

## Iowa Quality Preschool Program Standards Child Files Worksheet

**District:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_  
**Verifier:** \_\_\_\_\_ **Date:** \_\_\_\_\_

IQPPS Number	Criteria					
1.9 ECSE	For children with persistent, serious, and 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.					
3.7 CO	Teachers notice patterns in children's challenging behaviors to provide thoughtful, consistent, and individualized responses.					
3.8 ECSE CO	Teachers address challenging behavior by <ul style="list-style-type: none"> <li>• assessing the function of the child's behavior;</li> <li>• convening families and professionals to develop individualized plans to address behavior;</li> <li>• using positive behavior support strategies.</li> </ul>					
3.16 CP	Teachers use multiple sources (including results of informal and formal assessments as well as children's initiations, questions, interests, and misunderstandings) to: <ul style="list-style-type: none"> <li>• identify what children have learned;</li> <li>• adapt curriculum and teaching to meet children's needs and interests;</li> <li>• foster children's curiosity;</li> <li>• extend children's engagement; and,</li> <li>• support self-initiated learning.</li> </ul>					
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).					
4.5 PP	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.					
4.7 ECSE	Teachers assess the developmental progress of each child across 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.					
4.8	Teachers refer to curriculum goals and developmental expectations when interpreting assessment data.					
4.9 CP	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.					
4.12 ECSE	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.					

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4.13	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.					
5.1 DHS - IAC 441- 109.9(3)	<p>The program maintains current health records for each child:</p> <ul style="list-style-type: none"> <li>• 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, Centers for Disease Control of the United States Public Health Service (CDC-USPHS), and the Academy of Family Practice; and,</li> <li>• 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.</li> </ul> <p>Child health records include:</p> <ul style="list-style-type: none"> <li>• current information about any health insurance coverage required for treatment in an emergency;</li> <li>• 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;</li> <li>• current emergency contact information for each child, that is kept up to date by a specified method during the year;</li> <li>• <u>names of individuals authorized by the family to have access to health information about the child;</u></li> <li>• 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,</li> <li>• 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.</li> </ul>					
5.6 PP	<p>To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:</p> <ul style="list-style-type: none"> <li>• children wear clothing that is dry and layered for warmth in cold weather;</li> <li>• 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 (<u>only with written parental permission to do so</u>); and,</li> <li>• when public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are only applied on children older than two months. Staff apply insect repellent no more than once daily and <u>only with written parental permission</u>.</li> </ul>					

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5.10 PP  LEA – IAC 281- 41.404 (3) – All.  DHS - IAC 441- 09.10(3) Bullets #2 and #4 only	<p>Safeguards are used with all medications for children:</p> <ul style="list-style-type: none"> <li>staff administer both prescription and over-the-counter medications to a child only if the child's record documents that the parent or legal guardian has given the program written permission;</li> <li>the child's record includes instructions from the licensed health provider who has prescribed or recommended the medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the program staff;</li> <li>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 :               <ul style="list-style-type: none"> <li>(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;</li> </ul> </li> <li>the person giving the medication signs documentation of items (1) through (5) above. Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider;</li> <li>medications are labeled with the child's first and last names, the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider, the name of the medication or the period of use of the medication, the manufacturer's instructions or the original prescription label that details the name and strength of the medication, and instructions on how to administer and store it; and,</li> <li>all medications are kept in a locked container.</li> </ul>					
5.16 FT	<p>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.</p>					
7.1 PP	<p>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.</p>					