Iowa Quality Preschool Program Standards
Program Portfolio

District: _____ **Verifier:** _____ **Date:** _____

Standard 1: Relationships

No criteria under this Standard.

Standard 2: Curriculum

IQPPS #	*Criteria*	*Notes*
Curriculum: Essential Characteristics		
□ **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.	
□ **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.	
□ **2.3**	The curriculum guides teacher's development and intentional implementation of learning opportunities consistent with the program's goals and objectives.	
□ **2.4**	The curriculum can be implemented in a manner that reflects responsiveness to family home values, beliefs, experiences, and language.	
□ **2.5**	Curriculum goals and objectives guide teacher's ongoing assessment of children's progress.	
□ **2.6**	The curriculum guides teachers to integrate assessment information with curriculum goals to support individualized learning.	

Standard 3: Teaching

IQPPS #	*Criteria*	*Notes*
Supervising Children		
□ **3.9** **Required CO**	**Teaching staff supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently, who are in the library area, or who are napping).**	
Making Learning Meaningful for All Children		
□ **3.13** CP	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.	

CP=Classroom Portfolio, CO=Classroom Observation, CF=Child Files, FI=Family Interview, FT=Facilities Tour, ECSE Early Childhood Special Education

Standard 4: Assessment of Child Progress

IQPPS #	*Criteria*	*Notes*
Creating an Assessment Plan		
□ **4.1** FI	The program has a written plan for assessment that describes the assessment purposes, procedures, and uses of the results. The plan also includes: • conditions under which children will be assessed; • timelines associated with assessments that occur throughout the year; • procedures to keep individual child records confidential; • ways to involve families in planning and implementing assessments; and, • methods to effectively communicate assessment information to families.	
□ **4.2**	The program's written assessment plan includes the multiple purposes and uses of assessment including: • arranging for developmental screening and referral for diagnostic assessment when indicated; • identifying children's interests and needs, • describing the developmental progress and learning of children; • improving curriculum and adapting teaching practices and the environment; • planning program improvement, and, • communicating with families.	
Using Appropriate Assessment Instruments and Methods		
□ **4.3**	Programs use a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children.	
□ **4.5** **ECSE** **CF**	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.	
Adapting Curriculum, Individualizing Teaching, and Informing Program Development		
□ **4.10**	Teaching teams meet at least weekly to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of the children.	
Communicating with Families and Involving Families in the Assessment Process		
□ **4.14** **Required**	**Families have ongoing opportunities to share the results of observations from home to contribute to the assessment process.**	

CP=Classroom Portfolio, CO=Classroom Observation, CF=Child Files, FI=Family Interview, FT=Facilities Tour, ECSE Early Childhood Special Education

Standard 5: Health

IQPPS #	*Criteria*	*Notes*
□ **5.2** **Required SF**	**At least one staff member who has a certificate of 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.**	**DHS - IAC 441-109.8(1)c**
□ **5.3**	The program follows these practices in the event of an illness: • 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; • 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; and, • a program that allows ill children or staff to remain in the program implements plans that have been reviewed by a health professional about (a) what level and types of illness require exclusion; (b) how care is provided for those who are ill but who are not excluded; and (c) when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.	DHS - IAC 441-109.10(2), 109.10(4), 109.10(6)
□ **5.4** FI	Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that the families should implement at home. The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.	DHS - IAC 441-109.4(3)a for notification, not agreement.
□ **5.6** CF	To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that: • children wear clothing that is dry and layered for warmth in cold weather; • 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); and, • when public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are only applied on children older than two months. Staff apply insect repellent no more than once daily and only with written parental permission.	

IQPPS #	*Criteria*	*Notes*
□ **5.7** CO FT	For children who are unable to use the toilet consistently, the program makes sure that: • 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); • 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; • cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering; • staff check children for signs that diapers or pull-ups are wet or contain feces (a) at least every 2 hours when children are awake and (b) when children awaken; • diapers are changed when wet or soiled; • staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility; • each changing area is separated by a partial wall or at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group; • at all times, caregivers have a hand on the child when being changed on an elevated surface; • in the changing area, staff post and 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; • 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; • 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); • containers are kept closed and are not accessible to children; and, • staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.	
□ **5.9** CO	Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with a group of children, the water is drained. Alternatively, fresh potable water flows freely through the water play table and out through a drain in the table.	

IQPPS #	Criteria	Notes
□ **5.10** CF	Safeguards are used with all medications for children: • 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; • the child's record includes instructions from the licensed health provider who has prescribed or recommended the medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the program staff; • 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 : (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; • medications are labeled with the child's first and last names, the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider, the name of the medication or the period of use of the medication, the manufacturer's instructions or the original prescription label that details the name and strength of the medication, and instructions on how to administer and store it; and, • all medications are kept in a locked container.	LEA – IAC 281-41.404(3) – All. DHS - IAC 441-09.10(3) Bullets #2 and #4 only
□ **5.11** CO	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.)	
Ensuring Children's Nutritional Well-Being		
□ **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.	DHS - IAC 441-109.15(1)
□ **5.13** CO	Staff take steps to ensure the safety of food brought from home: • they work with families to ensure that foods brought from home meet the food requirements of USDA's CACFP; • all foods and beverages brought from home are labeled with the child's name and the date; • staff make sure that food requiring refrigeration stays cold until served; • food is provided to supplement food brought from home, if necessary; and, • food that comes from home for sharing among the children are either whole fruits or commercially prepared packaged foods in factory-sealed containers.	DHS - IAC 441-109.15(4)a-d

IQPPS #	Criteria	Notes
□ **5.14**	The program takes steps to ensure food safety in its provision of meals and snacks. Staff discards 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.	DHS - IAC 441-109.15(5)a-d (Policy Required)
□ **5.18** FT	Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.	
□ **5.22** FT	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.	
□ **5.23** CO	Procedures for standard precautions are used and include the following: • surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized; • staff use barriers and techniques that minimize contact of mucus membranes or of openings in skin with potentially infectious body fluids and reduce the spread of infectious disease; • when spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing; • after cleaning, staff sanitize nonporous surfaces by using the procedure described in the Cleaning and Sanitation table; • staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning; and, • staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.	
□ **5.24** CO	A toy that a child has placed in his or her mouth or that 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.	
□ **5.26** CO	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.	DHS - IAC 441-109.10(14)

Standard 6: Teachers

IQPPS #	Criteria	Notes
Preparation, Knowledge, and Skills of Teaching Staff		
□ 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: • program philosophy, values, and goals; • expectations for ethical conduct; • health, safety, and emergency procedures; • individual needs of children they will be teaching or caring for; • accepted guidance and classroom management techniques; • daily activities and routines of the program; • program curriculum; • child abuse and neglect reporting procedures; • program policies and procedures; • Iowa Quality Preschool Program Standards and Criteria; and, • regulatory requirements. Follow-up training expands on the initial orientation.	

Standard 7: Families

IQPPS #	*Criteria*	*Notes*
Knowing and Understanding the Program's Families		
□ **7.1** CF FI	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.	
Sharing Information Between Staff and Families		
□ **7.3** FI	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.	

IQPPS #	Criteria	Notes
□ **7.4** FI	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.	
Nurturing Families as Advocates for Their Children		
□ **7.6** FI	Program staff encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporate into classroom practice.	
□ **7.7** FI	Program staff encourage and support families to make the primary decisions about the services that their children need, and they encourage families to advocate to obtain needed services.	
□ **7.8** FI	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.	
□ **7.9** FI	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.	
□ **7.10** FI	To help families with their transitions to other programs or schools, staff provide basic general information on enrollment procedures and practices, visiting opportunities, and/or program options.	

Standard 8: Community Relationships

IQPPS #	Criteria	Notes
Linking With the Community		
□ **8.1**	Program staff maintain a current list of child and family support services available in the community based on the pattern of needs they observe among families and on a families and based on what families request (e.g., health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention/special education screening and assessment services, and basic needs such as housing and child care subsides). They share the list with families and assist them in locating, contacting, and using community resources that support children's and families' well-being and development.	
□ **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.	

IQPPS #	*Criteria*	*Notes*
□ **8.3 ECSE**	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.	
Acting as a Citizen in the Neighborhood and the Early Childhood Community		
□ **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.	
□ **8.6**	Program staff are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts.	

Standard 9: Physical Environment

IQPPS #	*Criteria*	*Notes*
Indoor and Outdoor Equipment, Materials, and Furnishings		
□ **9.8**	The findings of a playground assessment are documented and available on site. The assessment documents: • that play equipment is safe, protecting against death or permanently disabling injury for children from two years through kindergarten; • that, through remedial action, the program has corrected any unsafe conditions, where applicable; • that an inspection and maintenance program has been established and is performed on a regular basis to ensure ongoing safety; and, • that the outdoor play area accommodates abilities, needs, and interests of each age group the program serves.	DHS - IAC 441-109.11(3)d, 109.12(3)
Building and Physical Design		
□ **9.9 Required**	**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.)**	**DHS - IAC 441-109.11(1)**
□ **9.10 Required**	**Facilities meet Americans with Disabilities Act (ADA) accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classroom and therapy areas.**	**LEA and DHS Required –US Dept of Justice**

IQPPS #	*Criteria*	*Notes*
□ **9.11** FT	The routine frequency of cleaning and sanitation in the facility is carried out as indicated in the Cleaning and Sanitation Frequency Table. Staff clean and sanitize toilet seats, toilet handles, toilet bowls, doorknobs, or cubicle handles and floors either daily or immediately if visibly soiled. Staff clean and sanitize potty chairs, if in use, after each child's use.	
□ **9.12 Required FT**	**Program staff protect children and adults from hazards, including electrical shock, burns or scalding, slipping, tripping, or falling. Floor coverings are secured to keep staff and children from tripping or slipping. The program excludes baby walkers.**	**DHS - IAC 441-109.11(3)**
□ **9.13 Required FT**	**Fully equipped first-aid kits are readily available and maintained for each group of children. Staff take at least one kit to the outdoor play areas as well as on field trips and outings away from the site.**	**DHS - IAC 441-109.10(9)**
□ **9.14 Required FT**	**Fully working fire extinguishers and fire alarms are installed in each classroom and are tagged and serviced annually. Fully working carbon monoxide detectors are installed in each classroom and are tagged and serviced annually. Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly, and a written log of testing dates and battery changes is maintained and available.**	
□ **9.16**	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.	DHS - IAC 441-109.11(7)a and b
□ **9.17**	When the water supply source is from 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.	DHS - IAC 441-109.15(6)
□ **9.18** FT	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.	DHS - IAC 441-109.11(7)
Environmental Health		
□ **9.19 Required FT**	**The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.**	**All - IAC 641-153**

Standard 10: Leadership and Management

IQPPS #	*Criteria*	*Notes*
Leadership		
□ **10.1**	The program has a well-articulated mission and philosophy of program excellence that guide its operation. The goals and objectives relate to the mission, philosophy, and all program operations and include child and family desired outcomes.	
□ **10.3**	The program, regardless of its size or funding auspices, has a designated program administrator with the educational qualifications detailed in Criterion 10.2. When a program has a total enrollment of fewer than 60 full-time equivalent (FTE) children, employs fewer than eight FTE staff, or both:, • a program may have a part-time administrator or an administrator who fulfills a dual role (e.g. teacher-administrator); and, • in multi-site programs, the sites may share an off-site administrator or full-time administrator under the direct supervision of an individual who meets the qualifications outlined for the program administrator. When a program has a total enrollment of 60 or more FTE children, employs eight or more FTE staff, or both: • a program has a full-time administrator; or, • at multi-state 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. **Note:** When two or more people share administrative responsibilities, at least one person must meet the qualifications detailed in criterion 10.A.02. 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.	
Management Policies and Procedures		
□ **10.4 ECSE** CO	• Written procedures address the maintenance of developmentally appropriate teaching staff-child ratios within group size (see Table 4) to facilitate adult-child interaction and constructive activity among children. • Teaching staff-child ratios within group size are maintained during all hours of operation, including indoor time, outdoor time, and during transportation and field trips (when transporting children, the teaching staff-child ratio is used to guide the adult-child ratio). • Groups of children may be limited to one 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.)	

IQPPS #	*Criteria*	*Notes*
Fiscal Accountability Polices and Procedures		
□ **10.5**	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.	LEA required to follow Uniform Financial Accounting and make audit part of board records; IAC 281-12.3(8)
Health, Nutrition, and Safety Polices and Procedures		
□ **10.6**	The program has written policies to promote wellness and safeguard the health and safety of children and adults. Procedures are in place that address: • 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); • management plans and reporting requirements for staff and children with illness, including administration of medication, and criteria for their inclusion or exclusion; • supervision of children in instances when teaching staff are assigned to specific areas that are near equipment where injury could occur; • the providing of space, supervision, and comfort for a child waiting for pick-up because of illness; • the providing of adequate nutrition for children and adults; • sleeping and napping arrangements; • sanitation and hygiene, including food handling and feeding; • maintenance of the facility and equipment; • prohibition of smoking, firearms, and other significant hazards that pose risks to children and adults; and, • the providing of referrals for staff to resources that support them in wellness, prevention and treatment of depression, and stress management.	DHS - IAC 441-09.10(5), 109.10(7), 109.12(1), 109.11
□ **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.	DHS - IAC 441-109.11(7)a, b, c
□ **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.	LEA -IAC 281- 102 first sentence only second sentence is addressed through Level I and Level II. DHS - IAC 441-109..4(4) except for last sentence

IQPPS #	*Criteria*	*Notes*
□ **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.	
□ **10.10** FT	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: • administrators or teaching staff who have consent from a parent or legal guardian for access to records; • the child's parents or legal guardian; and, • regulatory authorities, upon request.	LEA - IAC 281- 12.3(4) Confidentiality only DHS - IAC 441- 109.9(2), 109.9(3),109.10(1) Confidentiality required per regs language;
□ **10.11**	Written procedures address all aspects of the arrival, departure, and transportation of children. The procedures: • facilitate family-staff interaction; • ensure that all children transported during the program day are accounted for before, during, and after transport; • ensure the safety of all children as pedestrians and as passengers; • address specific procedures for children with disabilities; • address special circumstances in picking up children at the end of the day.	
□ **10.12**	Transportation services are managed and program vehicles are licensed and insured in accordance with applicable federal and state laws. Certification of licensing and insurance is available on site.	LEA - IAC 281—43.33(285)
□ **10.13** FT	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: • plans that designate how and when to either shelter in place or evacuate and that specify a location for the evacuation; • plans for handling lost or missing children, security threats, utility failure, and natural disasters; • arrangements for emergency transport and escort from the program; and, • monthly practice of evacuation procedures with yearly practice of other emergency procedures.	DHS - IAC 441-109.10(15), 109.4(2)b
□ **10.14**	The program has written, up-to-date, comprehensive policies and procedures to prepare for and respond to medical and dental emergencies for children and adult staff. The procedures include: • 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); • immediate access to written familial consent forms, to relevant health insurance information for	DHS - IAC 441-109.10(2)

IQPPS #	*Criteria*	*Notes*
	emergency medical treatment ,and transportation arrangements;. • arrangements for emergency transport and escort from the program of individuals who require immediate medical attention; • 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, • 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).	
Personnel Policies		
□ **10.15**	The program has written personnel policies that define the roles and responsibilities, qualifications, and specialized training required of staff and volunteer positions. The policies outline nondiscriminatory hiring procedures and policies for staff evaluation. Policies detail job descriptions for each position, including reporting relationships; salary scales with increments based on professional qualification, length of employment, and performance evaluation; benefits; and resignation, termination, and grievance procedures. Personnel policies provide for incentives based on participation in professional development opportunities. The policies are provided to each employee upon hiring.	LEA - nondiscriminatory hiring practices IAC 95. Second sentence only.
□ **10.18**	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.	