| IQPPS Number | Criteria |  |  |  |  |  |
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| 3.6 | Teachers address challenging behavior by1. assessing the function of the child’s behavior.
2. convening families and professionals to develop individualized plans to address behavior.
3. using positive behavior support strategies.
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| 4.4 | Norm-referenced and standardized tests are used primarily when seeking information on eligibility for special services or when collecting information for overall program effectiveness. When formal assessments are used, they are combined with informal methods such as observation, checklists, rating scales, and work sampling. |  |  |  |  |  |
| 4.5  | Teachers assess the developmental progress of each child across developmental areas, using a variety of instruments and multiple data sources that address the program’s curriculum areas. Staff with diverse expertise and skills collect information across the full range of children’s experiences. |  |  |  |  |  |
| 4.6  | Teachers or others who know the children and are able to observe their strengths, interests, and needs on an ongoing basis conduct assessments to inform classroom instruction and to make sound decisions about individual and group curriculum content, teaching approaches, and personal interactions. |  |  |  |  |  |
| 4.8 | Teachers and other professionals associated with the program use assessment methods and information to design goals for individual children as well as to guide curriculum planning and monitor progress. |  |  |  |  |  |
| 5.1 | The program maintains current health records for each child:1. The program must follow the requirements for enrollment related to immunizations established by the Iowa Department of Public Health [IAC 641-7].
2. When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child’s entry into the program and as a condition of remaining enrolled in the program, except for immunization for which parents are using religious exemption.

Child health records include:1. Current information about any health insurance coverage required for treatment in an emergency;
2. Results of health examination, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results;
3. Current emergency contact information for each child, that is kept up to date by a specified method during the year;
4. Names of individuals authorized by the family to have access to health information about the child;
5. Instructions for any of the child’s special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes);
6. The program must follow the requirements for exclusions related to immunizations established by the Iowa Department of Public Health [IAC 641-7.3].
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| 5.4 | To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:1. Children wear clothing that is dry and layered for warmth in cold weather.
2. Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so).
3. When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are only applied on children older than 2 months of age. Staff apply insect repellent no more than once a day and only with written parental permission.
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| 5.8  | Safeguards are used with all medications for children:1. Staff administer both prescription and over-the-counter medications to a child only if the child’s record documents that the parent or legal guardian has given the program written permission.
2. The child’s record includes instructions from the licensed health provider who has prescribed or recommended the medication for that child.
3. Any administrator or teaching staff who administers medication has (a) specific training and (b) a written performance evaluation updated annually by a health professional on the practice of the six right practices of medication administration: (1) verifying that the right child receives the (2) right medication (3) in the right dose (4) at the right time (5) by the right method with documentation of each right each time the medication is given. (6) The person giving the medication signs documentation of items (1) through (5) above. Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider.
4. Medications are labeled with the child’s first and last names, the date that either the prescription was filled or the recommendation was obtained from the child’s licensed health care provider, the name of the medication or the period of use of the medication, the manufacturer’s instructions or the original prescription label that details the name and strength of the medication, and instructions on how to administer and store it.
5. All medications are kept in a locked container.
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| 5.12 | For all children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food a child consumes and provide families with that information. |  |  |  |  |  |
| 5.13 | For each child with special health care needs or food allergies or special nutrition needs, the child’s health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child’s care. The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child’s food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day. |  |  |  |  |  |
| 7.1 | Program staff use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds. |  |  |  |  |  |