

## Iowa Quality Preschool Program Standards Program Portfolio

District: \_\_\_\_\_

Verifier: \_\_\_\_\_

Date: \_\_\_\_\_

### Standard 1: Relationships

<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Relationships: Building Positive Relationships Between Teachers and Children</b>		
<input type="checkbox"/> <b>1.3 Required</b>	Teaching staff never use threats or derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline.	

### Standard 2: Curriculum

<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Curriculum: Essential Characteristics</b>		
<input type="checkbox"/> 2.1	The curriculum guides teachers' development and intentional implementation of learning opportunities consistent with the program's goals and objectives.	
<input type="checkbox"/> 2.2	The curriculum can be implemented in a manner that reflects responsiveness to <ul style="list-style-type: none"> <li>a. family home values, beliefs, experiences, and</li> <li>b. language.</li> </ul>	

### Standard 3: Teaching

<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Creating Caring Communities for Learning</b>		
<input type="checkbox"/> 3.6	Teachers address challenging behavior by <ul style="list-style-type: none"> <li>a. assessing the function of the child's behavior.</li> <li>b. convening families and professionals to develop individualized plans to address behavior.</li> <li>c. using positive behavior support strategies.</li> </ul>	
<b>Supervising Children</b>		
<input type="checkbox"/> <b>3.7 Required</b>	Teaching staff supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently, who are in the library area, or who are napping).	

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**Standard 4: Assessment of Child Progress**

<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Creating an Assessment Plan</b>		
□ 4.1	The program has a written plan for assessment that describes the assessment purposes, procedures, and uses of the results. The plan also includes: a. conditions under which children will be assessed, b. timelines associated with assessments that occur throughout the year, c. procedures to keep individual child records confidential, d. ways to involve families in planning and implementing assessments, e. methods to effectively communicate assessment information to families.	
□ 4.2	The program’s written assessment plan includes the multiple purposes and uses of assessment, including a. arranging for developmental screening and referral for diagnostic assessment when indicated, b. identifying children’s interests and needs, c. describing the developmental progress and learning of children, d. improving curriculum and adapting teaching practices and the environment, e. planning program improvement, and, f. communicating with families.	
<b>Using Appropriate Assessment Methods</b>		
□ 4.3	Programs use a variety of assessment methods that are sensitive to and informed by family culture, experiences, children’s abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children.	
□ 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..	
<b>Identifying Children’s Interests and Needs and Describing Children’s Progress</b>		
□ 4.7	Teaching teams meet at least weekly <b>to interpret and use</b> assessment results to align curriculum and teaching practices to the interests and needs of the children.	

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<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Adapting Curriculum, Individualizing Teaching, and Informing Program Development</b>		
<input type="checkbox"/> 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.	
<b>Communicating with Families and Involving Families in the Assessment Process</b>		
<input type="checkbox"/> <b>4.9 Required</b>	<b>Families have ongoing opportunities to share the results of observations from home to contribute to the assessment process.</b>	

**Standard 5: Health**

<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Promoting and Protecting Children’s Health and Controlling Infectious Disease</b>		
<input type="checkbox"/> <b>5.2 Required</b>	<b>At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training and satisfactory completion of pediatric CPR is always present with each class of children.</b>	
<input type="checkbox"/> 5.3	Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that the families should implement at home.  The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.	

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<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
□ 5.4	<p>To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:</p> <ul style="list-style-type: none"> <li>a. Children wear clothing that is dry and layered for warmth in cold weather.</li> <li>b. 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).</li> <li>c. 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.</li> </ul>	
□ 5.5	<p>For children who are unable to use the toilet consistently, the program makes sure that:</p> <ul style="list-style-type: none"> <li>a. 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.</li> <li>b. 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.</li> </ul> <p>Staff check children for signs that diapers or pull-ups are wet or contain feces</p> <ul style="list-style-type: none"> <li>c. at least every two hours when children are awake and</li> <li>d. when children awaken.</li> <li>e. Diapers are changed when wet or soiled.</li> <li>f. Staff change children’s diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.</li> <li>g. 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.</li> <li>h. At all times, caregivers have a hand on the child when being changed on an elevated surface.</li> </ul> <p>In the changing area, staff</p> <ul style="list-style-type: none"> <li>i. post <b>changing procedures</b> and</li> <li>j. follow changing procedures</li> <li>k. These procedures are used to evaluate teaching staff who change diapers.</li> <li>l. 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.</li> <li>m. 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).</li> <li>n. Containers are kept closed and</li> </ul>	

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	<ul style="list-style-type: none"><li>o. are not accessible to children.</li><li>p. Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.</li></ul>	
<p>□ 5.6</p>	<p>The program follows these practices regarding hand washing:</p> <ul style="list-style-type: none"><li>a. Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.</li><li>b. Hand washing is required by all staff, volunteers, and children when hand washing reduces the risk of transmission of infectious diseases to themselves and to others.</li><li>c. Staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.</li></ul> <p>Children and adults wash their hands:</p> <ul style="list-style-type: none"><li>d. on arrival for the day;</li><li>e. after diapering or using the toilet (use of wet wipes is acceptable for infants);</li><li>f. after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or any touching of mucus, blood or vomit);</li><li>g. before meals and snacks, preparing or serving food, or handling any raw food that requires cooking (e.g., meat, eggs, poultry);</li><li>h. after playing in water that that is shared by two or more people;</li><li>i. After handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and,</li><li>j. When moving from one group to another (e.g., visiting) that involves contact with infants and toddlers/twos.</li></ul> <p>Adults also wash their hands:</p> <ul style="list-style-type: none"><li>k. before and after feeding a child,</li><li>l. before and after administering medication,</li><li>m. after assisting a child with toileting, and,</li><li>n. after handling garbage or cleaning.</li></ul> <p>Proper hand-washing procedures are followed by adults and children and include:</p> <ul style="list-style-type: none"><li>o. using liquid soap and running water;</li><li>p. rubbing hands vigorously for at least 20 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water).</li></ul>	

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	<p>Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute for, hand washing in any required hand-washing situation listed above.</p> <ul style="list-style-type: none"><li>q. Staff wear gloves when contamination with blood may occur.</li><li>r. Staff do not use hand-washing sinks for bathing children or removing smeared fecal material.</li><li>s. In situations where sinks used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.</li><li>t. Hand hygiene with an alcohol-based sanitizer with 60% to 95% alcohol is an alternative to traditional hand-washing (for children over 24 months and adults) with soap and water when visible soiling is not present.</li></ul>	
<input type="checkbox"/> 5.7	<p>Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with a group of children, the water is drained. Alternatively, fresh potable water flows freely through the water play table and out through a drain in the table.</p>	
<input type="checkbox"/> 5.8	<p>Safeguards are used with all medications for children:</p> <ul style="list-style-type: none"><li>a. 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.</li><li>b. The child's record includes instructions from the licensed health provider who has prescribed or recommended the medication for that child.</li><li>c. 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.</li><li>d. 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.</li><li>e. All medications are kept in a locked container.</li></ul>	

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<b><i>IQPPS #</i></b>	<b><i>Criteria</i></b>	<b><i>Notes</i></b>
<b>Ensuring Children’s Nutritional Well-Being</b>		
☐ 5.9	If the program provides food for meals and snacks (whether catered or prepared on-site), the food is prepared, served, and stored in accordance with the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) guidelines.	
☐ 5.10	Staff take steps to ensure the safety of food brought from home: <ol style="list-style-type: none"> <li>a. They work with families to ensure that foods brought from home meet the USDA’s CACFP food guidelines.</li> <li>b. All foods and beverages brought from home are labeled with the child’s name and the date.</li> <li>c. Staff make sure that food requiring refrigeration stays cold until served.</li> <li>d. Food is provided to supplement food brought from home, if necessary.</li> <li>e. Food that comes from home for sharing among the children are either whole fruits or commercially prepared packaged foods in factory-sealed containers.</li> </ol>	
☐ 5.11	The program takes steps to ensure food safety in its provision of meals and snacks. <ol style="list-style-type: none"> <li>a. Staff discards foods with expired dates.</li> <li>b. The program documents compliance and any corrections that it has made according to the recommendations of the program’s health consultant, nutrition consultant, or a sanitarian that reflect consideration of federal and other applicable food safety standards.</li> </ol>	
☐ 5.15	Staff do not offer children younger than four years these foods: hotdogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole.  Staff cut foods into pieces no larger than ¼ inch square for infants and ½ inch square for toddlers/twos, according to each child’s chewing and swallowing capability.	
<b>Maintaining a Healthful Environment</b>		
☐ 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.	
☐ 5.19	Procedures for standard precautions are used and include the following: <ol style="list-style-type: none"> <li>a. Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.</li> <li>b. Staff use barriers and techniques that minimize contact of mucous membranes or of openings in skin with potentially infectious body fluids and reduce the spread of infectious disease.</li> <li>c. When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing.</li> <li>d. After cleaning, staff sanitize nonporous surfaces by using the procedure for sanitizing designated changing surfaces described in the Cleaning and Sanitation Frequency Table.</li> </ol>	

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	<ul style="list-style-type: none"> <li>e. Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.</li> <li>f. Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.</li> </ul>	
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**Standard 6: Teachers**

<b>IQPPS #</b>	<b>Criteria</b>	<b>Notes</b>
<b>Preparation, Knowledge, and Skills of Teaching Staff</b>		
<input type="checkbox"/> 6.1	<p>Before working alone with children, new teaching staff are given an initial orientation that introduces them to fundamental aspects of program operation including</p> <ul style="list-style-type: none"> <li>a. program philosophy, values, and goals;</li> <li>b. expectations for ethical conduct;</li> <li>c. health, safety, and emergency procedures;</li> <li>d. individual needs of children they will be teaching or caring for;</li> <li>e. accepted guidance and classroom management techniques;</li> <li>f. daily activities and routines of the program;</li> <li>g. program curriculum;</li> <li>h. child abuse and neglect reporting procedures;</li> <li>i. program policies and procedures;</li> <li>j. Iowa Quality Preschool Program Standards and Criteria; and,</li> <li>k. regulatory requirements.</li> </ul> <p>Follow-up training expands on the initial orientation.</p>	
<input type="checkbox"/> 6.4	All teaching staff have specialized coursework or professional development training in the program’s curriculum as well as in communication and collaboration skills that prepare them to participate as a member of a team.	
<input type="checkbox"/> 6.5	All teachers and assistant teachers-teacher aides have specialized professional development training in how to accurately use the program’s assessment procedures for assessment of child progress and program quality. Their training is used to adapt classroom practices and curriculum activities.	

**Standard 7: Families**

<b>IQPPS #</b>	<b>Criteria</b>	<b>Notes</b>
<b>Knowing and Understanding the Program’s Families</b>		
<input type="checkbox"/> 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	



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<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
	practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds.	
<input type="checkbox"/> 7.2	Program staff ensure that all families regardless of family structure, socioeconomic, racial, religious, and cultural backgrounds; gender; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities. These opportunities consider family's interests and skills and the needs of program staff.	
<b>Sharing Information Between Staff and Families</b>		
<input type="checkbox"/> 7.3	Program staff inform families about the program's systems for formally and informally assessing children's progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families, and the ways the program will use the information.	
<b>Nurturing Families as Advocates for Their Children</b>		
<input type="checkbox"/> 7.5	Program staff encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporate into classroom practice.	
<input type="checkbox"/> 7.6	Program staff provide families with information about programs and services from other organizations. Staff support and encourage families' efforts to negotiate health, mental health, assessment, and educational services for their children.	
<input type="checkbox"/> 7.7	Program staff use established linkages with other early education programs and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs. Staff provide information to families that can assist them in communicating with other programs.	

### **Standard 8: Community Relationships**

<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Linking With the Community</b>		
<input type="checkbox"/> 8.1	Program staff maintain a current list of 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, child welfare, parenting programs, early intervention/special education screening and assessment services, and basic needs such as housing and child care subsidies). 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.	
<input type="checkbox"/> 8.2	Program staff develop partnerships and professional relationships with agencies, consultants, and organizations in the community that further the program's capacity to meet the needs and interests of the children and families that they serve.	

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<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Acting as a Citizen in the Neighborhood and the Early Childhood Community</b>		
<input type="checkbox"/> 8.4	The program encourages staff to participate in joint and collaborative training activities or events with neighboring early childhood programs and other community service agencies.	

**Standard 9: Physical Environment**

<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Building and Physical Design</b>		
<input type="checkbox"/> <b>9.9 Required</b>	There is a minimum of 35 square feet of usable space per child in each of the primary indoor activity areas.	
<input type="checkbox"/> <b>9.10 Required</b>	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.	
<input type="checkbox"/> <b>9.11 Required</b>	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.	
<input type="checkbox"/> <b>9.12 Required</b>	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.	
<input type="checkbox"/> 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.	
<b>Environmental Health</b>		
<input type="checkbox"/> <b>9.15 Required</b>	The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.	

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**Standard 10: Leadership and Management**

<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Leadership</b>		
□ 10.1	The program has a well-articulated mission and philosophy of program excellence that guide its operation. The goals and objectives relate to the mission, philosophy, and all program operations and include child and family desired outcomes.	
□ 10.3	<p>The program, regardless of its size or funding auspices, has a designated program administrator with the educational qualifications detailed in Criterion 10.2.</p> <ul style="list-style-type: none"> <li>a. When a program has a total enrollment of fewer than 60 full-time equivalent (FTE) children, employs fewer than eight FTE staff, or both, the program may have a part-time administrator or an administrator who fulfills a dual role (e.g. teacher-administrator), and [OR]</li> <li>b. In multi-site programs, the sites may share an off-site administrator.</li> <li>c. When a program has a total enrollment of 60 or more FTE children and employs eight or more FTE staff the program has a full-time administrator, OR</li> <li>d. In multi-site programs with 60 or more FTE children and 8 or more FTE staff, individual facilities have on-site a full-time administrator or full-time manager under the direct supervision of an individual who meets the qualifications outlined for the program administrator.</li> </ul>	
<b>Management Policies and Procedures</b>		
□ <b>10.4 Required</b>	<p><b>Written procedures address the maintenance of developmentally appropriate teaching staff-child ratios within group size to facilitate adult-child interaction and constructive activity among children. Teaching staff-child ratios within group size are maintained during all hours of operation, including:</b></p> <ul style="list-style-type: none"> <li><b>a. indoor time,</b></li> <li><b>b. outdoor time, and</b></li> <li><b>c. during transportation and field trips (when transporting children, the teaching staff-child ratio is used to guide the adult-child ratio).</b></li> </ul> <p><b>Groups of children may be limited to one age or may include multiple ages. (A group or classroom consists of the children assigned to a teacher or a team of teaching staff for most of the day and who occupy an individual classroom or well-defined space that prevents intermingling of children from different groups within a larger room or area.)</b></p>	

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<i><b>IQPPS #</b></i>	<i><b>Criteria</b></i>	<i><b>Notes</b></i>
<b>Health, Nutrition, and Safety Policies and Procedures</b>		
□ 10.5	<p>The program has written policies to promote wellness and safeguard the health and safety of children and adults. Procedures are in place that address:</p> <ul style="list-style-type: none"> <li>a. steps to reduce occupational hazards such as infectious diseases (e.g. exposure of pregnant staff to CMV (cytomegalovirus), chicken pox), injuries (e.g. back strain, falls), environmental exposure (e.g. indoor air pollution, noise stress);</li> <li>b. management plans and reporting requirements for staff and children with illness, including medication administration, and inclusion/exclusion;</li> <li>c. supervision of children in instances when teaching staff are assigned to specific areas that are near equipment where injury could occur;</li> <li>d. the providing of space, supervision, and comfort for a child waiting for pick-up because of illness;</li> <li>e. the providing of adequate nutrition for children and adults;</li> <li>f. sleeping and napping arrangements;</li> <li>g. sanitation and hygiene, including food handling and feeding;</li> <li>h. maintenance of the facility and equipment;</li> <li>i. prohibition of smoking, firearms, and other significant hazards that pose risks to children and adults; and,</li> <li>j. the providing of referrals for staff to resources that support them in wellness, prevention and treatment of depression, and stress management.</li> </ul>	
□ 10.6	<p>The program has a written policy for reporting child abuse and neglect as well as procedures in place that comply with applicable federal, state, and local laws. The policy includes requirements for staff to report all suspected incidents of child abuse, neglect, or both by families, staff, volunteers, or others to the appropriate local agencies. Staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious.</p>	
□ 10.7	<p>The program has written procedures to be followed if a staff member is accused of abuse or neglect of a child in the program that protect the rights of the accused staff person as well as protect the children in the program.</p>	
□ 10.8	<p>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 to</p> <ul style="list-style-type: none"> <li>a. administrators or teaching staff who have consent from a parent or legal guardian for access to records,</li> <li>b. the child's parents or legal guardian, and,</li> <li>c. regulatory authorities, upon request.</li> </ul>	

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<b><i>IQPPS #</i></b>	<b><i>Criteria</i></b>	<b><i>Notes</i></b>
□ 10.9	<p>Written procedures address all aspects of the arrival, departure, and transportation of children. The procedures</p> <ul style="list-style-type: none"> <li>a. facilitate family-staff interaction.</li> <li>b. ensure that all children transported during the program day are accounted for before, during, and after transport.</li> <li>c. ensure the safety of all children as pedestrians and as passengers.</li> <li>d. address specific procedures for children with disabilities.</li> <li>e. address special circumstances in picking up children at the end of the day.</li> </ul>	
□ 10.10	<p>The program has written and posted disaster preparedness and emergency evacuation policies and procedures. The procedures</p> <ul style="list-style-type: none"> <li>• designate an appropriate person to assume authority and take action in an emergency when the administrator is not on site.</li> </ul> <p>The procedures include</p> <ul style="list-style-type: none"> <li>• plans that designate how and when to either shelter in place or evacuate and that specify a location for the evacuation;</li> <li>• plans for handling lost or missing children, security threats, utility failure, and natural disasters;</li> <li>• arrangements for emergency transport and escort from the program; and,</li> <li>• monthly practice of evacuation procedures with yearly practice of other emergency procedures.</li> </ul>	
<b>Personnel Policies</b>		
□ 10.11	<p>The program has written personnel policies that define the</p> <ul style="list-style-type: none"> <li>a. roles and responsibilities,</li> <li>b. qualifications, and</li> <li>c. specialized training required of</li> <li>d. staff and</li> <li>e. volunteer positions.</li> </ul> <p>The policies outline</p> <ul style="list-style-type: none"> <li>a. nondiscriminatory hiring procedures and</li> <li>b. policies for staff evaluation.</li> </ul> <p>Policies detail</p> <ul style="list-style-type: none"> <li>c. job descriptions for each position, including reporting relationships;</li> <li>d. salary scales with increments based on professional qualification, length of employment, and performance evaluation;</li> <li>e. benefits; and</li> <li>f. resignation, termination, and grievance procedures.</li> <li>g. Personnel policies provide for incentives based on participation in professional development opportunities.</li> </ul>	

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	h. The policies are provided to each employee upon hiring.	
<input type="checkbox"/> 10.13	Staff are provided space and time away from children during the day. When staff work directly with children for more than four hours, staff are provided breaks of at least 15 minutes in each four-hour period. In addition, staff may request temporary relief when they are unable to perform their duties.	
<b>Program Evaluation, Accountability, and Continuous Improvement</b>		
<input type="checkbox"/> 10.15	The program offers staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet at least annually to consult on program planning and ongoing program operations.	