



***Child Care Nurse Consultant (CCNC) Role Guidance:
To Achieve Performance Measures and Annual Performance Standards
State Fiscal Year 2021***

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The Iowa Department of Public Health (IDPH), Title V Maternal Health and Child & Adolescent Health (MCAH) program, with assistance from other state agency partners including the Iowa Department of Human Services (DHS) and the Iowa Department of Management-Early Childhood Iowa (ECI), supports Healthy Child Care Iowa (HCCI) to improve the quality of health and safety in Early Care and Education (ECE) programs serving infants, toddlers, preschoolers, and school-aged children and their families. 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 Performance Measures and Annual Performance Standards* document is a tool used to define child care nurse consultation and strategies to quantify the activities performed.

Child Care Nurse Consultant (CCNC)

In Iowa, Child Care Health Consultants (CCHCs) are licensed registered nurses (RN) and are identified as Child Care Nurse Consultants (CCNCs). Child Care Health (Nurse) Consultants:

- Are health professionals with early childhood experience
- Have knowledge of child care practices, rules, and regulations
- Integrate health into early learning systems
- Help programs understand infant and early childhood development and a range of health topics
- Assess the health and safety needs of a child care program

Research has shown that high quality early education and child care for young children improves physical and cognitive outcomes for children and can result in enhanced school readiness¹. When care is consistent, developmentally appropriate, and emotionally supportive, and the environment is healthy and safe, there is a positive effect on children and their families². In Iowa, Child Care Nurse Consultants (CCNCs) work with early education and child care programs providing consultation, training, technical assistance, information and referral as well care planning for children with special health needs. The CCNC Program is evidence-based. Research indicates that child care health (nurse) consultants support healthy and safe early care and education settings and protect and promote the healthy growth and development of children and their families³.

Caring For Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs (CFOC) provides a widely accepted definition of a CCHC as “a licensed health professional with education and experience in child and community health and child care and preferably specialized training in child care health consultation”⁴.

¹ Donoghue EA and AAP COUNCIL ON EARLY CHILDHOOD. Quality Early Education and Child Care From Birth to Kindergarten. Pediatrics. 2017;140(2):e20171488. Retrieved from <https://pediatrics.aappublications.org/content/140/2/e20171488>

² Donoghue EA and AAP COUNCIL ON EARLY CHILDHOOD. Quality Early Education and Child Care From Birth to Kindergarten. Pediatrics. 2017;140(2):e20171488. Retrieved from <https://pediatrics.aappublications.org/content/140/2/e20171488>

³ *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 4th ed. Standard 1.6.0.1 Retrieved from <https://nrckids.org/CFOC/Database/1.6.0.1>

⁴ *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 4th ed. Standard 1.6.0.1

The National Center on Early Childhood Health and Wellness (NCECHW) is a collaborative effort between the Office of Head Start, the Office of Child Care, and the Maternal and Child Health Bureau. In May 2019 NCECHW released *Child Care Health Consultant Competencies*. The competencies were developed collaboratively with the American Academy of Pediatrics; Georgetown University’s Center for Child and Human Development; National Maternal and Child Oral Health Resource Center; Education Development Center, Inc.; the Health Care Institute at the University of California Los Angeles’ Anderson School of Management; Child Care Aware of America; the National Resource Center for Health and Safety in Child Care and Early Education; and Zero to Three.

The *Child Care Health Consultant Competencies* are grouped into 2 categories:

1. General Areas of Expertise (5 areas)
 - Consultation Skills
 - Quality Health, Safety & Wellness Practices
 - Policy Development & Implementation
 - Health Education
 - Resource & Referral
2. Subject Matter Areas of Expertise (11 areas)
 - Illness & Infectious Disease
 - Children with Special Health Care Needs
 - Medication Administration
 - Safety & Injury Prevention
 - Emergency Preparedness, Response and Recovery
 - Infant & Child Social-Emotional Wellbeing
 - Child Abuse & Neglect
 - Nutrition & Physical Activity
 - Oral Health
 - Environmental Health
 - Staff Health & Wellness

Healthy Child Care Iowa has adopted the *Child Care Health Consultant Competencies* for Iowa’s Child Care Nurse Consultants. The Child Care Health Consultant Competencies are embedded in the Child Care Nurse Consultant Role Guidance.

Performance Standards

1. **CCNC 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 RN in community health, public health, pediatric practice, or other pediatric health setting
 - Completion of the Iowa Training Project for Child Care Nurse Consultants (ITPCCNC)
 - Employed or contracted (MOU) by an Iowa Maternal Health and Child & Adolescent Health (MCAH) agency
 - Able to work at minimum .5 FTE as a CCNC
2. **CCNC follows all nursing practice laws, rules, and regulations**
 - Nursing Practice for Registered Nurses -- Iowa Administrative Code 655-6

3. CCNC uses the nursing process

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

4. CCNC participates in nursing professional development

- Iowa Training Project for Child Care Nurse Consultants
- HCCI sponsored educational opportunities
- Quality assurance and fidelity with QRS/IQ4K tools

5. CCNC uses national and state performance measures and standards in consultation, technical assistance, and training

- *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th ed.* (2019)
- Maternal Health and Child & Adolescent Health Title V, block grant
- Child Care Nurse Consultant Role Guidance
- Maternal Health and Child & Adolescent Health contract with the Iowa Department of Public Health, Division of Health Promotion and Chronic Disease Prevention
- Maternal Health and Child & Adolescent Health contract agency written agreements (MOU) with local agencies employing a CCNC

6. The CCNC uses Iowa child care law, regulation, and rules in consultation, technical assistance and training

- Child Care Center Licensing - Iowa Administrative Code 441-109, Comm. 204
- Child Care Home Rules – Iowa Administrative Code 441-120, Comm. 95
- Child Development Home Registration - Iowa Administrative Code 441-110, Comm. 143
- Communicable Disease reporting and exclusion, Iowa Department of Public Health
- Immunization and immunization education: Persons Attending Elementary or Secondary Schools, Licensed Child Care Centers or institutions of higher education – Iowa Administrative Code 641-7
- Iowa Early Learning Standards, Iowa Department of Education
- Iowa Quality Preschool Program Standards, Iowa Department of Education
- Iowa Quality Rating System –Iowa Administrative Code 441-118

DHS authorizes CCNCs, as defined in Iowa Administrative Code 441-118.1, who are employed or contracted through Iowa Child Health (Title V) agencies and who are enrolled in or have successfully completed the Iowa Training Project to access, audit, read,

or review employee health records and health records of individual children or groups of children in regulated child care businesses. The authority in this Agreement includes access to and reading of a child's health information contained in the child's admission and continued child care enrollment record. All personnel conducting a review of a child's record shall comply with federal and state confidentiality rules and regulations. The CCNC shall not disseminate personally identifiable information without the express written consent of a child's parent. The purpose of the CCNC review is limited to care coordination and referral services such as identifying specific health issues, assuring that immunizations records are up-to-date, and assisting families in applying for state or federal health related benefits and securing medical, dental, nutritional and behavioral health services.

- Occupational Safety and Health Administration (OSHA) regulations

7. CCNC uses Healthy Child Care Iowa nursing assessment tools in consultation, technical assistance and training

- Business Partnership Agreement
- Child Care Center Director/Owner Survey
- Home Child Care Owner/Director Survey
- Health and Safety Checklist for Early Care and Education Programs and reports
- 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 (optional)
- Notice of Urgent Need form (optional as needed)

Child Care Nurse Consultant Performance Measures (PM)

The CCNC accurately and thoroughly tracks requested information and the following annual performance data for the time period **07/01/2020 to 06/30/2021**. The Early Childhood Iowa CCNC PM align with the FY21 MCAH State Performance Measure (SPM) 3): Percent of early care and education programs that receive Child Care Nurse Consultant services. Data to be reported:

- Amount of funding by funding source
- Number of ECE programs participating with CCNC in service area (unduplicated)
- Number of ECE programs participating with CCNC by category (QRS/IQ4K Levels 1-5)
- Percent of ECE programs rating a 3 or higher in QRS/IQ4K
- Number of visits to ECE programs by CCNC
- Number of technical assistance contacts to ECE programs by CCNC
- Percent of ECE programs receiving CCNC services that improve health and safety conditions in their early learning environments

- Number of children with special health need by category:
 - Asthma
 - Allergy (includes anaphylaxis)
 - Seizures
 - Diabetes
 - IEP/IFSP
 - other
- Number of children with a special health need with a care plan in place
- Percent of children with special health needs with a care plan in place at the ECE program
- Number of HCCI DHS approved trainings provided by the CCNC
 - Number in attendance
- Percent of participants that reported increased knowledge as a result of HCCI training

Child Care Nurse Consultant Role

CCHC Competency	CCHC Application	CCNC Action	Guidance
<p>1A. Understands the role of the CCHC.</p> <p>The CCHC understands the need for and qualifications of a CCHC, including how to comply with state, local, tribal, and agency-specific regulations (CFOC 1.6.0.1).</p>	<p>Describes the best practices of the CCHC role consistent with state, local, territory, and/or tribal laws and regulations.</p> <p>Demonstrates an understanding of health, safety, and wellness in the context of ECE settings.</p>	<p>Promote the use of CFOC national standards in consultation, TA, on-site visits and training.</p> <p>Disseminate pertinent portions of CFOC when providing best-practice guidance to programs.</p> <p>Utilize DHS Comm. when providing consultation related to regulatory concerns.</p> <p>Use the HCCI logo when disseminating information or printed materials to programs, families, and health care professionals.</p>	<p>Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th Edition (2019) available at https://nrckids.org/CFOC</p> <p>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.</p> <p>Iowa Department of Human Services (DHS) Licensing and Registration Standards at https://ccmis.dhs.state.ia.us/providerportal/DocumentsandForms.aspx</p> <ul style="list-style-type: none"> • Licensing Rules Chapter 109. Comm. 204 Child Care Centers and Preschools Licensing Standards and Procedures (revised 07/2019)

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			<ul style="list-style-type: none"> • Registration Rules Chapter 110. Comm. 143 Child Development Home Registration Guidelines (revised 01/2019) • Child Care Home Rules Chapter 120 Comm. 95 Guidelines for Child Care Homes (revised /1/2019) <p>Subscribe to the following website/list serves:</p> <ul style="list-style-type: none"> • National Resource Center for Health and Safety in Child Care https://nrckids.org/ • Consumer Product Safety Commission http://www.cpsc.gov/ • Centers for Disease Control and Prevention http://www.cdc.gov/ • Children’s Defense Fund http://www.childrensdefense.org/
<p>1B. Develops and executes a collaborative process for effective consultation.</p> <p>The CCHC works collaboratively with programs as equal partners to build their capacity to identify and resolve health and safety concerns and promote wellness.</p>	<p>Establish a collaborative approach to consultation that recognizes the autonomy, strengths, and expertise of programs.</p> <p>Works with programs to assess the current status of health, safety, and wellness practices and to establish goals for the consultation.</p>	<p>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.</p> <p>Conduct and document assessments and reports using HCCI assessment tools and other evidence-based instruments or tools.</p>	<p>Refer to pages 23-31 in the CCNC Role Guidance for descriptions and processes of approved CCNC assessment tools.</p>
<p>1C. Uses communication approaches that strengthen relationships.</p> <p>The CCHC uses culturally responsive</p>	<p>Seeks to understand the perspectives of others.</p> <p>Communicates effectively with diverse audiences by using appropriate oral and</p>	<p>Build strong relationships with programs working as a team recognizing each other’s knowledge and expertise.</p> <p>Use active listening and ask open-ended questions.</p>	<p>The Business Partnership Agreement (BPA) should be completed with all programs the CCNC is working with. BPA is valid for 2 years.</p>

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<p>and strength-based communication approaches that build the skills and expertise of others.</p>	<p>written communication.</p> <p>Gathers sufficient information about the participants' specific needs and expertise to support the consultation relationship.</p>	<p>Complete a Business Partnership Agreement (BPA) with programs in the CCNC service area.</p>	
<p>1D. Applies principles of health equity and cultural and linguistic competence to work with ECE programs, including staff, children, and families.</p> <p>The CCHC helps programs respond to the needs of staff, children, and families in a culturally and linguistically competent manner.</p>	<p>Demonstrates an understanding of how one's own values, beliefs, assumptions, and experiences affect interactions with staff, children, and families.</p> <p>Connects programs to community health resources (medical interpreters and translated materials) that can address families' health needs in their preferred language.</p>	<p>Seeks out opportunities for cultural competency training.</p> <p>If available, provide forms/handouts in other languages when requested.</p>	<p>Cultural and linguistic competency training available free at: https://thinkculturalhealth.hhs.gov/education/behavioral-health</p> <p>The IDPH and HCCI website has some resources available in Spanish.</p> <p>The Centers for Disease Control (CDC) has publications available in other languages.</p> <p>Translation/Interpreter services: International Translation Services, Inc. 515-897-7628 E-mail: its@translatorsiowa.com Website: www.intts.com</p>
<p>2A. Uses evidence-based instruments to assess the quality of health, safety, and wellness practices in ECE programs.</p> <p>The CCHC accesses a variety of objective, evidence-based instruments to use in ECE programs to identify areas of strength and areas that</p>	<p>Matches evidence-based assessment instruments to program priorities.</p> <p>Demonstrates respect for programs when observing programs.</p>	<p>Provide quality assurance monitoring, consultation and TA for programs.</p> <p>Prioritize visits for the purpose of conducting health and safety assessments.</p> <p>Conduct a review of child care business' child health and safety related records upon request from DHS, IDPH, local public health or</p>	<p>Nursing assessments are completed to guide needed quality improvement. CCNC may identify hazards and concerns that require more extensive assessment prior to planning and intervention.</p> <p>Programs may request nursing assessment services to fulfill requirements for accreditation through a national child care or education organization (example NAEYC, QPPS), Iowa's Quality Rating System/Iowa Quality for Kids or for an individual business quality improvement process.</p> <p>CCNC is strongly encouraged to complete online</p>

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<p>may need improvement.</p>		<p>the program.</p> <p>Document 100% of reviews and assessments.</p> <p>Determine the length of time that records are kept per your own agency's record retention policy, your contracted entities (ECI, United Way, etc.) and at <u>minimum</u> General Conditions Section 9 of the MCAH contract.</p>	<p>training offered through the National Program for Playground Safety (NPPS) at the University of Northern Iowa, for expertise in completing assessments of outdoor play areas. https://www.playgroundsafety.org/training</p> <p>Playground Resources are available from:</p> <ul style="list-style-type: none"> • Consumer Product Safety Commission (CPSC) Public Playground Safety Handbook https://www.cpsc.gov/s3fs-public/325.pdf • National Program for Playground Safety 800-554-PLAY www.playgroundsafety.org <p>If your agency ends CCNC services all child care files/records/data must be given immediately to the IDPH, the MCAH Agency, or their duly authorized representative upon completion of their contract or MOU.</p>
<p>2B. Collaborates with ECE programs to improve the quality of their health, safety, and wellness practices.</p> <p>The CCHC and ECE staff use their mutual areas of expertise in developmentally appropriate health, safety, and wellness practices to identify and implement strategies to improve the quality of</p>	<p>Helps programs align health, safety, and wellness practices with licensing regulations, QRS/IQ4K, developmentally appropriate practices, and CFOC best practice standards.</p> <p>Ensures programs have an effective record keeping system to support health, safety, and wellness.</p> <p>Works together with programs to prioritize quality improvement actions and set</p>	<p>Review and become familiar with the DHS child care database.</p> <p>Identify programs in CCNC service area.</p> <p>Provide materials and offer services to child care businesses within 3 months of the time they obtain new license or registration.</p> <p>Review DHS compliance reports to aid in providing</p>	<p>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. Non-registered child care businesses shall be recruited to become a registered child care business.</p> <p>Iowa DHS database (Kindertrack) http://ccmis.dhs.state.ia.us/ClientPortal/ProviderSearch.aspx</p> <p>DHS regulatory reports can be downloaded at https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport</p>

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<p>programs.</p>	<p>achievable goals to address concerns.</p> <p>Observes intervention strategies and recommends changes when needed.</p>	<p>consultation and TA.</p> <p>Conduct and document assessments and reports using HCCI assessment tools and other evidence-based instruments or tools.</p>	
<p>3A. Works with ECE programs to develop and review child care health policies.</p> <p>The CCHC helps programs develop policies that describe what they will do to promote health, safety, and wellness.</p>	<p>Helps programs develop or revise policies to comply with regulations.</p> <p>Encourages programs to develop policies that promote CFOC best practices.</p>	<p>Review policies and make recommendations for meeting best practice.</p> <p>Provide consultation regarding child care health policies.</p>	<p>The CCNC may be asked to review health/safety related policies and practices within the program. It is appropriate for the CCNC to review and consult regarding health/safety policy. The CCNC should not write the policies for the program.</p> <p>Policy Resources:</p> <ul style="list-style-type: none"> • HCCI Health and Safety Assessment Policy Reference (2019) available on the HCCI CCNC portal. • Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th Edition (2019) available at https://nrkids.org/CFOC • AAP Model Child Care Health Policies, 5th edition (MHHCP).
<p>3B. Works with ECE programs to develop procedures that outline the specific steps required to implement child care health policies.</p> <p>The CCHC and ECE staff use their mutual areas of expertise in developmentally</p>	<p>Helps programs determine procedures needed to effectively implement policies.</p> <p>Collaborates with programs to identify the resources and support needed to fully implement each policy.</p> <p>Observes procedures and</p>	<p>Provide on-site observation, assessment and consultation regarding a programs policies and procedures for meeting DHS regulatory compliance and encourage best practice.</p>	<p>The Health and Safety Assessment (HAS) and the Health and Safety Checklist (H&S) helps the CCNC evaluate and document practices/procedures performed by provider/staff.</p> <p>Refer to pages 23-31 in the CCNC Role Guidance for descriptions and processes of approved CCNC assessment tools.</p>

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appropriate health, safety, and wellness practices to identify and implement strategies to improve the quality of programs.	helps programs make changes when needed.		
<p>4A. Identifies, designs, and implements health education.</p> <p>The CCHC provides and/or facilitates health education for staff, children, and families. The CCHC collaborates with staff to provide health education to children and families.</p>	<p>Assesses the need for timely health education within programs.</p> <p>Provides training on a wide range of health and safety issues relevant to staff, children, and families.</p>	<p>Provide HCCI DHS approved provider training in CCNC service area.</p> <p>Provide a minimum of 2 Medication Administration Skills Competency course and Skills Competency Evaluation (test out) trainings are required annually in CCNC service area.</p>	<p>All DHS approved trainings provided by the CCNC need to be posted on I-PoWeR Iowa's Early Childhood and School Age Professional Workforce Registry and coordinated with an approved training entity (re: CCR&R, ISU Extension and Outreach, Iowa NAEYC, etc.)</p> <p>I-PoWeR Iowa's Early Childhood and School Age Professional Workforce Registry https://ccmis.dhs.state.ia.us/trainingregistry/TrainingRegistry/Public/</p> <p>HCCI DHS Approved Training List (including Virtual) is available on the HCCI portal.</p>
<p>4B. Works with ECE programs to build staff and family health literacy.</p> <p>The CCHC works with programs to ensure that staff and families have health information they can understand and use to make informed decisions.</p>	<p>Strengthens the ability of programs to communicate accurate health information in ways staff and families can understand.</p>	<p>Provide health and safety materials and related resources as indicated.</p> <p>Monthly email/mail providers the “Quality Care For Kids” newsletter.</p>	<p>CCNCs include their counties served, contact information and funding source information on the monthly newsletter. Newsletters may be emailed or mailed out to providers and included in new provider packets. CCR&R is available to assist with email blast or with providing provider mailing labels.</p>
<p>5A. Helps ECE programs make linkages to community resources</p>	<p>Helps programs access appropriate resources to meet program and family needs.</p>	<p>Promote and refer families to resources: Hawki, Medicaid, WIC, I-Smile, Title V MCAH program, etc.</p>	<p>Iowa Health Link https://dhs.iowa.gov/iahealthlink Hawki https://dhs.iowa.gov/hawki Iowa Health Insurance Marketplace</p>

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<p>that address the physical health, mental health, and social services needs of the program staff, children, and families.</p> <p>The CCHC connects programs with community resources and expertise to enhance health, safety, and wellness services.</p>	<p>Facilitates communication between programs and qualified specialists in fields such as mental health, early childhood education, disabilities, and nutrition.</p>	<p>Make available information about health care public programs (Medicaid, Hawki, and MCAH services).</p> <p>Refer families directly to MCAH agencies for care coordinators to work with those families in securing health care source and payment.</p>	<p>https://www.healthinsurance.org/iowa-state-health-insurance-exchange/</p> <p>Free Clinics of Iowa: http://www.freeclinicsofiowa.org/</p> <p>Location of community health centers: http://www.iowapca.org/</p> <p>Care For Kids (EPSDT screening protocols) https://idph.iowa.gov/epsdt</p> <p>I-Smile https://ismile.idph.iowa.gov/</p> <p>CCNC’s working with 1st Five/Title V Child Health may promote developmental screening of children using the Ages & Stages Questionnaire (ASQ) and Ages & Stages- Social Emotional. (ASQ-SE)</p>
<p>5B. Collaborates with ECE programs to ensure families are able to access services.</p> <p>The CCHC plays a role in connecting families with community services, assistance programs, and resources to address their health, safety, and wellness needs.</p>	<p>Identifies community service providers that can help family’s access health and social services.</p> <p>Helps programs develop and maintain a current list of health care providers able to serve families.</p>	<p>Provide brochures and resources to programs on children health and safety topics (WIC, Safe Sleep, Early Access, Lead Poisoning Prevention, Kid Sight, Hearing Screening, Developmental Milestones, I-Smile, Immunizations, etc.).</p>	<p>IDPH has free brochures available on a variety of health topics. Go to https://idph.iowa.gov/A-Z</p>
<p>6A. Works with ECE programs to reduce the spread of illness.</p> <p>The CCHC helps staff and families implement preventive measures that limit the spread of infectious diseases in</p>	<p>Helps staff apply knowledge about how diseases spread, infectious diseases that are common in ECE programs, and steps to take to reduce the spread of disease.</p> <p>Assists programs with</p>	<p>Provide resources and consultation regarding prevention of infectious diseases.</p> <p>Assess handwashing, gloving, diapering, cleaning, sanitation and disinfecting</p>	<p>Disease Fact sheets available on the IDPH EPI website at http://wiki.idph.iowa.gov/epimanual</p> <p>For child care specific disease information refer to AAP’s Managing Infectious Diseases in Child Care and Schools, 4th Edition.</p> <p>Handwashing, gloving, diapering posters, <i>Common Child Care Illnesses</i> and <i>Using Chemicals Wisely</i></p>

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ECE programs.	<p>implementing and monitoring strategies to reduce illness, such as handwashing, gloving, diapering, cleaning, sanitizing, and disinfecting procedures.</p> <p>Helps programs work with families to keep children fully immunized.</p>	<p>procedures and provide consultation and training to programs on best practice.</p> <p>Review immunization records of children enrolled in programs.</p> <p>Utilize the IDPH schedules for childhood immunizations.</p> <p>Work with local public health, programs and families to obtain needed immunizations. Make referrals when needed.</p> <p>Help programs ensure children have a primary care provider and are up-to-date on routine preventative health services.</p> <p>Help programs work with families to keep children fully immunized.</p>	<p>available on the HCCI website https://www.idph.iowa.gov/hcci/products</p> <p>The 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 the local public health agency. 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.</p> <p>Local boards of health (LBOH) assure the auditing of childhood immunization status in each county. If a CCNC will be auditing immunizations, it will be under the work and direction of the local public health agency as a public health nursing activity.</p> <p>The IDPH Bureau of Immunization has local immunization clinic providers in each county. Contact your local public health agency or health department.</p> <p>CCNC's who are an IRIS Enrolled User can obtain immunization records for children in child care and release them to licensed child care providers per Iowa law (Iowa Code § 22.7(2) and 641 IAC Chapter 7).</p> <p>ECE Programs should maintain up-to-date immunizations. CCNC provides immunization information and connects providers with resources.</p>
6B. Helps programs use current, evidence-based criteria for identifying, caring for, and excluding children who are ill and for identifying	<p>Encourages programs to use evidence-based criteria to make decisions about inclusion and exclusion of children and staff who are ill.</p> <p>Helps programs ensure that</p>	<p>Provide consultation to programs on management and response to infectious disease outbreaks.</p> <p>Report 100% of incidents (IAC 641-1 Notification and</p>	<p>CCNC may not initially be involved or knowledgeable of incidents of communicable disease.</p> <p>CCNC shall report incidents where the consultant is directly involved in providing consultation or technical assistance.</p> <p>The CCNC shall work with the local public health</p>

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<p>staff who are ill and should not be working.</p> <p>The CCHC and ECE staff work together to determine when children require exclusion and how to care for them before a parent or guardian can pick them up. The CCHC also helps programs determine when staff requires exclusion.</p> <p>The CCHC helps programs determine control measures for infectious disease outbreaks.</p>	<p>staff and families understand how to identify signs and symptoms of common childhood illnesses.</p> <p>Helps programs know how to respond when a child or staff member has been diagnosed with a reportable disease.</p> <p>Helps programs manage responses to infectious disease outbreaks.</p>	<p>Surveillance of Reportable Diseases) when the CCNC is directly involved.</p> <p>Report involvement with communicable disease to HCCI.</p> <p>Assist programs with reporting communicable diseases to DHS licensing consultant for child care centers.</p> <p>Follow instructions given by the IDPH CADE or local public health authority pertaining to communicable disease.</p> <p>Maintain record of all reporting documents completed.</p>	<p>department for reporting communicable disease.</p> <p>List of reportable diseases https://idph.iowa.gov/CADE/reportable-diseases</p> <p>Disease Reporting Hotline 800-362-2736</p> <p>The EPI Manual & reporting procedures is available at http://wiki.idph.iowa.gov/epimanual</p> <p>Child care centers are required to publicly post a notice about communicable diseases-the CCNC shall work with DHS licensing and local public health on appropriate information to be posted.</p>
<p>7A. Collaborates with programs and families to support the care and inclusion of children with special health care needs and/or chronic physical health or mental health conditions.</p> <p>The CCHC supports programs and families</p>	<p>Keeps up-to-date on relevant knowledge to serve as a resource on caring for children with special health care needs and/or management of chronic health conditions.</p> <p>Helps programs understand how to meet their responsibilities to provide services in accordance with</p>	<p>When identified/requested assist in the development care plans/action plans collaborating with the child’s health care provider.</p> <p>When consulting and care planning for a child with special health needs, a signed consent is required by the parent.</p> <p>Assist in the identification of</p>	<p>The CCNC may contact the Area Education Agency (AEA) 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.</p> <p>Sample consent forms are available from CFOC and AAP’s Managing Infectious Diseases in Child Care and Schools, 4th Edition.</p> <p>Use contacts already involved with the family like Area Education Agencies, Early Access, 1st Five, Head Start/Early Head Start, Iowa Child Health</p>

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<p>to ensure that children with a special health care need and/or chronic health condition have full, safe inclusion in the ECE program.</p>	<p>the Americans with Disabilities Act (ADA).</p> <p>Supports programs in planning for and fully accommodating children with special health care needs.</p> <p>Collaborates with programs to develop and implement individualized care plans/action plans in partnership with the child’s family, health care provider, and identified specialists, if applicable.</p> <p>Connects programs and families with resources for children with special health care needs.</p>	<p>barriers that may prohibit children with special health or developmental needs from enrolling and participating in the program and activities, including playground facilities.</p> <p>Inform the director or owner of observed barriers.</p> <p>Maintain access to ADA information and materials via online and community resources such as AEA and Iowa Child Health Specialty Clinics.</p> <p>Inform programs about the American’s with Disabilities Act and the sections pertaining to child care.</p>	<p>Specialty Clinics, PT/OT/ST services, etc.</p> <p>The Healthy Families line has contact information for AEAs and Child Health Specialty Clinics 800-369-2229.</p> <p>Area Education Agency http://www.iowaaea.org/</p> <p>Child Health Specialty Clinics http://chsciowa.org/</p> <p>Iowa Family Support Network-Children at Home Program https://www.iafamilysupportnetwork.org/children-at-home</p> <p>ADA Child Care Q&A American with Disabilities Act pertaining to child care available at https://www.idph.iowa.gov/hcci/resources</p>
<p>8A. Helps ECE programs safely manage medication administration and medical procedures.</p> <p>The CCHC ensures staff have the training, knowledge, skills, and competency to safely manage medication administration and medical procedures.</p>	<p>Help programs develop policies and implement procedures for safe medication administration.</p> <p>Provides and/or supports training in medication administration.</p> <p>Helps programs set up a system to ensure that emergency medications are accessible at all times.</p>	<p>Provide a minimum of 2 Medication Administration Skills Competency course and Skills Competency Evaluation (test out) trainings are required annually in CCNC service area.</p> <p>Provide ongoing monitoring of Medication Admin. Skills Competency.</p> <p>Assist programs with policies</p>	<p>Coordinate 2 Medication Administration Skills Competency courses and Evaluation (test-out) trainings per year with the CCR&R Training Specialist.</p> <p>Utilize HCCI tools for tracking Medication Administration Skills Competency initial and renewal.</p>

CCHC Competency	CCHC Application	CCNC Action	Guidance
<p>9A. Collaborates with ECE programs to promote safety and reduce injuries.</p> <p>The CCHC assesses and identifies injury hazards indoors, outdoors, and in and around vehicles. The CCHC helps programs promote safety by understanding how the interaction between children, adults, and the environment may contribute to injury risk.</p>	<p>Helps programs implement safety practices through planning, policies, and procedures.</p> <p>Provides training to staff and families about common injuries and injury prevention for infants and children.</p> <p>Helps programs determine how to respond when safety risks are identified.</p> <p>Ensures use of safe and developmentally-appropriate equipment, including furniture, toys, art supplies, and playground structures and surfacing that comply with safety standards, such as those set by the Consumer Product Safety Commission and ASTM International.</p> <p>Assesses sleep areas and procedures to ensure safe sleep practices.</p>	<p>regarding safe medication storage.</p> <p>Conduct on-site assessments and consultation to address and promote the resolution of health and safety concerns related to policy and procedures.</p> <p>Promote infant “safe sleep” practices.</p> <p>Consult with programs regarding their personnel policies and practices that impact the health, safety, and well-being of children and employees.</p>	<p>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.</p> <p>Infant safe sleep resources:</p> <ul style="list-style-type: none"> • CDC SUID/ SIDS https://www.cdc.gov/sids/index.htm • CPSC Cribs https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/cribs • AAP Healthy Child Care Safe Sleep https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Pages/Safe-Sleep.aspx • Iowa SIDS Foundation https://www.iowasids.org/index.php/en/child-care
<p>9B. Promotes active supervision practices.</p> <p>The CCHC helps programs create a safe environment and prevent injuries by ensuring that staff are actively supervising the</p>	<p>Supports programs in implementing supervision strategies in all indoor and outdoor settings.</p>	<p>Utilize CFOC and NPPS resources when providing consultation to programs on “active supervision”.</p>	<p>National Program for Playground Safety (NPPS) www.playgroundsafety.org</p> <p>Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th Edition (2019) available at https://nrckids.org/CFOC</p>

CCHC Competency	CCHC Application	CCNC Action	Guidance
children in their care at all times.			
<p>9C. Helps programs with planning and response to injuries</p> <p>The CCHC collaborates with ECE programs to ensure staff are trained in how to identify and respond to injuries.</p>	<p>Helps programs know how to respond in the event of an injury, medical emergency, or an unresponsive child.</p> <p>Connects programs with local resources for attaining CPR, choking response, and first aid training.</p>	<p>Assess First Aid kits for all needed items to meet best practice.</p> <p>Provide resources to programs on CPR/1st Aid, Stop the Bleed® training.</p> <p>Consult with programs regarding serious injury DHS reporting requirements.</p>	<p>In areas where access to CPR/1st Aid training is limited, CCNCs may consider becoming a CPR/1st Aid trainer with either the American Heart Association or Red Cross.</p> <p>Stop the Bleed® Training and resources available at https://idph.iowa.gov/bets/stop-the-bleed</p> <p>The Child Care Injury/Incident Report form is available at https://www.idph.iowa.gov/hcci/products</p>
<p>10A. Helps programs prepare for, respond to, and recover from emergencies and disasters.</p> <p>The CCHCs works collaboratively with programs to develop an emergency preparedness, response, and recovery plan. The CCHC helps programs develop relationships with relevant community partners to support emergency preparedness, response, and recovery.</p>	<p>Ensures programs align emergency preparedness planning with state/tribal and local disaster plans.</p> <p>Helps programs develop written plans for responding to emergency situations or natural disasters that may require evacuation, lock-down, or sheltering in place.</p> <p>Connects programs to community resources and services to help with training and assistance in preparing for, responding to, and recovering from emergencies.</p>	<p>Utilize Iowa specific resources available when providing consultation on emergency preparedness planning.</p> <p>In the event of a local emergency, CCNCs may take an active role as part of their local community emergency preparedness plan.</p> <p>Per the DHS state Emergency Preparedness Plan, CCR&R is the lead agency for working with programs that have experienced an emergency or disaster. CCR&R may make referrals to local CCNCs for additional assistance and resources.</p>	<p>Emergency preparedness planning resources are part of the Essentials Emergency Preparedness Module and are also available on the CCR&R website at https://iowaccrr.org/training/ep/</p> <p>Iowa Statewide Child Care Emergency Preparedness and Response Plan available at https://dhs.iowa.gov/sites/default/files/Statewide_Child_Care_Emergency_and_Reponse_Plan.pdf?091920191029</p> <p>Greif and Loss Support Fact Sheet available on the HCCI website https://www.idph.iowa.gov/hcci/products</p>
<p>11A. Collaborates with ECE programs</p>	<p>Reviews written discipline policies and observes procedures to ensure they</p>	<p>CCNC assesses PBIS resources available in their</p>	<p>PBIS Resources available at:</p> <ul style="list-style-type: none"> Center on the Social Emotional Foundations for

CCHC Competency	CCHC Application	CCNC Action	Guidance
<p>to create an environment for children that promotes positive social and emotional wellbeing.</p> <p>The CCHC assists programs to support children’s executive functioning, self-regulation, and developmentally appropriate relationships with other children and adults.</p>	<p>align with positive guidance.</p> <p>Identifies factors that enhance children’s social and emotional wellbeing.</p> <p>Matches programs with community resources, including mental health consultation.</p>	<p>service area.</p> <p>Provide PBIS resources to programs.</p>	<p>Early Learning http://csefel.vanderbilt.edu/</p> <ul style="list-style-type: none"> The National Center for Pyramid Model Innovations (NCPMI) http://challengingbehavior.cbcs.usf.edu/index.html
<p>11B. Helps ECE staff respond to social and emotional and behavioral concerns.</p> <p>The CCHC connects programs to resources and strategies to assess and appropriately address social and emotional and behavioral concerns.</p>	<p>Work with staff to develop a method for observing and documenting information about social and emotional and behavioral concerns.</p> <p>Support staff in finding compassionate ways to share information about social and emotional and behavioral concerns with families.</p> <p>Help programs access mental health consultation to prevent suspension and expulsion of children with challenging behaviors.</p> <p>Connect programs with mental health consultants who can address the effect of adverse childhood experiences (ACEs) on</p>	<p>Make referrals to PBIS consultants and/or CCR&R consultants when needed.</p>	<p>CCNC is encouraged to obtain PBIS training. Training is available through the DHS training registry and the Department of Education.</p> <p>Iowa Department of Education PBIS https://educateiowa.gov/pk-12/learner-supports/positive-behavioral-interventions-supports-pbis</p> <p>Child Care Resource and Referral (CCRR) https://iowaccrr.org/</p>

CCHC Competency	CCHC Application	CCNC Action	Guidance
	children’s wellbeing and who can provide guidance on trauma-informed practices.		
<p>12A. Collaborates with programs to prevent child abuse and neglect.</p> <p>The CCHC helps programs implement measures that build protective factors known to reduce child abuse and neglect.</p>	<p>Helps programs implement strategies to identify risk factors and strengthen protective factors for children and families to help prevent abuse and neglect.</p>	<p>Provide resources to programs on child abuse and neglect prevention.</p>	<p>Prevent Child Abuse Iowa has information about preventing child abuse and neglect, and child advocacy. http://www.pcaiowa.org</p>
<p>12B. Supports programs in identifying and reporting suspected child abuse and neglect.</p> <p>The CCHC helps staff integrate strategies for recognizing signs and symptoms of abuse and neglect and is knowledgeable about reporting requirements.</p>	<p>Ensures program staff is aware of their role as mandated reporters and how to report suspected abuse and neglect.</p> <p>Supports staff who are making a report of suspected abuse and neglect.</p>	<p>Provide Child Abuse Mandatory Reporter Posters to programs.</p> <p>Provide consultation and resources programs that are making a report of suspected abuse.</p>	<p>Iowa DHS Child Abuse reporting hotline 800-362-2178</p> <p>Iowa Department of Human Services Child Abuse Website https://dhs.iowa.gov/child-abuse</p> <p>Iowa DHS Mandatory Abuse Reporter Training available at https://dhs.iowa.gov/child-welfare/mandatoryreporter</p> <p>Per Iowa code, CCNCs are no longer allowed to provide MCART face-to-face training.</p>
<p>13A. Provides guidance to programs on best practices in nutrition and feeding for infants and children.</p> <p>The CCHC supports programs in ensuring access to nutritious</p>	<p>Demonstrates understanding of nutritional needs and safe feeding practices for healthy growth and development in infants and children.</p> <p>Helps programs encourage and support breastfeeding for young children in their care and ensure safe handling and</p>	<p>Make referrals to Child and Adult Care Food Program (CACFP) for both homes and centers.</p> <p>Encourage programs to support breastfeeding and utilize resources when providing consultation.</p>	<p>Iowa’s Child and Adult Care Food Program has resources and local CACFP consultant contact information available at https://educateiowa.gov/pk-12/nutrition-programs/child-adult-care-food-programs</p> <p>See the HCCI Training List for information on the <i>Breastfeeding Basics</i> training.</p> <p>Food allergy resources available on the Food Allergy Research and Education (FARE) website</p>

CCHC Competency	CCHC Application	CCNC Action	Guidance
<p>food and mealtime practices and environments that are safe and developmentally appropriate for children.</p>	<p>storage of breast milk.</p> <p>Collaborates with programs, caregivers, and health care providers to develop individualized feeding plans and dietary modifications for children with special health care needs, food allergies, or other health conditions.</p>	<p>Offer HCCI/DHS approved trainings for programs in CCNC coverage area including <i>Breastfeeding Basics</i> training for infant care providers.</p> <p>Provide consultation and care planning for children with food allergies or nutritional special needs.</p>	<p>https://www.foodallergy.org/</p> <p>Food Allergy Action Plan and CACFP Diet Modification Request form is available on the HCCI website https://www.idph.iowa.gov/hcci/products</p>
<p>13B. Works with ECE programs to ensure all children have daily opportunities for physical activity.</p> <p>The CCHC works together with programs to ensure staff are able to provide infants with sufficient opportunities for physical activity throughout the day, and toddlers, preschool, and school-aged children have opportunities for moderate to vigorous physical activity.</p>	<p>Helps programs understand how physical activity contributes to maintenance of healthy weight and development of gross motor, social and emotional, and cognitive skills.</p> <p>Helps programs integrate developmentally appropriate physical activity into children’s daily routine, including outdoor play and indoor structured and free active play, and tummy time for infants.</p>	<p>Encourage programs to utilize GoNAPSACC and 5-2-1-0 resources.</p> <p>Utilize the HCCI Tummy Time fact sheet and AAP resources when providing consultation on the importance of tummy time and safety.</p>	<p>GoNAPSACC training and tools are available at https://gonapsacc.org/</p> <p>5-2-1-0 Healthy Choices Count resources are available at http://www.iowahealthieststate.com/resources/individuals/5210/</p> <p>Tummy Time fact sheet available on the HCCI website at https://www.idph.iowa.gov/hcci/products</p>
<p>14A. Collaborates with ECE programs to promote oral health.</p> <p>The CCHC ensures staff have the knowledge and skills to promote oral hygiene</p>	<p>Helps programs develop and implement oral health policies and procedures that include care of infant’s oral health, infants who are teething, daily tooth brushing in the classroom, preventing injury in the classroom, and</p>	<p>Make referrals to the local MCAH agency I-Smile coordinator to access oral health services for children.</p> <p>Working with the I-Smile coordinator the CCNC may be trained to provide oral health screening and fluoride</p>	<p>CCNC shall work with MCAH to assure health care access.</p> <p>Child Health locations www.idph.iowa.gov/family-health/locations</p> <p>The I-Smile Coordinator map https://ismile.idph.iowa.gov/find-my-coordinator</p> <p>Oral health resources are available on the HCCI</p>

CCHC Competency	CCHC Application	CCNC Action	Guidance
<p>within the program, connect children to oral health services, and provide education to families.</p>	<p>preventing tooth decay.</p> <p>Ensures staff are prepared to respond to dental emergencies.</p> <p>Helps programs access oral health educational materials for families.</p>	<p>varnish application.</p> <p>Provide resources and consultation regarding daily tooth brushing and dental emergencies.</p>	<p>website at https://www.idph.iowa.gov/hcci/products</p>
<p>15A. Collaborates with ECE programs to reduce exposure to environmental health hazards</p> <p>The CCHC works with programs to identify, prevent, and manage exposure to environmental health hazards in and around the facility.</p>	<p>Demonstrates understanding of the effects of exposure to environmental health hazards on children’s health.</p> <p>Helps programs identify nontoxic or least-toxic products for their environment.</p> <p>Helps programs develop policies and procedures related to use and storage of hazardous and toxic substances and Integrated Pest Management (IPM).</p>	<p>Help programs obtain Safety Data Sheets (SDS).</p> <p>Research chemicals in use, and provide consultation regarding safety.</p> <p>Utilize Environmental Protection Agency (EPA) resources when providing consultation.</p>	<p>The EPA Product and Label System search is available at https://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1</p> <p>EPA IPM resources are available at https://www.epa.gov/safepestcontrol/resources-pesticide-issues-school-and-childcare</p>
<p>16A. Helps ECE programs implement measures to prevent and manage occupational hazards for staff.</p> <p>The CCHC helps programs develop policies and procedures</p>	<p>Helps programs develop and implement staff health and safety policies in accordance with OSHA regulations, the Americans with Disabilities Act, and best practices.</p> <p>Helps programs identify procedures to ensure staff health that include review of</p>	<p>DHS authorizes CCNCs under IAC 441-118.1 to access, audit, read, or review employee health records.</p> <p>The purpose of the review is limited to identifying specific health issues, assuring that immunizations records are up-to-date and making</p>	<p>Child care providers should maintain up-to-date immunizations.</p> <p>CCNC provides immunization information and connects providers with resources.</p> <p>CCNC may need to work with community partners to secure funds for a special immunization project for adults.</p> <p>Adult Immunization Schedules are available at</p>

CCHC Competency	CCHC Application	CCNC Action	Guidance
to protect staff from injury and illness.	<p>health appraisals and immunizations.</p> <p>Helps programs monitor procedures to ensure staff are protected from blood borne pathogens.</p> <p>Helps programs develop procedures for staff to safely use toxic substances.</p>	<p>referrals.</p> <p>Provide Universal Precautions training and assistance with the development of the program’s Exposure Control Plan.</p>	<p>https://www.cdc.gov/vaccines/adults/index.html</p> <p>Universal Precautions resources are available on the HCCI website at</p> <p>https://www.idph.iowa.gov/hcci/products</p>
<p>16B. Helps ECE programs identify opportunities to promote staff wellness.</p> <p>The CCHC encourages programs to promote wellness by creating an environment that enhances workers’ physical and mental health.</p>	<p>Connects programs to resources and training to promote staff wellness and resilience.</p> <p>Helps programs promote staff health through nutrition and physical activity</p>	<p>Provide local resources that promote staff wellness and resilience.</p> <p>Encourage programs to utilize GoNAPSACC and 5-2-1-0 resources.</p>	<p>GoNAPSACC training and tools are available at https://gonapsacc.org/</p> <p>5-2-1-0 Healthy Choices Count resources are available at http://www.iowahealthieststate.com/resources/individuals/5210/</p>

Collaboration

The CCNC develops and maintains a linkage with child care regulatory personnel, Child Care Resource and Referral, and other community partners.

Partner	Action	Guidance
Iowa Department of Human Services (DHS) Child Care Licensing Consultants and Registration Personnel	<ul style="list-style-type: none"> • Prioritize and respond to request from DHS child care licensing consultants and child development home registration personnel. • Within the first year of employment as a CCNC, request to job-shadow both a DHS 	<p>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.</p> <p>Contact the HCCI Coordinator for the DHS Licensing and Registration Consultant Map and contact information.</p>

Partner	Action	Guidance
	<p>Child Care Licensing Consultant and child development home registration personnel on a visit to a child care business.</p> <ul style="list-style-type: none"> Request to attend a minimum of one face-to-face meeting per year with the DHS regulatory personnel. 	<p>The CCNC should have knowledge of the federal Child Care Development Block Grant (CCDBG) Health and Safety Requirements for child care providers. CCNCs should review the 12 hour “Essentials Series” health and safety modules for providing consultation related to the Essentials Series.</p>
Child Care Resource and Referral (CCR&R)	<ul style="list-style-type: none"> Attend a minimum of one face-to-face meeting per year with the CCR&R consultants. CCNC agency shall have a MOU/training contract with the CCR&R lead agency. 	<p>Work with CCR&R consultants and training specialists to identify child care business needs for health and safety information or resources.</p> <p>Iowa Child Care Resource and Referral (CCR&R) http://iowaccrr.org/</p>
Child Care Businesses and Community Partners	<ul style="list-style-type: none"> Receive and respond to invitations from community groups to promote 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. 	<p>Example: Local Early Childhood Iowa groups, Child Abuse Prevention groups, Local Board of Health, United Way, Community Foundation, and Rotary International.</p>
Hawki & Medicaid, Title V MCAH, WIC programs	<ul style="list-style-type: none"> CCNC will disseminate Hawki applications and marketing materials during on-site visits. Children without health insurance will be referred to the Hawki program. CCNC will disseminate applications and marketing materials at training sessions with child care businesses. CCNC will be included in a local MCAH agency contract either through direct employment or through a written agreement/MOU. 	<p>Hawki materials available at https://dhs.iowa.gov/hawki</p> <p>A sample CCNC Services MOU is available on the HCCI website https://idph.iowa.gov/hcci/consultants</p>

Nursing Assessment Process and Instruments

Healthy Child Care Iowa developed the information 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 program completing a Business Partnership Agreement (BPA) and Survey specific to the type of program (home or center).

The BPA and Survey serve as a foundation for the *nursing process*.⁵ The suggested order for assessment for the Quality Rating System (QRS) 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 a child care business requests an assessment be conducted in an order different than the suggested. When the new Iowa Quality For Kids (IQ4K) is implemented, the required assessment tool will be the Health and Safety Checklist for Early Care and Education Programs. All Health and Safety tools are available on the HCCI portal. The CCNC receives access to the portal during ITPCCNC training.

Health and Safety Nursing Assessment Instrument	CCNC Action
<p>Step 1: Is a conversation with the child care provider at the introductory level. No specified CCNC instruments or actions</p>	<p>CCNC begins relationship-building interactions with child care business. The CCNC may introduce the program to the nursing assessment process.</p>
<p>Step 2: Business Partnership Agreement (BPA) <u>Purpose:</u> To structure the business relationship between the child care program and the CCNC. The BPA informs the program of the scope of services available from the CCNC. The BPA lists the name of the local CCNC. The BPA serves as the written <u>informed consent</u> for services. The CCNC is required to complete a BPA with all child care programs requesting or receiving CCNC services. A face-to-face, on-site, or specific communication visit between the CCNC and program where the details are explained to complete the BPA is strongly encouraged.</p>	<p><u>CCNC Process:</u></p> <ol style="list-style-type: none"> 1. The BPA may be presented to the child care program by the CCNC via FTF, mail, or email. 2. The CCNC has the obligation to fully inform the program regarding the CCNC services available. Because the document is the informed consent the conversation between the CCNC and the program owner/director is critical to development of the business partnership. 3. The BPA requires the program director/owner to sign the agreement then return the entire agreement to the CCNC. 4. The CCNC signs the agreement and returns the form to the program. The CCNC keeps a copy of the document for the CCNC records. 5. The CCNC advises the program to always keep a copy the BPA in the director/owner's files. 6. The BPA is valid for 2 years.
<p>Step 3: Child Care Center Director/Owner Survey OR Home Child Care Owner/Director Survey <u>Purpose:</u> These documents are referred to as <u>Surveys</u>. The Surveys begin the assessment of health and safety in the child care program. The</p>	<p><u>CCNC Process:</u></p> <ol style="list-style-type: none"> 1. The Survey may be sent to the program by the CCNC via mail. The CCNC may also complete the Survey in a question/answer interview format during an on-site visit. 2. The program's director/owner completes the Survey. Note: The Survey should be completed when the director/owner is at their business site. Completion of the Survey requires the child care business director/owner to review information, look up dates, etc.

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.

Health and Safety Nursing Assessment Instrument	CCNC Action
<p>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 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.</p> <p><u>CCNC On-Site Visit:</u> Recommended, but not required.</p>	<ol style="list-style-type: none"> 3. The program completes and signs the Survey and returns the completed Survey to the CCNC. 4. The CCNC reviews the responses given by the program and begins to identify and document needs and health/safety recommendations. The CCNC may use the Child Care Survey Summary to begin documenting needs and recommendations for improvement or may use a letter format documenting identified needs, health and safety recommendations and provide handouts/brochures as needed/requested. 5. 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. 6. 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 program. 7. The program should keep the Survey in the owner/director files.
<p>Step 4 IQ4K: Health and Safety Checklist for Early Care and Education Programs</p> <p><u>Purpose:</u> The Health and Safety Checklist for Early Care and Education Programs is designed to assess the key observable health and safety Caring For Our Children (CFOC4) standards, which if followed, are most likely to prevent adverse outcomes for children/staff in early care and education settings.</p> <p><u>CCNC On-Site Visit:</u> Required. At minimum 2 visits.</p> <p>The first visit is to complete the checklist and provide a verbal report to the child care director/owner with the results of the assessment and items that did not meet national standards.</p> <p>The second visit is to document the checklist overall score, review the program's Health and Safety Checklist Summary Action Steps plan,</p>	<p><u>CCNC Process:</u></p> <ol style="list-style-type: none"> 1. The program requests a visit from the CCNC to complete a Health and Safety Checklist for Early Care and Education Programs assessment. 2. Appointments for QRS/IQ4K assessment tools must be scheduled within 10-15 working days (2-3 weeks) of the request by the child care program. The CCNC schedules appointment for the <u>on-site visit</u>. The CCNC informs the program about the assessment and that the CCNC may need to open cabinets, read labels, open windows, measure heights of equipment and depths of impact surfaces. The CCNC may refer the program to the DHS quality rating system website for additional information about the assessment. 3. The CCNC assesses the child care business over a 2-3 hour on-site visit using the Health and Safety Checklist for Early Care and Education Programs. At the end of the visit, the CCNC provides a verbal report to the child care director/owner with the results of the assessment and items that did not meet national standards. 4. The CCNC asks the child care director/owner to complete the Health and Safety Checklist Summary Action Steps plan. The CCNC may email the completed Health and Safety Checklist and the Summary Action Steps plan (blank) and offer assistance/consultation for creating the plan. The CCNC informs the child care business that a copy of the plan will be reviewed at the second visit. The second visit is

Health and Safety Nursing Assessment Instrument	CCNC Action
<p>and sign the Health and Safety Checklist Signature Form.</p>	<p>scheduled.</p> <ol style="list-style-type: none"> 5. The CCNC makes a second visit to document the Health and Safety Checklist's overall score, review the program's Health and Safety Checklist Summary Action Steps plan, and to sign the Health and Safety Checklist Signature Form. 6. The Health and Safety Checklist assessment and Signature Form is valid for 2 years and the Signature Form may be submitted for IQ4K. 7. If a child care business does not meet the minimum score needed for an IQ4K level 4 or 5, they may request a re-assessment in 60-90 days. During that time the CCNC may offer consultation visits to assist them in making improvements identified in their Health and Safety Checklist Summary Action Steps plan. 8. The CCNC and child care business shall maintain copies of correspondence, assessments and reports.
<p>Step 4 QRS Injury Prevention Checklist (IPC)</p> <p><u>Purpose:</u> To identify potential hazardous or recalled equipment and to identify unsafe practices in use within child care programs. 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 potential indoor and outdoor safety hazards. The form requires the signature of the CCNC and the program director/owner.</p> <p>Protecting children by conducting injury prevention assessment is the primary rationale for conducting this assessment before conducting the Child Record Review or</p>	<p><u>CCNC Process:</u></p> <ol style="list-style-type: none"> 1. The child care program requests an IPC or the CCNC suggests to the program director/owner that an IPC assessment be conducted. 2. Appointments for QRS/IQ4K assessment tools must be scheduled within 10-15 working days (2-3 weeks) of the request by the child care program. 3. The CCNC schedules appointment for <u>on-site visit</u>. 4. The CCNC informs the program about the activities that will be conducted during the on-site visit. The CCNC specifically informs of the need to inspect equipment, even some equipment that may be held in storage (i.e.: cribs, strollers, swings, car seats, etc.) by the business. The CCNC will inform the program that information from the Consumer Product Safety Commission (CPSC) will be used during the visit. 5. The CCNC should instruct the program to develop a file listing all equipment, tools, toys etc. used, 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 program. The director/owner may need technical assistance to develop such an equipment warranty file. 6. 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.

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<p>Health and Safety Assessment. <u>CCNC On-Site Visit:</u> Required. Multiple visits are usually needed to mitigate all identified safety hazards and to complete the third signature on the Injury Prevention Summary Report.</p>	<ol style="list-style-type: none"> 7. The CCNC requests that all identified CPSC recalled items be immediately removed from use. If immediate removal is not possible the CCNC and the program shall develop a written plan for equipment removal (the Quality Improvement Plan may be used). CPSC recalled equipment that remains in use may be reported on a Notice of Urgent Need form. The program 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. 8. The CCNC completes the Injury Prevention Summary Report a written plan to address hazards found during the IPC assessment. The report is reviewed with the director/owner and a notes are documented regarding the timeline for addressing hazards and a plan for keeping children safe until hazard can be removed or mitigated. 9. The CCNC shall complete and sign the CCNC signature page for initial assessment completed on the Injury Prevention Summary Report. 10. The CCNC shall ask the child care director/owner to sign the Injury Prevention Summary Report as the method of verifying the program was informed of hazards found using the IPC. 11. If the program is applying to the Quality Rating System, the QRS required form for submission to DHS is the Injury Prevention Summary Report. 12. The CCNC and program shall schedule an appointment for follow-up visit(s) to determine progress in completing the recommendations to remove all identified hazards. 13. When the program has corrected at least 50% of the identified hazards, the CCNC documents the corrected hazards on the Injury Prevention Summary Report and a second signature is documented by the CCNC and the child care director/owner. 14. The CCNC and program may be using photocopied version of the Injury Prevention Summary Report that has both the CCNC and the director/owner signature (if the program has submitted original forms to Iowa QRS). 15. The program continues 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 program. The CCNC and the program may develop a Quality Improvement Plan outlining each remaining hazard and the plan for responding to the safety hazard. 16. When <u>all</u> identified hazards on the Injury Prevention Summary Report are corrected, the CCNC documents the corrections and a third signature and date is documented by the CCNC and director/owner.

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	17. The CCNC and program shall maintain copies of correspondence, assessments & reports.
<p>Step 5 QRS: Child Record Review (CRR)</p> <p><u>Purpose:</u> 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.</p> <p><u>CCNC On-Site Visit:</u> Required, more than one visit is likely needed</p> <p>The CCNC should use the CRR Initial Report of Findings and the CRR Report of Progress to document results of the assessment.</p>	<p><u>CCNC Process:</u></p> <ol style="list-style-type: none"> 1. The child care program requests the CCNC conduct or the CCNC recommends a CRR. 2. Appointments for QRS/IQ4K assessment tools must be scheduled within 10-15 working days (2-3 weeks) of the request by the child care program. 3. The CCNC schedules an appointment for an on-site visit. The CCNC informs the program 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. 4. Prior to the CRR assessment, the program informs parents of the review using the CRR Parent Letter Pre-review form or by posting notice of the review, giving parents 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 may be present or contact the CCNC with questions/concerns. 5. 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 <u>all</u> 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 with a review of records from each age group. Note: Parents who have returned the Pre-review form with questions or concerns, those child records should be reviewed. The program 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. 6. 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. 7. The CCNC develops an aggregate data list of missing health documentation. 8. The CCNC develops a list of health services needed by specific children. The CCNC develops health related referrals as indicated and may use the CRR-Parent Follow-up form, medical/dental referral forms, I-Smile Dental screening form, or other referral forms. 9. The CCNC completes and signs the CRR Initial Report of Findings. The

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	<p>director/owner also signs the report.</p> <ol style="list-style-type: none"> 10. The CCNC shall photocopy and keep a copy of the CRR Initial Report of Findings. 11. The program (and CCNC) develops a plan for correcting missing health information. The program may use the Quality Improvement Plan to document their plan for correction or may submit their policy and procedure for obtaining required and best practice child health information. 12. The CCNC and program determine a timeline for the follow up visit to review the progress made by the program in securing missing information for child files, response to referrals and to review their plan for improving their child health records. 13. The CCNC conducts the follow up visit with the child care business. The CCNC reviews records of children whose records were reviewed during the initial visit to assure that items missing from the records during the first review have now been added to the children's records. 14. The CCNC shall review follow up on referrals made for health or developmental services for children. 15. The CCNC shall use the form CRR – Report of Progress to document the follow up visit. The CCNC will specifically evaluate the programs' quality improvement plan and method to obtain needed child health information and the use of forms to obtain the child health information. <p>Note: The child care program is not penalized for a family's refusal to act upon a health referral or referrals that are not yet complete. However, minimum DHS regulation referrals must be completed before a "final" signature is given on the CRR – Report of Progress form. The CCNC will collaborate with the MCAH care coordinator to complete child health referrals as appropriate.</p> <ol style="list-style-type: none"> 16. Additional follow up on referrals and consultation may be needed to assist the program in developing a method to obtain necessary child health information.
<p>Step 6 QRS: Health and Safety Assessment (HAS)</p> <p><u>Purpose:</u> to identify written child care policy and personnel practices that may jeopardize the health and safety of children enrolled in child</p>	<p><u>CCNC Process:</u></p> <ol style="list-style-type: none"> 1. The child care program requests or the CCNC recommends a Health and Safety Assessment be conducted. 2. Appointments for QRS/IQ4K assessment tools must be scheduled within 10-15 working days (2-3 weeks) of the request by the child care program.

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<p>care.</p> <p><u>CCNC On-Site Visit</u>: Required, multiple visits are likely.</p> <p>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. The Health and Safety Report of Findings form is used to document identified concerns, corrective actions needed, and the third signature when all recommendations are complete.</p>	<ol style="list-style-type: none"> 3. The CCNC schedules an appointment for an onsite visit. The CCNC informs the program about the assessment that will be conducted. The CCNC specifically informs the program 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, and staff members. 4. Child care policies may be reviewed off-site from the program prior to the onsite visit. The CCNC may request a hard copy or email copy of their policy and procedures manual and/or parent handbook. 5. 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 identified during the assessment visit. 6. Health and Safety Assessment Report of Findings document is signed by the CCNC and the director/owner. The CCNC shall photocopy and keep a copy in the specific business file. 7. The CCNC and the 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. 8. The CCNC and child care business shall schedule appointments for follow up visit(s) to determine progress in completing the recommendations. 9. When the child care business has corrected at least 50% of the identified concerns, the CCNC conducts a follow-up assessment visit to observe and document corrections on the Health and Safety Assessment Report of Findings and a second signature is documented by the CCNC and the director/owner. 10. When the program has corrected <u>all</u> of the identified concerns, the CCNC conducts the final follow-up assessment visit to observe that all concerns/hazards are corrected and documents on the Health and Safety Assessment Report of Findings and a third signature is documented by the CCNC and the program director/owner. 11. The CCNC and program shall maintain copies of correspondence, assessments & reports.
<p>Optional documents:</p> <ul style="list-style-type: none"> • Child Care Business Health and Safety Quality Improvement Plan is used to 	<p>CCNC may use these documents to assist in the nursing assessment and consultation process.</p>

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<p>document the programs' 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.</p> <ul style="list-style-type: none"> • 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 (homes and centers). 	

Iowa QRS and IQ4K

Early care and education providers may choose to request assessment visits (using the 3 approved tools) by the Child Care Nurse Consultant in the Health and Safety Category of Iowa's Quality Rating System (QRS). The Department of Human Services administers the Iowa Quality Rating System and awards the points for QRS. As the CCNC completes the assessments and reports, signatures of both the provider and the CCNC is how QRS points are awarded.

Early care and education providers will be required to work with the Child Care Nurse Consultant in Iowa Quality For Kids (IQ4K). Programs applying for **IQ4K level three-five**, will request the Health and Safety Checklist for Early Care and Education Programs assessment be completed.

The Iowa Administrative Code and information outlining the Iowa's quality rating system can be found on the Iowa Department of Human Services Website <https://dhs.iowa.gov/iqrs> 441 Iowa Administrative Code Chapter 118 <https://www.legis.iowa.gov/docs/ACO/chapter/441.118.pdf>