# *Child Care Nurse Consultant Role Guidance:*

**To Achieve the Performance Measures**

**And Annual Performance Standards**

***State Fiscal Year 2015***

Gerd Clabaugh, MPA, Director

Iowa Department of Public Health

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*Welcome to*

## Healthy Child Care Iowa

The Iowa Department of Public Health, Title V Maternal and Child Health program, with assistance from other state agency partners including the Iowa Department of Human Services and the Iowa Department of Management-Early Childhood Iowa, supports the Healthy Child Care Iowa campaign to improve the quality of health and safety in child care businesses. The Iowa Department of Human Services and Iowa Department of Public Health have a written interagency agreement defining the partnership to improve child care health and safety. The interagency agreement supports Healthy Child Care Iowa activities and resources at the state level.

The *Child Care Nurse Consultant Role Guidance to Achieve the Performance Measures and Annual Performance Standards* document is a tool used to define child care nurse consultation and strategies to quantify the activities performed.

Healthy Child Care Iowa has adopted the five goals outlined in the *Blueprint for Action* from the Healthy Child Care America campaign[1]:

1. Safe, healthy child care environments for all children, including those with special health needs.
2. Up-to-date and easily accessible immunizations for children in child care.
3. Access to quality health, dental, and developmental screening and comprehensive follow-up for children in child care.
4. Health and mental health consultation, support, and education for all families, children and child care providers.
5. Health, nutrition, and safety education for children in child care, their families and child care providers.

The *Blueprint for Action* contains 10 action steps that communities may take to promote safe and healthy out-of-home child care.

The Bureau of Family Health, Iowa Department of Public Health (Tel.1-800-383-3826) is available to respond to questions about Healthy Child Care Iowa and the role of the Child Care Nurse Consultant or visit the Healthy Child Care Iowa website at: http://www.idph.state.ia.us/hcci.

[1] US Department of Health and Human Services, Child Care Bureau and Maternal and Child Health Bureau, 1996. Revised 6/2001

# Child Care Nurse Consultant Job Description

## Qualifications, Education, and Experience:

- Registered Nurse with current Iowa licensure
- Bachelor of Science in Nursing or related degree, or
- Minimum of two-years experience as a Registered Nurse in community health or pediatric practice
- Completion of the Iowa Training Project for Child Care Nurse Consultants (ITPCCNC)
- Employed or contracted by an Iowa Maternal and Child Health (MCH) agency
- Able to work at least .5 FTE as a CCNC

## Job Duties for the Child Care Nurse Consultant (CCNC):

1. Provide guidance, training, coordination, and support to community-based child care businesses to promote safe and healthy child care environments for all children including children with special health or developmental needs. (HCCA Steps 1, 8)
2. Use Healthy Child Care Iowa materials and nursing assessment tools when completing the nursing process in consultation, training, and technical assistance. (HCCA Steps 1, 4, 5, 7, 8)
3. Provide guidance, support, referrals, and access to care coordination for families and child care businesses to access up-to-date immunizations for children in child care (including children with special health or developmental needs). (HCCA Step 2)
4. Provide guidance, support, referrals, and access to care coordination for families and child care businesses to access quality health, oral health, and developmental screening and comprehensive follow-up for children in child care (including children with special health or developmental needs). (HCCA Step 3)
5. Provide guidance, support, referrals, and care coordination for families and child care businesses to access mental health consultation and educational services for the family, children (including children with special health or developmental needs), or child care businesses. (HCCA Steps 4, 9, 10)
6. Provide guidance, support, referrals, and access to care coordination for families and child care businesses to access health (including oral hygiene), nutrition, and safety education and services for children (including children with special health or developmental needs). (HCCA Steps 5, 6, 7, 9, 10)
7. Maintain communication capability for receiving email and attachments and disseminating child care health and safety information with the Iowa Department of Public Health, and other community partners. (HCCA Step 1)

**1. The Child Care Nurse Consultant (CCNC) follows all nursing practice laws, rules, and regulations**

- Nursing Practice for Registered Nurses -- Iowa Administrative Code 655-6

**2. The CCNC uses the nursing process[2]**

- Assessment and Diagnosis
- Planning
- Nursing Intervention
- Evaluation of Nursing Outcomes

**3. The CCNC participates in nursing professional development program including:**

- Iowa Training Project for Child Care Nurse Consultation using the National Training Institute for Child Care Health Consultation model, materials, and methods
- HCCI sponsored educational opportunities
- Quality assurance

**4. The CCNC uses national and state performance measures and standards in consultation, technical assistance, and training contacts with consumers. The CCNC uses all of the following:**

- Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, American Academy of Pediatrics, Third Edition. 2011
- Maternal and Child Health, Title V, block grant
- Child Care Nurse Consultant Role Guidance to achieve the Performance Measures and Annual Performance Standards
- Maternal and Child Health contract with the Iowa Department of Public Health, Division of Health Promotion and Chronic Disease Prevention
- Maternal and Child Health contract agency written agreements with Child Care Resource and Referral lead agencies

**5. The CCNC uses Iowa child care law, regulation, and rules in consultation, technical assistance and training contacts with consumers.**

- Child Care Facilities -- Iowa Code 237A
- Child Care Centers – Iowa Administrative Code 441-109
- Child Development Home – Iowa Administrative Code 441-110
- Department of Education Childcare Standards, Iowa Department of Education
- Iowa Quality Preschool Program Standards, Iowa Department of Education
- Iowa Quality Rating System –Iowa Administrative Code 441-118
- IMMUNIZATION and immunization education: PERSONS ATTENDING ELEMENTARY OR SECONDARY SCHOOLS, LICENSED CHILD CARE CENTERS or institutions of higher education – Iowa Administrative Code 641-7
- Communicable Disease reporting and exclusion
- Occupational Safety and Health Administration regulations

[2] Nursing Diagnoses, Outcomes, and Interventions, NANDA, NOC, and NIC Linkages, Center for Nursing Classification, University of Iowa, College of Nursing, Iowa City. Mosby Press, 2001.

**6. The CCNC uses Healthy Child Care Iowa nursing assessment tools in consultation, technical assistance, and training contacts with consumers.**

- Business Partnership Agreement
- Child Care Center Director/Owner Survey
- Home Child Care Owner/Director Survey
- Injury Prevention Checklist tool and reports
- Child Record Review tool and reports
- Health and Safety Assessment tool and reports
- Health and Safety Quality Improvement Plan
- Notice of Urgent Need form

**Child Care Nurse Consultant Performance Measures and Annual Performance Standards**

| **Performance Measure 1: The Child Care Nurse Consultant (CCNC) promotes safe and healthy child care environments for all children including children with special health or developmental needs. (HCCA Steps 1, 8)** | | |
|---|---|---|
| **Outputs** | **Annual Performance Standards** | **Comments** |
| 1.1 Use and disseminate information from the reference: *Caring for our Children (CFOC), National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, Third Edition* as the basis for resolving problems, responding to requests, and in training. | • Promote the use of CFOC national standards in consultation, TA, and training visits.<br>• Disseminate pertinent portions of the national performance standards during visits with child care businesses. | *Caring for Our Children the National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs,* the entire text of CFOC is available on the internet*:*<br>Other national standards are published by child care organizations like the National Association for the Education of Young Children (NAEYC), National After-School Association standards and the National Association for Family Child Care (NAFCC) standards. |
| 1.2 Conduct consultation, technical assistance, and training with child care businesses to promote safe and healthy personnel practices. | Upon request, referral, or identified need, the CCNC shall<br>• Conduct on-site consultation to address and promote the resolution of health and safety concerns related to policy, practice or a specific child/family concern.<br>• Consult with child care businesses regarding their personnel policies and practices that impact the health, safety, and well-being of children and employees.<br>• Promote adult immunization and preventive health practices.<br>• Offer health education and guidance to child care businesses.<br>• Coordinate education and training of child care businesses with the CCR&R Training Specialist. | The CCNC may be asked to review health/safety related policies and practices within the child care facility. It is appropriate for the CCNC to review and consult regarding health/safety policy. The CCNC should not write the policies for the child care business. Resources for the CCNC include the Iowa Department Public Health, Centers for Disease Control and Prevention, American Academy of Pediatrics, OSHA, American Red Cross, American Heart Assoc., American Lung Association, and others.<br>HCCI sample forms are available through the HCCI webpage. https://www.idph.state.ia.us/hcci/products.asp |

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| **Outputs** | **Annual Performance Standards** | **Comments** |
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| 1.3 Conduct health and safety assessments and support the development of health/safety plans with child care businesses. | The CCNC shall<br>• Participate in quality assurance monitoring with the Iowa Department of Public Health.<br>• Conduct assessments using Healthy Child Care Iowa assessment tools and other evidence-based instruments or tools.<br>• Conduct assessments and develop a plan for referrals from DHS regulatory personnel who have health and safety questions or problems concerning a specific child care business. Send a copy of assessments and action plans to the DHS referral source for review and input.<br>• Prioritize visits for the purpose of conducting health and safety assessment. | Nursing assessments are completed to guide needed quality improvement. The CCNC may identify hazards and concerns that require more extensive assessment prior to planning and intervention.<br>Child Care Businesses may request nursing assessment services to fulfill requirements for accreditation through a national child care or education organization (example NAEYC, QPPS), or for an individual business quality improvement process. |
| 1.4 Use evidence-based tools and checklist from a credible resource for indoor or outdoor playground, play equipment or play area safety. | • Use evidence-based tools or checklists when conducting review of playground safety.<br>• Document 100% of reviews and assessments.<br>• The CCNC may refer requests or questions to a playground safety specialist such as at the National Program for Playground Safety.<br>• Documentation of such referrals shall be maintained by the CCNC for liability purposes. | The CCNC is strongly encouraged to complete the Playground Safety Training (online or in-person) offered through the National Program for Playground Safety at the University of Northern Iowa, **prior** to completing assessments of indoor or outdoor play areas.<br>Checklists are available from the:<br>**Consumer Product Safety Commission** (CPSC) http://www.cpsc.gov/en/Safety-Education/Safety-Guides/<br>• CPSC public playground safety handbook<br>• CPSC home child care playground handbook |

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| **Outputs** | **Annual Performance Standards** | **Comments** |
| | | **National Program for Playground Safety**—Child Care Assessment Manual for Outdoor Play Environments available from 1-800-554-PLAY |
| 1.5 Customize health and safety consultation, TA, and training to include how children with special needs are affected by health and safety policy and practice. | • Use *CFOC* standards in consultations regarding children with special needs.<br>• Assist in the identification of barriers that may prohibit children with special health or developmental needs from enrolling and participating in the child care program and activities, including playground facilities.<br>• Inform the director or owner of observed barriers.<br>• Inform child care businesses about the American's with Disabilities Act and the sections pertaining to child care.<br>• Document 100% of assessments, recommendations, and plans of action. | The Americans with Disabilities Act sections pertaining to child care are available on the Internet.<br>The CCNC may contact the Area Education Agency where the child care program is located. Iowa Child Health Specialty Clinics have health care personnel specializing in the care of children with special health or developmental needs.<br>The Healthy Families line has contact information for AEAs and Child Health Specialty Clinics 1-800-369-2229.<br>Area Education Agency<br>Child Health Specialty Clinics |
| 1.6 Use the Americans with Disabilities Act (ADA) materials pertaining to child care to increase access to child care for children with special needs. | • Maintain access to ADA information and materials using the Internet, and community resources such as Area Education Agencies and Iowa Child Health Specialty Clinics.<br>• Share copies of the ADA with child care businesses or inform businesses where they can secure their own copy. | ADA<br>Area Education Agency<br>Child Health Specialty Clinics |
| 1.7 Assist child care businesses to develop inclusive child care practices for children with special health or developmental needs. | • Encourage and facilitate communication between the family, child care business, agencies, and professionals already serving the child and family.<br>• Support a team approach to assisting children | Use contacts already involved with the family like Area Education Agencies, Head Start/Early Head Start, or Iowa Child Health Specialty Clinics. |

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| **Outputs** | **Annual Performance Standards** | **Comments** |
| | with prescribed treatments and goals.<br>• Refer family and child care businesses to appropriate services to support best practice for the individual needs of each child.<br>• Provide guidance, education, and support for inter-agency collaboration among professionals to increase inclusive practices. | |
| 1.8 Use the CCR&R database NACCRRAware, to identify child care businesses that may be caring for children with special needs | • Complete a written agreement between the CCNC and the CCR&R for access to and use of NACCRRAware.<br>• Review and become familiar with the CCR&R database (NACCRRAware). | NACCRRAware is the national database for Child Care Resource and Referral agencies (restricted access website-security clearance, password and signed agreement required). |
| 1.9 Report communicable disease events to local public health officials.<br>1.9a Report involvement in reportable communicable disease in child care to Healthy Child Care Iowa. | • Report 100% of incidents (IAC 641-1 Notification and Surveillance of Reportable Diseases) when the CCNC is directly involved.<br>• Report involvement with communicable disease to Healthy Child Care Iowa in the Bureau of Family Health.<br>• Follow instructions given by the Iowa Department of Public Health or local public health authority pertaining to communicable disease.<br>• Maintain record of all reporting documents completed.<br>• Report communicable diseases to DHS licensing consultant for child care centers. | CCNC may not initially be involved or knowledgeable of incidents of communicable disease.<br>CCNC shall report incidents where the consultant is directly involved in providing consultation or technical assistance.<br>The CCNC shall work with the local public health department for reporting communicable disease. The EPI Manual & reporting procedures are on the Internet.<br>Child care centers are required to publicly post a notice about communicable diseases-the CCNC shall work with the DHS licensing consultant and local public health on appropriate information to be posted.<br>**Disease Reporting Hotline: 1-800-362-2736**. |

| **Performance Measure 2: The CCNC assures or secures access to up-to-date immunizations for children and child care businesses in child care. (HCCA Step 2)** | | |
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| **Outputs** | **Annual Performance Standards** | **Comments** |
| 2.1 Conduct reviews of child care immunization records of children enrolled in child care programs, through on-site visits. | • CCNC will review immunization records of children enrolled in child care facilities.<br>• The CCNC shall use the IDPH schedules for childhood immunizations.<br>• The CCNC shall work with local public health, child care businesses, and families to obtain needed immunizations. | This immunization review assesses the full immunization status of the child, not just the minimum standards for admission in child care. This is not intended to duplicate the required immunization audit conducted by a local board of health. The results of the immunization review of child care centers shall be reported to IDPH and/or the local public health department and DHS child care regulatory staff.<br>Local boards of health (LBOH) are responsible for auditing childhood immunization status in each county. If a CCNC will be auditing immunizations it will be under the work and direction of the LBOH as a public health nursing activity. |
| 2.2 Refer children and families to local health resources for immunizations. | CCNC will refer 100% of children who are not up-to-date on immunizations using the IDPH schedule of immunizations. | The Iowa Department of Public Health, Bureau of Immunization has local immunization clinic providers in each county. Contact your local public health agency or health department. |
| 2.3 Assist child care businesses in securing immunizations for adults (child care personnel or family members of children enrolled). | • Refer child care employees, owners, and directors who need immunizations to their health care provider, federally qualified health center, or local public health for adult immunizations.<br>• Share the adult immunization schedule with child care businesses. | Child care providers need to maintain up-to-date immunizations such as tetanus, pertussis, influenza, hepatitis, etc.<br>The CCNC may need to work with community partners to secure funds for a special immunization project for adults. |
| 2.4 CCNC shall provide health education to child care businesses and families regarding the importance of obtaining immunizations to prevent disease. | The CCNC shall offer health education upon request using immunization information from the Immunization Bureau at the Iowa Department of Public Health and CFOC, 3rd. 2011. | Printed materials are available through the Bureau web page http://www.idph.state.ia.us/immtb/immunization.aspx?prog=imm&pg=immhome |

| **Performance Measure 3: The CCNC assures access to quality health, oral health, nutrition, and developmental screening and comprehensive follow up for children including children with special health or developmental needs in child care. (HCCA Step 3)** | | |
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| **Outputs** | **Annual Performance Standards** | **Comments** |
| 3.1 Review the health status of children and the status of medical and dental homes for children enrolled in child care.<br><br>Develop a plan with the child care business for obtaining needed health services for children. | • Conduct a review of child care business' child health and safety related records upon request from DHS, IDPH, local public health or the child care business.<br><br>• Use the Child Record Review tool and process when reviewing records (an instrument adapted from the Quality Enhancement Project for Infants and Toddlers).[3]<br><br>• Report aggregate findings to DHS child care licensing consultants when review is conducted in a licensed child care center and to DHS registration staff when conducted with a registered child development home. | |
| 3.2 Refer children and families to needed primary health care or specialty health care services. (medical, dental home) | • CCNC will refer children identified as needing health care services including dental, nutritional and mental health services.<br><br>• The CCNC will coordinate referrals of children to local Title V child health program for care coordination services.<br><br>• The CCNC will coordinate with the MCH agency I-Smile coordinator to access oral health services for children.<br><br>• The CCNC shall make referrals to Iowa Child Health Specialty Clinics for children with special health care needs. | The CCNC shall assure children and families have access to appropriate health care services including specialty health services. The CCNC shall be knowledgeable about availability and eligibility for health services such as family planning, community health centers, rural health centers/clinics, Title V child health services, Child Health Specialty Clinics, and WIC clinics.<br><br>The CCNC shall work with local Title V child health agencies to assure health care access.<br><br>• Location of Child Health services:<br><br>• The I-Smile Coordinator map: |
| 3.3 Assist child care businesses in | The CCNC shall be knowledgeable about health care | The Iowa Health Insurance Marketplace |

[3] Quality Enhancement Project for Infants and Toddlers, (Jonathan Kotch, MD, MPH) North Carolina Division of Child Development and The University of North Carolina At Chapel Hill, School of Public Health, CB # 7400, Chapel Hill, NC 27599-7400. 2000.

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| locating special community based health services for children in child care, their family members, and child care business personnel. | programs and services for families, including low income families. | |
| 3.4 Conduct or coordinate noninvasive health screenings like child growth and development, oral/dental health, hearing or vision screenings in the child care environment. | • The CCNC may conduct or coordinate actual health screenings with children while they attend child care.<br>• National standards and approved screening protocols shall be followed.<br>• CCNC shall coordinate and cooperate with the I-Smile program coordinators for preventive oral health of children. | The CCNC should work with the local MCH agency when planning to conduct a screening or treatment program in the child care setting. CCNC are not encouraged to conduct screenings that require a needle stick (blood lead screening) when the parent is not with the child. |
| 3.5 Inform child care businesses and families about health care coverage, programs (Medicaid and ***hawk-i***) and other low cost or free health care providers. | • The CCNC shall have access to current enrollment forms and materials.<br>• Child care businesses shall be informed about ***hawk-I,*** toll-free telephone number 1-800-257-8563. | Covering Kids:<br>Locations of free health clinics:<br>Location of Community Health Centers: |

| **Performance Measure 4: The CCNC provides mental health consultation, support, and education for child care providers, families, and children, including children with special health or developmental needs. (HCCA Steps 4, 9, 10)** | | |
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| **Outputs** | **Annual Performance Standards** | **Comments** |
| 4.1 Respond to requests for materials, consultation, or training regarding child mental health, behavior, and child development. | • When follow-up action is indicated, a follow up plan is developed with the child care business or family.<br>• CCNC makes available information about health care payment public programs (Medicaid, ***hawk-i***, and MCH services). The CCNC may refer families directly to MCH agencies for the care coordinators to work with those families in securing health care source and payment. | |
| 4.2 Assist child care businesses in locating community-based mental health services and training. | • Refer children with behavioral or mental health needs to appropriate mental health services.<br>• The CCNC refers children without medical home or health care payment resource to the local Title V care coordinator to secure services and payment. | Area Education Agency<br>Child Health Specialty Clinics |

| **Performance Measure 5: The CCNC provides health, nutrition, and safety education for children including children with special health or developmental needs, families, and child care businesses. (HCCA Steps 5, 6, 7, 9, 10)** | | |
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| **Outputs** | **Annual Performance Standards** | **Comments** |
| 5.1 Respond to requests for health, nutrition, and safety materials and training. (including mental and oral/dental health) | • Schedule on-site consultations, TA sessions, or training with child care businesses as requested.<br>• Use health specialists when possible to introduce experts to child care businesses. | Use culturally relevant and appropriate resources in customizing a response to the needs of child care businesses, and community.<br>Use community resources including licensed, registered and/or certified professionals such as: dieticians, diabetes educators, playground inspectors, child passenger safety technicians, etc. |

| **Performance Measure 6: The CCNC is accountable for activities conducted with children, families, and child care businesses. (HCCA Steps 9, 10)** | | |
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| **Outputs** | **Annual Performance Standards** | **Comments** |
| 6.1 Document and maintain record of all encounters with child care businesses, families, and other professionals. | • Keep records a minimum of 2 years from the end of the contract year. | |
| 6.2 Work with community partners to identify and respond to child care business or family needs for resources, TA, and trainings. | • Collaborate with community partners to identify resources or services to respond to 100% of requests from child care businesses or families who have children in out-of-home child care. | *Resources:* local public health nursing, Iowa Child Health Specialty Clinic (CHSC), CCR&R, DHS, Child and Adult Care Food Program (CACFP), Head Start, Iowa State University (ISU) Extension, etc. |
| 6.3 Contact newly licensed and registered child care businesses[4] to inform them about CCNC services and resources. | • Provide materials and offer services to child care businesses within 3 months of the time they obtain new license or registration. | HCCI materials may be added to CCR&R promotion packets for new child care businesses. The CCNC, and CCR&R staff shall work together informing child care businesses about CCNC services and other health or safety related resources. *Example*: Medicaid and ***hawk-i***, Consumer Product Safety Commission and others. |
| 6.4 Contact non-registered child care businesses added to the CCR&R data base to inform the child care businesses about CCNC and resources. | • Provide materials about the CCNC and HCCI and other health and safety related resources as indicated. | CCNC materials may be added to CCR&R promotion packets for new child care businesses. The CCNC and CCR&R staff shall work together informing non-registered child care businesses about CCNC services and other health or safety related resources. *Example*: Medicaid and ***hawk-i***, Consumer Product Safety Commission and others. Non-registered child care businesses shall be recruited to become a registered child care business. |

[4] Iowa Code 237A, Iowa Administrative Code 441-109 & 110, define licensed child care centers and registered child care family or group homes.

| Performance Measure 7: The CCNC develops and maintains a linkage with child care regulatory personnel and child care partners. | | |
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| **Outputs** | **Annual Performance Standards** | **Comments** |
| **Partner - Iowa Department of Human Services Child Care Licensing Consultants and Registration Personnel** | | |
| 7.1 Give and receive information and referrals on an ongoing basis. | • Prioritize and respond to request from DHS child care licensing consultants and child development home registration personnel. | DHS personnel are the legal authority for the regulation of child care businesses. To improve the health and safety of children in out-of-home child care a good relationship with the regulatory personnel is critical. |
| 7.2 Job-shadow licensing consultant through entire process of licensing a center. | • Within the first year of employment as a CCNC, request to job-shadow both a DHS Child Care Licensing Consultant and child development home registration personnel on a visit to a child care business. | http://dhs.iowa.gov/childcare |
| 7.3 The CCNC shall know DHS child care personnel for their CCNC service area. | • Attend a minimum of one face-to-face meeting per year with the DHS regulatory personnel. | The CCNC shall meet with DHS colleagues to identify and promote health and safety in child care and to maintain collaboration. |
| **Partner: DHS**<br>**Child Care Assistance personnel** | | |
| 7.4 Give and receive information and referrals on ongoing basis with child care assistance (DHS child care subsidy Program) personnel. | The CCNC shall promote informing families eligible for child care assistance about the program based on comparable income eligibility criteria. *Example*: Medicaid, ***hawk-i***, WIC, Title V Maternal and Child Health services, food stamps low income housing and other programs. Complete as requested. | |
| **Partner: CCR&R** | | |
| 7.6 Work with CCR&R consultants and specialists to identify child care business needs for health and safety | Attend a minimum of one face-to-face meeting per year with the CCR&R consultants. | The CCNC shall meet with CCR&R colleagues to identify and promote health and safety in child care and to maintain collaboration. |

| Performance Measure 7: The CCNC develops and maintains a linkage with child care regulatory personnel and child care partners. | | |
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| **Outputs** | **Annual Performance Standards** | **Comments** |
| information or resources. Give and receive information and referrals on an ongoing basis as needed | | |
| 7.7 The CCNC shall have written documentation defining the partnership between the CCNC and the CCR&R lead agency. | • CCNCs shall have a written agreement with the CCR&R lead agency. | |
| **Partner: Child Care Businesses and Community Partners:** | | |
| 7.8 Receive and respond to invitations from community groups to conduct group training regarding health and safety in child care. | Conduct a minimum of 1 HCCI promotion or training session per year promoting child care nurse consultation in child care. | *Example*: Local Early Childhood Iowa groups, Child Abuse Prevention groups, Local Board of Health, United Way, Community Foundation, Rotary International |
| **Partner: *hawk-i* & Medicaid, Title V MCH, WIC programs** | | |
| 7.9 Promote and refer families to the resources ***hawk-i***, Medicaid, WIC, and the Title V MCH program | • CCNC will disseminate ***hawk-i*** applications and marketing materials during on-site consultation or TA visits. Children without health insurance will be referred to the ***hawk-i***, program.<br>• CCNC will disseminate applications and marketing materials at training sessions with child care businesses.<br>• CCNC will carry contact information for referral to the WIC and the MCH program.<br>• The CCNC will make referrals to MCH care coordination services for children needing health services. | Enrolling Iowa children in health insurance programs, Title V program, or WIC is a critical component of the Healthy Child Care Iowa program. |
| 7.10 Participate in the public health Maternal and Child Health system. | CCNC will be included in a local Maternal and Child Health agency contract either through direct em- | |

| Performance Measure 7: The CCNC develops and maintains a linkage with child care regulatory personnel and child care partners. | | |
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| **Outputs** | **Annual Performance Standards** | **Comments** |
| Including the system for care coordination. | ployment or through a written agreement. If an agreement is used, the Child Care Nurse Consultant Role Guidance document shall be contained in the agreement. | |

| Performance Measure 8: The CCNC maintains communication capability for receiving and disseminating child care health and safety information. | | |
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| **Outputs** | **Annual Performance Standards** | **Comments** |
| 8.1 The CCNC shall use the HCCI logo when disseminating information or printed materials to child care businesses, families, and health care professionals. | Develop a mechanism to affix the logo to printed items or to envelopes to identify the CCNC to the HCCI campaign. | Using the HCCI logo helps market the national Healthy Child Care America campaign and associates the actions of the CCNC to the campaign. |
| 8.2 Use electronic communication mechanisms to send and receive information and data. | Each CCNC shall have an individual business related email address to receive and send communication with the state HCCI coordinator, community partners, and required list-serves. The email services should accept email attachments from the HCCI office.<br><br>The CCNC shall subscribe to the following website/list serves:<br><br>• National Resource Center for Health and Safety in Child Care listserve and the<br><br>• Consumer Product Safety Commission | *Examples of Internet sites*:<br><br>National Resource Center for Health and Safety in Child Care<br><br>Consumer Product Safety Commission:<br><br>Centers for Disease Control and Prevention<br><br>Children's Defense Fund |

## Nursing Assessment Process and Instruments

Healthy Child Care Iowa developed the chart below to aid child care nurse consultants (CCNC) in understanding the health and safety nursing assessment instrument process, components and the actions of the CCNC. The nursing assessment process for health and safety begins with the child care business completing a Business Partnership Agreement (BPA) and a health and safety Survey specific to the type of child care business (home or center). The BPA and Survey serve as a foundation for the *nursing process*.[5] The suggested order for assessment for quality in child care is as follows: 1st Injury Prevention Checklist, 2nd Child Record Review and 3rd Health and Safety Assessment. There may be circumstances that cause a child care business to request an assessment be conducted in an order different than the suggested. However, child care businesses should be counseled regarding the rationale for the recommended nursing assessment order and process.

| Health and Safety Nursing Assessment Instrument | CCNC Actions |
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| **Optional documents:**<br>• **Child Care Business Health and Safety Quality Improvement Plan** is used to document the child care businesses' plan to make corrections or complete recommendations. The Quality Improvement Plan contains descriptive statements of needed improvements, actions needed to improve, timeline and budget considerations.<br>• **Notice of Urgent Need** is used when an issue of immediate importance is identified that impacts child morbidity or mortality. The Notice of Urgent Need shall be shared with DHS regulatory personnel. | CCNC may use these documents to assist in the nursing assessment and consultation process. |
| Step 1: Is a conversation with the child care provider at the introductory level. No specified CCNC instruments or actions | CCNC begins relationship-building interactions with child care business. The CCNC may introduce child care businesses to the nursing assessment process. |
| Step 2: **Business Partnership Agreement (BPA)**<br>Purpose: To structure the business relationship between the child care business and the CCNC. The BPA informs the child care business of the scope of services available to the business from the CCNC. The BPA lists the name of the local CCNC. The BPA serves as the written informed consent for services. The CCNC is strongly encouraged to | CCNC Process:<br>1. The BPA may be sent to the child care business by the CCNC via mail, email or given as a handout in training sessions. The CCNC may arrange for the Child Care Resource and Referral personnel to give the BPA to child care businesses during trainings or informa- |

[5] Nursing Diagnoses, Outcomes, and Interventions, NANDA, NOC, and NIC Linkages, Center for Nursing Classification, University of Iowa, College of Nursing, Iowa City. Mosby Press, 2001.

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| complete a BPA with all child care businesses requesting or receiving CCNC services.<br><br>A face-to-face, on-site, or specific communication visit between the CCNC and child care business where the details are explained to complete the BPA is strongly encouraged. | tional meetings.<br><br>2. The CCNC has the obligation to fully inform the child care business regarding the CCNC services available and the *conditions*[6] in which the services are delivered. Because the document is the informed consent the conversation between the CCNC and the child care business owner is critical to development of the business partnership.<br><br>3. The BPA requires the child care business director/owner to sign the agreement then return the entire agreement to the CCNC.<br><br>4. The CCNC signs the agreement and returns the form to the child care business. The CCNC keeps a copy of the document for the CCNC records for that specific business.<br><br>5. The CCNC advises the child care business to always keep a copy the BPA in the director/owner's files. |
| Step 3: **Child Care Center Director/Owner Survey OR Home Child Care Owner/Director Survey**<br><br>Purpose: These documents are referred to as Surveys. The Surveys begin the assessment of health and safety in child care businesses. The Survey is a self-report assessment of the characteristics of children and families served; the child care personnel, and the facilities where child care services are delivered. The Survey begins the CCNC process for data collection, analysis, and reporting regarding the quality of health and safety in a child care business. The Survey assists the CCNC in identifying hazards early in the CCNC-child care business relationship. The Survey gives the CCNC information about the business, and the health/safety needs for employees, children and families served. The CCNC is required to review and analyze the data and begin the nursing consultation process.<br><br>CCNC On-Site Visit: Recommended, but not required. | CCNC Process:<br><br>1. The Survey may be sent to the child care business by the CCNC via mail or given as a handout in training sessions. The CCNC may arrange for another child care consultant to give the Survey to child care businesses during training or other child care meetings.<br><br>2. The child care business director/owner completes the Survey while on-site at their child care business. Note: The Survey should be completed when the business director/owner is at their business site. Completion of the Survey requires the child care business director/owner to review information and begin to evaluate equipment used at the child care facility. The child care business director/owner must be on-site at their business to accurately complete the Survey.<br><br>3. The CCNC may also complete the Survey in a question/answer interview format during an on-site visit.<br><br>4. The child care business completes and signs the Survey and returns the completed Survey to the CCNC. |

[6] Conditions of CCNC services may include timelines, fees, and availability of service delivery.

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| | 5. The CCNC reviews the responses given by the child care business and begins to identify and document needs and health/safety recommendations for the child care business. The CCNC may use the **Child Care Business Health and Safety Quality Improvement Plan** to begin documenting needs and recommendations for improvement.<br><br>6. The CCNC may make a telephone contact or on-site visit to respond and give recommendation of findings to the child care business director/owner.<br><br>7. The CCNC and child care business director/owner begin development of a child care business health and safety **Quality Improvement Plan** as indicated by the dialog that occurs between the CCNC and the child care business. The CCNC may also use a **Notice of Urgent Need** form to identify issues that pose immediate danger of death or disability to children enrolled in child care.<br><br>8. Upon reporting and discussing the results of the Survey with the child care business, the CCNC signs the Survey, makes a photocopy, and returns the original Survey to the child care business. The CCNC shall keep a photocopy of the document in the CCNC records for that specific business.<br><br>9. The child care business should always keep the Survey in the owner/director files. |
| Step 4: **Iowa Child Care Nurse Consultant Injury Prevention Checklist (IPC)**<br><br>Purpose: To identify potential hazardous or recalled equipment and to identify unsafe practices in use within child care businesses. The leading cause of death and disability for children over age one year is unintended injury. Preventing injuries in early care and education settings makes a profound impact on the lifelong learning potential of Iowa's young children. Early learning environments that are developmentally appropriate, inclusive and free from hazards allow open exploration, creativity and stimulate comprehensive physical, social and emotional development. The IPC contains evaluation of 41 potential indoor and outdoor safety hazards. The form requires the | CCNC Process:<br><br>1. The child care business asks the CCNC or the CCNC suggests to the child care business director/owner that an injury prevention checklist assessment be conducted.<br><br>2. The CCNC schedules appointment for on-site visit.<br><br>3. The CCNC informs the child care business about the activities that will be conducted during the on-site visit. The CCNC specifically informs the child care business of the need to inspect equipment, even equipment that may be held in storage by the business. The CCNC will inform the child care business that information from the Consumer Product Safety Commission (CPSC) will be used |

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| signature of the CCNC and the child care business director/owner.<br><br>Protecting children by conducting injury prevention assessment is the primary rationale for conducting this assessment before conducting the **Child Record Review** or **Health and Safety Assessment**.<br><br>CCNC On-Site Visit: Required. Multiple visits are usually needed to complete the hazard identification and remediation planning process. | during the visit.<br><br>4. The CCNC should instruct the child care business to develop a file listing all equipment, tools, toys etc. used in the business, collect all warrantee and product information obtained at time of purchase, to record brand names, model numbers, and to record date/place of purchase. The business director/owner may also take photographs of equipment to properly identify all items used in the child care business. This may be done by the child care business prior to the CCNC visit. The child care business director/owner may need technical assistance to develop such an equipment warranty file.<br><br>5. The site visit is conducted by the CCNC using the IPC. The site visit usually takes several hours to complete, depending upon the amount of equipment to be checked. This assessment may require more than one visit to the business.<br><br>6. The CCNC requests that all CPSC recalled items be immediately removed from use. If immediate removal is not possible the CCNC and the child care business shall develop a written plan for equipment removal (the Child Care Business Health and Safety **Quality Improvement Plan** may be used). CPSC recalled equipment that remains in use may be reported on a **Notice of Urgent Need** form. The child care business should at a minimum develop a written plan for removal from use of all CPSC recalled equipment and a plan for keeping children safe in the meantime.<br><br>7. The CCNC and child care business shall develop a written plan to address hazards found during the injury prevention assessment. The plan should contain a timeline and budget for addressing hazards and a plan for keeping children safe until hazard can be removed or mitigated.<br><br>8. The CCNC shall complete and sign the CCNC signature page for initial assessment completed on the Injury Prevention Summary Report.<br><br>9. The CCNC shall ask the child care director/owner to sign the report as the method of verifying the child care business was in- |

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| | formed of hazards found using the IPC.<br><br>10. If the child care business is enrolled in the Iowa QRS, the QRS required form is the Injury Prevention Summary Report. The CCNC shall keep a copy of all forms and documentation pertaining to the injury prevention assessment.<br><br>11. The CCNC and child care business shall schedule an appointment for follow-up visit(s) to determine progress in completing the recommendations to remove all identified hazards.<br><br>12. The CCNC and child care business may be using photocopied version of the IPC that has both the CCNC and the director/owner signature (if the child care business submitted original forms to Iowa QRS).<br><br>13. The child care business shall continue to correct hazards that are within the authority and control of the business. Those items not within the authority and control of the business or those items that require a large financial investment shall be identified by the child care business and the CCNC. The CCNC and the child care business shall develop a **Quality Improvement Plan** outlining each remaining hazard and the plan for responding to the safety hazard. At this point the child care business may be ready to request a **Child Record Review** assessment.<br><br>14. The CCNC and child care business shall maintain copies of correspondence, assessments and reports from the injury prevention assessment. |
| Step 5**: Child Record Review (CRR)**<br><br>Purpose: To identify if children are receiving preventive health services and screenings; to identify special health or development needs; and to assist families in securing needed health care services through referral and care coordination.<br><br>CCNC On-Site Visit: Required, more than one visit is likely needed<br><br>The CCNC should use the **CRR Initial Report of Findings** and the **CRR Report of Progress** to document results of the assessment. | CCNC Process:<br><br>1. The child care business requests the CCNC conduct or the CCNC recommends a CRR.<br><br>2. The CCNC schedules an appointment for an on-site visit. The CCNC informs the child care business about the assessment that will be conducted during the on-site visit. The length of the site visit depends upon the number of children enrolled and number of child records to be reviewed.<br><br>3. The child care business informs parents of the review, giving par- |

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| | ents the opportunity to ask specific questions or relate concerns to the CCNC. Parents also have the authority to refuse to have the CCNC review a child's record. Parents should be encouraged to be present or to call the CCNC when their child's record is being reviewed by the CCNC.<br><br>4. The CCNC selects records for review. A minimum of 20 records should be reviewed. If fewer than 20 children are enrolled, the CCNC reviews the records of all enrolled children. The CCNC should prioritize infant records for review. If no infants are enrolled, then the CCNC should review records of toddlers and so forth; moving from the youngest children enrolled to the oldest. Note: The child care business may request records of specific children be reviewed by the CCNC. Example: child with frequent illness, child with special needs, and child with developmental concerns etc. Parents have the right to refuse the CCNC review of a child or children's records. Records from each age group enrolled should be reviewed.<br><br>5. The CCNC reviews records for all items contained on the CRR Child Health Status Worksheet. The CCNC notes what preventive health services or documents are missing from the child's record.<br><br>6. The CCNC develops an aggregate data list of missing health documentation.<br><br>7. The CCNC develops a list of health services needed by specific children. The CCNC develops health related referrals as indicated.<br><br>8. The CCNC completes and signs the CRR Initial Report of Findings.<br><br>9. The CCNC shall photocopy and keep a copy of the CRR Initial Report of Findings.<br><br>10. The child care business and CCNC jointly develop the plan for correcting missing health information. The CCNC may use the Child Care Business Health and Safety **Quality Improvement Plan** to document the child care business's plan for correction.<br><br>11. The CCNC and child care business determine a follow up visit to |

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| | review the progress made by the child care business in developing a method to secure and actually securing missing information for child files and to determine response to referrals.<br><br>12. The CCNC conducts the follow up visit with the child care business. The CCNC has the option to review records of children whose records were reviewed during the initial visit or to select different records to assure that items missing from the records during the first review have now been added to all children's records.<br><br>13. The CCNC shall review follow up on referrals made for health or developmental services for children.<br><br>14. The CCNC shall use the form **CRR – Report of Progress** to document the follow up visit. The CCNC will specifically evaluate the development of the method to obtain needed child health information and the use of forms to obtain the child health information.<br><br>Note: The child care business is not penalized for a family's refusal to act upon a health referral or referrals that are not yet complete. The CCNC will collaborate with the Maternal and Child Health care coordinator to complete child health referrals.<br><br>15. Additional follow up on referrals and consultation may be needed to assist the business in developing a method to obtain necessary child health information. Additional visits may be scheduled or the business may be ready to request a **Health and Safety Assessment**. |
| Step 6 **Health and Safety Assessment (HAS)**<br><br>Purpose: to identify written child care policy and personnel practices that may jeopardize the health and safety of children enrolled in child care.<br><br>CCNC On-Site Visit: Required, more than one visit is likely needed.<br><br>The Health and Safety Assessment form has an optional numerical scoring format. The scoring format may be used as an indicator of making progress in correcting hazards or concerns. | CCNC Process:<br><br>1. The child care business requests or the CCNC recommends a **Health and Safety Assessment** be conducted.<br><br>2. The CCNC schedules an appointment for an onsite visit. The CCNC informs the child care business about the assessment that will be conducted. The CCNC specifically informs the child care business of the health and safety categories of policy and practice that will be covered. The CCNC shall inform the business that some **HAS** items require the CCNC to visit with the director/owner, staff members, and possibly families. |

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| | 3. Child care policies may be reviewed off-site from the child care business.<br><br>4. At the completion of the assessment, the CCNC shall complete the **Health and Safety Assessment Report of Findings** document. Each of the categories of **HAS** has a specific section on the **Health and Safety Assessment Report of Findings** document. The report of findings shall detail all of the hazards and concerns found during the assessment visit.<br><br>5. **Health and Safety Assessment Report of Findings** document shall be signed by the CCNC and the child care business owner/director. The CCNC shall photocopy and keep a copy in the specific business file.<br><br>6. The CCNC and the child care business director/owner may develop a **Quality Improvement Plan** to identify and correct hazards and concerns. If used the plan shall include timelines and budget considerations.<br><br>7. The CCNC and child care business shall schedule appointments for follow up visit(s) to determine progress in completing the recommendations.<br><br>8. The CCNC and child care business shall keep copies of all the Health and Safety Assessment Report of Findings, correspondence and documents. |

**Iowa Quality Rating Scale**

Early care and education providers may choose to use documents from the assessment process with the Child Care Nurse Consultant in the Iowa Quality Rating Scale. The Department of Human Services administers the Iowa Quality Rating Scale and awards the points for QRS. The Iowa Administrative Code and information outlining the Iowa Quality Rating Scale can be found on the Iowa Department of Human Services Website, including specific information about the 19 points providers may earn in the health and safety domain, and how the health and safety domain relates to the overall QRS.

https://www.dhs.ia.us/iqrs/ Iowa Department of Human Services

441 Iowa Administrative Code Chapter 118