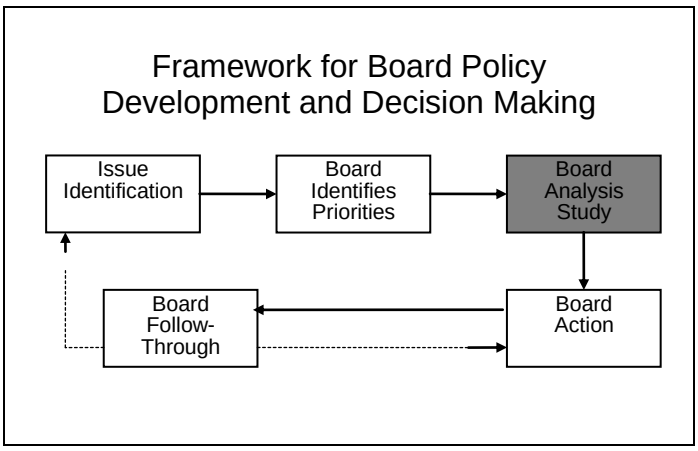
Iowa State Board of Education

Executive Summary

March 29, 2012



Agenda Item: Iowa Quality Infant Toddler Program Standards

Iowa Goal: All children will enter school ready to learn.

Equity Impact: These standards provide guidance for all school districts operating child care for infants and toddlers.

Presenters:

LauraBelle Sherman-Proehl, Chief
Bureau of Early Childhood Services

Penny Milburn, Consultant
Bureau of Early Childhood Services

Kimberly Johnson, Consultant
Bureau of Early Childhood Services

Attachments: 3

Recommendation: It is recommended that the State Board hear and discuss this information.

Background: A school district may operate child care programs for children not yet in kindergarten under Iowa Administrative Code 279.49. Programs may be licensed to operate child care by the Department of Human Services or may operate under the Department of Education (Department) standards. The Iowa Quality Infant Toddler Program Standards will serve as one option for districts to implement in meeting Department standards.

These standards are a counterpart to the Iowa Quality Preschool Program Standards reviewed by the State Board on April 14-15, 2005. The Iowa Quality Infant Toddler Program Standards are based on the Quality Preschool Program Standards.

The Iowa Quality Infant Toddler Standards will be one way for school districts to meet the Department standards for operating child care. The Head Start Program Performance Standards and the National Association for the Education of Young Children Program Standards and Accreditation Criteria are also acceptable Department program standards.

State Board of Education Presentation--Iowa Quality Infant Toddler Program Standards

March 29, 2012

Presenters: LauraBelle Sherman-Proehl, Chief
Bureau of Early Childhood Services

Penny Milburn, Consultant
Bureau of Early Childhood Services

Kimberly Johnson, Consultant
Bureau of Early Childhood Services

State Board Goal 1

- *All children will enter school ready to learn*

- Purpose:
  - To provide guidance for all school districts operating child care
  - To develop quality program standards for infant and toddler programs aligned with the Iowa Quality Preschool Program Standards
  - To align previous guidance with current best practice

History

- Standards were modeled after NAEYC Program Standards and Accreditation Criteria
- Team considered current research, alignment with the IQPPS, DHS child care regulations, and best practices in supporting the well-being of infants and toddlers
- A draft of I/T Standards were reviewed by the AEA EC Consultants

Standards & Criteria

- Ten standards, 195 Criteria

Relationships	Teachers
Curriculum	Families
Teaching	Community Partners
Assessment of Child Progress	Physical Environment
Health	Leadership & Management

Field Test Process

- November 2010-June 2011
- Five district programs providing infant & toddler care volunteered to participate
- Districts formed teams of teaching staff, administrator(s) and AEA consultants
- Launched with 2-day professional development session with a national expert in infant/toddler care

Field Test Process *cont.*

- AEAs supported teams in completing the Self Assessment and designing a Quality Improvement Plan
- Stipend was allocated to address prioritized needs on QIP
- Met with DE to review QIP as well as reflect on the standards, process & personal learning

In Conclusion

- Provide a set of quality program standards consistent with State Board of Education expectations
  - Iowa Quality Infant Toddler Program Standards,

    National Association for the Education of Young Children Program Standards and Accreditation Criteria, or

    Head Start Program Performance Standards
- Provide options to districts who are considering either DHS child care licensure or DE program standards

Questions

- Thank you for your support

Iowa Quality Infant Toddler Program Standards

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.

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 domains: cognitive, emotional, language, physical, and social.

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.

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 sound decisions about children, teaching, and program improvement.

5. Health

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

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.

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.

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

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.

10. Leadership & 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.

IOWA QUALITY INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

SELF- ASSESSMENT

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.

IQPPS Number	Criteria	NAEYC Criteria Number
Building Positive Relationships among Teachers and Families		
1.1. *(1.1)**	Teachers work in partnership with families, establishing and maintaining regular, on-going, two-way communication.	1.A.01
1.2.	Teachers communicate with family members on ongoing basis to ☐ learn about children's individual needs and ☐ ensure a smooth transition between home and program.	1.A.03
Building Positive Relationships between Teachers and Children		
1.3.	Teaching staff foster children's emotional well-being by demonstrating respect for children and creating a positive emotional climate as reflected in behaviors such as frequent social conversations, joint laughter, and affection.	1.B.01
1.4.	Teaching staff function as secure bases for children. They respond promptly in developmentally appropriate ways to children's ☐ positive initiations, ☐ negative emotions, and ☐ feelings of hurt and fear by providing comfort, support, and assistance.	1.B.05
1.5. *(1.2)*	Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to ☐ differing abilities, ☐ temperament, ☐ activity levels, and ☐ cognitive and ☐ social development.	1.B.07
1.6. **Required**	Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion. **(This is a required criterion.)**	1.B.09
1.7. *(1.3)* **Required**	Teaching staff never use threats or derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline.	1.B.10
1.8.	Teaching staff engage infants in frequent face-to-face social interactions each day. These include both ☐ verbal behaviors (e.g., talking, cooing, repeating infant sounds, singing) and ☐ nonverbal behaviors (e.g., smiling, touching, holding).	1.B.11
1.9. *(1.4)*	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 and ☐ engage regularly in meaningful and extended conversations with each child.	1.B.15
Helping Children Make Friends		
1.10.	Teaching staff facilitate an infant's social interaction when he or she is interested in looking at, touching, or vocalizing to others.	1.C.01
1.11. *(1.5)*	Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other.	1.C.02
1.12. (*1.6*)	Teaching staff assist children in resolving conflicts by helping them ☐ identify feelings, ☐ describe problems, and ☐ try alternative solutions.	1.C.04
Creating a Predictable, Consistent and Harmonious Classroom		
1.13. *(1.7)*	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 back-grounds that counter stereotypical limitations and ☐ avoiding stereotypes in language references.	1.D.01

* Italics and parenthesis indicate IQPPS number

Adapted from NAEYC Program Standards & Accreditation Criteria

IQPPS Number	Criteria	NAEYC Criteria Number
1.14. *(1.8)*	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, and ☐ use narration and description of ongoing interactions to identify pro-social behaviors.	1.D.05
Addressing Challenging Behaviors		
1.15. *(1.9)*	For children with persistent, serious, challenging behavior, teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the child's inclusion and success.	1.E.01
1.16. *(1.10)*	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.	1.E.03
Promoting Self-Regulation		
1.17. *(1.11)*	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, and ☐ learn about self and others.	1.F.02

IOWA INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA SELF-ASSESSMENT

Program Standard 2-Curriculum

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

IQITPS Number	Criteria	NAEYC Criteria Number
Curriculum: Essential Characteristics		
2.1. *(2.1)*	The program has a written statement of philosophy and uses one or more written curricula or curriculum frameworks consistent with the philosophy that address central aspects of child development.	2.A.01
2.2. *(2.2)*	A clearly stated curriculum or curriculum framework provides a coherent focus for planning children's experiences. It allows for adaptations and modifications to ensure access to the curriculum for all children.	2.A.02
2.3. *(2.3)*	The curriculum guides teacher's development and intentional implementation of learning opportunities consistent with the program's goals and objectives.	2.A.03
2.4. *(2.4)*	The curriculum can be implemented in a manner that reflects responsiveness to ☐ family home values, beliefs, experiences, and ☐ language.	2.A.04
2.5. *(2.5)*	Curriculum goals and objectives guide teachers' ongoing assessment of children's progress.	2.A.05
2.6. *(2.6)*	The curriculum guides teachers to integrate assessment information with curriculum goals to support individualized learning.	2.A.06
2.7. *(2.7)*	The curriculum guides the development of a daily schedule that is predictable yet flexible and responsive to individual needs of the children. The schedule ☐ 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.	2.A.07
2.8. *(2.8)*	Materials and equipment used to implement the curriculum reflect the lives of the children and families as well as the diversity found in society, including ☐ gender, ☐ age, ☐ language, and ☐ abilities**.** Materials and equipment ☐ 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, and ☐ accommodate children's special needs.	2.A.08
Areas of Development: Social-Emotional		
2.9. *(2.12)*	Children have varied opportunities to engage throughout the day with teaching staff who ☐ are attentive and responsive to them, ☐ facilitate their social competence, and ☐ facilitate their ability to learn through interacting with others.	2.B.01
2.10.	Children have varied opportunities to learn the skills needed to regulate their emotions, behavior, and attention.	2.B.03
2.11.	Children have varied opportunities to develop a sense of competence and positive attitudes toward learning, such as persistence, engagement, curiosity, and mastery.	2.B.04
2.12.	Infants and toddlers/twos are provided ☐ an environment that allows them to move freely and achieve mastery of their bodies through self-initiated movement. They have multiple opportunities to practice emerging skills in ☐ coordination, ☐ movement and balance and ☐ perceptual-motor integration.	2.C.01
2.13.	Infants and toddlers/twos have multiple opportunities to develop fine-motor skills by acting on their environments using their hands and fingers in a variety of age-appropriate ways.	2.C.02

IQITPS Number	Criteria	NAEYC Criteria Number
Areas of Development: Language Development		
2.14.	Children are provided opportunities to experience oral and written communication in a language their family uses or understands.	2.D.02
2.15. *(2.15)*	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.	2.D.03
Curriculum Content Area for Cognitive Development: Early Literacy Development		
2.16.	**Infants** have varied opportunities to experience songs, rhymes, routine games and books through ☐ individualized play that includes simple rhymes, songs, and interactive games (e.g., peek-a-boo), ☐ daily opportunities for each child to hear and respond to various types of books including picture books, wordless books, and books with rhymes, and ☐ access to durable books that enable children's independent exploration.	2.E.01
2.17.	**Toddlers/twos** have varied opportunities to experience books, songs, rhymes, and routine games through ☐ individualized play that includes simple rhymes, songs, and sequences of gestures (e.g., finger plays, peek-a-boo, patty-cake, This Little Piggy), ☐ daily opportunities to hear and respond to various types of books including picture books, wordless books, and books with rhymes, ☐ access to durable books that enable independent exploration, and ☐ experiences that help them understand that pictures represent real things in their environment.	2.E.02
2.18. *(2.19)*	**Children** have opportunities to become familiar with print. They are actively involved in making sense of print, and they have opportunities to become familiar with, recognize, and use print that is accessible throughout the classroom: ☐ 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.	2.E.03
Curriculum Content Area for Cognitive Development: Early Mathematics		
2.19.	Infants and toddlers/twos are provided varied opportunities and materials to ☐ use language, gestures, and materials to convey mathematical concepts such as more and less and big and small, ☐ see and touch different shapes, sizes, colors, and patterns, ☐ build number awareness, using objects in the environment, and ☐ read books that include counting and shapes.	2.F.01
2.20. **Required** *(2.23)*	Children are provided varied opportunities and materials to build understanding of numbers, number names, and their relationship to object quantities and to symbols.	2.F.02
Curriculum Content Area for Cognitive Development: Science		
2.21.	Infants and toddlers/twos are provided varied opportunities and materials to ☐ use their senses to learn about objects in the environment, and ☐ discover that they can make things happen and solve simple problems.	2.G.01
Curriculum Content Area for Cognitive Development: Technology		
2.22. *(2.29)*	The use of passive media such as televisions, film, videotapes, and audiotapes should be limited to developmentally appropriate programming.	2.H.01
Curriculum Content Area for Cognitive Development: Creative Expression and Appreciation for the Arts		
2.23.	Infants and toddlers/twos are provided varied opportunities to explore and manipulate age-appropriate art materials.	2.J.02
2.24.	Infants and toddlers/twos have varied opportunities to express themselves creatively through freely moving to music. Toddlers/twos have varied opportunities to engage in pretend or imaginative play.	2.J.03
Curriculum Content Area for Cognitive Development: Health and Safety		
2.25. *(2.33)*	Children are provided varied opportunities and materials that encourage good health practices such as serving and feeding themselves, rest, good nutrition, exercise, hand washing**,** and tooth brushing.	2.K.01

IQITPS Number	Criteria	NAEYC Criteria Number
2.26. *(2.34)*	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.	2.K.02
2.27. *(2.36)*	Children have opportunities to practice safety procedures.	2.K.04
Curriculum Content Area for Cognitive Development: Social Studies		
2.28.	Children are provided varied learning opportunities that foster positive identity and an emerging sense of ☐ self and ☐ others.	2.L.01
2.29. *(2.38)*	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.	2.L.03
2.30. *(2.39)*	Children are provided opportunities and materials to explore social roles in the family and workplace through play.	2.L.04

IOWA INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA SELF-ASSESSMENT

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.

IQITPS Number	Criteria	NAEYC Criteria Number
Designing Enriched Learning Environments		
3.1.	Teaching staff, program staff, or both **work as a team** to implement daily teaching and learning activities including, Individualized Family Service Plan (IFSPs), and other individual plans as needed.	3.A.01
3.2. *(3.1)*	Teachers organize space and select materials in all content and developmental areas to stimulate ☐ exploration, experimentation, discovery, and ☐ conceptual learning.	3.A.04
3.3. *(3.2)*	Teachers work to prevent challenging or disruptive behaviors through ☐ environmental design, ☐ schedules that meet the needs and abilities of children, ☐ effective transitions, and ☐ engaging activities.	3.A.05
3.4. *(3.3)*	Teaching staff and children work together to arrange the classroom materials in predictable ways so children know where to find things and where to put them away.	3.A.07
Creating Caring Communities for Learning		
3.5. *(3.4)*	Teaching staff create and maintain a setting in which children of differing abilities can progress, with guidance, toward increasing levels of ☐ autonomy, ☐ responsibility, and ☐ empathy.	3.B.02
3.6.	Teaching staff develop individual relationships with children by providing care that is ☐responsive, ☐ attentive, ☐ consistent, ☐ comforting, ☐ supportive and ☐ culturally sensitive.	3.B.03
3.7. *(3.5)*	Teachers help individual children learn socially appropriate behavior by providing guidance that is consistent with the child's level of development.	3.B.05
3.8. *(3.6)*	Teachers ☐ manage behavior and ☐ implement classroom rules and expectations in a manner that is consistent and predictable.	3.B.06
3.9. *(3.7)*	Teachers notice patterns in children's challenging behaviors to provide thoughtful, consistent, and individualized responses.	3.B.08
3.10.	Teaching staff individualize routine care (e.g., learning to use the toilet and to feed oneself) by incorporating family practices whenever possible and by respecting the home culture and the family's preferred language.	3.B.10
3.11. *(3.8)*	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.	3.B.12
Supervising Children		
3.12. **Required**	Teaching staff supervise infants and toddlers/twos by sight and sound at all times **(This is a required criterion.)**	3.C.02
3.13.	When infants and toddlers/twos are **sleeping**, mirrors, video, or sound monitors may be used to augment supervision in sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision. ☐ Sides of cribs are checked to ensure that they are up and locked. ☐ Teachers, assistant teachers, or teacher aides are aware of, and positioned so they can hear and see, any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.	3.C.03

IQITPS Number	Criteria	NAEYC Criteria Number
Using Time, Grouping, and Routines to Achieve Learning Goals		
3.14.	Teaching staff use routine care to facilitate children's ☐ self-awareness, ☐ language, and ☐ social interaction.	3.D.02
3.15.	Teachers provide time and materials daily for children to select their own activities.	3.D.03
3.16.	Teachers organize time and space on a daily basis to offer infants opportunities to play ☐ individually, ☐ in pairs, and ☐ in small groups.	3.D.06
3.17.	At snack times, teaching staff ☐ sit and eat with children and ☐ engage them in conversation. When provided, meals are ☐ served family style, and teaching staff ☐ sit and eat with children and ☐ engage them in conversation.	3.D.07
Responding to Children's Interests and Needs		
3.18.	Teaching staff reorganize the environment when necessary to help children explore new concepts and topics, sustain their activities, and extend their learning.	3.E.01
3.19. *(3.12)*	Teachers use their knowledge of children's ☐ social relationships, ☐ interests, ☐ ideas, and ☐ skills to tailor learning opportunities for groups and individuals.	3.E.08
Making Learning Meaningful for All Children		
3.20. *(3.13)*	Teachers use curriculum in all content and developmental areas a flexible framework for teaching and to support the development of daily plans and learning experiences.	3.F.01
3.21. *(3.14)*	Play is planned for each day.	3.F.02
3.22. *(3.15)*	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.	3.F.04
3.23.	Teaching staff support the development and maintenance of children's home language whenever possible.	3.F.05
Using Instruction to Deepen Children's Understanding and Build Their Skills and Knowledge		
3.24. *(3.16)*	Teachers use multiple sources (including results of informal and formal assessments as well as children's initiations, questions, interests, and misunderstandings) to ☐ identify what children have learned, ☐ adapt curriculum and teaching to meet children's needs and interests, ☐ foster children's curiosity, ☐ extend children's engagement, and ☐ support self-initiated learning.	3.G.02
3.25.	As children learn and acquire new skills, teachers ☐ use their knowledge of children's abilities to fine tune their teaching support. ☐ Teachers adjust challenges as children gain competence and understanding.	3.G.03
3.26.	Teachers support and challenge children's learning during interactions or activities that are ☐ teacher initiated and ☐ child initiated.	3.G.05
3.27. *(3.17)*	Teachers use their knowledge of content to pose problems and ask questions that stimulate children's thinking. Teachers help children express their ideas and build on the meaning of their experiences.	3.G.07
3.28. *(3.19)*	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.	3.G.12

IOWA INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

SELF- ASSESSMENT

PROGRAM STANDARD 4—ASSESSMENT OF CHILD PROGRESS

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

IQITPS Number	Criteria	NAEYC Criteria Number
Using Instruction to Deepen Children's Understanding and Build Their Skills and Knowledge		
4.1. *(4.1)*	The program has a written plan for assessment that describes the assessment purposes, procedures, and uses of the results. The plan also includes ☐ 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.A.02
4.2. *(4.2)*	The program's written assessment plan includes the multiple purposes and uses of assessment including developmental screening and referral for diagnostic assessment when indicated, ☐ 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.	4.A.03
Using Appropriate Assessment Instruments and Methods		
4.3. *(4.3)*	Programs use a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children.	4.B.01
4.4. *(4.4)*	Assessments obtain information on all areas of children's development and learning, including cognitive skills, language, social-emotional development, approaches to learning, health, and physical development (including self-help skills).	4.B.02
4.5. *(4.5)*	Norm-referenced and standardized tests are used primarily when seeking information on eligibility for special services or when collecting information for overall program effectiveness. When formal assessments are used, they are combined with informal methods such as observation, checklists, rating scales, and work sampling.	4.B.03
4.6. **Required** *(4.6)*	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.	4.B.05
Identifying Children's Interests and Needs and Describing Children's Progress		
4.7. *(4.7)*	Teachers assess the developmental progress of each child across all developmental areas, using a variety of instruments and multiple data sources that address the program's curriculum areas. Staff with diverse expertise and skills collect information across the full range of children's experiences.	4.C.02
4.8. *(4.8)*	Teachers refer to curriculum goals and developmental expectations when interpreting assessment data.	4.C.03

IQITPS Number	Criteria	NAEYC Criteria Number
Adapting Curriculum, Individualizing Teaching, and Informing Program Development		
4.9. *(4.9)*	Teachers or others who know the children and are able to observe their strengths, interests, and needs on an on-going basis conduct assessments to inform classroom instruction and to make sound decisions about individual and group curriculum content, teaching approaches, and personal interactions.	4.D.01
4.10. **Required** *(4.11)*	Teachers interact with children to assess their strengths and needs to inform curriculum development and individualize teaching.	4.D.03
Communicating With Families and Involving Families in the Assessment Process		
4.11. **Required** *(4.14)*	Families have ongoing opportunities to share the results of observations from home to contribute to the assessment process.	4.E.01

IOWA INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

SELF- ASSESSMENT

PROGRAM STANDARD 5—HEALTH

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

IQITPS Number	Criteria	NAEYC Criteria Number
5.1. *(5.1)*	The program maintains current health records for each child: ☐ Within 6 weeks after a child begins the program, and as age-appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the Web sites of American Academy of Pediatrics, The Centers for Disease Control of the United States Public Health Service (CDC-USPHS), and the Academy of Family Practice. ☐ When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using religious exemption. Child health records include: ☐ Current information about any health insurance coverage required for treatment in an emergency; ☐ results of health examination, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results; ☐ current emergency contact information for each child, which 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.	5.A.01
5.2. **Required** *(5.2)*	At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with **each group** of children. When the program includes swimming and wading and when a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times.	5.A.03
5.3. *(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. ☐ A program that allows ill children or staff to remain in the program implements plans that have been reviewed by a health professional about • what level and types of illness require exclusion; • how care is provided for those who are ill but who are not excluded; and • when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.	5.A.04

IQITPS Number	Criteria	NAEYC Criteria Number
5.4. *(5.4)*	☐ 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 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.A.05
5.5. *(5.5)*	☐ 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.	5.A.06
5.6. *(5.6)*	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 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). ☐ **When public health authorities recommend** use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children older than two months. Staff apply insect repellent no more than once a day and only with written parental permission.	5.A.07
5.7. *(5.7)*	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 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 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 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. ☐ Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.	5.A.08

IQITPS Number	Criteria	NAEYC Criteria Number
5.8. *(5.8)*	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 (use of wet wipes is acceptable for infants); ☐ 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, 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 infants and toddlers/twos. Adults also wash their hands ☐ before and after feeding a child; ☐ before and after administering medication; ☐ 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, or a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water). Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute, for hand washing in any situation listed above. ☐ Staff wear gloves when contamination with blood may occur ☐ Staff do not use hand-washing sinks for bathing children or removing smeared fecal material.☐ In situations where sinks 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.	5.A.09
5.9. Emerging *(5.9)*	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 potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with each group of children, the water is drained. Alternatively, fresh potable water flows freely through the water play table and out through a drain in the table.	5.A.10

IQITPS Number	Criteria	NAEYC Criteria Number
5.10. *(5.10)*	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 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 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.	5.A.11
5.11. **Required**	To reduce the risk of Sudden Infant Death Syndrome (SIDS): ☐ Infants , unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission **(This indicator is required of all programs with infants.)** ☐ Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than eight months. ☐ If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest. ☐ The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position. **This is a required criterion.**	5.A.12
5.12. Emerging	After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums.	5.A.13
5.13.	☐ Infants unable to sit are held for bottle-feeding. All others sit or are held to be fed. ☐ Infants and toddlers/twos do not have bottles while in a crib or bed and ☐ do not eat from propped bottles at any time. ☐ Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. ☐ Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.	5.A.14
5.14.	Infants and toddlers/twos do not have access to large buckets that contain liquid.	5.A.15

IQITPS Number	Criteria	NAEYC Criteria Number
5.15. *(5.11)*	At least once daily in a program where children older than one year receive two or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required.)	5.A.16
Ensuring Children's Nutritional Well-being		
5.16. *(5.12)*	If the program provides food for meals and snacks (whether catered or prepared on-site), the food is prepared, served, and stored in accordance with the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP)guidelines.	5.B.01
5.17. *(5.13)*	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 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.	5.B.02
5.18. *(5.14)*	The program takes steps to ensure food safety in its provision of meals and snacks. Staff discard foods with expired dates. The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflect consideration of federal and other applicable food safety standards.	5.B.03
5.19. *(5.15)*	For all infants and for children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food a child consumes and provide families with that information.	5.B.04
5.20. *(5.16)*	For each child with special health care needs or food allergies or special nutrition needs, the child's health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.	5.B.05
5.21. *(5.17)*	Clean sanitary drinking water is made available to children throughout the day. (Infants who are fed only human milk do not need to be offered water.)	5.B.06
5.22. *(5.18)*	Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.	5.B.07
5.23.	The program supports breastfeeding by ☐ accepting, storing and serving expressed human milk for feedings, ☐ accepting human milk in ready-to-feed sanitary containers ☐ labeled with the infant's name and date and ☐ storing it in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months, ☐ ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk, ☐ providing a comfortable place for breastfeeding and ☐ coordinating feedings with the infant's mother.	5.B.09

IQITPS Number	Criteria	NAEYC Criteria Number
5.24. Emerging	☐ Except for human milk, staff serve only formula and infant food that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas, baby food jars, and center provided formula) prepared according to the manufacturer's instructions. ☐ Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. ☐ Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated. ☐ If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. ☐ No milk, including human milk, and no other infant foods are warmed in a microwave oven.	5.B.10
5.25.	☐ Teaching staff do not offer solid foods and fruit juices to infants younger than six months, unless that practice is recommended by the child's health care provider and approved by families. ☐ Sweetened beverages are avoided. ☐ If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.	5.B.11
5.26.	☐ Teaching staff who are familiar with the infant feed him or her whenever the infant seems hungry. ☐ Feeding is not used in lieu of other forms of comfort.	5.B.12
5.27.	The program does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children of ages 12 months to 24 months.	5.B.13
5.28. *(5.19)*	☐ 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 cut foods into pieces no larger than ¼ -inch square for infants and ½ inch square for toddlers/twos, according to each child's chewing and swallowing capability.	5.B.14
5.29. *(5.20)*	The program prepares written menus, and posts them where families can see them, and has copies available for families. Menus are kept on file for review by a program consultant.	5.B.15
5.30. (5.21)	☐ 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.	5.B.16
Maintaining a Healthful Environment		
5.31. *(5.22)*	The routine frequency of cleaning and sanitizing all surfaces in the facility is as indicated in the Cleaning and Sanitation Frequency Table 1. Ventilation and sanitation, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets.	5.C.01
5.32. *(5.23)*	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 1. ☐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.	5.C.02
5.33. *(5.24)*	A toy that a child has placed in his or her mouth or is otherwise contaminated by body secretion or excretion is to be (a) washed by hand using water and detergent, then rinsed, sanitized, and air dried or (b) washed and dried in a mechanical dishwasher before it can be used by another child.	5.C.03

IQITPS Number	Criteria	NAEYC Criteria Number
5.34. *(5.25)*	Staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.	5.C.04
5.35. *(5.26)*	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 for salmonella infection.	5.C.05
5.36.	Before walking on surfaces that **infants use specifically for play,** adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.	5.C.06

IOWA INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA
SELF- ASSESSMENT
PROGRAM STANDARD 6—TEACHERS

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

IQITPS Number	Criteria	NAEYC Criteria Number
Preparation, Knowledge, and Skills of Teaching Staff		
6.1. **Required** *(6.1)*	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 ☐ families.	6.A.02
6.2. *(6.2)*	Before working alone with children, new teaching staff are given an initial orientation that introduces them to fundamental aspects of program operation including ☐ 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 Infant/Toddler Early Childhood Program Standards and ☐ regulatory requirements. Follow-up training expands on the initial orientation.	6.A.03
6.3. **Required** *(6.3)*	All teachers (see Definition of Teaching Staff) have a minimum of a Child Development Associate.	6.A.05
6.4. **Required** *(6.4)*	Assistant Teachers-teacher aides (staff who implement program activities under direct supervision) have a high school diploma or GED and ☐ 50% of assistant teachers-teacher aides have at least a Child Development Associate Credential (CDA) or equivalent. ☐ 100% of assistant teachers-teacher aides who do not have at least a CDA are enrolled in a program leading to a CDA or equivalent, are actively participating in the program, and are demonstrating progress toward the CDA or equivalent. College-level course work from regionally accredited institutions of higher education may include distance learning or online coursework. If there is only one assistant teacher-teacher aide, then either of the requirements can be met.	6.A.06
Teacher's Dispositions and Professional Commitment		
6.5. *(6.5)*	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.B.01

IOWA INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA

PROGRAM STANDARD 7—FAMILIES

SELF- ASSESSMENT

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

IQITPS Number	Criteria	NAEYC Criteria Number
Knowing and Understanding the Program's Families		
7.1. *(7.1)*	Program staff use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds.	7.A.02
7.2. *(7.2)*	Program staff ensure that all families, regardless of family structure**;** socioeconomic, racial, religious, and cultural backgrounds; gender; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities. These opportunities consider family's interests and skills and the needs of program staff.	7.A.07
7.3.	The program works with families on shared child caregiving issues, including routine separations, special needs, the food being served and consumed, and daily care issues.	7.A.10
Sharing Information Between Staff and Families		
7.4. *(7.3)*	Program staff inform families about the program's systems for formally and informally assessing children's progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families, and the ways the program will use the information.	7.B.03
7.5. *(7.4)*	When program staff suspect that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive**,** supportive, and confidential manner and is provided with documentation and explanation for the concern, suggested next steps, and information about resources for assessment.	7.B.04
7.6.	Program staff communicate with families on a **daily basis** regarding infants' and toddlers'/twos' activities and developmental milestones, shared caregiving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, program staff communicate through established alternative means.	7.B.05
Nurturing Families as Advocates for Their Children		
7.7. *(7.6)*	Program staff encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporate into classroom practice.	7.C.02
7.8. *(7.7)*	Program staff encourage and support families to make the primary decisions about services that their children need, and they encourage families to advocate to obtain needed services.	7.C.03
7.9. Emerging *(7.8)*	Program staff provide families with information about programs and services from other organizations. Staff support and encourage families' efforts to negotiate health, mental health, assessment, and educational services for their children. **(This criterion is an Emerging Practice.)**	7.C.05
7.10. *(7.9)*	Program staff use established linkages with other early education programs and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs. Staff provide information to families that can assist them in communicating with other programs.	7.C.06

IOWA INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA
Self-Assessment
PROGRAM STANDARD 8—COMMUNITY PARTNERSHIPS

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

IQITPS Number	Criteria	NAEYC Criteria Number
Linking with the Community		
8.1. *(8.1)*	Program staff maintain a current list of child and family support services available in the community based on the pattern of needs they observe among families and based on what families request (e.g., health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention/special education screening and assessment services, and basic needs such as housing and child care subsidies). They share the list with families and assist them in locating, contacting, and using community resources that support children's and families' well-being and development.	8.A.01
8.2. *(8.2)*	Program staff develop partnerships and professional relationships with agencies, consultants and organizations in the community that further the program's capacity to meet the needs and interests of the children and families that they serve.	8.A.02
8.3. *(8.3)*	Program staff identify and establish relationships with specialized consultants who can assist all children's and families' full participation in the program. This assistance includes support for children with disabilities, behavioral challenges, or other special needs.	8.A.05
Accessing Community Resources		
8.4. *(8.4)*	Program staff use their knowledge of the community and the families it serves as an integral part of the curriculum and children's learning experiences.	8.B.01
Acting as a Citizen in the Neighborhood and the Early Childhood Community		
8.5. *(8.5)*	The program encourages staff to participate in joint and collaborative training activities or events with neighboring early childhood programs and other community service agencies.	8.C.02
8.6. *(8.6)*	Program staff are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts.	8.C.05

IOWA INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA
Self-Assessment
PROGRAM STANDARD 9— PHYSICAL ENVIRONMENT

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

IQITPS Number	Criteria	NAEYC Criteria Number
Indoor and Outdoor Equipment, Materials and Furnishings		
9.1. **Required** *(9.1)*	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.	9.A.04
9.2. *(9.2)*	☐The indoor environment is designed so that 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.	9.A.05
9.3. *(9.3)*	Materials and equipment are available ☐ to facilitate focused individual play or play with peers, and ☐ in sufficient quantities to occupy each child in activities that meet his or her interests.	9.A.08
9.4.	The indoor environment includes washable, soft elements that allow groups of children or adults and children to sit in close proximity for conversations or comforting.	9.A.10
9.5. *(9.4).*	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 indoor space.	9.A.12
9.6.	☐ Adults have a comfortable place to sit, hold, and feed infants. ☐ Staff place rocking chairs and glider chairs in locations that will avoid injury to children who may be on the floor.	9.A.14
9.7.	Nursing mothers have a place to breast-feed their children that meets their needs for comfort and privacy.	9.A.15
Outdoor Environmental Design		
9.8. *(9.5)*	Outdoor play areas, designed with equipment that is age and developmentally appropriate and that is located in clearly defined spaces with semiprivate areas where children can play alone or with a friend accommodate ☐ 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.	9.B.01
9.9. **Required** (9.6)	Program staff provide for an outdoor play area that is protected by fences or by natural barriers to prevent access to streets and to avoid other dangers, such as pits, water hazards, or wells.	9.B.02

IQITPS Number	Criteria	NAEYC Criteria Number
9.10. *(9.7)*	The outdoor play area is arranged so that staff can supervise children by sight and sound.	9.B.03
9.11.	The outdoor play area protects children from ☐ injury from falls (resilient surfacing should extend six feet beyond the limits of stationary equipment); ☐ catch points, sharp points, and protruding hardware; ☐ entrapment (openings should measure less than 3.5 inches or more than 9 inches.); ☐ tripping hazards and ☐ excessive wind and direct sunlight.	9.B.06
Building and Physical Design		
9.12. **Required** *(9.9)*	There is a minimum of 35 square feet of usable space per child in each of the primary indoor activity areas. (The primary activity area **does not** include diaper stations, cribs, large structures that cannot be removed or moved aside easily, toilets, sick-child area, staff rooms, corridors, hallways, stairways, closets, lockers or cubbies, laundry rooms, janitor rooms, furnace rooms, storage areas, and built-in shelving. Specialty areas such as computer rooms, reading rooms, and lunchrooms, where children are expected to remain seated for short periods of time may be excluded from the minimum space requirement.)	9.C.01
9.13.	The work environment for staff, including classrooms and staff rooms, is comfortable and clean and is in good repair. The work environment includes ☐ a place for adults to take a break from children, ☐ an adult-sized bathroom, ☐ a secure place for staff to store their personal belongings, and ☐ an administrative area for planning or preparing materials that is separated from the children's areas	9.C.02
9.14. **Required** *(9.10)*	Facilities meet Americans with Disabilities Act (ADA) accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classroom and therapy areas.	9.C.03
9.15.	☐ Toilets ☐ drinking water and ☐ hand-washing facilities are within 40 feet of the indoor areas that children use. The hand-washing sinks are accessible to ☐ staff and ☐children (step stools are available if needed)	9.C.05
Building/Physical Design		
9.16. *(9.11)*	The routine frequency of cleaning and sanitation in the facility is carried out as indicated in the Cleaning and Sanitation Frequency Table. ☐ 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.C.06
9.17. **Required** *(9.12)*	☐ Program staff protect children and adults from hazards, including electrical shock, burns or scalding, slipping, tripping, or falling. Floor coverings are secured to keep staff and children from tripping or slipping. ☐ The program excludes baby walkers.	9.C.08
9.18. **Required** *(9.13)*	☐ 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.	9.C.10
9.19. **Required** (9.14)	☐ 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.	9.C.11
9.20. **Required** (9.15)	Any body of water, including swimming pools, built-in wading pools, ponds, and irrigation ditches, is enclosed by a fence at least four feet in height, with any gates childproofed to prevent entry by unattended children. To prevent drowning accidents, staff supervise all children by sight and sound in all areas with access to water in tubs, pails, and water tables.	9.C.12

IQITPS Number	Criteria	NAEYC Criteria Number
9.21.	Staff use vehicles and approves child and adult safety-restraint devices in accordance with the manufacturer's instructions, and they use the restraints at all times when transporting children.	9.C.15
9.22.	Program staff identifies choking hazards and remove them from the proximity and reach of infants and toddlers/twos.	9.C.16
9.23.	Bathrooms have barriers to prevent entry by unattended infants and toddler/twos.	9.C.17
Environmental Health		
9.24. *(9.16)*	Documentary evidence, available on site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults if warranted by the assessment.	9.D.01
9.25. *(9.17)*	When the water supply source is a well or other private source (i.e., not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the water to be safe for human consumption.	9.D.02
9.26. *(9.18)*	All rooms that children use are heated, cooled, and ventilated to maintain room temperature and humidity level. The maintenance staff or contractor certifies that facility systems are maintained in compliance with national standards for facility use by children.	9.D.05
9.27. **Required** *(9.19)*	The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.	9.D.06
9.28.	☐ The program maintains facilities so they are free from harmful animals, insect pests, and poisonous plants. ☐Pesticides and herbicides, if used, are applied according to manufacturer's instructions when children are not at the facility and in a manner that prevents skin contact, inhalation, and other exposure to children. ☐The program uses the techniques know as Integrated Pest Management (IPM) so the least hazardous means are used to control pests and unwanted vegetation.	9.D.08
9.29.	Toxic substances (used only as directed by the manufacturer) are ☐ stored in original labeled container and ☐ kept in a locked room or cabinet inaccessible to children, and away from medications and foods. ☐ Matches and lighters are not accessible and gasoline and other flammable materials are stored (when needed) in a separate building.	9.D.09

IOWA INFANT/TODDLER PROGRAM STANDARDS AND CRITERIA
Self -Assessment
PROGRAM STANDARD 10—LEADERSHIP AND MANAGEMENT

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

IQITPS Number	Criteria	NAEYC Criteria Number
Leadership		
10.1. *(10.1)*	The program has a well-articulated mission and philosophy of program excellence that guide its operation. The goals and objectives relate to the mission, philosophy, and all program operations and include child and family desired outcomes.	10.A.01
10.2. **Required** *(10.2)*	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 degree; ☐ has at least 9 credit-bearing hours of specialized college-level course work in administration, leadership, and management. (which can be 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 as specified in table 2, Alternative Pathways to Achieve Educational Qualifications as a Program Administer. **(This is a required criterion.)**	10.A.02
10.3. *(10.3)*	The program, regardless of its size or funding auspices, has a designated program administrator with the educational qualifications detailed in Criterion 10.A.02. 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-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.	10.A.04

IQITPS Number	Criteria	NAEYC Criteria Number
Management Policies and Procedures		
10.4.	The program has written policies and procedures that demonstrate how the program **prepares for, orients, and welcomes** children and families. These policies and procedures are shared verbally and in writing with families of enrolled children and are available in languages that families use and understand. Policies address ☐ the program's philosophy and ☐ curriculum goals and objectives; ☐ the programs commitment to welcome children and families, and ☐ guidance and discipline. Procedures address ☐ the variety of strategies used by the program for ongoing communication in their preferred language or through translation; ☐ how IFSP's, IEP's, and other individualized plans will be addressed for children with disabilities and other special learning needs; ☐ health and safety precautions and requirements that affect families and their children, including building security and access, medications, inclusion or exclusion of ill children, and emergency plans; ☐ the variety of techniques used by the program to negotiate difficulties and differences that arise in interactions between families and program staff; ☐ payment, meals and snacks and sleeping arrangements; ☐ how the program ensures confidentiality of child and family information; ☐ how and when children are scheduled for field trips; ☐ safety precautions that will be used to safeguard the children on trips, including having a communication device to call for help, whenever necessary while on the trip, having first-aid supplies on the trip, and alternate transportation arrangements if there is a problem with the transportation vehicle during the trip.	10.B.08
10.5. *(10.4)*	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 (see table 3) 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 age or may include multiple ages. (A group or classroom consists of the children assigned to a teacher or a team of teaching staff for most of the day and who occupy an individual classroom or well-defined space that prevents intermingling of children from different groups within a larger room or area.)	10.B.12
10.6.	The program is organized and staffed to minimize the number of ☐ teaching staff and ☐ classroom transitions experienced by an individual child during the day and program year. Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of children.	10.B.13
10.7. *(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.	10.C.01

IQITPS Number	Criteria	NAEYC Criteria Number
Health, Nutrition, and Safety Policies and Procedures		
10.8. *(10.6)*	The program has written policies to promote wellness and to safeguard the health and safety of children and adults. Procedures are in place that address ☐ 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, including sleep positioning for infants; ☐ 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 that support them in wellness, prevention and treatment of depression, and stress management.	10.D.01
10.9. *(10.7)*	The program has written procedures to protect children and adults from environmental hazards such as air pollution, lead, and asbestos, according to public health requirements.	10.D.02
10.10. *(10.8)*	The program has a written policy for reporting child abuse and neglect as well as procedures in place that comply with applicable federal, state, and local laws. The policy includes requirements for staff to report all suspected incidents of child abuse, neglect, or both by families, staff, volunteers, or others to the appropriate local agencies. Staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious.	10.D.03
10.11. *(10.9)*	The program has written procedures to be followed if a staff member is accused of abuse or neglect of a child in the program that protect the rights of the accused staff person as well as protect the children in the program.	10.D.04
10.12. *(10.10)*	The program has written procedures that outline the health and safety information to be collected from families and to be maintained on file for each child in one central location within the facility. The files are kept current by updating as needed, but at least quarterly. The content of the file is confidential, but is immediately available to ☐ 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.	10.D.05
10.13. *(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; and ☐ address special circumstances in picking up children at the end of the day.	10.D.06
10.14. *(10.13)*	The program has written and posted disaster preparedness and emergency evacuation policies and procedures. Procedures designate an appropriate person to assume authority and take action in an emergency when the administrator is not on site. The procedures include ☐ 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.	10.D.08

IQITPS Number	Criteria	NAEYC Criteria Number
10.15. *(10.14)*	The program has written, up-to-date, comprehensive procedures to prepare for and respond to medical and dental emergencies for children and adult staff. The procedures include ☐ 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 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).	10.D.09
Personnel Policies		
10.16. *(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.	10.E.01
10.17. *(10.16)*	Hiring procedures ensure that all employees in the program (including bus drivers, bus monitors, custodians, cooks, clerical and other support staff) who come in contact with children in the program or who have responsibility for children ☐ 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, and ☐ 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.	10.E.02
10.18.	Efforts are made and documented to hire and maintain staff with the cultural and racial characteristics of the families served. Policies are in place for obtaining staff or volunteers who speak the language of the children served, and these individuals regularly interact with the children and families.	10.E.03
10.19. *(10.17)*	Programs maintain current health information from a documented health assessment for all paid staff and for all volunteers who work more than 40 hours per month and have contact with the children. A current health assessment (Not more than 1 year old) is received by the program before an employee starts work or before a volunteer has contact with children. The health assessment is updated every two years. Documented health assessment includes ☐ immunization status; ☐ capacities and limitations that may affect job performance; ☐ documentation by a licensed health professional of TB skin testing using the Mantoux method and showing the employee to be free from active TB disease. For those who have a positive TB skin test and who develop a persistent cough or unexpected fever, immediate assessment by a licensed physician is required. For those who have increased risk of TB according to the Centers for Disease Control (CDC), documentation is required annually by a licensed health professional showing that the employee is free from active TB disease.	10.E.04

IQITPS Number	Criteria	NAEYC Criteria Number
10.20. *(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.	10.E.07
10.21. *(10.19)*	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.	10.E.08
10.22. *(10.20)*	All staff are evaluated at least annually by an appropriate supervisor or, in the case of the program administrator, by the governing body.	10.E.09
10.23.	The program establishes goals for continuous improvement and innovation using information from the annual program evaluation. The program uses this information to plan professional development and program quality-improvement activities as well as to improve operations and policies.	10.F.03