

Iowa QUALITY PRESCHOOL PROGRAM STANDARDS

FOCUS AREA: CHILDREN

- 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 responsible community member.
- PROGRAM STANDARD 2: **CURRICULUM** — The program promotes implements a curriculum that is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language and cognitive.
- 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.
- PROGRAM STANDARD 4: **ASSESSMENT** — 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 teachers about sound decisions, teaching, and program improvement.
- PROGRAM STANDARD 5: **HEALTH** — The program promotes the nutrition and health of all children and staff and protects them from preventable illness and injury.

FOCUS AREA: TEACHING STAFF

- 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.

FOCUS AREA: FAMILY AND COMMUNITY PARTNERSHIPS

- 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.
- 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.

FOCUS AREA: LEADERSHIP AND ADMINISTRATION

- PROGRAM STANDARD 9: **PHYSICAL ENVIRONMENT** — The program provides appropriate and well-maintained indoor and outdoor physical environments, including facilities, equipment, and materials, to facilitate child and staff learning and development. To this end, a program structures a safe and healthful environment.
- PROGRAM STANDARD 10: **LEADERSHIP AND MANAGEMENT** — The program effectively implements policies, procedures, and systems in support of stable staff and strong personnel, fiscal, and program management so that all children, families and staff have high-quality experiences.

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.

CRITERIA — RELATIONSHIPS

Building Positive Relationships Among Teachers and Families

1. Teachers work in partnership with families, establishing and maintaining regular, on-going, two-way communication.

Building Positive Relationships Between Teachers and Children

2. Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperament, activity levels, and cognitive and social development.
3. Teaching staff never use threats or derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline.
4. Teaching staff talk frequently with children and listen to children with attention and respect. They:
 - Respond to children's questions and requests;
 - Use strategies to communicate effectively and build relationships with every child;
 - Engage regularly in meaningful and extended conversations with each child.

Helping Children Make Friends

5. Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other.
6. Teaching staff assist children in resolving conflicts by helping them identify feelings, describe problems, and try alternative solutions.

Creating a Predictable, Consistent, and Harmonious Classroom

7. Teaching staff counter potential bias and discrimination by:
 - Treating all children with equal respect and consideration;
 - Initiating activities and discussions that build positive self-identity and teach the valuing of differences;
 - Intervening when children tease or reject others;
 - Providing models and visual images of adult roles, differing abilities, and ethnic or cultural backgrounds that counter stereotypical limitations;
 - Avoid stereotypes in language references.
8. Teaching staff promote pro-social behavior by interacting in a respectful manner with all staff and children. They:
 - Model turn-taking and sharing as well as caring behaviors;

- Help children negotiate their interactions with one another and with shared materials;
- Engage children in the care of their classroom;
- Ensure that each child has an opportunity to contribute to the group;
- Encourage children to listen to one another;
- Encourage and help children provide comfort when others are sad or distressed;
- Use narration and description of ongoing interactions to identify pro-social behaviors.

Addressing Challenging Behaviors

9. For children with persistent, serious, challenging behavior, the teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the child's inclusion and success.

10. Rather than focus solely on reducing the challenging behavior, teachers focus on:

- Teaching the child social, communication, and emotional regulation skills; and
- Using environmental modifications, activity modifications, adult or peer support, and other teaching strategies to support the child's appropriate behavior.

Promoting Self-Regulation

11. Teaching staff help children manage their behavior by guiding and supporting children to:

- Persist when frustrated;
- Play cooperatively with other children;
- Use language to communicate needs;
- Learn turn-taking;
- Gain control of physical impulses;
- Express negative emotions in ways that do not harm others or themselves;
- Use problem-solving techniques;
- Learn about self and others.

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 following areas: social, emotional, physical, language, and cognitive.

CRITERIA — CURRICULUM

Curriculum Essential Characteristics

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. 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.

3. The curriculum guides teacher's development and intentional implementation of learning opportunities consistent with the program's goals and objectives.
4. The curriculum can be implemented in a manner that reflects responsiveness to family home values, beliefs, experiences, and language.
5. Curriculum goals and objectives guide teachers' ongoing assessment of children's progress.
6. The curriculum guides teachers to integrate assessment information with curriculum goals to support individualized learning.
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 provides time and support for transitions, includes both indoor and outdoor experiences, and is responsive to a child's need to rest or be active.
8. Materials and equipment used to implement the curriculum:
 - Reflect the lives of the children and families;
 - Reflect the diversity found in society, including gender, age, language, and abilities;
 - Provide for children's safety while being appropriately challenging;
 - Encourage exploration, experimentation, and discovery;
 - Promote action and interaction;
 - Are organized to support independent use;
 - Are rotated to reflect changing curriculum and accommodate new interests and skill levels;
 - Are rich in variety;
 - Accommodate children's special needs.
9. The curriculum guides teachers to incorporate content, concepts, and activities that foster social, emotional, physical, language, and cognitive development and that integrate key areas of content including literacy, mathematics, science, technology, creative expression and the arts, health and safety, and social studies.
10. The schedule provides children learning opportunities, experiences, and projects that extend over the course of several days and incorporates time for play, self-initiated learning, creative expression, large-group, small-group, and child-initiated activity.
11. The curriculum guides teachers to plan for children's engagement in play (including dramatic play and blocks) that is integrated into classroom topics of study.

Areas of Development: Social-Emotional

12. Children have varied opportunities to engage throughout the day with teaching staff who are attentive and responsive to them, and facilitate their social competence and their ability to learn through interacting with others.

Areas of Development: Physical Development

13. Children are provided varied opportunities and materials that support fine motor development.

14. Children have varied opportunities and are provided equipment to engage in large motor experiences that:

- Stimulate a variety of skills;
- Enhance sensory-motor integration;
- Develop controlled movement (balance, strength, coordination);
- Enable children with varying abilities to have large-motor experiences similar to those of their peers;
- Range from familiar to new and challenging;
- Help them learn physical games with rules and structure.

Areas of Development: Language Development

15. Children have varied opportunities to develop competence in verbal and nonverbal communication by responding to questions; communicating needs, thoughts and experiences; and describing things and events.

16. Children have varied opportunities to develop vocabulary through conversations, experiences, field trips, and books.

17. Children have varied opportunities and materials that encourage them to have discussions to solve problems that are interpersonal and those that are related to the physical world.

18. Children are provided varied opportunities and materials that encourage them to engage in discussions with one another.

Curriculum Content Area for Cognitive Development: Early Literacy

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:

- Items belonging to a child are labeled with his or her name;
- Materials are labeled;
- Print is used to describe some rules and routines;
- Teaching staff help children recognize print and connect it to spoken words.

20. Children have varied opportunities to:

- Be read books in an engaging manner in group or individualized settings at least twice a day in full-day programs and at least once daily in half-day programs;
- Be read to regularly in individualized ways including one-to-one or in small groups of two to six children;
- Explore books on their own and have places that are conducive to the quiet enjoyment of books;
- Have access to various types of books, including storybooks, factual books, books with rhymes, alphabet books, and wordless books;
- Be read the same book on repeated occasions;

- Retell and reenact events in storybooks;
- Engage in conversations that help them understand the content of a book;
- Be assisted in linking books to other aspects of the curriculum;
- Identify the parts of books and differentiate print from pictures.

21. Children have multiple and varied opportunities to write:

- Writing materials and activities are readily available in art, dramatic play, and other learning centers;
- Various types of writing are supported including scribbling, letter-like marks, and developmental spelling;
- Children have daily opportunities to write or dictate their ideas;
- Children are provided needed assistance in writing the words and messages they are trying to communicate;
- Children are given the support they need to write on their own, including access to the alphabet and to printed words about topics of current interest, both of which are made available at eye level or on laminated cards;
- Children see teaching staff model functional use of writing and are helped to discuss the many ways writing is used in daily life.

22. Children are regularly provided multiple and varied opportunities to develop phonological awareness:

- Children are encouraged to play with the sounds of language, including syllables, word families, and phonemes, using rhymes, poems, songs, and finger plays;
- Children are helped to name and point to letters and say the sounds they represent;
- Children are helped to say and point to words that have the same beginning or ending sounds;
- Children's self-initiated efforts to write letters that represent the sounds of words are supported.

Curriculum Content Area for Cognitive Development: Early Mathematics

23. Children are provided varied opportunities and materials to build understanding of numbers, number names, and their relationship to object quantities and to symbols.

24. Children are provided varied opportunities and materials to categorize by one or two attributes, such as shape, size, and color.

25. Children are provided varied opportunities and materials to help them understand the concept of measurement by using standard and non-standard units of measurement.

26. Children are provided varied opportunities and materials to understand basic concepts of geometry, for example, by naming and recognizing two- and three-dimensional shapes and recognizing how figures are composed of different shapes.

Curriculum Content Area for Cognitive Development: Science

27. Children are provided varied opportunities and materials to learn key concepts and principles of science such as:

- The difference between living and nonliving things (e.g., plants versus rocks) and life cycles of various organisms (e.g., plants, butterflies, humans);
- Earth and sky (e.g., seasons; weather; geologic features; light and shadow; sun, moon, and stars);
- Structure and property of matter (e.g., characteristics that include concepts like hard and soft, floating and sinking) and behavior of materials (e.g., transformation of liquids and solids by dissolving or melting).

28. Children are provided varied opportunities and materials that encourage them to think, question, and reason about observed and inferred phenomenon.

Curriculum Content Area for Cognitive Development: Technology

29. The use of passive media such as televisions, film, videotapes, and audiotapes should be limited to developmentally appropriate programming.

30. All children have opportunities to access technology (e.g., tape recorders, microscopes, computers) that they can use by themselves, collaboratively with their peers, and with teaching staff or a parent.

31. Technology is used to extend learning within the classroom and to integrate and enrich the curriculum.

Curriculum Content Area for Cognitive Development: Creative Expression and Appreciation for the Arts

32. Children are provided many and varied open-ended opportunities and materials to express themselves creatively through music, drama, dance, and two- and three-dimensional art.

Curriculum Content Area for Cognitive Development: Health and Safety

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.

34. Children are provided varied opportunities and materials that help them learn about nutrition, including identifying sources of food and recognizing, preparing, eating, and valuing healthy foods.

35. Children are provided varied opportunities and materials that increase their awareness of safety rules in their classroom, home, and community.

36. Children have opportunities to practice safety procedures.

Curriculum Content Area for Cognitive Development: Social Studies

37. Children are offered opportunities to become part of the classroom community so that each child feels accepted and gains a sense of belonging.

38. Children are provided varied opportunities and materials to build their understanding of diversity in culture, family structure, ability, language, age, and gender in non-stereotypical ways.

39. Children are provided opportunities and materials to explore social roles in the family and workplace through play.

40. Children have varied opportunities to engage in discussions about fairness, friendship, responsibility, authority, and differences.

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.

CRITERIA — TEACHING

Designing Enriched Learning Environments

1. Teachers organize space and select materials in all content and developmental areas to stimulate exploration, experimentation, discovery, and conceptual learning.
2. Teachers work to prevent challenging or disruptive behaviors through:
 - Environmental design;
 - Schedules that meet the needs and abilities of children;
 - Effective transitions;
 - Engaging activities.
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.

Creating Caring Communities for Learning

4. Teaching staff create and maintain a setting in which children of differing abilities can progress, with guidance, toward increasing levels of autonomy, responsibility, and empathy.
5. Teachers help individual children learn socially appropriate behavior by providing guidance that is consistent with the child's level of development.
6. Teachers manage behavior and implement classroom rules and expectations in a manner that is consistent and predictable.

7. Teachers notice patterns in children's challenging behaviors to provide thoughtful, consistent, and individualized responses.

8. Teachers address challenging behavior by:

- Assessing the function of the child's behavior;
- Convening families and professionals to develop individualized plans to address behavior;
- Using positive behavior support strategies.

Supervising Children

9. 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).

Using Time, Grouping, and Routines to Achieve Learning Goals

10. Teachers organize time and space on a daily basis to allow children to work or play individually and in pairs, to come together in small groups, and to engage as a whole group.

11. Teachers create opportunities for children to engage in group projects and to learn from one another.

Responding to Children's Interests and Needs

12. Teachers use their knowledge of children's social relationships, interests, ideas, and skills to tailor learning opportunities for groups and individuals.

Making Learning Meaningful for All Children

13. Teachers use curriculum in all content and developmental areas as a flexible framework for teaching and to support the development of daily plans and learning experiences.

14. Play is planned for each day.

15. Teaching staff help children understand spoken language (particularly when children are learning a new language) by using pictures, familiar objects, body language, and physical cues.

Using Instruction to Deepen Children's Understanding and Build Their Skills and Knowledge

16. Teachers use multiple sources (including results of informal and formal assessments as well as children's initiations, questions, interests, and misunderstandings) to:

- Identify what children have learned;
- Adapt curriculum and teaching to meet children's needs and interests;
- Foster children's curiosity;

- Extend children's engagement;
- Support self-initiated learning.

17. Teachers use their knowledge of content to post problems and ask questions that stimulate children's thinking. Teachers help children express their ideas and build on the meaning of their experiences.

18. Teachers help children identify and use prior knowledge. They provide experiences that extend and challenge children's current understanding.

19. Teachers promote children's engagement and learning by responding to their need for, and interest in, practicing emerging skills, and by enhancing and expanding activities that children choose to engage in repeatedly.

20. Teachers promote children's engagement and learning by guiding them in acquiring specific skills and by explicitly teaching those skills.

Program Standard 4 — Assessment of Child Progress

The program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on child 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 teachers about sound decisions, teaching, and program improvement.

CRITERIA — ASSESSMENT

Creating an Assessment Plan

1. The program has a written plan for assessment that describes 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.

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 Methods

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. 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).
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.
6. Staff-developed assessment methods:
 - Are aligned with curriculum goals;
 - Provide an accurate picture of all children's abilities and progress;
 - Are appropriate and valid for their stated purposes;
 - Provide meaningful and stable results for all learners, including English language learners and children with special needs;
 - Provide teachers with clear ideas for curriculum development and daily planning;
 - Are regularly reviewed to be certain that they are providing the needed information.

Identifying Children's Interests and Needs and Describing Children's Progress

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.
8. Teachers refer to curriculum goals and developmental expectations when interpreting assessment data.

Adapting Curriculum, Individualizing Teaching, and Informing Program Development

9. Teachers or others who know the children and are able to observe their strengths, interests, and needs on an ongoing basis conduct assessments to inform classroom instruction and to make sound decisions about individual and group curriculum content, teaching approaches, and personal interactions.
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.

11. Teachers interact with children to assess their strengths and needs to inform curriculum development and individualize teaching.

12. Teachers and other professionals associated with the program use assessment methods and information to design goals for individual children as well as to guide curriculum planning and monitor progress.

13. Teachers observe and document children's work, play, behaviors, and interactions to assess progress. They use the information gathered to plan and modify the curriculum and their teaching.

Communicating With Families and Involving Families in the Assessment Process

14. Families have ongoing opportunities to share the results of observations from home to contribute to the assessment process.

Program Standard 5 — Health

The program promotes the nutrition and health of all children and protects children and staff from illness and injury.

CRITERIA — HEALTH

1. The program maintains current health records for each child:

- Within six 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 the American Academy of Pediatrics, the Centers for Disease Control of the United States Public Health Service (CDC-USPHS), and the Academy of Family Practice;
- When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for immunization for which parents are using religious exemption.

Child health records include:

- Current information about any health insurance coverage required for treatment in an emergency;
- Results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results;
- Current emergency contact information for each child, that is kept up-to-date by a specified method during the year;
- Names of individuals authorized by the family to have access to health information about the child;
- 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
- 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.

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 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.

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 other children or if a child's condition is suspected to be contagious and requires exclusion as identified by public 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;
- 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.

4. 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.

5. Children of all ages have daily opportunities for outdoor play (when weather, air quality, or environmental safety conditions do not pose a health risk). When outdoor opportunities for large-motor activities are not possible because of conditions, the program provides similar activities inside. Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.

6. 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 with

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);

- When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used. Staff apply insect repellent no more than once a day and only with written parental permission.

7. 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 two 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 is located at least three feet from other areas that children use and is used exclusively for one designated group of children;
- At all times, caregivers have a hand on the child when the child is being changed on an elevated surface;
- In the changing area, staff post and follow changing procedures (as outlined in the Cleaning and Sanitation Frequency Table 1). 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 that have a lid that opens and closes tightly by using a hands-free device (e.g., a step can);
- Containers are kept closed and are not accessible to children;
- Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.

8. The program follows these practices regarding hand washing:

- Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored;
- 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;
- Staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.

Children and adults wash their hands:

- On arrival for the day;
- After diapering or using the toilet;
- After handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or any touching of mucus, blood or vomit);
- Before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry);
- After playing in water that is shared by two or more people;

- After handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and
- When moving from one group to another (e.g., visiting) that involves contact with toddlers/twos.

Adults also wash their hands:

- Before and after feeding a child;
- Before and after administering medicine;
- After assisting a child with toileting; and
- After handling garbage or cleaning.

Proper hand-washing procedures are followed by adults and children and include:

- Using liquid soap and running water;
- 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, 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). Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute, for hand washing in any required hand-washing situation listed above.
- Staff wear gloves when contamination with blood may occur;
- Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material;
- In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.

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.

9. 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 portable water is used, and the water is changed before a new group 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 portable water flows freely through the water play table and out through a drain in the table.

10. 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 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 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 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;
- All medications are kept in a locked container.

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.)

Ensuring Children's Nutritional Well-being

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.

13. Staff takes steps to ensure the safety of food brought from home:

- They work with families to ensure that foods brought from home meet the USDA's CACFP food guidelines;
- 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;
- Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers.

14. The program takes steps to ensure food safety in its provision of meals and snacks. Staff discards food 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.

15. For all children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food a child consumes and provide families with that information.

16. For each child with special health care needs or food allergies or special nutrition needs, the child's health care 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.

17. Clean sanitary drinking water is made available to children throughout the day.

18. Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.

19. Staff do not offer children younger than four years these foods: hotdogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. Staff cuts food into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers/twos, according to each child's chewing and swallowing capability.

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.

21. The program serves meals and snacks at regularly established times. Meals and snacks are at least two hours apart but not more than three hours apart.

Maintaining a Healthful Environment

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.

23. 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 that 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 for sanitizing designated changing surfaces described in the Cleaning and Sanitation Frequency Table (Table 2);
- Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning;
- Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.

24. A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is either 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.

25. Staff maintains areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.

26. 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 of salmonella infection.

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.

CRITERIA — TEACHERS

Preparation, Knowledge, and Skills of Teaching Staff

1. When working with children, all teaching staff demonstrate the ability to:
 - Interact with children without using physical punishment or any form of psychological abuse;
 - Recognize health and safety hazards and protect children from harm;
 - Encourage and provide children with a variety of opportunities for learning;
 - Encourage and provide children with a variety of social experiences;
 - Adapt and respond to changing and challenging conditions in ways that enhance program quality;
 - Communicate with children and their families.
2. Before working alone with children, new teaching staff are given an initial orientation that introduces them to fundamental aspects of program operations 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;
 - Regulatory requirements.

Follow-up training expands on the initial orientation.

3. Teachers are licensed by the Iowa Board of Educational Examiners and hold an early childhood endorsement. Refer to Timeline for Meeting Preschool Teacher Qualifications, Table 2.

4. Assistant teachers-teacher aids (staff who implement program activities under direct supervision) have a high school diploma or GED and:

- 50 percent of assistant teachers-teacher aides have at least a Child Development Associate Credential (CDA) or equivalent;
- 100 percent 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 is from regionally accredited institutions of higher education and may include distance learning or online coursework. If there is only one assistant teacher-teacher aide, then either of the requirements can be met.

Teacher's Dispositions and Professional Commitment

5. 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.

6. All teaching staff continuously strengthen their leadership skills and relationships with others and work to improve the conditions of children and families within their programs, the local community or region, and beyond. Teaching staff participate in informal or formal ways in local, state, or regional public-awareness activities related to early care by joining groups, attending meetings, or sharing information with others both at and outside the program.

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.

CRITERIA — FAMILIES

Knowing and Understanding the Program's Families

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 the socioeconomic, linguistic, racial, religious, and cultural backgrounds.
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.

Sharing Information Between Staff and Families

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.

4. When program staff suspect that a child has a developmental delay or other special need, this 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.

5. Program staff communicate with families on at least a weekly basis regarding children's activities and developmental milestones, shared care-giving 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.

Nurturing Families as Advocates for Their Children

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.

7. Program staff encourage and support families to make the primary decisions about the services that their children need, and encourage families to advocate to obtain needed services.

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.

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.

10. 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.

Program Standard 8 — Community Relationships

The program establishes relationships with and uses the resources of the children's communities to support the achievement of program goals.

CRITERIA — COMMUNITY RELATIONSHIPS

Linking with the Community

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, 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.
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.
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.

Accessing Community Resources

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.

Acting as a Citizen in the Neighborhood and the Early Childhood Community

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.
6. Program staff are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts.

Program Standard 9 — Physical Environment

The program provides a safe and healthful environment with appropriate and well-maintained indoor and outdoor physical environments. The environment

includes facilities, equipment, and materials to facilitate child and staff learning and development.

CRITERIA — PHYSICAL ENVIRONMENT

Indoor and Outdoor Equipment, Materials, and Furnishings

1. A variety of age and developmentally appropriate materials and equipment are available indoors and outdoors for children throughout the day. This equipment includes:

- Dramatic play equipment;
- Sensory materials such as sand, water, play dough, paint, and blocks;
- Materials that support curriculum goals and objectives in literacy, math, science, social studies, and other content areas; and
- Gross motor equipment for activities such as pulling up; walking; climbing in, on, and over; moving through, around, and under; pushing; pulling; and riding.

2. The indoor environment is designed so staff can supervise children by sight and sound at all times without relying on artificial monitoring devices. In semiprivate areas, it is always possible for both children and adults to be observed by an adult from outside the area.

3. Materials and equipment that facilitate focused individual play or play with peers are available in sufficient quantities to occupy each child in activities that meet his or her interests.

4. Indoor space is designed and arranged to:

- Accommodate children individually, in small groups, and in a large group;
- Divide space into areas that are supplied with materials organized in a manner to support children's play and learning;
- Provide semiprivate areas where children can play or work alone or with a friend;
- Provide children with disabilities full access (making adaptations as necessary) to the curriculum and activities in the outdoor space.

Outdoor Environmental Design

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:

- Motor experiences such as running, climbing, balancing, riding, jumping, crawling, scooting, or swinging;
- Activities such as dramatic play, block building, manipulative play, or art activities;
- 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. The program makes adaptations so children with disabilities can fully participate in the outdoor curriculum and activities.

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.

7. The outdoor play area is arranged so that staff can supervise children by sight and sound.

8. The findings of an assessment by a Certified Playground Safety Inspector 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;
- That the outdoor play area accommodates abilities, needs, and interests of each age group the program serves.

Building and Physical Design

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, any sick-child area, staff rooms, corridors, hallways, stairways, closets, lockers or cubbie, 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.)

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.

11. The routine frequency of cleaning and sanitation in the facility is carried out as indicated in the Cleaning and Sanitation Frequency Table 2. 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.

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

13. 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.

14. 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.

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 child proofed 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.

Environmental Health

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.

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.

18. All rooms that the 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.

19. The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.

Program Standard 10— Leadership and Management

Degrees and college course work are from regionally accredited institutions of higher education. They may include distance learning, on-line course work, and degree completion programs that offer credit as a part of formal assessment of prior learning.

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.

CRITERIA — LEADERSHIP AND MANAGEMENT

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.

2. The program administrator has the educational qualifications and personal commitment required to serve as the program's operational and

pedagogical leader. The administrator:

- Has at least a baccalaureate degree¹;
- 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.);
- 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; OR
- Documents that a plan is in place to meet the above qualifications within five years; OR
- Can provide documentation of having achieved a combination of relevant formal education and experience. See Program Administrator Qualifications, Table 3.

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.
- 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-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.
- 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.

Management Policies and Procedures

4. The following procedures are in place:

- Written procedures address the maintenance of developmentally appropriate teaching staff-child ratios within group size to facilitate adult-child interaction and constructive activity among children;
- Teaching staff-child ratios within group size are maintained during all hours of operation, including 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), see Teacher-Child Ratios within Group Size, Table 4;
- 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.)

Fiscal Accountability Policies and Procedures

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.

Health, Nutrition, and Safety Policies and Procedures

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 medication administration, 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.

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.

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.

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 protects the rights of the accused staff person as well as protect the children in the program.

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:

- 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.

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.

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.

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:

- Plans in place that designate how and when to either shelter 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.

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:

- 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 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
- programs 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

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.

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:

- Have passed a criminal-record check;
- Are free from any history of substantiated child abuse or neglect;
- Are at least 18 years old (except vehicle drivers who must be at least 21);
- Have completed high school or the equivalent;
- 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.

17. Programs maintain current health information from documented health assessments for all paid staff and for all volunteers who work more than 40 hours per month and have contact with children. A current health assessment (not more than one-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 assessments include:

- Immunizations status;
- Capacities and limitations that may affect job performance; and
- 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 positive TB skin tests and who develop a persistent cough or unexplained 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.

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.

19. 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.

20. All staff are evaluated at least annually by an appropriate supervisor or, in the case of the program administrator, by the governing body.