**Iowa Quality Preschool Program Standards**

**Facilities Tour**

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verifier’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** Examine all classrooms, bathrooms, kitchen areas, shared spaces, and outside areas for equipment, materials, health and safety criteria listed on this checklist. For materials and equipment, place a check in the box corresponding to the classroom if all items listed are observed. Use the Notes column to record items missing.

Identify classrooms for checklist:

|  |  |  |
| --- | --- | --- |
| **Group Name/Classroom** | **Age Group** | **Date** |
| 1. |  |  |
| 2. |  |  |

|  |  | **Classroom check if present** |  |
| --- | --- | --- | --- |
| **IQPPS#** | **Criteria** | **1** | **2** | **Notes** |
| □ 2.9 | Children have varied opportunities and are provided equipment to engage in large motor experiences that:1. stimulate a variety of skills.
2. enhance sensory-motor integration.
3. develop controlled movement (balance, strength, coordination).
4. enable children with varying abilities to have large-motor experiences similar to those of their peers.
5. range from familiar to new and challenging.
6. help them learn physical games with rules and structure.
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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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| * 5.5
 | For children who are unable to use the toilet consistently, the program makes sure that: 1. For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.
2. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

Staff check children for signs that diapers or pull-ups are wet or contain feces 1. at least every two hours when children are awake and
2. when children awaken.
3. Diapers are changed when wet or soiled.
4. Staff change children’s diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
5. Each changing area is separated by a partial wall or at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group.
6. At all times, caregivers have a hand on the child when being changed on an elevated surface.

In the changing area, staff 1. post **changing procedures** and
2. follow changing procedures
3. These procedures are used to evaluate teaching staff who change diapers.
4. Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.
5. Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly using a hands-free device (e.g., a step can).
6. Containers are kept closed and
7. are not accessible to children.
8. Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.
 |  |  |  |
| * 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. |  |  |  |
| * 5.14
 | Clean sanitary drinking water is made available to children throughout the day.  |  |  |  |
| * 5.16
 | The program prepares written menus, posts them where families can see them, and has copies available for families. Menus are kept on file for review by a program consultant. |  |  |  |
| * 5.18
 | The routine frequency of cleaning and sanitizing all surfaces in the facility is as indicated in the Cleaning and Sanitation Frequency Table. Ventilation and sanitation, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets. |  |  |  |
| * 8.1
 | Program staff maintain a current listof child and family support services available in the community based on the pattern of needs they observe among families and on a families and based on what families request (e.g., health, mental health, oral health, nutrition, childwelfare, parenting programs, early intervention/special education screening and assessment services, and basic needs such as housing and child care subsides). They share the list with families and assist them in locating, contacting, and using community resources that support children’s and families’ well-being and development. |  |  |  |
| * **9.1**

**Required** | **A variety of age and developmentally appropriate materials and equipment are available indoors and outdoors for children throughout the day. This equipment includes:** 1. **dramatic play equipment;**
2. **sensory materials such as sand, water, play dough, paint, and blocks;**
3. **materials that support curriculum goals and objectives in literacy, math, science, social studies, and other content areas; and,**
4. **gross motor equipment for activities such as pulling up; walking; climbing in, on, and over; moving through, around, and under; pushing; pulling; and riding.**
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| * 9.4
 | Indoor space is designed and arranged to…1. accommodate children individually, in small groups and in a large group.
2. divide space into areas that are supplied with materials organized in a manner to support children’s play and learning.
3. provide semiprivate areas where children can play or work alone or with a friend.
4. provide children with disabilities full access (making adaptations as necessary) to the curriculum and activities in the indoor space.
 |  |  |  |
| * 9.5
 | Outdoor play areas, designed with equipment that is age and developmentally appropriate and that is located in clearly defined spaces with semiprivate areas where children can play alone or with a friend, accommodate…1. motor experiences such as running, climbing, balancing, riding, jumping, crawling, scooting, or swinging.
2. activities such as dramatic play, block building, manipulative play, or art activities.
3. exploration of the natural environment, including a variety of natural materials such as nonpoisonous plants, shrubs, and trees.
4. The program makes adaptations so children with disabilities can fully participate in the outdoor curriculum and activities.
 |  |  |  |
| * **9.6**

**Required** | **Program staff provide for an outdoor play area that is protected by fences or by natural barriers to prevent access to streets and to avoid other dangers, such as pits, water hazards, or wells.** |  |  |  |
| * 9.7
 | The outdoor play area is arranged so that staff can supervise children by sight and sound. |  |  |  |
| * **9.8**

**Required** | **The outdoor play area protects children from…**1. **injury from falls (resilient surfacing should extend six feet beyond the limits of stationary equipment).**
2. **[protects children from] catch points, sharp points, and protruding hardware.**
3. **[protects children from] entrapment (openings should measure less than 3.5 inches or more than 9 inches).**
4. **[protects children from] tripping hazards.**
5. **[protects children from] excessive wind and direct sunlight.**
 |  |  |  |
| * **9.10**

**Required** | **Facilities meet Americans with Disabilities Act (ADA) accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classroom and therapy areas.** |  |  |  |
| * **9.11**

**Required** | **Program staff protect children and adults from hazards, including electrical shock, burns or scalding, slipping, tripping, or falling. Floor coverings are secured to keep staff and children from tripping or slipping.****The program excludes baby walkers.** |  |  |  |
| * **9.12**

**Required** | **Fully equipped first-aid kits are readily available and maintained for each group of children.** **Staff take at least one kit to the outdoor play areas as well as on field trips and outings away from the site.**  |  |  |  |
| * 9.13
 | Fully working fire extinguishers and fire alarms are installed in each classroom and are tagged and serviced annually. Fully working carbon monoxide detectors are installed in each classroom and are tagged and serviced annually. Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly, and a written log of testing dates and battery changes is maintained and available.  |  |  |  |
| * 9.14
 | Any body of water, including swimming pools, built-in wading pools, ponds, and irrigation ditches, is enclosed by a fence at least four feet in height, with any gates childproofed to prevent entry by unattended children. To prevent drowning accidents, staff supervise all children by sight and sound in all areas with access to water in tubs, pails, and water tables. |  |  |  |
| * **9.15**

**Required** | **The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.** |  |  |  |
| * 10.8
 | The program has written procedures that outline the health and safety information to be collected from families and to be maintained on file for each child in one central location within the facility. The files are kept current by updating as needed, but at least quarterly. The content of the file is confidential, but is immediately available to1. administrators or teaching staff who have consent from a parent or legal guardian for access to records,
2. the child’s parents or legal guardian, and,
3. regulatory authorities, upon request.
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| * 10.10
 | The program has written and posted disaster preparedness and emergency evacuation policies and procedures. The procedures1. designate an appropriate person to assume authority and take action in an emergency when the administrator is not on site.

The procedures include1. plans that designate how and when to either shelter in place or evacuate and that specify a location for the evacuation;
2. plans for handling lost or missing children, security threats, utility failure, and natural disasters;
3. arrangements for emergency transport and escort from the program; and,
4. monthly practice of evacuation procedures with yearly practice of other emergency procedures.
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