time period with 49% of high risk establishment inspections completed on time. This is consistent with the statewide average for high risk establishments of 49%.

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By Risk Level

Risk Level	Scheduled	Completed	Still In Draft	Finished On Time	Finished Overdue	Not Started	Avg Days Overdue	% Finished On Time
	13	12	0	12	0	1	291.00	100 %
Risk Level 1 (Very Low)	56	55	0	22	33	1	165.50	40 %
Risk Level 2 (Low)	44	43	0	27	16	1	125.59	63 %
Risk Level 3 (Medium)	291	278	0	156	122	13	130.08	56 %
Risk Level 4 (High)	365	338	0	165	173	27	114.53	49 %
Risk Level 5 (Very High)	6	6	0	4	2	0	94.50	67 %
High	1	1	0	1	0	0	0.00	100 %
Totals	**776**	**733**	**0**	**387**	**346**	**43**	**125.21**	**53 %**

By Inspection Reason

Inspection Reason	Scheduled	Completed	Still In Draft	Finished On Time	Finished Overdue	Not Started	Avg Days Overdue	% Finished On Time
Routine	776	733	0	387	346	43	125.21	53 %
Totals	**776**	**733**	**0**	**387**	**346**	**43**	**125.21**	**53 %**

</td></tr>
<tr><td colspan="4">Complaints, Emergencies and Outbreaks</td></tr>
<tr><td>18</td><td>A</td><td>CIS</td><td>

The Local Health Agency shall have written procedures that specify specific response time for complaints. Complaint inspections shall be scheduled for all complaints where an on-site inspection is conducted. The complaint inspection must be scheduled with a due date not to exceed the response time specified in the written procedure. The Local Health Agency shall enter all complaints received against establishments including reported food disasters covered under this agreement into the electronic data system. Further, the Local Health Agency shall follow instructions provided by the Department for entering complaints and the follow up to complaints including investigations and other types of follow up.

<u>There were 224 regulatory complaints logged between July 1, 2024 and December 31, 2025. 23 were exclusively illness complaints, 1 were non-illness and illness complaints and 200 were exclusively non-illness complaints.</u>

<u>An inspection search in USA Food Safety shows that 167 complaint inspections were completed, 16 illness and 151 non-illness. The USA Food Safety Dashboard shows that there were 192 complaint inspections scheduled: 172 non-illness and 20 illness inspections that were scheduled in the same time frame. It does not appear that all complaint inspections were scheduled when an onsite inspection was required.</u>

<u>10 non-illness complaint files were reviewed for the above time period. During the review, 10 of the 10 complaint files were found to be conforming on all points. See attached CIS Notes for more details.</u>

<u>There are 7 complaints from this time period still in pending status.</u>

</td></tr>
</table>

<table>
<tr>
<td>19</td>
<td>A</td>
<td>CIS</td>
<td>The Local Health Agency shall respond to at least 85% of non-illness complaints within the response time specified in the Agency’s written procedure.
<table>
<tr><th>Inspection Reason</th><th>Scheduled</th><th>Completed</th><th>Still In Draft</th><th>Finished On Time</th><th>Finished Overdue</th><th>Not Started</th><th>Avg Days Overdue</th><th>% Finished On Time</th></tr>
<tr><td>Non-Illness Complaint</td><td>170</td><td>169</td><td>0</td><td>165</td><td>4</td><td>1</td><td>78.60</td><td>98 %</td></tr>
</table>
</td>
</tr>
<tr>
<td>20</td>
<td>A</td>
<td>CIS</td>
<td>Take corrective action on all food disasters that occur in areas covered by this Agreement. Such disasters include, but are not limited to, handling or disposing of food in cases of fire, windstorms and floods. The Local Health Agency shall enter all food disasters and upload reports and other documentation to the data system.

<u>There were 5 emergency complaints during the time period examined. All of the complaint files were found to be conforming. See CIS Notes for details on remaining complaints.</u></td>
</tr>
<tr>
<td>21</td>
<td>N/A</td>
<td>RRT</td>
<td>The Local Health Agency shall immediately notify the Department of any suspected intentional contamination of food in a regulated establishment.</td>
</tr>
<tr>
<td>22</td>
<td>NI</td>
<td>RRT</td>
<td>Notify the Department within one business day of the existence of any potential foodborne or food-related injury caused by, or suspected of having been caused by, unsanitary conditions existing in any establishment licensed or inspected under this Agreement. The Local Health Agency shall complete the investigations of potential illness using forms, methods, and techniques prescribed by the Department following illness investigation best practices such as CIFOR and NEARS.

See the attached Scott County Illness Complaint- Contract Review Sheet.</td>
</tr>
<tr>
<td>23</td>
<td>A</td>
<td>RRT</td>
<td>The Local Health Agency shall respond to at least 90% of illness complaints within the response time specified in the Agency’s written procedure.
<table>
<tr><th>Inspection Reason</th><th>Scheduled</th><th>Completed</th><th>Still In Draft</th><th>Finished On Time</th><th>Finished Overdue</th><th>Not Started</th><th>Avg Days Overdue</th><th>% Finished On Time</th></tr>
<tr><td>Illness Complaint</td><td>20</td><td>20</td><td>0</td><td>19</td><td>1</td><td>0</td><td>2.00</td><td>95 %</td></tr>
</table>
</td>
</tr>
</table>

24	**A**	RRT	Cooperate in any federal or state food program survey to be conducted within the jurisdiction of the Local Health Agency during the terms of this Agreement. Completed recall audit checks regarding the ByHeart infant botulism recall and the Gerber teething sticks recall.
25	**NI**	RRT	All inspectors shall also complete the CDC's National Voluntary Environmental Assessment Information System (NEARS) EATS 101 Foundation Skills and EATS 102 Skill Building scenarios on the private school and catering operation as a part of the initial training curriculum. Sherrie Petersen has completed all of the EATS 102 modules except for Iowa EATS Module 102: Scenario Private School is listed as not started. Note: Sherrie's transcripts list other EATS 102 scenarios: Iowa EATS Module 102: Scenario Local Catering Establishment, Iowa EATS Module 102: Scenario Private School, and Iowa EATS Module 102: Skills Building. Raymond, Andrew, and Tara all have the Iowa EATS Module 102: Skills Building completed. Are the other modules combined with the 102 Skills Building or do the other modules need to be assigned/completed? https://www.cdc.gov/restaurant-food-safety/php/training/eats.html
Retail Program Standards			
26	**A**	RPL	The Local Health Agency shall maintain, in good standing, enrollment in the FDA's Voluntary National Retail Food Regulatory Programs Standards including completing and submitting a self-assessment of all 9 Program Standards to the FDA at least once every 60 months.
27	**A**	RPL	The Local Health Agency shall submit all verification audits to the FDA for any Standards that are met.
28	**A**	RPL	The Local Health Agency shall provide the Department with a copy of any self-assessment completed and the Department shall audit any standards met.
28	**A**	RPL	The Local Health Agency shall meet and continue to meet Standard 2—Trained Regulatory Staff of the FDA's Voluntary National Retail Food Regulatory Program Standards (2019).
30	**A**	RPL	The Local Health Agency shall meet and continue to meet Standard 3—Inspection Program Based on HACCP Principles of the FDA's Voluntary National Retail Food Regulatory Program Standards (2019).
31	**A**	RPL	The Local Health Agency shall meet and continue to meet Standard 4—Uniform Inspection Program of the FDA's Voluntary National Retail Food Regulatory Program Standards (2019).
32	**A**	RPL	The Local Health Agency shall meet and continue to meet Standard 6—Compliance and Enforcement of the FDA's Voluntary National Retail Food Regulatory Program Standards (2019).

33	**A**	RPL	The Local Health Agency shall complete at least 80% of follow-up inspections within time frames established in the Agency's written compliance and enforcement procedures.

Scott Co Total # of Completed Inspections	Inspection Reason	Scheduled	Completed	Finished On-Time	Finished Overdue	Average Days Overdue	%Finished on Time
	LOC	486	476	402	74	40.78	84%
	RCP	0					
	Physical Recheck	800	795	682	113	20.03	86%

All of Iowa Total # of Completed Inspections	Inspection Reason	Scheduled	Completed	Finished On-Time	Finished Overdue	Average Days Overdue	%Finished on Time
	LOC	3200	3164	2742	422	37.86	87%
	RCP	58	57	53	4	64.8	93%
	Physical Recheck	3849	3840	3477	363	21.35	91%

34	**A**	RPL	The Local Health Agency shall meet and continue to meet Standard 9 – Program Assessment of the FDA's Voluntary National Retail Food Regulatory Program Standards (2019).
35	**A**	RPL	If a local health agency does not currently meet or completes a self-assessment and finds that the agency does not meet one of the above Standards, the agency shall complete an improvement plan documenting the timeframes, tasks and activities, and responsible parties for task and activity completion, and submit the improvement plan to the Department for review within 90 days of the execution of this agreement or 90 days from the date of the self-assessment.
36	**A**	RPL	Quality Assurance File Reviews. Random inspection files were selected. During the file review DIAL assessed 6 inspection files for specific quality assurance program elements. There were no Standard 4 Quality Elements with less than 80% compliance that were identified as needing improvement. Full facility file reviews with comments are attached.

Inspector Name	Annual Evaluation Period	Facility ID	3	7	10	14	15	16	17	18	19	20
	7/1/2021 to 1/1/2022											
Sherrie		61555	1	1	1	0	1	1	1	0	1	1
Tara		152770	1	1	1	1	1	1	1	1	1	1
Raymond		61893	1	1	1	1	1	1	1	1	1	1
Andrew		61269	1	1	1	1	1	1	1	1	1	1
Raymond		61103	1	1	0	1	1	1	1	1	1	1
Andrew		134249	1	1	1	1	1	1	1	1	1	1
% Total			100.0%	100.0%	83.3%	83.3%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%

37	**A**	RPL	Training records up-to-date in ABSORB.

38	**A**	CA	All agency food staff have completed a Conflict of Interest Statement. All conflicts of interest have been remediated. Policies identify follow-up activities.
Home Food Processing Establishments			
39	**A**	HFPE	Local Health Agency Maintains a Training Program for onboarding new inspectors conducting HFPE inspections.
40	**A**	HFPE	Local Health Agency Maintains a Risk Assessment/Inspection Frequency policy for HFPEs - No Less frequently than Department's frequency.
41	**A**	HFPE	Local Health Agency Maintains a Compliance and Enforcement policy for HFPEs. *The contracting agency states that they use a similar timeframe for follow ups on HFPEs as they do for retail. The contracting agency stated that they will better delineate in their written food inspection procedure program their HFPE inspection process as a whole.*
42	**A**	HFPE	Local Health Agency successfully applies and enforces Iowa Code 137D.
43	**A**	HFPE	Local Health Agency successfully applies and enforces Iowa Administrative Code 481-34.
44	**N/A**	HFPE	The Local Health Agency shall complete at least 80% of follow-up HFPE inspections within time frames established in the Agency's written compliance and enforcement procedures.
45	**NI**	HFPE	HFPE Quality Assurance File Reviews - Random Selection. File reviews are based on implementation of Agency's internal procedures, initial HFPE training, and application and enforcement of 137D and IAC 481-34. 3 preliminary File reviews were conducted on 4/7/2025 for inspections from 8/2024 - 12/2024.. Results were sent to the Local Health Agency; corrective actions were submitted. An additional 2 file reviews were conducted to verify correction from preliminary file reviews from 1/1/2025 - 12/31/2025.

A rating of NI is the result of 2 more additional file reviews showing QE11, Risk Assessment issues since the preliminary file reviews, specifically, no risk level being set for the selected HFPEs.

QE7, Inspection Report Writing previous NIs appear to have been resolved.

Name of Inspector on Report	Facility ID	QE 1	QE 2	QE 4	QE 6	QE 7	QE 9	QE 10	QE 11	QE 12
Tara Marriott	156685	Accep...	Accep...	Not O...	Accep...	Needs ...	N/A	Accep...	Accep...	Accep...
Sherri Petersen	159764	Accep...	Accep...	Accep...	Accep...	Needs ...	Needs...	Accep...	Accep...	Accep...
Tara Marriott	161174	Accep...	Accep...	Not O...	Accep...	Accep...	N/A	Accep...	Needs...	Accep...
Tara Marriott	168596	Accep...	Accep...	Accep...	Accep...	Accep...	N/A	Accep...	Needs...	Accep...
Tara Marriott	164939	Accep...	Accep...	Accep...	Accep...	Accep...	N/A	Accep...	Needs...	Accep...
Percentage Overall		100%	100%	100%	100%	60%	80%	100%	40%	100%

This contract performance review was completed with the cooperation of the Scott County Health Department and by utilizing the USA Food Safety food licensing and inspection program. Inspection data from inspections completed between July 1, 2024 and December 31, 2025 was used to complete this review. The list of 45 items that were reviewed are representative of the duties of the local agency outlined in section 6 of the 28E agreement between the Scott County Health Department and the Iowa Department of Inspections, Appeals and Licensing. Each of the 45 items are assessed to determine if the Scott County Health Department is meeting its obligations. Items are marked A(Acceptable), NI(Needs Improvement) or N/A (not applicable during the contract period).

In the Contract Performance Review, some contract provisions are identified with a Needs Improvement (NI) designation including items **22, 25 and 45**. A description of the deficiency is included with each NI designation and identified in red text. The department requests that the Scott County Health Department review the department's findings internally and submit a written response for each contract performance area identified as NI. If Scott County Health Department implements corrective actions, the response should include these corrective actions along with a timetable to achieve full conformance in each NI area. The timetable should include how the Scott County Health Department will monitor progress and provide updates to the Department. The Department requests this response be submitted within sixty days of receipt of the final Contract Performance Review.

Facility Name	Facility ID	Complaint ID	Inspection Report ID #	Scheduled Per Policy	Response on Time	Food History Attached	Complaint Status Updated	Report Writing Procedures Followed	Other Notes	
LA FINCA	61625	24227								
GRUBEEZ	94092	24619								
KOBE SUSHI AND HIBACHI	159002	24778	384564	Yes	No	No	Yes	Yes	Food history is not attached to the complaint maintenance page. Complaint filing date listed was 10/4/24. Inspection completed on 10/8/24. Food Establishment Procedures state - Timeframes for follow-up: Foodborne complaints (including suspected intentional contamination, terrorism, injury and imminent health hazards); physical visit, 1 business day.	
MCDONALDS	152266	24893								
HYVEE 3	91999	25037	386992	Yes	Yes	No	Yes	Yes	Food history is not attached to the complaint maintenance page. Note: Inspection report published comments states the complaint is closed and unfounded. Complaint status states Closed & Unverifiable.	
BOOZIES BAR AND GRILL	61641	25203	388500	Yes	Yes	No	Yes	Yes	Food history is not attached to the complaint maintenance page. Note: Complaint Status states it is Closed & Verified; the inspection report indicates the complaint was unverified.	**Research Randomizer**
PIZZA RANCH	162410	25239								**1 Set of 5 Unique Numbers**
TRATTORIA TIRAMISU	61285	25409								**Range: From 2 to 26**
THUNDER BAY GRILLE	61898	25446								
FREDDYS FROZEN CUSTARD & STEAKBURGERS	127320	25580								**Set #1**
CODY ROAD COFFEE	146261	25582								**4, 6, 7, 14, 20**
		25611								
MCDONALDS - LCST, INC	61997	25613	393494	Yes	Yes	No	Yes	Yes	Possible no food history, because it was unable to be collected. No internal notes indicating if food history was not obtained and complaint was investigated with only available information.	
COSTA DEL MAR	134696	25621								
OLIVE GARDEN 1144	60823	25628								
TONY'S CHICAGO PIZZA AND BREAKFAST	163387	25735								
RED LOBSTER #0133	90967	25961								
EL COMPITA MEXICAN BAR & GRILL	137045	26093								
SUBWAY 56410	106141	26137	398956	Yes	Yes	No	Yes		Inspection published comments noted foodborne illness complaint form was not able to be obtained.	
MCDONALDS - LCST, INC	61997	26433								
CHILI'S GRILL & BAR	134547	26792								
DENNY'S #8691	61893	26795								
RED ROBIN GOURMET BURGER	61405	26869								
MASTERTATERS LLC	125374	27125								
HOTEL BLACKHAWK	60475	27218								

IOWA | Health and Human Services

Overdose Data to Action in States (OD2A-S) Site Visit Follow Up Letter

August 18, 2026

Tiffany Peterson
Scott County Health Department
600 W. 4th St.
Davenport, IA 52801

Dear Tiffany,

The Iowa Department of Health and Human Services (HHS), Overdose Data to Action in States (OD2A-S) team recently conducted a site visit for your OD2A-S-funded local public health agency and subcontractors. This letter serves as the official record of our monitoring visit and provides an overview of programmatic successes, enhancement opportunities, overall feedback and reminders, and specific issues to address.

Programmatic Successes

- All required positions are filled
- Sharing OD2A-S program successes and highlights with community partners and leadership
- Strong community collaboration, coordination and partnerships
- Leveraging relationships and creative engagement of providers for Academic Detailing
- PHAST team development
- ODMAP integration
- Emergency Department partnership development
- SUDORS one-pager
- Ongoing community engagement and feedback

Opportunities for Enhancement

- Ensure supported organizations participate in Iowa HHS naloxone secondary distribution program

IOWA Health and Human Services

- Provide supporting documentation and comprehensive activity reporting in Quarterly Progress Reports
- Consider tracking and sharing how the Capacity Coordinator/Academic Detailer/PHAST Coordinator splits time across the three roles, including changes over time to help the Iowa HHS team determine FTE needed to support the strategies in future efforts.

Overall Feedback

- Continue to celebrate successes and share them with partners.
- Please continue to reach out with any technical assistance needs. We are here to help support the success of the OD2A-S program.

General Comments & Reminders

- Reminder: Be sure to let us know of changes in Personnel within 10 days of the change.
- Please note HHS's review of subcontracts prior to signing is no longer an expectation. The fully executed subcontracts will still need to be uploaded into the Progress Report>Subcontract component for Year 3.
- Please note there is a change in FY27 with "Other" line items where rent, space, insurance, etc., must be included with Indirect/Admin costs.
- Iowa HHS will be following up to schedule meetings to review REDCap data collection with the peer recovery coaches.
- Iowa HHS will be working to update data collection measures and providing additional supporting information.

Issues to Address

Please submit via email any peer recovery coach promotional materials (business card, flyers, etc.) and the local resource guide used by the peer recovery coach.

Thank you again for hosting the OD2A-S team for this site visit and for your great partnership in this work. If you have questions related to this letter, please contact Janet Nelson, the OD2A-S Prevention Principal Investigator (PPI) at janet.nelson@hhs.iowa.gov.

Sincerely,

IOWA Health and Human Services

Janet Nelson
Prevention Principal Investigator (PPI)

Iowa Health and Human Services (HHS) Overdose Data to Action in States (OD2A-S) Site Visit Checklist

Contract: OD2A-S FY26

Contractor Agency Name: Scott County Health Department

Agency Staff: Brooke Barnes, Ellen Gackle, Nicki Parmelee, Tiffany Peterson, and Amy Thoreson

Subcontractor(s): Scott County Community Services and Vera French Mental Health Center

Subcontractor Staff:

- Scott County Community Services: Lori Elam and Mitch Lannan
- Vera French Mental Health Center: Angi Tracy (Tim Pe'a - not present; out on emergency medical leave)

Iowa HHS Staff: Janet Nelson, Liz Sweet, Leslie Mussmann, and Taylor Williams / Abby Schueller and Abby Richardson

Date and Time of Site Visit: July 22, 2026, 1:30-4:30pm

Site Visit Location: Scott County Health Department, 600 W. 4th St, Davenport, IA 52801, Large Conference Room

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Contractor Instructions:

Please complete the highlighted sections below and upload this document into the Site Visit Requested Documentation section of IowaGrants by July 6, 2026.

Section I. Site Visit Evaluation Checklist:

- Put an "X" to answer Yes, No, or N/A. If N/A is selected, you must provide details within the corresponding indicator section.
- Indicators with language "Describe..." / "List..." and direct questions require a written response within the section.
    - Please Note: *Not all indicators require a written response.*

Response			**Site Visit Evaluation Indicator**	**Iowa HHS OD2A-S Staff Approval/Comments**
Yes	***No***	***N/A***	**Workforce**	
X			**A. Describe your agency's currently supported OD2A-S supported staff.** • **Include name, position, OD2A-S FTE support. Identify any current vacancies.** ○ **Program Coordinator**: Tiffany Peterson, Community Health Manager, 0.014 FTE ○ **Academic Detailer**: Mitch Lannan, Overdose Prevention Consultant, 0.25 FTE ○ **PHAST Coordinator**: Mitch Lannan, Overdose Prevention Consultant, 0.50 FTE ○ **Capacity Coordinator**: Mitch Lannan, Overdose Prevention Consultant, 0.25 FTE	**Approved**

			○ **Peer Recovery Coach**: Tim Pe'a, Overdose Prevention Peer Navigator, 1.0 FTE ○ **Other**: Ellen Gackle, Community Health Consultant, 0.059 FTE	
X			**B. Contractor reports changes in key personnel to the Iowa HHS OD2A-S team in alignment with contract expectations.**	**Approved**
X			**C. Describe the supervision structure of all OD2A-S funded staff.** ○ **Academic Detailer/PHAST Coordinator/Capacity Coordinator:** The Overdose Prevention Consultant is directly supervised through and operates within the organizational structure of Scott County Community Services. This position is a subcontracted position through Scott County Health Department, who also provides leadership, guidance, and technical assistance on OD2A-S grant activities. ○ **Peer Recovery Coach:** The Peer Recovery Coach is directly supervised through	**Approved**

			and operates within the organizational structure of Vera French Community Mental Health Center. The Peer Recovery Coach meets with the Carol Center Director every other week and with Scott County Health Department monthly to discuss strategies, challenges, successes, and questions.	
X			• **Describe the meetings and collaborations that occur across OD2A-S funded staff to support strategy planning, implementation, and reporting.** • **Include meeting cadence, staff involved, and how staff work together to complete work plans, activities, and reporting.** • In FY25, the Scott County OD2A-S Team met monthly between February and July 2025. In FY26, the team has continued to meet on at least a quarterly basis, including meetings in September, October, February, May, and July. Invited staff include: ○ Scott County Health Department (SCHD): Grant Manager & Community Health Consultant	**Approved**

			○ Scott County Community Services: Supervisor, Overdose Prevention Consultant & Opioid Care Coordinators ○ Vera French: Supervisor & Peer Recovery Coach/Navigator • The meetings start with team updates from both OD2A-S staff and the Opioid Care Coordinators. This includes OD2A-S activity updates, OD2A-S documents, Opioid Care Coordinator updates, and other miscellaneous discussion items as needed. At the end of meetings, attendees are reminded of upcoming meetings or trainings, including all the monthly Community of Practice calls for each strategy. Attendees are also reminded of upcoming deadlines for deliverables to both SCHD and Iowa HHS, such as the quarterly progress reports and other important grant documents.	
Yes	***No***	***N/A***	**Subcontractors**	
X			**A. All subcontracts have been submitted timely and approved by Iowa HHS.**	**Approved**
X			**B. Contractor holds regular meetings with subcontractor.**	**Approved**

			• Describe frequency, staff attendance, and meeting structure. • See answer above to C.	
X			**C. Payments to the subcontractor are made on time and in accordance with the subcontract agreement.** • Describe how the contractor reviews subcontractor documentation for claims. SCHD submits claims to the state through Iowa Grants the month following the month's expenses being claimed. The state issues payment to SCHD typically with 30-60 days after submission. SCHD issues payment to the subcontractors within a week upon receiving payment.	**Approved** **General Comment:** HHS review of subcontracts prior to signing is no longer an expectation. The fully executed subcontracts will still need to be uploaded into the Progress Report>Subcontract component for Year 3.
Yes	***No***	***N/A***	**Time Records**	
X			**A. Time records accurately reflect total distribution of work time.** Employee time records in SCHD's payroll system are matched up to employee time tracking spreadsheets to ensure accuracy of hours. Time tracking spreadsheets show what programs employees have worked in throughout the month. These spreadsheets allow for time to be recorded under multiple programs.	**Approved**
X			**B. OD2A-S staff funded under multiple funding streams have time records**	**Approved**

			that allow for reporting of more than one program.	
X			**C. All personnel funded under the project are keeping time records.**	**Approved**
X			**D. Expenses are within contractual and budget parameters.**	**Approved**
Yes	***No***	***N/A***	**Documentation**	
X			**A. Evaluation data are reported in a timely manner.**	**Approved**
X			**B. Required data and documentation are reported in compliance with contract requirements.** • **Describe your agency's process for tracking quarterly data and writing quarterly reports, including Qualtrics reporting.** SCHD provides a template specific to each subcontractor with the required questions and data indicators approximately one month before each quarterly report is due to HHS. Once completed, each subcontractor returns the responses to the contractor for review by multiple staff before submitting them to HHS. Contractor staff submit the Qualtrics survey report. • **Describe your agency's process for ensuring data is accurately and timely reported in REDCap (peer recovery coaches).**	

			PRCs are required to enter data in REDCap within a 7-day period. PRCs utilize uniform intake forms, encounter logs, and follow-up templates aligned with REDCap fields to promote consistency. Required data elements are clearly defined. • **Describe how peer recovery coaches securely store client records both electronically and physically.** All electronic client records are stored in secure, password-protected systems. Access is restricted based on role, ensuring PRCs can only view information necessary for service delivery. Systems use encryption, secure servers, and multi-factor authentication where available. Devices used for documentation (e.g., laptops, tablets) are agency-issued or approved, equipped with encryption and automatic lock settings. Data transmission occurs only over secure networks. Regular backups and IT security are in place to prevent data loss and breaches. No physical documentation is needed.	
Yes	***No***	***N/A***	**Hours, Operations, and Service Locations**	

X			**A. Contractor provides OD2A-S services only in their respective county.** • **Describe each OD2A-S-funded staff's work hours, location they primarily work from, and any other locations they consistently work from.** ○ **Academic Detailer/Capacity Coordinator/PHAST Coordinator**: This staff member works primarily in the Scott County Community Services office, located at the Scott County Administrative Center (600 W. 4th St. Davenport, IA 52801), Monday through Friday, 8:00 AM – 4:30 PM. ○ **Peer Recovery Coach**: This staff member works at multiple locations, Monday through Friday, 7:15 AM – 3:15 PM. The PRC is primarily stationed at Vera French Carol Center, but also works at Center Love in Action Mondays, Tuesdays, and Fridays from 8:30 AM – 12:30 PM.	**Approved**
Yes	***No***	***N/A***	**Fiscal Monitoring**	

X			**A. All invoices and/or receipts for materials/resources purchased with contract funds are maintained by the contractor.**	**Approved**
X			**B. Staff mileage is documented and reimbursed at the state rate as established by the Iowa Department of Administrative Services (DAS).**	**Approved**
X			**C. Travel expenses are documented and reimbursed at the state rates as outlined in the contract.**	**Approved**
X			**D. Actual receipts provided are appropriate, allowable, and total what was claimed.**	**Approved** **General Comment:** Please know there is a change in FY27 with "Other" line items where rent, space, insurance, etc., must be included with Indirect/Admin costs.
X			**E. Claims are submitted to Iowa HHS within the required contract timeframe. Supporting documentation matches the amounts claimed.**	**Approved** **General Comment:** Please be sure to submit all receipts and claims through June 30, 2026, by August 1, 2026.
Yes	***No***	***N/A***	**Programmatic Review**	
X			**A. The contractor submits action and evaluation plans within the required timeframe.**	**Approved**
X			**B. What documentation is used to show outcomes are met for work plan deliverables?** • **Describe how documentation is stored/managed.**	**Approved**

			• The Overdose Prevention Consultant utilizes a strategy board to visually track progress and deliverables. Work calendars are used to schedule, track, and follow up on events and communications. See Documentation, B above for PRC strategy documentation. • The Overdose Prevention Consultant and PRC fill out the quarterly report template, which includes the quantitative outcomes for each strategy. Scott County Health Department staff transfer the information from the quarterly report templates into the LPH Strategy Outcome Tracker and submit the OD2A-S Quarterly Reporting survey in Qualtrics. • All OD2A-S files are securely stored electronically in the Scott County G: Drive and I: Drive. Paper copies of OD2A-S files are securely stored in file cabinets in the Scott County Health Department.	
X			**C. The contractor is meeting "Academic Detailing" Deliverables as outlined in the contract.** **a. Describe the type(s) and setting(s) of healthcare providers you have engaged.** The Academic Detailer has mainly engaged with the primary audience	**Approved**

				of the strategy, which is primary care/family practice providers. This includes physicians, nurse practitioners, and physician assistants at family medicine clinics. Locations reached include MercyOne Genesis Bettendorf Health Plaza, MercyOne Genesis 56th St. Family Medicine, MercyOne Genesis Eldridge Family Medicine, UnityPoint Health – Trinity Family Care Partners, Community Health Care, Inc. (CHC) – Davenport Medical Clinic, and an independent family medicine physician. Due to difficulties reaching the main audience, the Academic Detailer has held several conversations with clinical leadership within the health systems of MercyOne Genesis, UnityPoint Health – Trinity, and CHC. These meetings have taken place virtually or in provider meetings that were already scheduled. The Academic Detailer has also engaged with local retail pharmacists to discuss naloxone access, prescription monitoring, and patient education. After a pharmacist had indicated interest in	

			joining the PHAST team, the Academic Detailer completed a detailing session with this pharmacist from Main at Locust Pharmacy. An additional contact has been made with the president of the Scott County Medical Society through a SCHD connection. The Academic Detailer has communicated via email and phone with this provider, who works within the MercyOne Genesis health system, about detailing and has scheduled an in-person follow-up meeting in July.	
X			**D. The contractor is meeting "PHAST" Deliverables as outlined in the contract.**	**Approved**
X			**E. The contractor is meeting "Capacity Coordinator" Deliverables as outlined in the contract.**	**Approved**
X			**F. The contractor is meeting "Peer Recovery Coach" Deliverables as outlined in the contract.** • **Are OD2A-S funded Peer Recovery Coaches (PRC) certified through the Iowa Peer Workforce Collaborative's CCAR training? If not, explain.** Yes, the PRC completed CCAR training on March 14, 2025.	**Approved**

			• **List materials used to promote PRC services (e.g. flyers, business cards, etc.).** The PRC utilizes business cards and flyers for promotional materials. • **List formal partnerships with organizations that provide referrals to the PRC (only for OD2A-S services). Indicate any Memorandums of Understanding (MOUs) developed <u>as part of OD2A-S.</u>** <u>Internal Collaborations:</u> • Pre and Post Release Services (PAPPRS) • Recovery Community Center • SUD Treatment • Carol Center Drop-In • Vera French Prescribers • Co-Responders Crisis Unit <u>Community Based Organizations:</u> • Iowa Harm Reduction Coalition • Behavioral Health Group • Pasadena Villa Outpatient Treatment • Scott County Opioid Care Coordinators • Destination Recovery Homes • Rewrite Your Story Sober Living • Salvation Army	

			• One Eighty • MercyOne Genesis Emergency Department • Describe, share a link, or upload what the PRC uses as a local resource guide to provide linkages to care.	
X			**G. OD2A-S funded staff and program coordinators attend meetings, trainings, and technical assistance provided by Iowa HHS OD2A-S staff.**	**Approved**

Section II. Contractor Additional Discussion Topics - Completed

List any Challenges, Successes, Technical Assistance Requests, or General Questions you would like to discuss at your agency's site visit.

- **Challenges**
  - **Academic Detailing:**
    - Connecting with healthcare providers for academic detailing sessions has been one of the biggest challenges of the OD2A-S project. Lack of provider time and engagement has made it difficult to build connections for sessions.
  - **Capacity Building:**
    - Expanding available space in the community to hold events for people with substance use disorder has been a challenge.
  - **PHAST:**
    - Some sectors remain missing from the PHAST team structure, including elected officials, housing/homeless services, the two main health systems, county medical examiner, and corrections/justice system. Recruitment of new members will continue into Year 3.
  - **Peer Recovery Coach:**
    - Providing overdose prevention materials, specifically Narcan, has been a challenge. Vera French is unable to offer a supply of Narcan to distribute to clients at risk of overdose. The PRC refers clients to harm reduction organizations, and there are only two in the community.

- **Successes**
  - **Academic Detailing:**
    - Relationships have been built with staff within each health system that will hopefully lead to academic detailing sessions.
  - **Capacity Building:**
    - Increased community awareness of overdose prevention efforts through education and outreach has been another success of the OD2A-S project.
  - **PHAST**:
    - Getting MEDIC EMS connected to ODMAP was a major success for the PHAST team to be able to track real-time overdose data in Scott County. Creating a strong, committed PHAST team with representation from multiple sectors has been another success of the OD2A-S project. Partners are engaged and excited about the work.
  - **Peer Recovery Coach**:
    - As of June 30, 93 clients have been referred to the OD2A-S program, and 36 clients have been served. Clients served are currently in treatment, in rehabilitation services, or are currently in recovery on their own accord.
- **Technical Assistance Requests**
  - **Academic Detailing**: Additional training on how to conduct detailing sessions on stimulant-related topics would be helpful. CEBH is providing a series of six free webinar trainings on stimulants in August and September.
- **General Questions**
  - N/A

Section III. Documentation Requirements:

Upload the following documentation into the Site Visit component in IowaGrants by July 6, 2026.

- Quarterly Report Evaluation Measures Tracker (Excel)
  - Completed
- Academic Detailing Tracker (Excel)
  - Provided on-site
- Agenda and Minutes from all PHAST meetings held to date
  - Provided physical copies

- Academic Detailing materials shared with healthcare providers, or indicate they will be provided at the site visit (if applicable)
    - SUDORS one-pager shared on-site
- PRC Local Resource Guide (if applicable)
    - PRC not in attendance – will follow up
- PRC CCAR Peer Recovery Coach Academy Certificates (if applicable)
    - Completed
- MOUs or referral agreements for PRC services (if applicable)
    - N/A
- PRC promotion materials
    - PRC not in attendance – will follow up