

# Iowa QRS Survey-FAQs and Additional Documents for HOMES

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# Nutrition and Physical Activity Levels 1-5-HOMES

Level 1	Level 2	Level 3	Level 4	Level 5
<p>1. Food Safety (<b>choose ONE</b>)</p> <ul style="list-style-type: none"> <li>a) 4 hours of food safety &amp; sanitation training <a href="#">Institute of Child Nutrition online training</a></li> <li>b) Iowa State University Extension: <a href="#">Food Safety Lessons, 4 Lessons</a></li> <li>c) Training from other DHS approved or meets QRS approved training for Food Safety Level 1</li> <li>d) ServSafe</li> </ul>	<p>1. Nutrition (<b>choose ONE</b>):</p> <ul style="list-style-type: none"> <li>a) Participate in CACFP <b>OR</b></li> <li>b) Complete all of the following:               <ul style="list-style-type: none"> <li>I. CACFP Meal Pattern Training for menu planner and person responsible for supervising the menu planner (<a href="#">Iowa CACFP Steps to Success Module 2</a>)</li> <li>II. CACFP Infant Feeding Training for infant staff and person responsible for supervising them (<a href="#">Iowa CACFP Steps to Success Module 15</a>)</li> <li>III. CACFP Meal-time supervision training for all staff responsible for supervising children during mealtime and person responsible for supervising them (<a href="#">CACFP Wellness Module - Meaningful Mealtimes</a>)</li> <li>IV. Implement following policies regarding beverages:                   <ul style="list-style-type: none"> <li>A. Serve children two years and older only 1%, skim or non-fat milk.</li> <li>B. For children one to two years old, serve whole milk.</li> <li>C. Infants receive only breast milk and/or formula.</li> <li>D. Serve only 100% fruit juice.</li> <li>E. Serve juice no more than one time per day.</li> </ul> </li> </ul> </li> </ul> <p>2. Physical Activity (choose ONE)</p> <ul style="list-style-type: none"> <li>a) Let's Move quiz/action plan <b>OR</b></li> <li>b) NAPSACC assessment</li> </ul>	<p>1. Nutrition- Participate in CACFP</p> <p>2. Physical Activity-complete 1 activity that supports physical activity (see Physical Activity Options)</p>	<p>1.Nutrition-Participate in CACFP AND complete 1 activity that supports healthy nutrition (see Nutrition Activity Options)</p> <p>2. Physical Activity-complete 2 activities that supports physical activity (see Physical Activity Options)</p>	<p>1.Nutrition-Participate in CACFP AND complete 2 activities that support healthy nutrition (see Nutrition Activity Options)</p> <p>2. Physical Activity-complete 3 activities that supports physical activity (see Physical Activity Options)</p>

# Nutrition and Physical Activity Options-HOMES

## **Nutrition Activity Options:**

1. DE Team Nutrition Online Training (choose one for lead staff)
  - a. Healthy Menu Makeover
  - b. Farm to Childcare
  - c. Trying New Food
  - d. Nutrition Education in the Child Care Setting
  - e. Smarter Mealtime Scorecard
  - f. CACFP Meal Pattern Best Practices
2. Farm to Child Care Activity
3. Purchasing local and regional foods for meals
4. Incorporating agricultural education such as Grow It, Try It, Like It
5. Taste testing local foods
6. Harvest of the Month
7. Center garden
8. Field trip to farmer's market or farm
9. Let's Move-Serve all meals to preschoolers and school-aged children family-style.
10. Let's Move-Breastfeeding Support
11. BMER (Building Mealtime Environments and Relationships – University of Idaho-for preschool programs only)
12. Healthier CACFP Award<sup>1</sup>
13. Let's Move-Serve a fruit and/or a vegetable at every meal
14. Let's Move-Offer fried or pre-fried foods no more than once a month

## **Physical Activity Options:**

1. Penn State University Extension- Better Kids Care Trainings
  - a. I Am Moving, I am Learning: Active Play Every Day
  - b. I Am Moving, I am Learning: Take it Outside
  - c. Childhood Obesity Prevention: LMCC Increase Physical Activity
2. Go Smart-<https://gosmart.nhsa.org/>
3. GoNoodle-<https://app.gonoodle.com>
4. Let's Go-<http://www.lets-go.org/programs/early-childhood/>
5. Sesame Street Healthy Habits for Life-  
<http://www.sesamestreet.org/toolkits/healthyhabits>
6. PE Central-<http://www.pecentral.org/preschool/preschoolindex.html>
7. Shape America-  
<http://www.shapeamerica.org/standards/guidelines/early-childhood-resources.cfm>
8. Commit to Ten-<http://commit2ten.org>
9. USDA Nutrition & Wellness Tips for Young Children-  
<http://www.fns.usda.gov/tn/nutrition-wellness-tips-young-children>
10. USDA Choose My Plate-Songs- <https://www.choosemyplate.gov/videos-songs>
11. Move for Thought-  
<https://www.educateiowa.gov/pk-12/nutrition-programs/quick-links-nutrition/learning-tools-nutrition/move-thought-pre-k-k>
12. Let's Move-Get Kids Moving-  
<https://healthykidshealthyfuture.org/5-healthy-goals/get-kids-moving/>
13. Let's Move-Reduce Screen Time-  
<https://healthykidshealthyfuture.org/5-healthy-goals/reduce-screen-time/>
14. NAPSACC-Infant & Child Physical Activity Self-Assessment
15. NAPSACC-Outdoor Play & Learning Self-Assessment
16. NAPSACC-Screen Time Self-Assessment
17. DE Team Nutrition Online Training - Provide Opportunities for Active Play

# Nutrition and Physical Activity FAQs-HOMES

1. Why isn't CACFP an option at level 1?
  - a. CACFP does not provide comprehensive food safety training.
2. Is exemption from CACFP an option? What is the evidence, a letter?
  - a. All homes are eligible for CACFP. If you are unable to participate in your area, please contact the State agency.
3. Some of these goals are part of the food program, so do they have to choose something else?
  - a. The options listed are not required by CACFP, but are recommended best practices
4. How specifically do providers access approved trainings? Concerned about access, need to be online.
  - a. All are online except ServeSafe.
5. What if parents provide all of the food, does this apply?
  - a. If parents provide all the food, the home provider is not eligible to participate in CACFP. Nutritional quality could be improved by utilizing the CACFP and providing meals and snacks.
6. What if meals/snacks are catered in?
  - a. Someone still needs to monitor temps for safety, possibly hold it, serve it and clean up. Catered meals must meet CACFP requirements.
7. Will online trainings have a cost associated with them?
  - a. The majority of the online trainings are free; there may be some that have a cost but they are not required.
8. Can the same course be repeated in the next cycle?
  - a. Not by the same person.
9. What if a program does not serve infants?
  - a. Those trainings would be n/a.
10. How long is ServSafe good for?
  - a. 5 years
11. ServSafe is not for child care, what can we do about that?
  - a. Take one of the other training options.
12. Will we have to do ServSafe for both preschool and school-age if we do both?
  - a. No. If it has been taken, it counts for both.
13. Level 1-How long are these trainings good for?
  - a. 5 years unless the training has its own expiration date.
14. Level 1d- What are the requirements for these trainings?
  - a. DHS or CACFP-approved.
15. Level 1-How recent do these have to be?
  - a. Within the last 5 years.
16. Could other ISU Extension trainings be an option here?
  - a. Yes ISU trainings could be used for the Nutrition and Physical Activity options if duration matches the requirement, the topic matches the requirement and a training certificate is provided to show proof of attendance.
17. Could CACFP trainings be an option at Level 1?
  - a. No, CACFP does not provide food safety trainings.

18. What nutrition training topics will be accepted?
  - a. Importance of food safety - Common Foodborne pathogens - Basic HACCP principles (not full program) - Time - temperature danger zone - Factors that promote growth of foodborne pathogens - Proper cleaning procedures - Separating to prevent cross contamination - Cooking to safe temps - Chilling procedures
19. For the ISU trainings, you do not get a certificate with your name and there is not a test, so how do you know they have actually taken the training?
  - a. The online ISU training includes a quiz at the end of each lesson. Print the completed quiz with your name and the date completed.
20. If a provider has been revoked from CACFP, will they be considered exempt from CACFP and be able to participate in QRS?
  - a. No. The provider must reapply for CACFP, if they are able to be reinstated, they can then can apply for QRS. Or the provider can apply to be a lower level of QRS that does not required CACFP participation.

## Professional Development Levels 1-5-HOMES

Level 1	Level 2	Level 3	Level 4	Level 5
2. Complete CQI (Comprehensive Quality Improvement) Professional Development Plan	3. Complete ChildNet Training	3. Complete ChildNet Certification 4. Choose 1 (as applicable per age served): a. Complete 1 module-Program for Infant and Toddler Care b. Complete Module 1 (10hrs.):Positive Behavioral Intervention and Supports training-FCC c. Quality School Age care d. <i>Once all of the age-applicable trainings are completed, subsequent applications must complete:18 hours approved training per year</i>	3. Choose 1 (as applicable per age served): a. Complete 2 additional modules- Program for Infant and Toddler Care b. Complete Module 2 (10hrs.)-Positive Behavioral Intervention and Supports training-FCC (series completed) c. <i>Once all of the age-applicable trainings are completed, subsequent applications must complete:22 hours approved training per year</i>	3. Choose 1 (as applicable per age served): a. Complete 2 additional modules- Program for Infant and Toddler Care (series complete) b. Complete PBIS-FCC Benchmarks of Quality with coach c. <i>Once all of the age-applicable trainings are completed, subsequent applications must complete:32 hours approved training per year</i>

## Professional Development FAQs-HOMES

1. Instead of completing the series, would you accept a certificate that the provider is a trainer?
  - a. No, you must take the training.
2. Can ChildNet be the old version?
  - a. At this time, yes.
3. Does the FCC version of PBIS have to be taken, or can the infant/toddler and preschool version count if working with mixed age groups?
  - a. No, but you must take the one/s that are applicable to the ages you serve, so if you serve mixed ages, you would need to take both the infant/toddler PBIS AND the preschool PBIS to equate to the FCC version
4. What if these trainings are not offered in your region?
  - a. Please contact CCR&R
5. If a provider has a degree, can the amount of training hours be lower?
  - a. No
6. Will online trainings count?
  - a. Yes, as long as the training being offered is by an approved training organization

## Family and Community Partnerships Levels 1-5-HOMES

Level 1	Level 2	Level 3	Level 4	Level 5
<p>4. Orientation for new families</p> <p>5. Complete 1 activity that promotes partnerships (see Partnerships Activity Options)</p>	<p>5. 1 conference with parents offered per year to discuss child's progress and behavioral social and physical needs. Assessment information is shared with the family.</p> <p>6. Complete 2 activities that promote partnerships (see Partnership Activity Options).</p>	<p>4. Promotes cultural sensitivity in the environment. Provide two separate examples.</p> <p>5. Complete 3 activities that promote partnerships (see Partnership Activity Options).</p>	<p>4. Complete 4 activities that promote partnerships (see Partnership Activity Options).</p>	<p>4. Complete 5 activities that promote partnerships (see Partnership Activity Options).</p>

### Family and Community Partnership Activity Options

1. Host a speaker into the program
2. Coordinate field trips to community partners (i.e. fire station, EMS, city hall)
3. Host a group parent/guardian meeting; (parent/guardian provides feedback to the provider; Back to School Night is not an example for this type of meeting)
4. Provide a newsletter that is specific to your program or utilize social media to provide program information to families
5. 10% of enrolled children are served by Child Care Assistance
6. Offers sliding fee scale, scholarship, or reduced fee for families not qualifying for CCA
7. Annually survey families with regard to program planning and policies and procedures
8. Minimum of 2 family conferences are offered per year to discuss child's progress and behavioral social and physical needs. Assessment information is shared with the family.
9. Active participation in a professional organization.
10. Program has a parent/guardian advisory group that meets at least twice a year
11. Program hosts at least 2 family events in a year
12. A program staff member presents to a local organization about their program or other relevant topic at least once a year.
13. Program has a systemic process for identifying children who are DLLs at program enrollment
14. Program provides information to families in their primary language
15. Program employs at least one bilingual staff person with appropriate credentials who is proficient in the home language of most of the DLLs in the program
16. Other activity that promotes family and community partnerships, as approved by DHS

# Family and Community Partnerships FAQs-HOMES

1. Will evidence for Level 1, #4 be in a handbook or separate plan?
  - a. In handbook
2. What if parents do not want to participate in a conference? Can it state a conference was offered?
  - a. Yes, a conference needs to be offered but if parents decline, then the offer of a conference will be accepted.
3. Please define “active participation” in #9 on the options.
  - a. Attendance at one activity annually, sponsored by the organization (ex. meeting, training, conference, etc.)
4. Could they present to a board?
  - a. Yes, but it cannot be your own program’s board.
5. Can we state that conferences are available upon request?
  - a. No, a conference needs to be offered specifically to each family.
6. Please define and give examples of a professional organization.
  - a. Any local, state, or national organization that relates to your job (ex. Iowa AEYC, DEC, Iowa FCCA, etc.)
7. Does sibling discount qualify at reduced fee?
  - a. Yes
8. What about ECI scholarships? Or scholarships from other organizations?
  - a. It only counts if your program takes less money
9. Define Parent Advisory Board (if a program has a board with parent representatives, does that count?)
  - a. A parent advisory group would be a group of parents that provide input to the program; this does not include a governing board
10. What if we are different types of programs in one day (ex. DHS in AM, DE in afternoon), do we do 2 conferences with same children?
  - a. No, just one conference per child
11. Concerned about submitting list of CCA children and privacy
  - a. You wouldn’t be submitting actual names. IF using this option, DHS will verify internally.
12. Define Family Event
  - a. An event planned by the program (with partners is acceptable) and all families are invited to attend.
13. Option 1-what are the topics? Please give more specifics.
  - a. The speaker could be anyone who has a relevant topic for children and families.
14. Will you provide a template or examples of what the survey should include?
  - a. Yes, resources and guides will be made available.
15. How often do these events have to occur? Annually? Once in the renewal period?
  - a. You have to offer one conference per year and partnership options annually.
16. Does having a board member come talk or having a board meeting count?
  - a. No –Unless the board member is someone that is going to present to the children.
17. How can we have speakers when everyone who comes into the home must have a background check?
  - a. As long as the speaker is not counted in ratio, responsible for children, or left alone with children, than a background check is not required.
18. Do webinars from professional organizations such as NAEYC or NAFCC count as participation?
  - a. Yes



19. What if there is no professional organization in your area?
  - a. You could join at the state or national level such as Iowa AEYC, NAEYC or Iowa FCCA or NAFCC
20. To clarify, only a copy of the forms being used need submitted, not copies of completed surveys/assessments/etc.?
  - a. Yes, just a copy of the forms that you use, not completed forms.
21. Why do we need to host conferences when we talk to parents every day?
  - a. Assessment information and other child-specific information cannot be shared adequately or confidentially during everyday brief contact when other children and parents may be present.

## Provider Qualifications Levels 1-5-HOMES

Level 1	Level 2	Level 3	Level 4	Level 5
5. At least 1 year of child care experience	6. Choose 1: a. At least 2 years of child care experience <u>OR</u> b. At least 6 college credit hours in education specific to age group for whom care is provided	7. Choose 1: a. At least 3 years of child care experience <u>OR</u> b. At least 9 college credit hours in education specific to age group for whom care is provided	5. CDA or higher  6. 3 years full-time child care experience	5. CDA or higher  6. 4 years full-time child care experience

## Provider Qualifications FAQs-HOMES

1. Can the experience be in any setting?
  - a. Experience that will be counted is full time experience in a child care center, child care home or preschool program.
2. What if a provider can test out of a college course? Ex. test out of DMACC Infant/Toddler course if you have taken PITC
  - a. If you receive credit hours for the course, then it would count.
3. Can non-related degrees count?
  - a. Refer to the career pathway.
4. Can a CDA be earned through training hours, rather than college credit hours?
  - a. Yes. Please contact a T.E.A.C.H. counselor for more information.
5. How does PD play into your qualifications? Does not seem fair that providers that have been around a long time and have taken a lot of ECE PD do not get credit because they don't have a degree.
  - a. Those professional development hours can be used towards earning a CDA.
6. People with higher degrees do not have to keep up their degree in the same way as someone with a CDA. These participants should be required to do training as well.
  - a. Training is required for everyone in the professional development category.

# Teaching Staff Career Pathway (revised from ECI to fit into this document)

Teaching Role Tiers	Tier 1			Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	Tier 8
Education Details	<p>STEP 1 – (40 hours)</p> <p>Competencies addressed include:</p> <p>Promoting Child Development and Learning Competencies (This includes competencies regarding Health and Safety.)</p> <p>Becoming a Professional Competencies</p> <p>Examples of Trainings as of Fall 2013 might include:</p> <ol style="list-style-type: none"> <li>1.Program for Infant/Toddler Care</li> <li>2.Environmental Rating Scales</li> <li>3.Iowa Early Learning Standards</li> </ol>	<p>STEP 2 – (40 hours)</p> <p>Competencies addressed include:</p> <p>Building Family and Community Relationships Competencies</p> <p>Using Developmentally Effective Approaches to Connect with Children and Families Competencies</p> <p>Examples of Trainings as of Fall 2013 might include:</p> <ol style="list-style-type: none"> <li>1.Early Childhood Positive Behavior Interventions and Supports</li> <li>2.Cultural Competencies</li> <li>3.Classroom Assessment Scoring System</li> </ol>	<p>STEP 3 – (40 hours)</p> <p>Competencies addressed include:</p> <p>Using Content Knowledge to Build Meaningful Curriculum Competencies</p> <p>Observing, Documenting and Assessing to Support Young Children and Families Competencies</p> <p>Examples of Trainings as of Fall 2013 might include:</p> <ol style="list-style-type: none"> <li>1.Every Child Reads</li> <li>2.Evidenced-Based Curriculum</li> <li>3.Evidenced-Based Assessment</li> <li>4.Early Care and Education Institute or local conferences</li> </ol>	<p>CDA Through Clock Hours OR ECE Para-Educator or Through Clock Hours</p>	<p>CDA Through College Credit OR ECE Para-Educator or Through Credit</p>	<p>ECE Community College Diploma</p> <p>Associate Degree with less than 12 ECE Credits</p> <p><i>BA in any field*</i></p> <p><i>Working toward BA in Related Field*</i></p>	<p>Associate Degree in ECE</p> <p>Associate Degree plus or including 24 ECE Credits</p> <p><i>BA in Related Field (ex. elem. Education, social work)*</i></p> <p><i>Working toward BA in EC*</i></p>	<p>Bachelor's Degree in ECE</p> <p>Bachelor's Degree in Child Development OR Child, Adult and Family Services – Child Service Option OR Human Development and Family Studies – Child Option</p> <p>Bachelor's Degree in Early Childhood Administration</p> <p>Bachelor's Degree plus or including 24 ECE Credits</p> <p>Credentials Specific to Adult Educator or Program Administrator Will Align Here</p>	<p>BOEE Licensure with ECE Endorsements : 100, 103, 106 or 262</p>	<p>Master's Degree with Teaching License (MA/MS in ECE)</p>

**\*These items have been added to the career pathway by the QRS OT for the purpose of QRS ONLY**

# Teaching and Learning Levels 1-5-HOMES

Level 1	Level 2	Level 3	Level 4	Level 5
<p>6. Provider has been trained on the Iowa Early Learning Standards (2hrs.).</p> <p>7. Provider has a comprehensive discipline/behavior policy that promotes positive relationships.</p>	<p>7. Provider uses a daily schedule with predictable routines that is developmentally appropriate for all ages served.</p> <p>8. Provider develops and implements a policy that eliminates or severely limits expulsion, suspension, punitive or other exclusionary discipline.</p> <p>9. Provider gathers initial information on each child upon enrollment, and annually thereafter, in all developmental domains (see resource guide for examples).</p>	<p>7. Provider gathers information on each child in all developmental domains (see resource guide for examples) quarterly.</p> <p>8. Provider will share community resources with family as needed, based on the gathered information (example: provide contact information for the local AEA for further evaluation).</p> <p>9. Provider develops and implements policies and procedures for inclusive practices for children with diverse needs, including those with identified disabilities, dual language learners, identified behavioral needs, and/or specialized health needs.</p>	<p>7. Provider uses information gathered about children and families to make changes in their learning environment and activities.</p> <p>8. Provider participates in planning with families and/or outside experts, as needed, for children with diverse needs, including those with identified disabilities, dual language learners, identified behavioral needs, and/or specialized health needs.</p>	<p>7. Provider works with families and other experts to implement instructional and/or environmental adaptations, that support the learning for each child, including those with diverse needs, including those with identified disabilities, dual language learners, identified behavioral health needs, and/or specialized health needs.</p>

# Teaching and Learning FAQs-HOMES

1. If I have taken a child development class, do I still need to take the Iowa Early Learning Standards training?
  - a. Yes. The learning standards are specific to the State of Iowa and would not always be addressed as a set of standards in a child development class.
2. What if no children with diverse needs are enrolled?
  - a. Any child that has an individualized need would be considered as a child with diverse needs.
3. Assessments and checklists are too expensive and require training, who will help me pay for this?
  - a. There will be links to free resources in the QRS companion document, or you can search out your own. There are free to low cost options out there.
4. What if the child has already been screened by someone else?
  - a. The provider should still be collecting information regarding each child.
5. If a child has an IEP, do they need to still be assessed?
  - a. Yes, the provider should be collecting information on each child.
6. Does ADA apply to home providers?
  - a. Yes

# Environment Levels 1-5-HOMES

Level 1	Level 2	Level 3	Level 4	Level 5
<p>8. Provider will develop and implement a policy regarding (as applicable to age served, aligned with Caring for Our Children):</p> <ul style="list-style-type: none"> <li>• Supervision</li> <li>• Safe Sleep Policy</li> <li>• Playground Equipment Stability and Fall Surfacing</li> <li>• Missing child</li> <li>• Strangulation Prevention</li> <li>• Sign-in/sign-out tracking system for children and visitors</li> </ul> <p>9. Provider will complete an Interaction and Relationship Self-Assessment</p>	<p>10. Three examples of readily available books, pictures/posters and other materials which display culture, age, race, ability and gender diversity</p> <p>11. Child Record Review Conducted</p> <p>12. Provider will develop and implement a policy (aligned with Caring for our children) regarding:</p> <ul style="list-style-type: none"> <li>• Playground Inspection</li> </ul> <p>13. Provider will develop and implement a tobacco/nicotine policy (see sample policy)</p>	<p>11. Provider completes Environment Rating Scale (ERS) Training series (FCCERS-R)</p> <p>12. Health and Safety Checklist for Early Care and Education Programs <a href="http://www.ucsfchildcarehealth.org/pdfs/Checklists/HS_Checklist.pdf">http://www.ucsfchildcarehealth.org/pdfs/Checklists/HS_Checklist.pdf</a></p> <p>13. Provider will develop and implement a policy (aligned with Caring for our children) regarding:</p> <ul style="list-style-type: none"> <li>• Oral health</li> </ul>	<p>9. Provider completes ERS scoresheet and Improvement Plan. (FCCERS-R)</p> <p>10. Health and Safety Checklist for Early Care and Education Programs completed with an average score of 2 or higher.</p>	<p>8. Provider completes ERS assessment with an overall score of 5. (FCCERS-R)</p> <p>9. Health and Safety Checklist for Early Care and Education Programs completed with an average score of 2.5 or higher.</p>

# Environment FAQs-HOMES

1. Do you need a safe sleep policy if you are just preschool? Before/After?
  - a. As applicable, if caring for infants
2. Who completes the ERS assessment?
  - a. The Assessment is completed at level 5 by ISU. The scoresheet & improvement plan at level 4 is completed by the person who has been trained.
3. The policy and implementation section on Playground Equipment and Fall Surfacing will be a huge barrier for many providers as they do not have fall surfacing. This feels like a more complex policy development, requiring lots of consultation and financial support.
  - a. Fall surfacing policy would include having fall surfacing if the equipment requires it per manufacturer's instructions.
4. Access and availability of training is a concern
  - a. It's offered regularly across the state, online options are also available.
5. Can the CLASS assessment be completed on your own? Training is very pricey.
  - a. CLASS assessment is not a self-assessment, it must be completed by a trained observer. It is an option but not required.
6. Does someone come and do this health and safety checklist for us?
  - a. At this time, it should be completed by a CCNC
7. Will the old ERS be counted?
  - a. At a level 2, 3, or 4, any ERS training will count. If you are seeking level 5, the current ERS training being offered must be completed.
8. Could I Smile count for oral health supports? Policy?
  - a. I Smile can help with policy development but the center would be responsible for implementation.
9. What if a CCNC is not available for the record review? CCRR cannot do it (could we get that changed?)
  - a. There should be CCNC available for QRS through our regional structure, if not, please contact your CCRR. At this time, CCRR consultants can not assess health records or do care planning for children with special health needs. To find a CCNC consultant in your area, please see <http://www.idph.iowa.gov/hcci/consultants>
10. How recent does the review have to be?
  - a. Within the past 2 years

# Environment-Sample Tobacco-Free/Nicotine Free Policy-HOMES

## Tobacco-Free/Nicotine-Free Policy Guidelines for use with Child Care Homes

### Fact and Purpose:

The [child care home] finds that:

- a) Tobacco use is the single most preventable cause of death in the United States<sup>1</sup>; and
- b) Children are exposed to tobacco advertising that leads to favorable beliefs about tobacco use, plays a role in leading young people to overestimate the prevalence of tobacco use, and increases the number of young people who begin to use tobacco<sup>2</sup>; and
- c) Electronic cigarettes can increase nicotine addiction among young people and may lead children to try other tobacco products that are known to cause disease and lead to premature death<sup>3</sup>; and
- d) Imitation tobacco products may lead children to use tobacco by desensitizing them to the dangers of tobacco and advancing the false idea of tobacco use as socially acceptable<sup>4</sup>; and
- e) Tobacco products (extends to all types of tobacco, nicotine, and electronic smoking device (ESD) products), once consumed in public spaces, are often discarded on the ground requiring additional maintenance expenses, diminish the beauty of outdoor grounds, and pose a risk to toddlers due to ingestion; and
- f) The prohibition of tobacco and nicotine use at all times will serve to protect the health, safety and welfare of staff, students, and visitors.

### Policy

[child care home] and grounds, including [child care] vehicles, are off limits for tobacco and nicotine use including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipes, snus, Electronic Smoking Devices (ESD) and nicotine products that are not Food and Drug Administration (FDA) approved for tobacco cessation. This requirement extends to students, employees, and visitors. This policy applies inside the home at all times including [child care home] sponsored and non- [child care home] sponsored events. This policy applies to the outdoor property at all times [child care home] is open for business or open for a [child care home] sponsored event. This policy applies at all times to any [child care] vehicle used to transport child care children. During [child care home] business hours and [child care home] sponsored events, all tobacco and nicotine products (as identified above) must be kept out of reach of children in the same manner medications and/or other hazardous materials would be stored. Persons failing to abide by this policy are required to extinguish their smoking material, dispose of the tobacco/nicotine product, or leave the [child care home] premises immediately. It is the responsibility of the [child care home] to enforce this policy.

### Effective Date:

This policy statement is effective immediately upon the date of adoption.

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Child Care Provider

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Date

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<sup>1</sup>. Campaign for Tobacco-Free Kids. Tobacco Overview. Retrieved November 10, 2015, from [http://www.tobaccofreekids.org/facts\\_issues/tobacco\\_101/](http://www.tobaccofreekids.org/facts_issues/tobacco_101/)

<sup>2</sup>. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

<sup>3</sup>. U.S. Food and Drug Administration, FDA warns of health risks posed by e-cigarettes (2009), available at <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm173401.htm>.

<sup>4</sup>. Jonathan D. Klein & Steve St. Clair, Do Candy Cigarettes Encourage Young People to Smoke?, 321 BRIT. MED. J. 362 (2000), available at <http://www.bmj.com/cgi/content/full/321/7257/362>.