

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
XXX MCAH Agency  
AND  
XXX Agency for  
Child Care Nurse Consultant Services**

This Agreement is made and entered into by and between XXX Agency hereinafter called the SUBCONTRACTOR and XXX MCAH Agency, hereinafter called the CONTRACTOR.

PURPOSE: It is mutual desire of the CONTRACTOR and the SUBCONTRACTOR to provide Child Care Nurse Consultant Services under the IOWA DEPARTMENT OF PUBLIC HEALTH Title V Maternal Health and Child & Adolescent Health program in XXX County(ies).

The term of this Agreement shall be October 1, 20XX to September 30, 20XX.

**1. Parties to the MOU, Contact Person, and Contact Information:**

**A. CONTRACTOR**

Business Name of agency:

Contact Person:

Contact Information:

Business Address:

Telephone:

Email:

Website:

**B. SUBCONTRACTOR**

Name of agency:

Contact Person:

Contact Information:

Business Address:

Telephone:

Email:

Website:

Sample MOU CCNC Services October 2021

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## 2. Introduction and Background

MH and CAH programs promote the development of community-based systems of preventive health care for pregnant women, children ages 0 through 22, and their families.

Goals of the MCAH programs are to:

- Promote the health of mothers, children, and adolescents by ensuring access to quality MH and CAH preventive health services (including oral health care), especially for low-income families or families with limited availability of health services.
- Reduce infant mortality and the incidence of preventable diseases and disabling conditions.
- Increase the number of children and adolescents appropriately immunized against disease.

Fundamental to MH and CAH programs are services that are family-centered, community-based, collaborative, comprehensive, accessible, flexible, coordinated, culturally competent, and developmentally appropriate.

MCAH Agencies provide oversight and leadership for local CCNC programs by hiring, subcontracting, or collaborating with a community partner per Iowa law ([IAC 441-118](#)). Healthy Child Care Iowa supports MCAH agencies to define the role and responsibilities of the Child Care Nurse Consultant in their service area.

CCNCs are defined in the Iowa Administrative Code 441-Chapter 118:

“Child care nurse consultant” means a registered nurse licensed in the state of Iowa who has completed training using a nationally approved curriculum for health and safety in child care and early education. The child care nurse consultant provides on-site consultation, technical assistance, and training to child care and early education providers regarding health and safety. The child care nurse consultant is employed by or has a written agreement with the local Title V MCH agency or contracts for service delivery directly through the state-level Title V program administered by IDPH, BFH.

Child Care Nurse Consultation is an evidence-based practice that positively impacts child health outcomes and the quality of child care programs.<sup>1</sup> The Child Care Nurse Consultant Program supports child care providers in meeting the health and safety needs of children in their care by providing outreach, on-site assessment, education, training, referral, special health care needs planning, and QRS assessment tools. The Child Care Nurse Consultant is a vital resource for child care providers at the local level.

## 3. Purpose of MOU

The purpose of the MOU is to:

- Form a collaboration to improve the health and safety policy and practice in child care

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<sup>1</sup> *Caring For Our Children: National Health and Safety Performance Standards; Guidelines for early care and education programs. 4<sup>th</sup> edition. Standard 1.6.0.1* <https://nrckids.org/CFOC/Database/1.6.0.1>  
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businesses

- Define the business relationship and practices between the CONTRACTOR and SUBCONTRACTOR
- Define resources (human and material) available to support the CCNC program to assure healthy, safe, and developmentally appropriate child care environments
- Define collaboration on the mutual goals and performance measures as identified by the MCAH agency
- Support the active engagement of a registered nurse as a child care nurse consultant (CCNC) implementing the *Child Care Nurse Consultant Role Guidance to Achieve the Performance Measures and Annual Performance Standards* with child care businesses in the counties included in the MOU

#### 4. Desired Outcome

The desired outcomes of the MOU include:

- Designation of registered nurses (RN) to function as a CCNC as defined in the IAC 441-118
- Adherence to the *Child Care Nurse Consultant Role Guidance to Achieve the Performance Measures and Annual Performance Standards*
- Use of the nursing process by the CCNC to deliver assessment, consultation, and education to child care businesses, child care personnel, children and families served by the child care business
- Participation in the system-building activities within the MCAH Agency's service area
- Participation in the data recording and reporting activities designated by the MCAH Agency and the Iowa Department of Public Health

#### 5. Responsibilities of Each Party in the MOU

##### A. The CONTRACTOR shall:

- 1) Work collaboratively to secure funding for CCNC services in each county of the service area
- 2) Prioritize CCNC services based on community needs assessment
- 3) Keep the SUBCONTRACTOR agency director and the CCNC informed of the full scope of health services and programs offered by the MCAH agency or subcontracted by the MCAH Agency in the service area
- 4) Include the CCNC as a member of the child health team
- 5) Make available to the CCNC information pertaining to child health needs and resources available in the service area
- 6) Keep the SUBCONTRACTOR informed of all organizational policy and procedures that may impact the activities, resources or availability of the CCNC

##### B. The SUBCONTRACTOR shall:

- 1) Assure CCNC availability to respond to referrals for nursing consultation, technical assistance, and education to child care businesses located in the service area
- 2) Designate at **XX FTE** to fulfill the role of a Child Care Nurse Consultant serving child care

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businesses in XXX County(ies)

- 3) Adhere to *Child Care Nurse Consultant Role Guidance to Achieve the Performance Measures and Annual Performance Standards* for SFYXXXX available at <https://idph.iowa.gov/hcci/consultants> and incorporated herein and within the RN scope of practice
- 4) Provide consultation, assessment, planning interventions and training by the CCNC with child care businesses in XXX County(ies) (you can add specific goals related to number of child care businesses serviced, number of trainings provided)
- 5) Assure that the CCNC creates an individual chart, and documents all interactions, for each child care business the CCNC serves
- 6) Maintain confidentiality of personal health care information pursuant to SECTION 9 of the GENERAL CONDITIONS of the IDPH contract
- 7) Report critical incidents related to performance of the role and confer directly with the MCAH Agency and Healthy Child Care Iowa representatives regarding concerns or questions related to CCNC activities
- 8) Accurately and thoroughly track requested information, and the following performance data for time period mm/dd/yyyy - mm/dd/yyyy
  - 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
- 9) Report year end CCNC data to CONTRACTOR by mm/dd/yyyy.
- 10) Present CCNC program information/data quarterly/yearly to XXX community partner (local board of health, local early childhood Iowa, funder, etc.)
- 11) Provide the Iowa Department of Public Health, the MCAH Agency, and any of their duly authorized representatives with access, for the purpose of audit and examination, to any

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documents, papers, and records pertinent to Title V MCAH and Healthy Child Care Iowa/CCNC program

- 12) Surrender CCNC records immediately upon completion of this MOU to the Iowa Department of Public Health, the MCAH Agency, or their duly authorized representative
- 13) Comply with the SPECIAL and GENERAL CONDITIONS of the MCAH contract between the MCAH Agency and the Iowa Department of Public Health
- 14) Maintain such insurance as required by applicable federal and state law and regulations.
- 15) Other (**look at your agency subcontracts for additional items you may want to add**)

**6. Designation of CCNC personnel and contact information**

<b>Child Care Nurse Consultant Name and FT E</b>	<b>Location of Office and counties the CCNC will serve</b>	<b>Business Telephone Cell Phone Email</b>	<b>Work Schedule (include the days of week and hours scheduled)</b>
<b>Example:</b> Susan Doe  FTE: 0.6	<b>Business Address:</b> 417—8 <sup>th</sup> Street Happy Dale, IA 50000  <b>Counties Served:</b> Lucas Marion	<b>Phone: 000-000-0000</b> <b>Cell: 000-000-0000</b> <b>Email: <u>sdoe@happynet.net</u></b>	<b>Schedule:</b> Monday, Tuesday, and Wednesday 8 a.m.-4:30 p.m. Schedule is flexible to allow for evening/weekend training.  <input checked="" type="checkbox"/> available evenings with advanced scheduling <input checked="" type="checkbox"/> available Saturdays with advanced scheduling
<b>Name:</b>  <b>FTE:</b>	<b>Business Address:</b>  <b>Counties Served:</b>	<b>Phone:</b> <b>Cell:</b> <b>Email:</b>	<b>Schedule:</b>  <input type="checkbox"/> available evenings with advanced scheduling <input type="checkbox"/> available Saturdays with advanced scheduling

**7. Employment Practices**

Tobacco Free Workplace  
 Equal Employment Opportunity  
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**8. Sources of Fiscal Support (if fiscal resources are included in the agreement)**

- Fee for Service
- Private funding
- Public funding
- Third Party Payer

**9. Budget Terms (if fiscal resources are included in the agreement)**

**Personnel:** salary and fringe benefits

Child care nurse consultant, registered nurse, (XX FTE)

Salary XXX

Fringe Benefit Rate XX% and amount XXX

**Travel in-state** Travel: in-state within geographic service area; regional/state meetings XX

**Travel out-of-state** XX

**Materials and Supplies** office supplies, training materials/handouts, print cost XX

**Equipment** computer, printer, office equipment, digital camera XX

**Communication and Postage:** telephone, internet and email, postage XX

**Indirect Rate** XX (indirect rate agreement must be submitted for indirect rate to be charged to this agreement) **or Administrative Fee** XX

**10. It is mutually understood and agreed that:**

- 1) This agreement can be amended by the mutual written consent of both parties only
- 2) Any use of CONTRACTOR’s name, logo or other identifier must have prior written approval from the CONTRACTOR
- 3) The terms and provisions of this contract shall be construed in accordance with the laws of the State of Iowa. Any and all litigation or actions commenced in connection with this contract shall be brought into Des Moines, Iowa, in the Iowa District Court in and for Polk County, Iowa. This provision shall not be construed as waiving any immunity to suit or liability that may be available to the Iowa Department of Public Health, the State of Iowa and CONTRACTOR.
- 4) Termination (review with legal counsel whether to add a termination clause that varies from SECTION 20 of the GENERAL CONDITIONS of the IDPH contract)

**11. IN WITNESS WHEREOF** the parties have signed their names effective the day and year first above written

A. \_\_\_\_\_ (signature) Date: \_\_\_\_\_  
 Name:  
 Title

B. \_\_\_\_\_ (signature) Date: \_\_\_\_\_  
 Name:  
 Title

**12. Amendments or Attachments**

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