

IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

PROGRAM STANDARD 1 — RELATIONSHIPS

THE PROGRAM PROMOTES POSITIVE RELATIONSHIPS AMONG ALL CHILDREN AND ADULTS TO ENCOURAGE EACH CHILD’S SENSE OF INDIVIDUAL WORTH AND BELONGING AS PART OF A COMMUNITY, AND TO FOSTER EACH CHILD’S ABILITY TO CONTRIBUTE AS A RESPONSIBLE COMMUNITY MEMBER.

IQITPS Number	Criteria	Guidance
Building Positive Relationships among Teachers and Families		
1.1. (1.1)*	Teachers work in partnership with families, establishing and maintaining regular, on-going, two-way communication.	Provide examples of methods for TWO-WAY communication with families of children in the classroom.
1.2.	Teachers communicate with family members on ongoing basis to <input type="checkbox"/> learn about children’s individual needs and <input type="checkbox"/> ensure a smooth transition between home and program.	Provide examples of ongoing, two-way communication with families of children in the classroom pertaining to individual needs and transition.
Building Positive Relationships between Teachers and Children		
1.3.	Teaching staff foster children’s emotional well-being by demonstrating respect for children and creating a positive emotional climate as reflected in behaviors such as frequent social conversations, joint laughter, and affection.	Provide evidence of how teachers build relationships with the children and families so they are able to respond to children’s temperament, needs and cues and patterns of communication.
1.4.	Teaching staff function as secure bases for children. They respond promptly in developmentally appropriate ways to children’s <input type="checkbox"/> positive initiations, <input type="checkbox"/> negative emotions, and <input type="checkbox"/> feelings of hurt and fear by providing comfort, support, and assistance.	Provide evidence of continuity of care to ensure that children have opportunities to form positive relationships with one or two primary caregivers.
1.5. (1.2)	Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to <input type="checkbox"/> differing abilities, <input type="checkbox"/> temperament, <input type="checkbox"/> activity levels, and <input type="checkbox"/> cognitive and <input type="checkbox"/> social development.	Examples of ways to demonstrate implementation of this standard include, but are not limited to providing evidence that: <ul style="list-style-type: none"> • Personnel substitute materials as needed; • Personnel spend time with individual children; • Personnel bring in materials related to the interests of children;

		<ul style="list-style-type: none"> • Personnel find suitable ways to include all children; • Personnel modify activities as needed so that all children can participate; • Personnel support Individualized Family Service Plan (IFSP) outcomes as set by Early ACCESS IFSP Teams when applicable.
1.6. Required	Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion.	Provide evidence of training in infant/toddler Positive Behavioral Interventions and Supports (PBIS) or other training on positive guidance; written policy prohibiting physical punishment.
1.7. (1.3) Required	Teaching staff never use threats or derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline.	Provide discipline policy and policy for ethical and professional interaction with children. Examples may include evidence of training in infant/toddler Positive Behavioral Interventions and Supports (PBIS) or other training on positive guidance; written policy prohibiting threats, derogatory remarks, withholding food.
1.8.	Teaching staff engage infants in frequent face-to-face social interactions each day. These include both <input type="checkbox"/> verbal behaviors (e.g., talking, cooing, repeating infant sounds, and singing) and <input type="checkbox"/> nonverbal behaviors (e.g., smiling, touching, and holding).	Provide evidence of how caregivers spend the day interacting, observing and communicating with infants and toddlers.
1.9. (1.4)	Teaching staff talk frequently with children and listen to children with attention and respect. They <input type="checkbox"/> respond to children's questions and requests, <input type="checkbox"/> use strategies to communicate effectively and build relationships with every child and <input type="checkbox"/> engage regularly in meaningful and extended conversations with each child.	Provide policy for ethical and professional interaction with children. Provide evidence of how teachers build relationships with children.
Helping Children Make Friends		
1.10.	Teaching staff facilitate an infant's social interaction when he or she is interested in looking at, touching, or vocalizing to others.	Provide evidence of how the staff provide opportunities for children to touch, look, and interact with each other.
1.11. (1.5)	Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other.	Provide evidence that children have opportunities to play and learn from each other.

<p>1.12. (1.6)</p>	<p>Teaching staff assist children in resolving conflicts by helping them <input type="checkbox"/> identify feelings, <input type="checkbox"/> describe problems, and <input type="checkbox"/> try alternative solutions.</p>	<p>Provide examples of strategies in curriculum and materials used for promoting children's positive relationships and interactions as well as conflict resolution such as:</p> <ul style="list-style-type: none"> • Evidence of supporting children in identifying feelings; • Evidence of the use of reasoning and redirection to help children find alternatives when there is a potential for conflict or when conflict arises. <p>Provide evidence of training in infant/toddler Positive Behavioral Interventions and Supports (PBIS).</p>
<p>Creating a Predictable, Consistent and Harmonious Classroom</p>		
<p>1.13. (1.7)</p>	<p>Teaching staff counter potential bias and discrimination by <input type="checkbox"/> treating all children with equal respect and consideration, <input type="checkbox"/> initiating activities and discussions that build positive self-identity and teach the valuing of differences, <input type="checkbox"/> intervening when children tease or reject others, <input type="checkbox"/> providing models and visual images of adult roles, differing abilities, and ethnic or cultural back-grounds that counter stereotypical limitations and <input type="checkbox"/> avoiding stereotypes in language references.</p>	<p>Provide program policies, procedures, curriculum, and materials for reducing bias and discrimination.</p>
<p>1.14. (1.8)</p>	<p>Teaching staff promote pro-social behavior by interacting in a respectful manner with all staff and children. They <input type="checkbox"/> model turn taking and sharing as well as caring behaviors, <input type="checkbox"/> help children negotiate their interactions with one another and with shared materials, <input type="checkbox"/> engage children in the care of their classroom, <input type="checkbox"/> ensure that each child has an opportunity to contribute to the group, <input type="checkbox"/> encourage children to listen to one another, <input type="checkbox"/> encourage and help children provide comfort when others are sad or distressed, and <input type="checkbox"/> use narration and description of ongoing interactions to identify pro-social behaviors.</p>	<p>See guidance for 1.7 and 1.12.</p>

Addressing Challenging Behaviors		
1.15. <i>(1.9)</i>	For children with persistent, serious, challenging behavior, teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the child's inclusion and success.	<p>Provide evidence of training in infant/toddler Positive Behavioral Interventions and Supports (PBIS) or other training on positive guidance.</p> <p>Provide evidence of policy or practice for making child/family referrals to outside agencies that can help support the child/family needs.</p> <p>Provide evidence of collaboration with community partners such as Early Head Start and Early ACCESS to provide support and continuity of care.</p> <p>Provide evidence that personnel support Individualized Family Service Plan (IFSP) outcomes as set by Early ACCESS IFSP Teams when applicable.</p>
1.16. <i>(1.10)</i>	Rather than focus solely on reducing the challenging behavior, teachers focus on <input type="checkbox"/> teaching the child social, communication, and emotional regulation skills and <input type="checkbox"/> using environmental modifications, activity modifications, adult or peer support, and other teaching strategies to support the child's appropriate behavior.	<p>Provide examples of materials, strategies, and equipment used to teach and promote positive behavior.</p> <p>See also guidance for 1.15.</p>
Promoting Self-Regulation		
1.17. <i>(1.11)</i>	Teaching staff help children manage their behavior by guiding and supporting children to <input type="checkbox"/> persist when frustrated, <input type="checkbox"/> play cooperatively with other children, <input type="checkbox"/> use language to communicate needs, <input type="checkbox"/> learn turn taking, <input type="checkbox"/> gain control of physical impulses, <input type="checkbox"/> express negative emotions in ways that do not harm others or themselves, <input type="checkbox"/> use problem-solving techniques, and <input type="checkbox"/> learn about self and others.	See guidance for 1.7 and 1.12.

* Italics and parenthesis indicate IQPPS number

IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

Program Standard 2-Curriculum

THE PROGRAM IMPLEMENTS A CURRICULUM THAT IS CONSISTENT WITH ITS GOALS FOR CHILDREN AND PROMOTES LEARNING AND DEVELOPMENT IN EACH OF THE DOMAINS: COGNITIVE, EMOTIONAL, LANGUAGE, PHYSICAL AND SOCIAL.

IQITPS Number	Criteria	Guidance
Curriculum: Essential Characteristics		
2.1. (2.1)	The program has a written statement of philosophy and uses one or more written curricula or curriculum frameworks consistent with the philosophy that address central aspects of child development.	Provide information about selected curriculum (curricula). Provide evidence of written statement of philosophy and evidence of connection to curriculum or curriculum frameworks.
2.2. (2.2)	A clearly stated curriculum or curriculum framework provides a coherent focus for planning children’s experiences. It allows for adaptations and modifications to ensure access to the curriculum for all children.	Provide information about selected curriculum (curricula). Provide evidence of curriculum or curriculum framework and how it is used to plan children’s experiences.
2.3. (2.3)	The curriculum guides teacher’s development and intentional implementation of learning opportunities consistent with the program’s goals and objectives.	Provide information about selected curriculum (curricula). Provide evidence that curriculum is used to guide implementation of learning opportunities.
2.4. (2.4)	The curriculum can be implemented in a manner that reflects responsiveness to <input type="checkbox"/> family home values, beliefs, experiences, and <input type="checkbox"/> language.	Provide information about selected curriculum (curricula). Provide evidence that curriculum is responsive to family home values, beliefs, experiences, and language.
2.5. (2.5)	Curriculum goals and objectives guide teachers’ ongoing assessment of children’s progress.	Provide description or linkage about how selected curriculum goals and objectives guides ongoing assessment of children’s progress.
2.6. (2.6)	The curriculum guides teachers to integrate assessment information with curriculum goals to support individualized learning.	Provide a description about how selected curriculum uses both assessment information and curriculum goals to support individualized instruction.

2.7. (2.7)	The curriculum guides the development of a daily schedule that is predictable yet flexible and responsive to individual needs of the children. The schedule <input type="checkbox"/> provides time and support for transitions, <input type="checkbox"/> includes both indoor and outdoor experiences, and <input type="checkbox"/> is responsive to a child's need to rest or be active.	Provide 3 weeks of the most recent daily schedules including activity/lesson plans. Provide evidence of flexibility in what activities/opportunities are provided to children based on strengths, needs, and interests.
2.8. (2.8)	Materials and equipment used to implement the curriculum reflect the lives of the children and families as well as the diversity found in society, including <input type="checkbox"/> gender, <input type="checkbox"/> age, <input type="checkbox"/> language, and <input type="checkbox"/> abilities. Materials and equipment <input type="checkbox"/> provide for children's safety while being appropriately challenging, <input type="checkbox"/> encourage exploration, experimentation, and discovery, <input type="checkbox"/> promote action and interaction, <input type="checkbox"/> are organized to support independent use, <input type="checkbox"/> are rotated to reflect changing curriculum and accommodate new interests and skill levels; <input type="checkbox"/> are rich in variety, and <input type="checkbox"/> accommodate children's special needs.	Provide evidence of policy or practice that addresses use of materials and equipment that reflect diversity in culture, gender, age, language and abilities. Provide photo evidence that addresses all bullets in this criterion.
Areas of Development: Social-Emotional		
2.9. (2.12)	Children have varied opportunities to engage throughout the day with teaching staff who <input type="checkbox"/> are attentive and responsive to them, <input type="checkbox"/> facilitate their social competence, and <input type="checkbox"/> facilitate their ability to learn through interacting with others.	Provide policy for ethical and professional interaction with children. Provide 3 weeks of the most recent daily schedules including activity/lesson plans. Provide evidence of flexibility in what activities/opportunities are provided to children based on strengths, needs, and interests.
2.10.	Children have varied opportunities to learn the skills needed to regulate their emotions, behavior, and attention.	Provide evidence of how caregivers help children resolve differences, help guide them toward understanding and controlling their own impulses and behavior and provide positive guidance.
2.11.	Children have varied opportunities to develop a sense of competence and positive attitudes toward learning, such as persistence, engagement, curiosity, and mastery.	Provide evidence of the opportunities infants and toddlers have to: <ul style="list-style-type: none"> • Explore their environment; • Explore their own bodies; • Make choices throughout the day; play with a variety of objects; and • Get support to stay interested in various activities.

2.12.	Infants and toddlers/twos are provided <input type="checkbox"/> an environment that allows them to move freely and achieve mastery of their bodies through self-initiated movement. They have multiple opportunities to practice emerging skills in <input type="checkbox"/> coordination, <input type="checkbox"/> movement and balance and <input type="checkbox"/> perceptual-motor integration.	Provide photo evidence of the environment and materials.
2.13.	Infants and toddlers/twos have multiple opportunities to develop fine-motor skills by acting on their environments using their hands and fingers in a variety of age-appropriate ways.	Provide photo evidence of the environment and materials.
Areas of Development: Language Development		
2.14.	Children are provided opportunities to experience oral and written communication in a language their family uses or understands.	Provide evidence of how the environment, materials and spoken language supports the languages used by the families.
2.15. (2.15)	Children have varied opportunities to develop competence in verbal and nonverbal communication by <input type="checkbox"/> responding to questions; <input type="checkbox"/> communicating needs, thoughts and experiences; and <input type="checkbox"/> describing things and events.	Provide examples of the methods and strategies used by staff to ensure that children have frequent opportunities to practice verbal and nonverbal communication.
Curriculum Content Area for Cognitive Development: Early Literacy Development		
2.16.	Infants have varied opportunities to experience songs, rhymes, routine games and books through <input type="checkbox"/> individualized play that includes simple rhymes, songs, and interactive games (e.g., peek-a-boo), <input type="checkbox"/> daily opportunities for each child to hear and respond to various types of books including picture books, wordless books, and books with rhymes, and <input type="checkbox"/> access to durable books that enable children's independent exploration.	Provide photo evidence of the infant environment and materials. Provide 3 weeks of the most recent daily schedules including activity/lesson plans.
2.17.	Toddlers/twos have varied opportunities to experience books, songs, rhymes, and routine games through <input type="checkbox"/> individualized play that includes simple rhymes, songs, and sequences of gestures (e.g., finger plays, peek-a-boo, patty-cake, This Little Piggy), <input type="checkbox"/> daily opportunities to hear and respond to various types of books including picture books, wordless books, and books with rhymes, <input type="checkbox"/> access to durable books that enable independent exploration, and <input type="checkbox"/> experiences that help them understand that pictures represent real things in their environment.	Provide photo evidence of the toddler environment and materials. Provide 3 weeks of the most recent daily schedules including activity/lesson plans.
2.18. (2.19)	Children have opportunities to become familiar with print. They are actively involved in making sense of print, and they have opportunities to become familiar with, recognize, and use print that is accessible throughout the classroom: <input type="checkbox"/> Items belonging to a child are labeled with his or her name. <input type="checkbox"/> Materials are labeled. <input type="checkbox"/> Print is used to describe some rules and routines. <input type="checkbox"/> Teaching staff help children recognize print and connect it to spoken words.	Provide photo evidence with caption/description to address all bullets.
Curriculum Content Area for Cognitive Development: Early Mathematics		
2.19.	Infants and toddlers/twos are provided varied opportunities and materials to <input type="checkbox"/> use language, gestures, and materials to convey mathematical concepts such as more and less and big and small, <input type="checkbox"/> see and touch different shapes, sizes, colors, and patterns, <input type="checkbox"/> build number awareness, using objects in the environment, and <input type="checkbox"/> read books that include counting and shapes.	Provide photo evidence of the toddler environment and materials. Provide 3 weeks of the most recent daily schedules including activity/lesson plans.

2.20. Required (2.23)	Children are provided varied opportunities and materials to build understanding of numbers, number names, and their relationship to object quantities and to symbols.	Provide photo evidence with caption/description to address all components.
Curriculum Content Area for Cognitive Development: Science		
2.21.	Infants and toddlers/twos are provided varied opportunities and materials to <input type="checkbox"/> use their senses to learn about objects in the environment, and <input type="checkbox"/> discover that they can make things happen and solve simple problems.	Provide photo evidence of the toddler environment and materials. Provide 3 weeks of the most recent daily schedules including activity/lesson plans.
Curriculum Content Area for Cognitive Development: Technology		
2.22. (2.29)	The use of passive media such as televisions, film, videotapes, and audiotapes should be limited to developmentally appropriate programming.	Provide program philosophy on the use of passive media. Provide 3 weeks of the most recent daily schedules including activity/lesson plans.
Curriculum Content Area for Cognitive Development: Creative Expression and Appreciation for the Arts		
2.23.	Infants and toddlers/twos are provided varied opportunities to explore and manipulate age-appropriate art materials.	Provide photo evidence of the toddler environment and materials. Provide 3 weeks of the most recent daily schedules including activity/lesson plans.
2.24.	Infants and toddlers/twos have varied opportunities to express themselves creatively through freely moving to music. Toddlers/twos have varied opportunities to engage in pretend or imaginative play.	Provide photo evidence of the toddler environment and materials. Provide 3 weeks of the most recent daily schedules including activity/lesson plans.
Curriculum Content Area for Cognitive Development: Health and Safety		
2.25. (2.33)	Children are provided varied opportunities and materials that encourage good health practices such as serving and feeding themselves, rest, good nutrition, exercise, hand washing, and tooth brushing.	Provide photo evidence of materials and supplies that address this criterion with captions/descriptions. Provide policy or practice information on feeding and nutrition.

2.26. (2.34)	Children are provided varied opportunities and materials that help them learn about nutrition, including identifying <input type="checkbox"/> sources of food and <input type="checkbox"/> recognizing, <input type="checkbox"/> preparing, <input type="checkbox"/> eating, and <input type="checkbox"/> valuing healthy foods.	Provide 3 weeks of the most recent daily schedules including activity/lesson plans Provide photo evidence of materials and supplies that address this criterion with captions/descriptions. Provide policy or practice information on feeding and nutrition.
2.27. (2.36)	Children have opportunities to practice safety procedures.	Provide program safety procedures. Provide the schedule/routine for adults to practice with children the safety/emergency procedures.
Curriculum Content Area for Cognitive Development: Social Studies		
2.28.	Children are provided varied learning opportunities that foster positive identity and an emerging sense of <input type="checkbox"/> self and <input type="checkbox"/> others.	Provide 3 weeks of the most recent daily schedules including activity/lesson plans. Provide photo evidence of the environment and materials.
2.29. (2.38)	Children are provided varied opportunities and materials to build their understanding of diversity in <input type="checkbox"/> culture, <input type="checkbox"/> family structure, <input type="checkbox"/> ability, <input type="checkbox"/> language, <input type="checkbox"/> age, and <input type="checkbox"/> gender in non-stereotypical ways.	Provide 3 weeks of the most recent daily schedules including activity/lesson plans. Provide photo evidence of the environment and materials.
2.30. (2.39)	Children are provided opportunities and materials to explore social roles in the family and workplace through play.	Provide 3 weeks of the most recent daily schedules including activity/lesson plans. Provide photo evidence of materials and supplies that address this criterion with captions/descriptions.

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IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

Program Standard 3 — TEACHING

THE PROGRAM USES DEVELOPMENTALLY, CULTURALLY, AND LINGUISTICALLY APPROPRIATE AND EFFECTIVE TEACHING APPROACHES THAT ENHANCE EACH CHILD’S LEARNING AND DEVELOPMENT IN THE CONTEXT OF THE PROGRAM’S CURRICULUM GOALS.

IQTPS Number	Criteria	Guidance
Designing Enriched Learning Environments		
3.1.	Teaching staff, program staff, or both work as a team to implement daily teaching and learning activities including, Individualized Family Service Plan (IFSPs), and other individual plans as needed.	Provide evidence of caregivers adapting schedules, activities and interventions to meet individual children’s needs within a group setting.
3.2. (3.1)	Teachers organize space and select materials in all content and developmental areas to stimulate <input type="checkbox"/> exploration, experimentation, discovery, and <input type="checkbox"/> conceptual learning.	Provide photo evidence of materials and supplies that address this criterion with captions/descriptions.
3.3. (3.2)	Teachers work to prevent challenging or disruptive behaviors through <input type="checkbox"/> environmental design, <input type="checkbox"/> schedules that meet the needs and abilities of children, <input type="checkbox"/> effective transitions, and <input type="checkbox"/> engaging activities.	Provide evidence of training in infant/toddler Positive Behavioral Interventions and Supports (PBIS) or other training on positive guidance. Provide examples of materials, strategies, and equipment used to: <ul style="list-style-type: none"> • Teach and promote positive behavior; • Design spaces to prevent challenging or disruptive behavior; • Allow for transitions; and • Engage in activities.
3.4. (3.3)	Teaching staff and children work together to arrange the classroom materials in predictable ways so children know where to find things and where to put them away.	Provide evidence that pictures/labels are used to show where items and classroom materials are to be stored. Provide evidence that adults model and scaffold cleaning up areas of the room. Provide evidence that materials are accessible to children.

Creating Caring Communities for Learning		
3.5. (3.4)	Teaching staff create and maintain a setting in which children of differing abilities can progress, with guidance, toward increasing levels of <input type="checkbox"/> autonomy, <input type="checkbox"/> responsibility, and <input type="checkbox"/> empathy.	Provide program philosophy and strategies that staff use for helping individual children to be independent, learn to take care of themselves and their own needs, and pay attention to the needs and feelings of others.
3.6.	Teaching staff develop individual relationships with children by providing care that is <input type="checkbox"/> responsive, <input type="checkbox"/> attentive, <input type="checkbox"/> consistent, <input type="checkbox"/> comforting, <input type="checkbox"/> supportive and <input type="checkbox"/> culturally sensitive.	Provide evidence of how staff respond to infants and toddlers needs and provide comfort in ways that are caring and specific to each child.
3.7. (3.5)	Teachers help individual children learn socially appropriate behavior by providing guidance that is consistent with the child's level of development.	Provide examples of strategies in curriculum and materials used for promoting children's positive relationships and interactions as well as conflict resolution such as: <ul style="list-style-type: none"> • Evidence of supporting children in identifying feelings; • Evidence of the use of reasoning and redirection to help children find alternatives when there is a potential for conflict or when conflict arises; • Evidence of training in infant/toddler Positive Behavioral Interventions and Supports (PBIS).
3.8. (3.6)	Teachers <input type="checkbox"/> manage behavior and <input type="checkbox"/> implement classroom rules and expectations in a manner that is consistent and predictable.	Provide classroom rules/expectations and strategies/methods for sharing them with children and families.

<p>3.9. (3.7)</p>	<p>Teachers notice patterns in children’s challenging behaviors to provide thoughtful, consistent, and individualized responses.</p>	<p>Provide evidence of training in infant/toddler Positive Behavioral Interventions and Supports (PBIS) or other training on positive guidance.</p> <p>Provide evidence of policy or practice for making child/family referrals to outside agencies that can help support the child/family needs.</p> <p>Provide examples of materials, strategies, and equipment used to teach and promote positive behavior.</p>
<p>3.10.</p>	<p>Teaching staff individualize routine care (e.g., learning to use the toilet and to feed oneself) by incorporating family practices whenever possible and by respecting the home culture and the family’s preferred language.</p>	<p>Provide examples of communication with families regarding routine care practices.</p>
<p>3.11. (3.8)</p>	<p>Teachers address challenging behavior by</p> <ul style="list-style-type: none"> • assessing the function of the child’s behavior. • convening families and professionals to develop individualized plans to address behavior. • using positive behavior support strategies. 	<p>Provide evidence of training in infant/toddler Positive Behavioral Interventions and Supports (PBIS) or other training on positive guidance.</p> <p>Provide evidence of policy or practice for making child/family referrals to outside agencies that can help support the child/family needs.</p> <p>Provide evidence of collaboration with community partners such as Early Head Start and Early ACCESS to provide support and continuity of care.</p> <p>Provide evidence that personnel support Individualized Family Service Plan (IFSP) outcomes as set by Early ACCESS IFSP Teams when applicable.</p> <p>Provide examples of materials, strategies, and equipment used to teach and promote positive behavior.</p>

Supervising Children		
3.12. Required	Teaching staff supervise infants and toddlers/twos by sight and sound at all times	Provide evidence of policy or practice regarding supervision that is in place (may be in parent and/or program handbook). Evidence of any contradictory practices voids credit of this criterion.
3.13.	When infants and toddlers/twos are sleeping , mirrors, video, or sound monitors may be used to augment supervision in sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision. <input type="checkbox"/> Sides of cribs are checked to ensure that they are up and locked. <input type="checkbox"/> Teachers, assistant teachers, or teacher aides are aware of, and positioned so they can hear and see, any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training covering all bullets.
Using Time, Grouping, and Routines to Achieve Learning Goals		
3.14.	Teaching staff use routine care to facilitate children's <input type="checkbox"/> self-awareness, <input type="checkbox"/> language, and <input type="checkbox"/> social interaction.	Provide evidence in lesson plans and/or a daily schedule highlighting the use of routine care opportunities.
3.15.	Teachers provide time and materials daily for children to select their own activities.	Provide 3 weeks of the most recent daily schedules including activity/lesson plans that include free choice time. Provide photo evidence of the environment and materials.
3.16.	Teachers organize time and space on a daily basis to offer infants opportunities to play <input type="checkbox"/> individually, <input type="checkbox"/> in pairs, and <input type="checkbox"/> in small groups.	Provide 3 weeks of the most recent daily schedules including activity/lesson plans that include free choice time. Provide photo evidence of spaces for individuals, pairs and small groups. Provide photo evidence of the environment and materials.
3.17.	At snack times, teaching staff <input type="checkbox"/> sit and eat with children and <input type="checkbox"/> engage them in conversation. When provided, meals are <input type="checkbox"/> served family style, and teaching staff <input type="checkbox"/> sit and eat with children and <input type="checkbox"/> engage them in conversation.	Provide evidence of a policy or handbook statement on snack and meal time practices. Provide photo evidence of snack and/or mealtime practices.

Responding to Children's Interests and Needs		
3.18.	Teaching staff reorganize the environment when necessary to help children explore new concepts and topics, sustain their activities, and extend their learning.	Provide photo evidence or lesson plans showing environmental changes to match child interest and learning needs. Describe reorganization that occurred.
3.19. (3.12)	Teachers use their knowledge of children's <input type="checkbox"/> social relationships, <input type="checkbox"/> interests, <input type="checkbox"/> ideas, and <input type="checkbox"/> skills to tailor learning opportunities for groups and individuals.	Provide written evidence that could include lesson plans, curriculum webs, or schedules with anecdotal notes about individuals, or individual child assessments and resulting plans from using the assessments.
Making Learning Meaningful for All Children		
3.20. (3.13)	Teachers use curriculum in all content and developmental areas a flexible framework for teaching and to support the development of daily plans and learning experiences.	Provide a description about how selected curriculum guides daily learning experiences and lesson plans.
3.21. (3.14)	Play is planned for each day.	Provide 3 weeks of the most recent daily schedules including activity/lesson plans.
3.22. (3.15)	Teaching staff help children understand spoken language (particularly when children are learning a new language) by using <input type="checkbox"/> pictures, <input type="checkbox"/> familiar objects, <input type="checkbox"/> body language, and <input type="checkbox"/> physical cues.	Provide photo evidence with captions/description to address this criterion.
3.23.	Teaching staff support the development and maintenance of children's home language whenever possible.	Provide evidence of books/materials in a child's home language or the use of staff/volunteers who speak the child's home language.
Using Instruction to Deepen Children's Understanding and Build Their Skills and Knowledge		
3.24. (3.16)	Teachers use multiple sources (including results of informal and formal assessments as well as children's initiations, questions, interests, and misunderstandings) to <input type="checkbox"/> identify what children have learned, <input type="checkbox"/> adapt curriculum and teaching to meet children's needs and interests, <input type="checkbox"/> foster children's curiosity, <input type="checkbox"/> extend children's engagement, and <input type="checkbox"/> support self-initiated learning.	Provide evidence of assessments used by the program to address the bullets. "Multiple sources" means two or more. Evidence could include informal and/or formal assessments.

3.25.	As children learn and acquire new skills, teachers <input type="checkbox"/> use their knowledge of children’s abilities to fine tune their teaching support. <input type="checkbox"/> Teachers adjust challenges as children gain competence and understanding.	Evidence may include examples of lesson plans showing adjustments in activities/environment or lesson plans paired with anecdotal notes/assessment data.
3.26.	Teachers support and challenge children’s learning during interactions or activities that are <input type="checkbox"/> teacher initiated and <input type="checkbox"/> child initiated.	Provide evidence that may include daily schedules or examples of teachers engaging children in activities of the children’s interest and which meet their developmental needs.
3.27. (3.17)	Teachers use their knowledge of content to pose problems and ask questions that stimulate children’s thinking. Teachers help children express their ideas and build on the meaning of their experiences.	Provide examples of strategies and procedures used by staff to stimulate children’s thinking.
3.28. (3.19)	Teachers promote children’s engagement and learning by <input type="checkbox"/> responding to their need for and interest in practicing emerging skills, and <input type="checkbox"/> by enhancing and expanding activities that children choose to engage in repeatedly.	Provide evidence that addresses how materials and activities are provided to practice emerging skills and expanding activities in which children repeatedly engage.

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IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

PROGRAM STANDARD 4—ASSESSMENT OF CHILD PROGRESS

THE PROGRAM IS INFORMED BY ONGOING SYSTEMATIC, FORMAL, AND INFORMAL ASSESSMENT APPROACHES TO PROVIDE INFORMATION ON CHILDREN’S LEARNING AND DEVELOPMENT. THESE ASSESSMENTS OCCUR WITHIN THE CONTEXT OF RECIPROCAL COMMUNICATIONS WITH FAMILIES AND WITH SENSITIVITY TO THE CULTURAL CONTEXTS IN WHICH CHILDREN DEVELOP. ASSESSMENT RESULTS ARE USED TO BENEFIT CHILDREN BY INFORMING SOUND DECISIONS ABOUT CHILDREN, TEACHING, AND PROGRAM IMPROVEMENT.

IQITPS Number	Criteria	Guidance
Using Instruction to Deepen Children’s Understanding and Build Their Skills and Knowledge		
4.1. (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 <input type="checkbox"/> conditions under which children will be assessed, <input type="checkbox"/> timelines associated with assessments that occur throughout the year, <input type="checkbox"/> procedures to keep individual child records confidential, <input type="checkbox"/> ways to involve families in planning and implementing assessments, and <input type="checkbox"/> methods to effectively communicate assessment information to families.	Provide a written plan addressing each bullet. Provide evidence that results of assessments are aligned with current teaching and caregiving practices.
4.2. (4.2)	The program’s written assessment plan includes the multiple purposes and uses of assessment including developmental screening and referral for diagnostic assessment when indicated, <input type="checkbox"/> identifying children’s interests and needs, <input type="checkbox"/> describing the developmental progress and learning of children, <input type="checkbox"/> improving curriculum and adapting teaching practices and the environment, <input type="checkbox"/> planning program improvement, and <input type="checkbox"/> communicating with families.	Provide a written plan addressing each bullet. Provide evidence that results of assessments are aligned with current teaching and caregiving practices.
Using Appropriate Assessment Instruments and Methods		
4.3. (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.	Provide information about the assessment methods used and the procedures for conducting the selected assessments.
4.4. (4.4)	Assessments obtain information on all areas of children’s development and learning, including cognitive skills, language, social-emotional development, approaches to learning, health, and physical development (including self-help skills).	Provide evidence that the selected assessments address all areas of children’s development.
4.5. (4.5)	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.	Provide information on norm-referenced and standardized tests if used. Provide evidence of published classroom assessment instruments used. Provide evidence of informal methods of collecting information in the program such as observations, checklists, rating scales and work sampling.

4.6. Required (4.6)	Staff-developed assessment methods <input type="checkbox"/> are aligned with curriculum goals, <input type="checkbox"/> provide an accurate picture of all children’s abilities and progress, <input type="checkbox"/> are appropriate and valid for their stated purposes, <input type="checkbox"/> provide meaningful and stable results for all learners, including English-language learners and children with special needs, <input type="checkbox"/> provide teachers with clear ideas for curriculum development and daily planning, <input type="checkbox"/> are regularly reviewed to be certain that they are providing the needed information.	The use of staff-developed assessment methods are not endorsed by the DE.
Identifying Children’s Interests and Needs and Describing Children’s Progress		
4.7. (4.7)	Teachers assess the developmental progress of each child across all 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.	Provide evidence of comprehensive assessments across all developmental areas documented by a completed assessment protocol. Information should be collected over multiple settings using multiple methods including family interview
4.8. (4.8)	Teachers refer to curriculum goals and developmental expectations when interpreting assessment data.	Provide procedures used by staff for analyzing and interpreting assessment data. Provide procedures/descriptions for how the data is used to inform curriculum and instruction for groups and individuals.
Adapting Curriculum, Individualizing Teaching, and Informing Program Development		
4.9. (4.9)	Teachers or others who know the children and are able to observe their strengths, interests, and needs on an on-going basis conduct assessments to inform classroom instruction and to make sound decisions about individual and group curriculum content, teaching approaches, and personal interactions.	Provide evidence that teachers or other program staff conduct assessments, rather than specialized staff who do not work with the child on a regular basis.
4.10. Required (4.11)	Teachers interact with children to assess their strengths and needs to inform curriculum development and individualize teaching.	Teaching staff use planned and spontaneous interactions to assess strengths and needs. Examples include large, small group and individual activities that may include examples of scaffolding based on assessment information. It may also be evidenced through lesson plans and observations.

Communicating With Families and Involving Families in the Assessment Process		
4.11. Required <i>(4.14)</i>	Families have ongoing opportunities to share the results of observations from home to contribute to the assessment process.	Describe methods to collect information from families regarding strengths, interests or needs of the child.

* Italics and parenthesis indicate IQPPS number

IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

PROGRAM STANDARD 5—HEALTH

THE PROGRAM PROMOTES THE NUTRITION AND HEALTH OF ALL CHILDREN AND STAFF AND PROTECTS THEM FROM PREVENTABLE ILLNESS AND INJURY.

IQITPS Number	Criteria	Guidance
5.1. (5.1)	<p>The program maintains current health records for each child: <input type="checkbox"/> Within 6 weeks after a child begins the program, and as age-appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the Web sites of American Academy of Pediatrics, The Centers for Disease Control of the United States Public Health Service (CDC-USPHS), and the Academy of Family Practice. <input type="checkbox"/> 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 any immunization for which parents are using religious exemption.</p> <p>Child health records include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current information about any health insurance coverage required for treatment in an emergency; <input type="checkbox"/> 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; <input type="checkbox"/> current emergency contact information for each child, which is kept up to date by a specified method during the year; <input type="checkbox"/> names of individuals authorized by the family to have access to health information about the child; <input type="checkbox"/> 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); and <input type="checkbox"/> supporting evidence for cases in which a child is under-immunized because of a medical condition (documented by a licensed health professional) or the family’s beliefs. Staff implement a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program. 	Provide evidence of how the program addresses the maintenance of health records by addressing each bullet in this criterion.
5.2. Required (5.2)	At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When the program includes swimming and wading and when a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times.	Provide copy of cards and evidence for the following: <ul style="list-style-type: none"> • Pediatric First Aid, 1 per classroom/group of children; • CPR as indicated by the needs of the children in the classroom as well as if the program includes swimming; • CPR for one staff person who is present in the program at all times.

<p>5.3. (5.3)</p>	<p>The program follows these practices in the event of an illness: <input type="checkbox"/> If an illness prevents the child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of the other children or if a child's condition is suspected to be contagious and requires exclusion as identified by health authorities, then the child is made comfortable in a location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, then until she or he can be picked up by the family, the child is located where new individuals will not be exposed. <input type="checkbox"/> The program immediately notifies the parent, legal guardian, or other person authorized by the parent when a child has any sign or symptom that requires exclusion from the program.</p> <p><input type="checkbox"/> A program that allows ill children or staff to remain in the program implements plans that have been reviewed by a health professional about</p> <ul style="list-style-type: none"> • what level and types of illness require exclusion; • how care is provided for those who are ill but who are not excluded; and • when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member. 	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing each bullet regarding illness of children.</p>
<p>5.4. (5.4)</p>	<p><input type="checkbox"/> 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 families should implement at home. <input type="checkbox"/> 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.</p>	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing communication with families about communicable diseases.</p> <p>Provide documentation of cooperative arrangements with local health authorities regarding health and/or communicable diseases.</p>
<p>5.5. (5.5)</p>	<p><input type="checkbox"/> Children of all ages have daily opportunities for outdoor play (when weather, air quality, or environmental safety conditions do not pose a health risk). <input type="checkbox"/> When outdoor opportunities for large motor activities are not possible because of conditions, the program provides similar activities inside. <input type="checkbox"/> Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.</p>	<p>Provide 3 weeks of the most recent daily schedules including activity/lesson plans</p> <p>Provide safety inspections/assessments for indoor and outdoor equipment.</p>
<p>5.6. (5.6)</p>	<p>To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that: <input type="checkbox"/> Children wear clothing that is dry and layered for warmth in cold weather. <input type="checkbox"/> 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). <input type="checkbox"/> 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 applied only on children older than two months. Staff apply insect repellent no more than once a day and only with written parental permission.</p>	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing all bullets.</p>

<p>5.7. (5.7)</p>	<p>For children who are unable to use the toilet consistently, the program makes sure that:</p> <p><input type="checkbox"/> Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason). <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Staff check children for signs that diapers or pull-ups are wet or contain feces (a) at least every 2 hours when children are awake and (b) when children awaken. <input type="checkbox"/> Diapers are changed when wet or soiled. <input type="checkbox"/> Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility. <input type="checkbox"/> Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. <input type="checkbox"/> At all times, caregivers have a hand on the child when being changed on an elevated surface. <input type="checkbox"/> In the changing area, staff <input type="checkbox"/> post and <input type="checkbox"/> follow changing procedures (as outlined in the Cleaning and Sanitations Frequency Table, p. 51). These procedures are used to evaluate teaching staff who change diapers: <input type="checkbox"/> 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. <input type="checkbox"/> 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). <input type="checkbox"/> Containers are kept closed and <input type="checkbox"/> are not accessible to children.</p> <p><input type="checkbox"/> Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.</p>	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing all bullets regarding diapering and toileting.</p>
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<p>5.8. (5.8)</p>	<p>The program follows these practices regarding hand washing: <input type="checkbox"/> Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.</p> <p><input type="checkbox"/> Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others. <input type="checkbox"/> Staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.</p> <p>Children and adults wash their hands: <input type="checkbox"/> on arrival for the day; <input type="checkbox"/> after diapering or using the toilet (use of wet wipes is acceptable for infants); <input type="checkbox"/> after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or any touching of mucus, blood, or vomit); <input type="checkbox"/> before meals and snacks, preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry); <input type="checkbox"/> after playing in water that is shared by two or more people;</p> <p><input type="checkbox"/> after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and <input type="checkbox"/> when moving from one group to another (e.g., visiting) that involves contact with infants and toddlers/twos.</p> <p>Adults also wash their hands <input type="checkbox"/> before and after feeding a child; <input type="checkbox"/> before and after administering medication; <input type="checkbox"/> after assisting a child with toileting; and <input type="checkbox"/> after handling garbage or cleaning.</p> <p>Proper hand-washing procedures are followed by adults and children and include: <input type="checkbox"/> using liquid soap and running water; <input type="checkbox"/> rubbing hands vigorously for at least 10 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 single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water).</p> <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 situation listed above. <input type="checkbox"/> Staff wear gloves when contamination with blood may occur <input type="checkbox"/> Staff do not use hand-washing sinks for bathing children or removing smeared fecal material. <input type="checkbox"/> In situations where sinks used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.</p> <p>Note: The use of alcohol-based hand rubs in lieu of hand washing is not recommended for early education and child care settings. If these products are used as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds. Since the alcohol-based hand rubs are toxic and flammable, they must be stored and used according to the manufacturer's instructions.</p>	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing all bullets regarding hand washing.</p>
<p>5.9. (5.9)</p>	<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 each 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>	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing communal water play.</p>

<p>5.10. (5.10)</p>	<p>Safeguards are used with all medications for children: <input type="checkbox"/> 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. <input type="checkbox"/> The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the program staff. <input type="checkbox"/> 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 five right practices of medication administration :</p> <p>(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. 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. <input type="checkbox"/> 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 licensed health care provider, the expiration date 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. <input type="checkbox"/> All medications are kept in a locked container.</p>	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing all bullets regarding medications.</p>
<p>5.11. Required</p>	<p>To reduce the risk of Sudden Infant Death Syndrome (SIDS): <input type="checkbox"/> Infants , unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission (This indicator is required of all programs with infants.)</p> <p><input type="checkbox"/> Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than eight months. <input type="checkbox"/> If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest. <input type="checkbox"/> The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.</p>	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing all bullets regarding SIDS.</p>
<p>5.12.</p>	<p>After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums.</p>	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training regarding infant teeth and gum care.</p>

5.13.	<input type="checkbox"/> Infants unable to sit are held for bottle-feeding. All others sit or are held to be fed. <input type="checkbox"/> Infants and toddlers/twos do not have bottles while in a crib or bed and <input type="checkbox"/> do not eat from propped bottles at any time. <input type="checkbox"/> Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. <input type="checkbox"/> Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training on feeding infants and toddlers.
5.14.	Infants and toddlers/twos do not have access to large buckets that contain liquid.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training regarding safety using large buckets of liquid.
5.15. (5.11)	At least once daily in a program where children older than one year receive two or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required.)	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training or a daily schedule addressing tooth brushing, if applicable. Snack and meals are counted
Ensuring Children's Nutritional Well-being		
5.16. (5.12)	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.	Provide policy or evidence of meeting the USDA CACFP guidelines.
5.17. (5.13)	Staff take steps to ensure the safety of food brought from home: <input type="checkbox"/> They work with families to ensure that foods brought from home meet the USDA's CACFP food guidelines. <input type="checkbox"/> All foods and beverages brought from home are labeled with the child's name and the date. <input type="checkbox"/> Staff make sure that food requiring refrigeration stays cold until served. <input type="checkbox"/> Food is provided to supplement food brought from home if necessary. <input type="checkbox"/> Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing each bullet for food brought from home.
5.18. (5.14)	The program takes steps to ensure food safety in its provision of meals and snacks. Staff discard foods with expired dates. 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.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing food safety.
5.19. (5.15)	For all infants and for 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.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing special feeding needs and staff responsibilities.

5.20. (5.16)	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.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing food allergies and health care needs
5.21. (5.17)	Clean sanitary drinking water is made available to children throughout the day. (Infants who are fed only human milk do not need to be offered water.)	Provide statement of water source and availability.
5.22. (5.18)	Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing hot liquids.
5.23.	The program supports breastfeeding by <input type="checkbox"/> accepting, storing and serving expressed human milk for feedings, <input type="checkbox"/> accepting human milk in ready-to-feed sanitary containers <input type="checkbox"/> labeled with the infant's name and date and <input type="checkbox"/> storing it in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months, <input type="checkbox"/> ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk, <input type="checkbox"/> providing a comfortable place for breastfeeding and <input type="checkbox"/> coordinating feedings with the infant's mother.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing all bullets regarding breastfeeding. Photo evidence may also be included for some of the bullets.
5.24.	<input type="checkbox"/> Except for human milk, staff serve only formula and infant food that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas, baby food jars, and center provided formula) prepared according to the manufacturer's instructions. <input type="checkbox"/> Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. <input type="checkbox"/> Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated. <input type="checkbox"/> If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. <input type="checkbox"/> No milk, including human milk, and no other infant foods are warmed in a microwave oven.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing each bullet about feeding.
5.25.	<input type="checkbox"/> Teaching staff do not offer solid foods and fruit juices to infants younger than six months, unless that practice is recommended by the child's health care provider and approved by families. <input type="checkbox"/> Sweetened beverages are avoided. <input type="checkbox"/> If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing each bullet about feeding.
5.26.	<input type="checkbox"/> Teaching staff who are familiar with the infant feed him or her whenever the infant seems hungry. <input type="checkbox"/> Feeding is not used in lieu of other forms of comfort.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing each bullet about feeding.
5.27.	The program does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children of ages 12 months to 24 months.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing feeding.

5.28. (5.19)	<input type="checkbox"/> 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. <input type="checkbox"/> 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.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing each bullet about feeding
5.29. (5.20)	The program prepares written menus, and posts them where families can see them, and has copies available for families. Menus are kept on file for review by a program consultant.	Provide photo evidence of written menus prepared and posted where families can see them. Provide evidence that menus are kept on file and reviewed by program consultant.
5.30. (5.21)	<input type="checkbox"/> The program serves meals and snacks at regularly established times. <input type="checkbox"/> Meals and snacks are at least two hours apart but not more than three hours apart.	Provide 3 weeks of the most recent daily schedules including snack and meal times.
Maintaining a Healthful Environment		
5.31. (5.22)	The routine frequency of cleaning and sanitizing all surfaces in the facility is as indicated in the Cleaning and Sanitation Frequency Table 1. Ventilation and sanitation, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets.	Provide evidence of a cleaning and sanitation plan and documentation that plan is followed.
5.32. (5.23)	Procedures for standard precautions are used and include the following: <input type="checkbox"/> Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized. <input type="checkbox"/> Staff use barriers and techniques that minimize contact of mucus membranes or of openings in skin with potentially infectious body fluids and that reduce the spread of infectious disease. <input type="checkbox"/> When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing. <input type="checkbox"/> After cleaning, staff sanitize nonporous surfaces by using the procedure for sanitizing designated changing surfaces described in the Cleaning and Sanitation Frequency Table 1. <input type="checkbox"/> Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning. <input type="checkbox"/> Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training of standard precautions addressing all bullets.
5.33. (5.24)	A toy that a child has placed in his or her mouth or is otherwise contaminated by body secretion or excretion is to be (a) washed by hand using water and detergent, then rinsed, sanitized, and air dried or (b) washed and dried in a mechanical dishwasher before it can be used by another child.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training of cleaning contaminated items. Provide evidence of practices to separate contaminated toys for other toys such as a bucket labeled for contaminated items.
5.34. (5.25)	Staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.	Provide evidence of forms used to collect this information from families. If the program provides evidence there are no allergies or environmental hazards this criterion would not need to be addressed.

<p>5.35. (5.26)</p>	<p>Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.</p>	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training regarding animals in the classroom.</p> <p>Provide evidence of current vaccinations from veterinarian for visiting and classroom pets that require vaccination.</p>
<p>5.36.</p>	<p>Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.</p>	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training regarding footwear in infant room(s). Photo evidence may also be provided.</p>

* Italics and parenthesis indicate IQPPS number

IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

PROGRAM STANDARD 6—TEACHERS

THE PROGRAM EMPLOYS AND SUPPORTS A TEACHING STAFF THAT HAS THE EDUCATIONAL QUALIFICATIONS, KNOWLEDGE, AND PROFESSIONAL COMMITMENT NECESSARY TO PROMOTE CHILDREN’S LEARNING AND DEVELOPMENT AND TO SUPPORT FAMILIES’ DIVERSE NEEDS AND INTERESTS.

IQITPS Number	Criteria	Guidance
Preparation, Knowledge, and Skills of Teaching Staff		
6.1. Required (6.1)	When working with children, all teaching staff demonstrate the ability to <input type="checkbox"/> interact with children without using physical punishment or any form of psychological abuse; <input type="checkbox"/> recognize health and safety hazards and protect children from harm; <input type="checkbox"/> encourage and provide children with a variety of opportunities for learning; <input type="checkbox"/> encourage and provide children with a variety of social experiences; <input type="checkbox"/> adapt and respond to changing and challenging conditions in ways that enhance program quality; <input type="checkbox"/> communicate with children and <input type="checkbox"/> families.	Provide evidence of training in infant/toddler Positive Behavioral Interventions and Supports (PBIS) or other training on positive guidance. Provide written policies for: prohibiting physical and psychological punishment/abuse. Provide evidence of requiring staff training in: <ul style="list-style-type: none"> • Health and safety of infants and toddlers; • Child development; and • Use of Iowa Early Learning Standards.
6.2. (6.2)	Before working alone with children, new teaching staff are given an initial orientation that introduces them to fundamental aspects of program operation including <input type="checkbox"/> program philosophy, values, and goals; <input type="checkbox"/> expectations for ethical conduct; <input type="checkbox"/> health, safety, and emergency procedures; <input type="checkbox"/> individual needs of children they will be teaching or caring for; <input type="checkbox"/> accepted guidance and classroom management techniques; <input type="checkbox"/> daily activities and routines of the program; <input type="checkbox"/> program curriculum; <input type="checkbox"/> child abuse and neglect reporting procedures; <input type="checkbox"/> program policies and procedures; <input type="checkbox"/> Iowa Infant/Toddler Early Childhood Program Standards and <input type="checkbox"/> regulatory requirements. Follow-up training expands on the initial orientation.	Provide evidence of initial orientation specific to the infant and toddler program addressing all bullets. Teaching staff includes associates. Policy alone is not sufficient.

<p>6.3. Required (6.3)</p>	<p>All teachers (see Definition of Teaching Staff) have a minimum of a Child Development Associate.</p>	<p>Provide evidence that a minimum of a CDA credential is held by all teachers. The CDA must be granted from the Center for Professional Recognition. Hours alone do not count.</p> <p><i>Definition of Teaching Staff:</i></p> <p>The term early care and education teaching staff refers to all members of the teaching team who work directly with children, including teachers and assistant teachers, in child care, Head Start, preschool/ prekindergarten, and kindergarten regardless of program auspice. Teachers are defined as those adults with primary responsibility for a group of children. Assistant teachers are adults who work under the direct supervision of a teacher. This definition is taken from the NAEYC Early Childhood Program Standards and Accreditation Criteria and falls within the “early learning and special needs/early intervention ovals” of the Iowa Early Care, Health, and Education system.</p>
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<p>6.4. Required (6.4)</p>	<p>Assistant Teachers-teacher aides (staff who implement program activities under direct supervision) have a high school diploma or GED and <input type="checkbox"/> 50% of assistant teachers-teacher aides have at least a Child Development Associate Credential (CDA) or equivalent. <input type="checkbox"/> 100% of assistant teachers-teacher aides who do not have at least a CDA are enrolled in a program leading to a CDA or equivalent, are actively participating in the program, and are demonstrating progress toward the CDA or equivalent. College-level course work from regionally accredited institutions of higher education may include distance learning or online coursework. If there is only one assistant teacher-teacher aide, then either of the requirements can be met.</p>	<p>Provide evidence that 50% of the assistant teachers-teacher aides in a building have a high school diploma or GED and at least a CDA credential or equivalent.</p> <p>Provide evidence that 100% of assistant teachers-teacher aides who don't have at least a CDA are enrolled in a program leading to a CDA or equivalent, are actively participating in the program, and are demonstrating progress toward the CDA or equivalent.</p> <p>A CDA credential must be granted from the Center for Professional Recognition, hours alone do not count.</p> <p>A Paraeducator license must be granted from the BOEE. The qualification for paraeducator is Level I Generalist AND Level II Early Childhood. It is not necessary to maintain the paraeducator certificate.</p>
<p>Teacher's Dispositions and Professional Commitment</p>		
<p>6.5. (6.5)</p>	<p>All teaching staff evaluate and improve their own performance based on ongoing reflection and feedback from supervisors, peers, and families. They add to their knowledge and increase their ability to put knowledge into practice. They develop an annual individualized professional development plan with their supervisor and use it to inform their continuous professional development.</p>	<p>Provide evidence of a Professional Development Plan that documents that the plan was developed with their supervisor. The plan may or may not have occurred in combination with the teaching staff evaluation process.</p>

* Italics and parenthesis indicate IQPPS number

IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

PROGRAM STANDARD 7—FAMILIES

THE PROGRAM ESTABLISHES AND MAINTAINS COLLABORATIVE RELATIONSHIPS WITH EACH CHILD’S FAMILY TO FOSTER CHILDREN’S DEVELOPMENT IN ALL SETTINGS. THESE RELATIONSHIPS ARE SENSITIVE TO FAMILY COMPOSITION, LANGUAGE, AND CULTURE.

IQITPS Number	Criteria	Guidance
Knowing and Understanding the Program’s Families		
7.1. (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.	Provide evidence and examples of strategies used to build relationships with families including use of ways to engage families through ongoing, two-way communication.
7.2. (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.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing nondiscriminatory practices regarding family participation in all aspects of the program including volunteer opportunities.
7.3.	The program works with families on shared child caregiving issues, including routine separations, special needs, the food being served and consumed, and daily care issues.	Provide evidence of two-way communication with families regarding shared child caregiving issues
Sharing Information Between Staff and Families		
7.4. (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.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing informing families about assessing children’s progress including purpose, procedures, timing, sharing with family, and using results. Provide evidence of two-way communication with families regarding child assessment.

7.5. (7.4)	When program staff suspect that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive, and confidential manner and is provided with documentation and explanation for the concern, suggested next steps, and information about resources for assessment.	<p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing making child/family referrals to outside agencies that can help support the child/family needs.</p> <p>Provide evidence of collaboration with community partners such as with Early ACCESS or the Area Education Agency to provide support.</p> <p>Provide evidence of two-way communication with families regarding concerns with child's development.</p>
7.6.	Program staff communicate with families on a daily basis regarding infants' and toddlers'/twos' activities and developmental milestones, shared caregiving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, program staff communicate through established alternative means.	<p>Provide evidence of two-way communication with families regarding child's development, shared caregiving issues, and other information that affects the well-being and development of the child.</p> <p>Evidence may include samples of daily logs or other daily communication with families.</p>
Nurturing Families as Advocates for Their Children		
7.7. (7.6)	Program staff encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporate into classroom practice.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing multiple ways to engage families through ongoing two-way communication around concerns and solutions.

7.8. (7.7)	Program staff encourage and support families to make the primary decisions about services that their children need, and they encourage families to advocate to obtain needed services.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing multiple ways to engage families through ongoing two-way communication around deciding and advocating for needed services.
7.9. (7.8)	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.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing making child/family referrals to outside agencies that can help support the child/family needs. Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing multiple ways to engage families through ongoing two-way communication about community resources and services.
7.10. (7.9)	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.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing connections with other early childhood programs in order to support children and families with transitions between programs. Provide evidence of multiple ways to engage families through ongoing two-way communication to prepare for transitions. This may include collaboration with agencies and organizations such as Early ACCESS, Area Education Agencies, Early Head Start or Head Start.

IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

PROGRAM STANDARD 8—COMMUNITY PARTNERSHIPS

THE PROGRAM ESTABLISHES RELATIONSHIPS WITH AND USES THE RESOURCES OF THE CHILDREN’S COMMUNITIES TO SUPPORT THE ACHIEVEMENT OF PROGRAM GOALS.

IQITPS Number	Criteria	Guidance
Linking with the Community		
8.1. (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 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.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training for: <ul style="list-style-type: none"> • Making child/family referrals to outside agencies that can help support the child/family needs; • Addressing multiple ways to engage families through ongoing two-way communication about community resources and services.
8.2. (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.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training that indicates building relationships with specialized consultants and organizations to support children and families
8.3. (8.3)	Program staff identify and establish relationships with specialized consultants who can assist all children’s and families’ full participation in the program. This assistance includes support for children with disabilities, behavioral challenges, or other special needs.	Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training that indicates building relationships with specialized consultants and organizations to support children’s and families’ full participation in the program.

Accessing Community Resources		
8.4. (8.4)	Program staff use their knowledge of the community and the families it serves as an integral part of the curriculum and children's learning experiences.	Provide examples of how knowledge about the community and the families it serves are used to inform the curriculum and activities of the children.
Acting as a Citizen in the Neighborhood and the Early Childhood Community		
8.5. (8.5)	The program encourages staff to participate in joint and collaborative training activities or events with neighboring early childhood programs and other community service agencies.	Provide evidence of a policy or statement in a staff handbook or evidence of staff training indicating training or events with neighboring EC programs and community agencies.
8.6. (8.6)	Program staff are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts.	Provide evidence of a policy or statement in a staff handbook or evidence of staff training encouraging and supporting participation in local or state EC program/agency councils or committees.

* Italics and parenthesis indicate IQPPS number

IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

PROGRAM STANDARD 9— PHYSICAL ENVIRONMENT

THE PROGRAM HAS A SAFE AND HEALTHFUL ENVIRONMENT THAT PROVIDES APPROPRIATE AND WELL-MAINTAINED INDOOR AND OUTDOOR PHYSICAL ENVIRONMENTS. THE ENVIRONMENT INCLUDES FACILITIES, EQUIPMENT, AND MATERIALS TO FACILITATE CHILD AND STAFF LEARNING AND DEVELOPMENT.

IQITPS Number	Criteria	Guidance
Indoor and Outdoor Equipment, Materials and Furnishings		
9.1. Required (9.1)	A variety of age and developmentally appropriate materials and equipment are available <input type="checkbox"/> indoors and <input type="checkbox"/> outdoors for children throughout the day. This equipment includes <input type="checkbox"/> dramatic play equipment ; <input type="checkbox"/> sensory materials such as sand, water, play dough, paint, and blocks; <input type="checkbox"/> materials that support curriculum goals and objectives in literacy, math, science, social studies, and other content areas; and <input type="checkbox"/> gross motor equipment for activities such as pulling up; walking; climbing in, on, and over; moving through, around, and under; pushing; pulling; and riding.	Provide evidence of materials and equipment addressing all bullets for both indoor and outdoor environments.
9.2. (9.2)	<input type="checkbox"/> The indoor environment is designed so that staff can supervise children by sight and sound at all times without relying on artificial monitoring devices. <input type="checkbox"/> In semiprivate areas, it is always possible for both children and adults to be observed by an adult from outside the area.	Provide floor plan of classrooms including bathrooms used by the children. Provide evidence (photographs, sketches.) of outdoor environment indicating if the area may be appropriately supervised by sight and sound.
9.3. (9.3)	Materials and equipment are available <input type="checkbox"/> to facilitate focused individual play or play with peers, and <input type="checkbox"/> in sufficient quantities to occupy each child in activities that meet his or her interests.	Provide evidence of materials and equipment available for individual play and peer play. Provide evidence of formal or informal assessment to assure sufficient equipment is available
9.4.	The indoor environment includes washable, soft elements that allow groups of children or adults and children to sit in close proximity for conversations or comforting.	Provide photo evidence of the environment related to this criterion.
9.5. (9.4).	Indoor space is designed and arranged to <input type="checkbox"/> accommodate children individually, in small groups, and in a large group; <input type="checkbox"/> divide space into areas that are supplied with materials organized in a manner to support children’s play and learning; <input type="checkbox"/> provide semiprivate areas where children can play or work alone or with a friend; <input type="checkbox"/> provide children with disabilities full access (making adaptations as necessary) to the curriculum and activities in the indoor space.	Provide indoor floor plan of classrooms including bathrooms used by the children. Indicate areas identified by each bullet in this criterion. Photo evidence of the environment may be used.
9.6.	<input type="checkbox"/> Adults have a comfortable place to sit, hold, and feed infants. <input type="checkbox"/> Staff place rocking chairs and glider chairs in locations that will avoid injury to children who may be on the floor.	Provide photo evidence of the environment related to this criterion.
9.7.	Nursing mothers have a place to breast-feed their children that meets their needs for comfort and privacy.	Provide photo evidence of the environment related to this criterion.

Outdoor Environmental Design		
9.8. (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 <input type="checkbox"/> motor experiences such as running, climbing, balancing, riding, jumping, crawling, scooting or swinging; <input type="checkbox"/> activities such as dramatic play, block building, manipulative play, or art activities; <input type="checkbox"/> exploration of the natural environment, including a variety of natural and manufactured surfaces, and areas with natural materials such as nonpoisonous plants, shrubs, and trees. <input type="checkbox"/> The program makes adaptations so children with disabilities can fully participate in the outdoor curriculum and activities.	Provide evidence of outdoor play areas, materials and equipment available for individual play and peer play in all bullets related to this criterion. Provide evidence of formal or informal assessment to assure sufficient equipment is available. Photo evidence of the environment may be used.
9.9. Required (9.6)	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.	Provide photos of outdoor play area, including the fence/barriers.
9.10. (9.7)	The outdoor play area is arranged so that staff can supervise children by sight and sound.	Provide evidence (photographs, diagrams, sketches) of outdoor environment indicating if the area may be appropriately supervised by sight and sound.
9.11.	The outdoor play area protects children from <input type="checkbox"/> injury from falls (resilient surfacing should extend six feet beyond the limits of stationary equipment); <input type="checkbox"/> catch points, sharp points, and protruding hardware; <input type="checkbox"/> entrapment (openings should measure less than 3.5 inches or more than 9 inches.); <input type="checkbox"/> tripping hazards and <input type="checkbox"/> excessive wind and direct sunlight.	Provide pictures of outdoor play area and a current completed playground assessment that addresses each bullet in this criterion.
Building and Physical Design		
9.12. Required (9.9)	There is a minimum of 35 square feet of usable space per child in each of the primary indoor activity areas. (The primary activity area does not include diaper stations, cribs, large structures that cannot be removed or moved aside easily, toilets, sick-child area, staff rooms, corridors, hallways, stairways, closets, lockers or cubbies, laundry rooms, janitor rooms, furnace rooms, storage areas, and built-in shelving. Specialty areas such as computer rooms, reading rooms, and lunchrooms, where children are expected to remain seated for short periods of time may be excluded from the minimum space requirement.)	Provide square footage calculation. Total square feet of usable space divided by 35 = the maximum number of children who can be in the classroom or space. Provide the current number of children served in the space.
9.13.	The work environment for staff, including classrooms and staff rooms, is comfortable and clean and is in good repair. The work environment includes <input type="checkbox"/> a place for adults to take a break from children, <input type="checkbox"/> an adult-sized bathroom, <input type="checkbox"/> a secure place for staff to store their personal belongings, and <input type="checkbox"/> an administrative area for planning or preparing materials that is separated from the children's areas	Provide photo evidence of the staff environment related to this criterion and/or policies or statements in a staff handbook addressing these bullets.
9.14. Required (9.10)	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.	Provide policy or evidence addressing ADA compliance.
9.15.	<input type="checkbox"/> Toilets <input type="checkbox"/> drinking water and <input type="checkbox"/> hand-washing facilities are within 40 feet of the indoor areas that children use. The hand-washing sinks are accessible to <input type="checkbox"/> staff and <input type="checkbox"/> children (step stools are available if needed)	Provide photo evidence of the environment related to this criterion.

Building/Physical Design		
9.16. (9.11)	The routine frequency of cleaning and sanitation in the facility is carried out as indicated in the Cleaning and Sanitation Frequency Table. <input type="checkbox"/> Staff clean and sanitize toilet seats, toilet handles, toilet bowls, doorknobs, or cubicle handles and floors either daily or immediately if visibly soiled. <input type="checkbox"/> Staff clean and sanitize potty chairs, if in use, after each child's use.	Provide a current completed checklist of cleaning and sanitation frequency that addresses all bullets in this criterion.
9.17. Required (9.12)	<input type="checkbox"/> 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. <input type="checkbox"/> The program excludes baby walkers.	Provide statement and evidence of protection from hazards listed in this criterion.
9.18. Required (9.13)	<input type="checkbox"/> Fully equipped first-aid kits are readily available and maintained for each group of children. <input type="checkbox"/> Staff take at least one kit to the outdoor play areas as well as on field trips and outings away from the site.	Provide statement and evidence of a first aid kit available and maintained for each group of children as well as one kit being accessible at all times in outdoor play areas and on outings away from site.
9.19. Required (9.14)	<input type="checkbox"/> Fully working fire extinguishers and fire alarms are installed in each classroom and are tagged and serviced annually. <input type="checkbox"/> Fully working carbon monoxide detectors are installed in each classroom and are tagged and serviced annually. <input type="checkbox"/> 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.	Provide evidence of fire extinguisher, fire alarms and carbon monoxide detector in each classroom and current annual service record for each. Provide current completed log of monthly testing of smoke detectors, fire alarms and carbon monoxide detectors that includes testing dates and battery changes. If sprinkler system in the classroom, no fire extinguisher is required. A "Tundra" is an acceptable replacement for a fire extinguisher. No carbon monoxide detector necessary if site has geothermal or electric heating.
9.20. Required (9.15)	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.	If applicable, provide picture of barriers in place around body of water and include any child-proof gates. Provide evidence that staff supervise all children by sight and sound in all areas with access to water in tubs, pails, and water tables.

9.21.	Staff use vehicles and approves child and adult safety-restraint devices in accordance with the manufacturer's instructions, and they use the restraints at all times when transporting children.	Provide evidence of a policy or statement in a staff handbook or evidence of staff training covering use of vehicles and safety-restraint devices.
9.22.	Program staff identifies choking hazards and remove them from the proximity and reach of infants and toddlers/twos.	Provide evidence of a policy or statement in a staff handbook or evidence of staff training covering choking hazards for infants and toddlers.
9.23.	Bathrooms have barriers to prevent entry by unattended infants and toddler/twos.	Provide photo evidence of the environment related to this criterion.
Environmental Health		
9.24. (9.16)	Documentary evidence, available on site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults if warranted by the assessment.	Provide latest report(s) indicating inspection for environmental hazards listed in this criterion. If applicable, provide evidence for correction of prior findings.
9.25. (9.17)	When the water supply source is a well or other private source (i.e., not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the water to be safe for human consumption.	Provide a statement that water is from the public water supply. If from source other than a public water supply, provide statement from health authority that water is safe for human consumption.
9.26. (9.18)	All rooms that children use are heated, cooled, and ventilated to maintain room temperature and humidity level. The maintenance staff or contractor certifies that facility systems are maintained in compliance with national standards for facility use by children.	Provide a copy of HVAC inspection or statement from district/center that systems are maintained.
9.27. Required (9.19)	The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.	Provide policy indicating the facility is smoke free. Provide photos of signage posted around the premises prohibiting smoking.
9.28.	<input type="checkbox"/> The program maintains facilities so they are free from harmful animals, insect pests, and poisonous plants. <input type="checkbox"/> Pesticides and herbicides, if used, are applied according to manufacturer's instructions when children are not at the facility and in a manner that prevents skin contact, inhalation, and other exposure to children. <input type="checkbox"/> The program uses the techniques know as Integrated Pest Management (IPM) so the least hazardous means are used to control pests and unwanted vegetation.	Provide evidence of a policy or statement in a staff handbook or maintenance handbook that addresses all bullets in this criterion.
9.29.	Toxic substances (used only as directed by the manufacturer) are <input type="checkbox"/> stored in original labeled container and <input type="checkbox"/> kept in a locked room or cabinet inaccessible to children, and away from medications and foods. <input type="checkbox"/> Matches and lighters are not accessible and gasoline and other flammable materials are stored (when needed) in a separate building.	Provide evidence of a policy or statement in a staff handbook that addresses all bullets in this criterion.

* Italics and parenthesis indicate IQPPS number

IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

PROGRAM STANDARD 10—LEADERSHIP AND MANAGEMENT

THE PROGRAM EFFECTIVELY IMPLEMENTS POLICIES, PROCEDURES, AND SYSTEMS THAT SUPPORT STABLE STAFF AND STRONG PERSONNEL, FISCAL, AND PROGRAM MANAGEMENT SO ALL CHILDREN, FAMILIES AND STAFF HAVE HIGH-QUALITY EXPERIENCES.

IQITPS Number	Criteria	Guidance
Leadership		
10.1. (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.	Provide a copy of program mission, philosophy, goals and objectives. These may or may not be the same as the school district mission, philosophy, goals and objectives.
10.2. Required (10.2)	<p>The program administrator has the educational qualifications and personal commitment required to serve as the program’s operational and pedagogical leader. The administrator <input type="checkbox"/> has at least a baccalaureate degree; <input type="checkbox"/> has at least 9 credit-bearing hours of specialized college-level course work in administration, leadership, and management. (which can be in school administration, business management, communication, technology, early childhood management or administration, or some combination of these areas.); <input type="checkbox"/> has at least 24 credit-bearing hours of specialized college-level course work in early childhood education, child development, elementary education, or early childhood special education that encompasses child development and children’s learning from birth through kindergarten; family and community relationships; the practices of observing, documenting and assessing young children; teaching and learning processes; and professional practices and development.</p> <p>OR</p> <p><input type="checkbox"/> documents that a plan is in place to meet the above qualifications within five years.</p> <p>OR</p> <p><input type="checkbox"/> can provide documentation of having achieved a combination of relevant formal education and experience.</p>	<p>Provide evidence of Principal endorsement which includes PK.</p> <p>Otherwise provide documentation for indicators for each bullet. Provide evidence that this individual is on site during summer programming.</p>

<p>10.3. (10.3)</p>	<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> <p>When a program has a total enrollment of fewer than 60 full-time equivalent (FTE) children, employs fewer than eight FTE staff, or both, <input type="checkbox"/> a program may have a part-time administrator or an administrator who fulfills a dual role (e.g. teacher-administrator), and <input type="checkbox"/> in multi-site programs, the sites may share an off-site administrator.</p> <p>When a program has a total enrollment of 60 or more FTE children, employs eight or more FTE staff, or both, <input type="checkbox"/> a program has a full-time administrator, or <input type="checkbox"/> at multi-site programs, 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.</p> <p>Note: When two or more people share administrative responsibilities, at least one person must meet the qualifications detailed in criterion 10.2. This person is considered the designated administrator, and her or his contributions will be included in the assessment of criteria within the Leadership topic area.</p>	<p>Provide evidence that criterion 10.2 is met. (Endorsement for Pk-6 or Pk-12 is acceptable.)</p> <p>One administrator, who has met 10.2, is acceptable for any size program.</p>
<p>Management Policies and Procedures</p>		
<p>10.4.</p>	<p>The program has written policies and procedures that demonstrate how the program prepares for, orients, and welcomes children and families. These policies and procedures are shared verbally and in writing with families of enrolled children and are available in languages that families use and understand. Policies address <input type="checkbox"/> the program's philosophy and <input type="checkbox"/> curriculum goals and objectives; <input type="checkbox"/> the programs commitment to welcome children and families, and <input type="checkbox"/> guidance and discipline. Procedures address <input type="checkbox"/> the variety of strategies used by the program for ongoing communication in their preferred language or through translation; <input type="checkbox"/> how IFSP's, IEP's, and other individualized plans will be addressed for children with disabilities and other special learning needs; <input type="checkbox"/> health and safety precautions and requirements that affect families and their children, including building security and access, medications, inclusion or exclusion of ill children, and emergency plans; <input type="checkbox"/> the variety of techniques used by the program to negotiate difficulties and differences that arise in interactions between families and program staff; <input type="checkbox"/> payment, meals and snacks and sleeping arrangements; <input type="checkbox"/> how the program ensures confidentiality of child and family information; <input type="checkbox"/> how and when children are scheduled for field trips; <input type="checkbox"/> safety precautions that will be used to safeguard the children on trips, including having a communication device to call for help, whenever necessary while on the trip, having first-aid supplies on the trip, and alternate transportation arrangements if there is a problem with the transportation vehicle during the trip.</p>	<p>Provide evidence of policies, family handbook, staff handbook or staff training coverall how the program prepares for, orients, and welcomes children and families addressing all bullets in this criterion.</p> <p>Provide a narrative describing how children and families are welcomed and oriented into the program and address all bullets in this criterion.</p>

10.5. (10.4)	<p>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.</p> <p>Teaching staff-child ratios within group size (see table 3) are maintained during all hours of operation, including <input type="checkbox"/> indoor time, <input type="checkbox"/> outdoor time, and <input type="checkbox"/> during transportation and field trips (when transporting children, the teaching staff-child ratio is used to guide the adult-child ratio).</p> <p>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.)</p>	<p>Provide policies and procedure for maintaining child: staff ratios and group size at all times.</p> <p>Use "Table 3: Teacher-Child Ratios Within Group Size" on page 27 of <i>Iowa Quality Infant/Toddler Program Standard and Criteria: Self-Assessment</i> for detailed information.</p>
10.6.	<p>The program is organized and staffed to minimize the number of <input type="checkbox"/> teaching staff and <input type="checkbox"/> classroom transitions experienced by an individual child during the day and program year. Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of children.</p>	<p>Provide a current list of staff assigned to each room and a staff coverage plan for all hours of operation.</p> <p>Provide evidence of a policy or statement in a family or staff handbook or evidence of staff training addressing children transitioning between groups of children and staff.</p>
10.7. (10.5)	<p>Financial policies and the procedures to implement them provide evidence of sound fiscal accountability using standard accounting practices. Financial policies and procedures are consistent with the program's vision, philosophy, mission, goals, and expected child outcomes. Operating budgets are prepared annually, and there is at least quarterly reconciliation of expenses to budget. A system exists to review or adjust the budget if circumstances change, and it includes a yearly audit. Budgets are reviewed and amended as needed. Fiscal records (such as revenue and expenditure statements, balance sheets, banking reconciliation, etc.) are kept as evidence of sound financial management.</p>	<p>Provide evidence of policy and practices addressing sound fiscal management that addresses each item listed in this criterion. These policies may or may not be the same as the school district policies</p>
Health, Nutrition, and Safety Policies and Procedures		
10.8. (10.6)	<p>The program has written policies to promote wellness and to safeguard the health and safety of children and adults. Procedures are in place that address <input type="checkbox"/> 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); <input type="checkbox"/> management plans and reporting requirements for staff and children with illness, including medication administration, and criteria for their inclusion or exclusion; <input type="checkbox"/> supervision of children in instances when teaching staff are assigned to specific areas that are near equipment where injury could occur; <input type="checkbox"/> the providing of space, supervision, and comfort for a child waiting for pick up because of illness; <input type="checkbox"/> the providing of adequate nutrition for children and adults; <input type="checkbox"/> sleeping and napping arrangements, including sleep positioning for infants; <input type="checkbox"/> sanitation and hygiene, including food handling and feeding; <input type="checkbox"/> maintenance of the facility and equipment; <input type="checkbox"/> prohibition of smoking, firearms, and other significant hazards that pose risks to children and adults; and <input type="checkbox"/> the providing of referrals for staff that support them in wellness, prevention and treatment of depression, and stress management.</p>	<p>Provide evidence of policies and procedures that address each bullet in this criterion.</p>

10.9. (10.7)	The program has written procedures to protect children and adults from environmental hazards such as air pollution, lead, and asbestos, according to public health requirements.	Provide evidence of policies or procedures to protect children and adults from environmental hazards.
10.10. (10.8)	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.	Provide evidence of policies and procedures for reporting child abuse and neglect that explicitly state they comply with federal, state and local laws. If the policy says they follow all state laws, it is acceptable. Provide evidence of a policy or statement in staff handbook that 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.
10.11. (10.9)	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.	Provide policies or procedures that address protecting an accused staff member as well as the children in the program. Policy language about protecting the rights of the staff member might read: "The processing of a complaint or allegation will be handled confidentially to the maximum extent possible."
10.12. (10.10)	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 <input type="checkbox"/> administrators or teaching staff who have consent from a parent or legal guardian for access to records, <input type="checkbox"/> the child's parents or legal guardian, and <input type="checkbox"/> regulatory authorities, upon request.	Provide policies and procedures describing health and safety information collected and kept updated from families as well as how that information will be kept confidential.
10.13. (10.11)	Written procedures address all aspects of the arrival, departure, and transportation of children. The procedures <input type="checkbox"/> facilitate family-staff interaction; <input type="checkbox"/> ensure that all children transported during the program day are accounted for before, during, and after transport; <input type="checkbox"/> ensure the safety of all children as pedestrians and as passengers; <input type="checkbox"/> address specific procedures for children with disabilities; and <input type="checkbox"/> address special circumstances in picking up children at the end of the day.	Provide written procedures describing arrival, departure and transportation of children that address each bullet in this criterion.

10.14. (10.13)	The program has written and posted disaster preparedness and emergency evacuation policies and procedures. Procedures designate an appropriate person to assume authority and take action in an emergency when the administrator is not on site. The procedures include <input type="checkbox"/> plans that designate how and when to either shelter in place or evacuate and that specify a location for the evacuation; <input type="checkbox"/> plans for handling lost or missing children, security threats, utility failure, and natural disasters; <input type="checkbox"/> arrangements for emergency transport and escort from the program; and <input type="checkbox"/> monthly practice of evacuation procedures with yearly practice of other emergency procedures.	Provide evidence of written disaster and preparedness and emergency evacuation policies and procedures that address each bullet in this criterion. Provide photo evidence of posted policies and procedures.
10.15. (10.14)	The program has written, up-to-date, comprehensive procedures to prepare for and respond to medical and dental emergencies for children and adult staff. The procedures include <input type="checkbox"/> identification of a hospital or other source of medical care as the primary site for emergency care (program staff have informed the facility of their intent to use their services in an emergency); <input type="checkbox"/> immediate access to written familial-consent forms, to relevant health insurance information for emergency medical treatment and transportation arrangements; <input type="checkbox"/> arrangements for emergency transport and escort from the program of individuals who require immediate medical attention; <input type="checkbox"/> presence of an adult with current pediatric first-aid training certification on-site at all times (training includes providing rescue breathing, management of a blocked airway, and any special procedures that physicians of enrolled children have documented that the children require); and <input type="checkbox"/> individual emergency care plans for children with known medical or developmental problems or other conditions that might require special care in an emergency (allergy, asthma, seizures, orthopedic or sensory problems, and other chronic conditions; conditions that require regular medication or technology support).	Provide evidence of written, up-to-date, procedures to prepare for and respond to medical and dental emergencies that address each bullet in this criterion.
Personnel Policies		
10.16. (10.15)	The program has written personnel policies that define <input type="checkbox"/> the roles and responsibilities, <input type="checkbox"/> qualifications, and <input type="checkbox"/> specialized training required of <input type="checkbox"/> staff and <input type="checkbox"/> volunteer positions. The policies outline <input type="checkbox"/> nondiscriminatory hiring procedures and <input type="checkbox"/> policies for staff evaluation. Policies detail <input type="checkbox"/> job descriptions for each position, including reporting relationships; <input type="checkbox"/> salary scales with increments based on professional qualification, length of employment, and performance evaluation; <input type="checkbox"/> benefits; and <input type="checkbox"/> resignation, termination, and grievance procedures. <input type="checkbox"/> Personnel policies provide for incentives based on participation in professional development opportunities. <input type="checkbox"/> The policies are provided to each employee upon hiring.	Provide evidence of written personnel policies that address each bullet in this criterion. Provide evidence that personnel policies are provided to each employee upon hiring.
10.17. (10.16)	Hiring procedures ensure that all employees in the program (including bus drivers, bus monitors, custodians, cooks, clerical and other support staff) who come in contact with children in the program or who have responsibility for children <input type="checkbox"/> have passed a criminal-record check; <input type="checkbox"/> are free from any history of substantiated child abuse or neglect; <input type="checkbox"/> are at least 18 years old (except vehicle drivers who must be at least 21); <input type="checkbox"/> have completed high school or the equivalent, and <input type="checkbox"/> have provided personal references and a current health assessment that attest to the prospective employee's ability to perform the tasks required to carry out the responsibilities of their position.	Provide evidence for each bullet in this criterion for all paid staff.

10.18.	Efforts are made and documented to hire and maintain staff with the cultural and racial characteristics of the families served. Policies are in place for obtaining staff or volunteers who speak the language of the children served, and these individuals regularly interact with the children and families.	Provide evidence of a policy or statement in a staff handbook that addresses hiring and maintaining staff with the cultural and racial characteristics of the families served.
10.19. <i>(10.17)</i>	<p>Programs maintain current health information from a documented health assessment for all paid staff and for all volunteers who work more than 40 hours per month and have contact with the children. A current health assessment (Not more than 1 year old) is received by the program before an employee starts work or before a volunteer has contact with children. The health assessment is updated every two years. Documented health assessment includes</p> <p><input type="checkbox"/> immunization status; <input type="checkbox"/> capacities and limitations that may affect job performance;</p> <p><input type="checkbox"/> documentation by a licensed health professional of TB skin testing using the Mantoux method and showing the employee to be free from active TB disease. For those who have a positive TB skin test and who develop a persistent cough or unexpected fever, immediate assessment by a licensed physician is required. For those who have increased risk of TB according to the Centers for Disease Control (CDC), documentation is required annually by a licensed health professional showing that the employee is free from active TB disease.</p>	Provide evidence of health assessments that include all bullets in this criterion for all paid staff and volunteers who work more than 40 hours per month and have contact with the children.
10.20. <i>(10.18)</i>	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.	Provide evidence of a policy or statement in a staff handbook addressing breaks away from children.
10.21. <i>(10.19)</i>	Confidential personnel files, including applications with record of experience, transcripts of education, health-assessment records, documentation of ongoing professional development, and results of performance evaluation, are kept in a secure location.	Provide policy indicating personnel files are in a secure location.
10.22. <i>(10.20)</i>	All staff are evaluated at least annually by an appropriate supervisor or, in the case of the program administrator, by the governing body.	Provide policy or procedure indicating all staff are evaluated annually.
10.23.	The program establishes goals for continuous improvement and innovation using information from the annual program evaluation. The program uses this information to plan professional development and program quality-improvement activities as well as to improve operations and policies.	Provide evidence that may include a copy of the annual program evaluation and how it is used for planning program improvements and professional development.

* Italics and parenthesis indicate IQPPS number