

Child Care Nurse Consultant (CCNC) Role Guidance: To Achieve Performance Measures and Annual Performance Standards State Fiscal Year 2024



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Healthy Child Care Iowa

The lowa Department of Health and Health Services (HHS) Division of Family Well-Being and Protection, Child Care Bureau with assistance from other state agency partners including the Title V Child and Adolescent Health (CAH) program and Early Childhood lowa (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. Iowa HHS 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 the child care nurse consultant role, competencies, activities and performance measures.

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 the early care and education program

Research has shown that high quality early care and education for young children improves physical and cognitive outcomes for children and can result in enhanced school readiness¹. When care is consistent, developmentally appropriate, emotionally supportive, and the environment is healthy and safe, there is a positive effect on children and their families². Child Care Nurse Consultants incorporate principles of health equity when working with ECE programs providing consultation, training, technical assistance, information and referral, as well as, care planning for children with special health needs working with the child's family in a culturally and linguistically appropriate manner. The CCNC program is evidence-based and helps to ensure that children have access to healthy and safe care. In SFY2022, 56% of lowa ECE programs participated with CCNCs at the local level.

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

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.

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.

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.

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

- I. 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

³Caring 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

- 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

Performance Standards

I. Child Care Nurse Consultant required 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 sub-contracted by an Iowa Child and Adolescent Health (CAH) agency
- Able to work at minimum 0.4 FTE as a CCNC

2. The Child Care Nurse Consultant follows all nursing practice laws, rules, and regulations

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

3. The Child Care Nurse Consultant uses the nursing process

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

4. The Child Care Nurse Consultant participates in nursing professional development

- Iowa Training Project for Child Care Nurse Consultants
- Healthy Child Care lowa sponsored educational opportunities
- Quality assurance and fidelity with Iowa Quality for Kids (IQ4K) tools

5. The Child Care Nurse Consultant uses national and state performance measures and standards in consultation, technical assistance, and training

- 1. Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 4th ed. (2019)
- 2. Child Care Health Consultant Competencies
- 3. Child Care Nurse Consultant Role Guidance
- 4. Maternal Health and Child & Adolescent Health Title V, block grant
- 5. Collaborative Service Area CAH contract with the Iowa HHS, Bureau of Family Health
- 6. Collaborative Service Area CAH subcontract with local agency employing a CCNC

6. The Child Care Nurse Consultant 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 HHS EPI Manual: Guide to Surveillance, Investigations and Reporting
- 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 for Kids –Iowa Administrative Code (IAC) 441-118
- Iowa Quality Preschool Program Standards, Iowa Department of Education
- Occupational Safety and Health Administration (OSHA) regulations

Per IAC 441-118 "Child care nurse consultant" or "CCNC" means a registered nurse licensed in the state of lowa 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 maternal and child health agency or contracts for service delivery directly through the state-level Title V maternal and child health program administered by the lowa HHS, Bureau of Family Health.

HHS authorizes child care nurse consultants (CCNC), as defined in 441 lowa Administrative Code 118.1(237A), who are employed or contracted through lowa Child Health (Title V) agencies and who are enrolled in or have successfully completed the lowa 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 immunization 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"

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

- Business Partnership Agreement
- ECE Provider Survey
- Health and Safety Checklist for Early Care and Education Programs assessment tool and forms
- Child Health Record Check-up tool and forms
- Lead Risk Questionnaire (optional as needed)
- Notice of Urgent Need form (optional as needed)
- Playground Assessment (optional as needed)

Child Care Nurse Consultant Performance Measures (PM)

lowa's FY24 CAH State Performance Measure (SPM) 3 is the "Percent of early care and education programs that receive Child Care Nurse Consultant services". The CCNC accurately and thoroughly tracks the following data **quarterly and at year end** for the time period **07/01/2023 to 06/30/2024**. The CAH CCNC Performance Measures align with Early Childhood lowa's CCNC data reporting.

FY24 CAH CCNC Data to be reported by the CCNC:

- Amount of funding by funding source
- Number of ECE programs participating with CCNC in CAH service area (unduplicated)
- Number of ECE programs receiving CCNC services that improve health and safety conditions in their early learning environments
- Percent of ECE programs receiving CCNC services that improve health and safety conditions in their early learning environments
- Number of ECE programs participating with CCNC by category (IQ4K Levels 1-5 unduplicated)
- Number of visits to ECE programs by CCNC
- Number of technical assistance contacts to ECE programs by CCNC
- Number of special health need by category (unduplicated):
 - Asthma
 Diabetes
 - Allergy (includes anaphylaxis)
 IEP/IFSP
 - Seizuresother
- Total number of special health needs
- Number of special health needs with care plan in place at the ECE program
- Percent of special health needs with a care plan in place at the ECE program
- Number of HCCI HHS approved trainings provided by the CCNC
 - Number in attendance
 - o Number of participants that reported increased knowledge as a result of HCCI training
- Percent of participants that reported increased knowledge as a result of HCCI training

Child Care Health Consultant Competencies (CCHC) and the Child Care Nurse Consultant (CCNC) Role

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
|---------------------------------------|---|--|---|
| IA. Understands the role of the CCHC. | Describes the practices of the CCHC role consistent with state, local, territory, | Promote the use of CFOC national standards in ECE consultation, TA, visits and training. | 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 |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| 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). | and/or tribal laws and regulations. Demonstrates an understanding of health, safety, and wellness in the context of ECE settings. | Disseminate pertinent portions of CFOC when providing guidance to ECE programs. Utilize HHS Comm. when providing consultation related to regulatory concerns. Use the HCCI logo when disseminating information or printed materials to programs, families, and health care professionals. | Other national standards specific to child care: Head Start Standards https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii National Association for the Education of Young Children (NAEYC) https://www.naeyc.org/sites/default/files/globall y-shared/downloads/PDFs/accreditation/early-learning/2022elpstandardsandassessmentitems-compressed.pdf National Association for Family Child Care (NAFCC) https://nafcc.org/accreditation/ lowa Department of Health and Human Services (HHS) Licensing and Registration Standards at https://ccmis.dhs.state.ia.us/providerportal/DocumentsandForms.aspx Licensing Rules Chapter 109. Comm. 204 Child Care Centers and Preschools Licensing Standards and Procedures (revised 1/1/2023) Registration Rules Chapter 110. Comm. 143 Child Development Home Registration Guidelines (revised 12/1/2021) Child Care Home Rules Chapter 120 Comm. 95 Guidelines for Child Care Homes (revised 12/1/2021) Subscribe to the following website/list serves: 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/ |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| | | | Child Care Resource and Referral https://lp.constantcontactpages.com/su/85luxTi Children's Defense Fund http://www.childrensdefense.org/ Zero to Three https://www.zerotothree.org/connect Child Care Aware https://www.childcareaware.org/about/sign-upfor-enews/ Children's Safety Network https://www.childrenssafetynetwork.org/newsletter Food Allergy Research and Education (FARE) https://www.foodallergy.org/media-room Early Childhood lowa https://earlychildhood.iowa.gov/ lowa Poison Control media distribution list call (712) 279-3717, cell (712) 899-2722 or email Tammy.Noble@unitypoint.org |
| IB. Develops and executes a collaborative process for effective consultation. The CCHC works collaboratively with programs as equal partners to build their capacity to identify and resolve health and safety concerns and promote wellness. | Establish a collaborative approach to consultation that recognizes the autonomy, strengths, and expertise of programs. Works with programs to assess the current status of health, safety, and wellness practices and to establish goals for the consultation. | 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. Conduct and document assessments and reports using HCCI assessment tools and other evidence-based instruments or tools. | Refer to pages 31-38 in the CCNC Role Guidance for descriptions and processes of approved CCNC assessment tools. |
| IC. Uses communication approaches that | Seeks to understand the perspectives of others. | Build strong relationships with ECE programs working as a team recognizing each | The Business Partnership Agreement (BPA) should be completed with all ECE programs the CCNC provides services to. The BPA is valid for 2 years. |

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| strengthen relationships. The CCHC uses culturally responsive and strength-based communication approaches that build | Communicates effectively with diverse audiences by using appropriate oral and written communication. Gathers sufficient information about the | other's knowledge and expertise. Use active listening and ask open-ended questions. | Refer to page 32 in the CCNC Role Guidance for description and process for completing the BPA. Child Care Health Consultant modules available at https://eclkc.ohs.acf.hhs.gov/health-services-management/article/child-care-health-consultation-skill-building-modules |
| the skills and expertise of others. | participants' specific needs and expertise to support the consultation relationship. | Recognize individual attitudes and perceptions that may be influenced by trauma. | Trauma Informed Care Resources: • ACEs https://www.iowaaces360.org/aces- |
| | | Use trauma informed practices and language when providing consultation. | training.html Connections Matter http://www.connectionsmatter.org/iowa Early Childhood Learning & Knowledge Center (ECLKC) free webinar videos |
| | | Complete a Business Partnership Agreement (BPA) with programs in the CCNC service area. | https://eclkc.ohs.acf.hhs.gov/mental-health/article/supporting-children-facing-trauma lowa Association for Infant and Early Childhood Mental Health: promotingmentalhealthiowa.org lowa CCR&R Foundations of Understanding Trauma https://iowaccrr.org/training/FUT/ |
| ID. Applies principles of health equity and cultural | Demonstrates an understanding of how one's own values, beliefs, | Seeks out opportunities for cultural competency training. | California Childcare Health Program has resources in multiple languages https://cchp.ucsf.edu/ |
| and linguistic competence to work with ECE programs, including staff, children, and families. | assumptions, and experiences affect interactions with staff, children, and families. Connects programs to | Work with your CAH agency to provide forms/handouts in other languages when requested. | Centers for Disease Control (CDC) has publications available in other languages https://wwwn.cdc.gov/Pubs/other-languages?Sort=Lang%3A%3Aasc |
| The CCHC helps programs respond to the needs of staff, children, and families in | community health resources (medical interpreters and translated materials) that can | Work with the HCCI Professional Development Coordinator for questions | Cultural and linguistic competency training available free at: https://thinkculturalhealth.hhs.gov/education/behavioral-health |

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| a culturally and linguistically competent manner. | address families' health needs in their preferred language. | about translation of HCCI trainings. | Iowa HHS MCAH Policy 313 Review and Approval of Informational and Education Material provides guidance for translating materials. |
| | | | Translation/Interpreter services in Iowa: |
| | | | Iowa Department of Human Rights https://humanrights.iowa.gov/interpretation-and-translation-services Iowa International Center Interpretation and Translation Services 515-282-8269 https://iowainternationalcenter.org/ |
| 2A. Uses evidence- based instruments to assess the quality of health, safety, | Matches evidence-based assessment instruments to program priorities. | Provide quality assurance monitoring, consultation and TA for programs. | Refer to pages 31-38 in the CCNC Role Guidance for descriptions and processes of approved CCNC assessment tools. |
| and wellness practices in ECE programs. The CCHC accesses a variety of objective, | Demonstrates respect for programs when observing programs. | Prioritize visits for the purpose of conducting health and safety assessments. | Nursing assessments are completed to guide needed quality improvement. The CCNC may identify hazards and concerns that require extensive assessment prior to planning and intervention. |
| evidence-based instruments to use in ECE programs to identify areas of strength and areas that may need improvement. | | Prioritize and schedule IQ4K assessment visits within 3 weeks of the request by the ECE program. Ensure timely response to all | Programs may request nursing assessment visits to fulfill requirements for accreditation through a national child care or education organization (example NAEYC, QPPS), lowa Quality for Kids or for an individual business' quality improvement plan. |
| miprovement. | | ECE programs requesting on- site assessment/consultation and technical assistance, information, and referral. | NAP SACC assessments/action plans are available at https://gonapsacc.org/ |
| | | Conduct a review of ECE business' child health records (including immunizations), | Within 6-12 months after completing ITPCCNC, CCNCs are strongly encouraged to complete online training offered through the National Program for Playground Safety (NPPS) at the |

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| | | employee health records and safety related records upon request by the ECE provider, or from HHS and/or local public health. Document 100% of consultation, assessments, visits and technical assistance (TA). | University of Northern Iowa, for expertise in completing assessments of outdoor play areas. https://www.playgroundsafety.org/training Playground Resources are available from: 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 |
| | | record retention policy, your contracted entities (ECI, United Way, etc.) and at minimum Special Conditions Article 13 of the CAH contract for the number of years records must be kept. | If the CAH or CCNC agency ends CCNC services all child care files/records/data must be given immediately to Iowa HHS, the CAH Agency, or their duly authorized representative upon completion of their contract or MOU. |
| 2B. Collaborates with ECE programs to improve the quality of their health, safety, and wellness practices. | Helps programs align health, safety, and wellness practices with licensing regulations, IQ4K; developmentally appropriate practices, and CFOC standards. | Review and become familiar with the HHS child care database. Identify programs in CCNC service area. | HCCI materials may be added to CCR&R promotion packets for new ECE businesses. The CCNC and CCR&R staff shall work together informing ECE businesses about CCNC services and other health or safety related resources. |
| The CCHC and ECE staff use their mutual areas of expertise in developmentally appropriate health, safety, and wellness practices to identify | Ensures programs have an effective record keeping system to support health, safety, and wellness. Works together with | Provide materials and offer services to child care businesses within 3 months of the time they obtain new license or registration. | Non-registered child care businesses shall be recruited to become a registered child care business. Search the Iowa HHS child care provider database (Kindertrack) for ECE programs by county http://ccmis.dhs.state.ia.us/ClientPortal/ProviderSea |
| and implement strategies to improve the quality of programs. | programs to prioritize quality improvement actions and set achievable goals to address concerns. | Review HHS child care compliance reports to aid in | rch.aspx |

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| | Observes intervention strategies and recommends changes when needed. | providing consultation and TA. Conduct and document assessments and reports using HCCI assessment tools and other evidence-based instruments or tools. | National Data System 2.0. (NDS 2.0) is cloud-based software Child Care Resource & Referral (CCR&R) is using for child care search portal and technical assistance management. lowa is building a comprehensive data system called an Operational Data Store (ODS) that integrates relevant information from multiple sources for real-time child care supply and demand within communities. ODS will be released in 2024. For ECE programs that are NAEYC accredited search https://ais.naeyc.org/search_programs HHS regulatory reports can be downloaded at https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport |
| 3A. Works with ECE programs to develop and review child care health policies. The CCHC helps programs develop policies that describe what they will do to promote health, safety, and wellness. | Helps programs develop or revise policies to comply with regulations. Encourages programs to develop policies that promote CFOC standards. | Review policies and make recommendations for meeting CFOC standards. Provide consultation regarding child care health policies. | 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. Policy Resources: 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 AAP Model Child Care Health Policies, 5th edition (MHHCP) available at http://ecels-health-policies.html |
| 3B. Works with ECE programs to develop procedures | Helps programs determine procedures needed to | Provide on-site observation, assessment and consultation regarding a programs policies | The Health and Safety Checklist helps the CCNC evaluate and document practices/procedures performed by provider/staff. |

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| that outline the specific steps required to implement child care health policies. 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 programs. | effectively implement policies. Collaborates with programs to identify the resources and support needed to fully implement each policy. Observes procedures and helps programs make changes when needed. | and procedures for meeting HHS regulatory compliance and encourage programs to follow CFOC standards. | Refer to pages 31-38 in the CCNC Role Guidance for descriptions and processes of approved CCNC assessment tools. |
| 4A. Identifies, designs, and implements health education. 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. | Assesses the need for timely health education within programs. Provides training on a wide range of health and safety issues relevant to staff, children, and families. | Provide HCCI HHS approved provider training in CCNC service area. Provide a minimum of 2 Medication Administration Skills Competency Face-to- Face 2023-2027 edition trainings are required annually in CCNC service area. Provide a minimum of 2 additional trainings in CCNC service area from the HCCI HHS Approved Training List. | All HHS approved trainings provided by the CCNC need to be posted on I-PoWeR lowa'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.) I-PoWeR Iowa's Early Childhood and School Age Professional Workforce Registry https://ccmis.dhs.state.ia.us/trainingregistry/Training Registry/Public/ HCCI HHS Approved Training List (Revised 07/2023) is available on the HCCI portal. |
| 4B. Works with ECE programs to build staff and | Strengthens the ability of programs to communicate accurate health information | Provide health and safety materials and related resources as indicated. | CCNCs include their contact information on the monthly newsletter. Newsletters may be emailed or mailed out to providers and included in new |

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| family health literacy. The CCHC works with programs to ensure that staff and families have health information they can understand and use to make informed decisions. | in ways staff and families can understand. | Monthly email/mail providers the HCCI "Quality Care For Kids" newsletter. | provider packets. CCR&R is available to assist with email blast or with providing provider-mailing labels. |
| 5A. Helps ECE programs make linkages to community resources that address the physical health, mental health, and social services needs of the program staff, children, and families. The CCHC connects programs with community resources and expertise to enhance health, safety, and wellness services. | Helps programs access appropriate resources to meet program and family needs. Facilitates communication between programs and qualified specialists in fields such as mental health, early childhood education, disabilities, and nutrition. | Promote and refer families to resources: Hawki, Medicaid, WIC, I-Smile, Title V CAH program, etc. Make available information about health care public programs (Medicaid, Hawki, and CAH services). Refer families directly to the CAH agency-Care Coordinator for help with securing health care. | Resources: Iowa Health Link https://hhs.iowa.gov/iahealthlink Hawki https://hhs.iowa.gov/hawki Iowa Health Insurance Marketplace https://www.healthinsurance.org/health- insurance-marketplaces/iowa/ Free Clinics of Iowa: http://www.freeclinicsofiowa.org/ Location of community health centers: https://www.iowapca.org/why-chc Care For Kids (EPSDT periodicity) https://hhs.iowa.gov/ime/members/medicaid- a-to-z/care-for-kids-epsdt I-Smile https://ismile.idph.iowa.gov/ The CCNC role is not to provide EPSDT direct care services to individual children. If a direct care need is identified, the CCNC refers to the CAH agency to determine community resources available. CCNC's working with 1st Five/Title V Child Health may promote developmental screening of children |

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| | | | using the Ages & Stages Questionnaire (ASQ) and Ages & Stages- Social Emotional (ASQ-SE). |
| 5B. Collaborates with ECE programs to ensure families are able to access services. The CCHC plays a role in connecting families with community services, assistance programs, and resources to address their health, safety, and wellness needs. | Identifies community service providers that can help family's access health and social services. Helps programs develop and maintain a current list of health care providers able to serve families. | 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.). | HHS has free brochures available on a variety of health topics. Go to https://hhs.iowa.gov/a-z-services |
| 6A. Works with ECE programs to reduce the spread of illness. The CCHC helps staff and families implement preventive measures that limit the spread of infectious diseases in ECE programs. | 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. Assists programs with implementing and monitoring strategies to reduce illness, such as handwashing, gloving, diapering, cleaning, sanitizing, and disinfecting procedures. Helps programs work with families to keep children fully immunized. | Provide resources and consultation regarding prevention of infectious diseases. Assess handwashing, gloving, diapering, cleaning, sanitation and disinfecting procedures and provide consultation and training to programs on CFOC standards. Review immunization records of children enrolled in programs. Utilize the HHS schedules for childhood immunizations. | Disease Fact sheets available on the HHS EPI website at http://wiki.idph.iowa.gov/epimanual For child care specific disease information refer to AAP's Managing Infectious Diseases in Child Care and Schools, 5th Edition. https://shop.aap.org/managing-infectious-diseases-in-child-care-and-schools-5th-ed-paperback/ Handwashing, gloving, diapering posters, Common Illnesses and Exclusion Criteria, and CFOC Appendix J are available on the HCCI website https://hhs.iowa.gov/hcci/products 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 |

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| | | Assist ECE providers and families to obtain immunization records from lowa's Immunization Registry Information System (IRIS). | immunization audit conducted by the local public health agency. The results of the immunization review of child care centers shall be reported to HHS and/or the local public health department and HHS child care regulatory staff. |
| | | Help to ensure that immunizations are entered into IRIS. | 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 |
| | | Work with local public health, ECE programs and families to obtain needed immunizations. Make | health agency as a public health nursing activity. Immunization audit requirements at https://hhs.iowa.gov/immtb/immunization/audits |
| | | referrals when needed. | CCNCs employed with local public health agencies may be an IRIS Enrolled User. CCNCs employed by |
| | | Help programs work with families to keep children fully immunized. | non-public health agencies may also request access to IRIS though lowa's Immunization Program https://hhs.iowa.gov/immtb/immunization/iris |
| | | Help programs ensure children have a primary care provider and are up-to-date on routine preventative health services. | CCNC's who are an IRIS Enrolled User may obtain immunization records for children in child care and release them to licensed child care providers per lowa law (641 IAC Chapter 7). |
| | | ricardi services. | The HHS Bureau of Immunization has local immunization clinic providers in each county. Contact your local public health agency or health department. |
| | | | Immunization Resources and Q&A: |
| | | | How Do Vaccines Work? American Academy of Pediatrics (AAP) video |

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| | | | https://www.youtube.com/watch?v=l8fewK2V xes https://www.immunize.org/handouts/discussi ng-vaccines-parents.asp https://www.cdc.gov/vaccines/hcp/conversations/understanding-vacc-work.html https://hhs.iowa.gov/sites/default/files/portals/1/userfiles/206/2022-23%20imm%20faq.pdf |
| | | | ECE Programs should maintain up-to-date immunizations. CCNC provides immunization information and connects providers with resources. All Certificates of Immunization, Provisional |
| | | | Certificates of Immunization, and Certificates of Immunization Exemption must be properly completed to be valid. A faxed copy, photocopy, or electronic copy is acceptable. |
| 6B. Helps programs use current, evidence-based criteria for | Encourages programs to use evidence-based criteria to make decisions about inclusion and exclusion of | Provide consultation to programs on management and response to infectious disease outbreaks. | CCNC may not initially be involved or knowledgeable of incidents of communicable disease. |
| identifying, caring for, and excluding children who are ill and for identifying staff who are ill and | children and staff who are ill. Helps programs ensure that staff and families understand | Report 100% of incidents (IAC 641-1 Notification and Surveillance of Reportable | CCNC shall report incidents where the consultant is directly involved in providing consultation or technical assistance. |
| should not be working. | how to identify signs and symptoms of common childhood illnesses. | Diseases) when the CCNC is directly involved. | The CCNC shall work with the local public health department for reporting communicable disease. |
| The CCHC and ECE staff work together to determine when children require | Helps programs know how to respond when a child or | Report involvement with communicable disease to HCCI. | List of reportable diseases https://hhs.iowa.gov/CADE/reportable-diseases Disease Reporting Hotline 800-362-2736 |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| 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. The CCHC helps programs determine control measures for infectious disease outbreaks. | staff member has been diagnosed with a reportable disease. Helps programs manage responses to infectious disease outbreaks. | Assist programs with reporting communicable diseases to HHS licensing consultant for child care centers. Follow instructions given by HHS Center for Acute Disease Epidemiology (CADE) or local public health authority pertaining to communicable disease. Maintain record of all reporting documents completed. | The EPI Manual & reporting procedures is available at https://wiki.idph.iowa.gov/epimanual/ Child care centers are required to publicly post a notice about communicable diseases. CCNCs may assist the child care program with appropriate disease posting information utilizing the following resources: CADE - list of diseases https://hhs.iowa.gov/CADE/Disease-Information CDC Diseases and Conditions https://www.cdc.gov/health-topics.html AAP's Managing Infectious Diseases in Child Care and Schools, 6th Edition. https://shop.aap.org/managing-infectious-diseases-in-child-care-and-schools-6th-edition-ebook/ Local public health |
| 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. The CCHC supports programs and families to ensure that children with a special health care need and/or chronic health condition have full, safe | 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. Helps programs understand how to meet their responsibilities to provide services in accordance with the Americans with Disabilities Act (ADA). Supports programs in planning for and fully | The MCAH Bureau defines children with special health needs as children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions. When identified/requested assist in the development of care plans/action plans collaborating with the child's health care provider. When consulting and care planning for a child with special health needs, a signed | The CCNC may contact the Area Education Agency (AEA) where the child care program is located http://www.iowaaea.org/ lowa Child Health Specialty Clinics have health care personnel specializing in the care of children with special health or developmental needs. https://chsciowa.org/ Sample consent forms are available from CFOC, AAP's Managing Infectious Diseases in Child Care and Schools, 6th Edition and the California Childcare Health Program https://cchp.ucsf.edu/content/forms. |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| inclusion in the ECE program. | accommodating children with special health care needs. 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. Connects programs and families with resources for children with special health care needs. | consent is required by the parent/guardian. Assist in the identification of barriers that may prohibit children with special health or developmental needs from enrolling and participating in the program and activities, including playground facilities. Inform the director or owner of observed barriers. Inform ECE programs about the American's with Disabilities Act and the sections pertaining to child care. Maintain access to ADA information and materials via online and community resources such as AEA and lowa Child Health Specialty Clinics. | Use contacts already involved with the family like Area Education Agencies (AEA), Early Access, Ist Five, Head Start/Early Head Start, Iowa Child Health Specialty Clinics, PT/OT/ST services, etc. The Healthy Families line has contact information for AEAs and Child Health Specialty Clinics 800-369-2229. Iowa Family Support Network-Children at Home Program https://www.iafamilysupportnetwork.org/childrenat-home Children with Special Health Care Needs https://hhs.iowa.gov/BETS/Pediatric-Resources/Children-with-Special-Health-Care-Needs ASK (Access for Special Kids) Resource Center is a parent training, information, and advocacy center for families of children with special needs across the state of Iowa. https://www.askresource.org/ ADA Child Care Q&A - American with Disabilities Act pertaining to child care available at https://hhs.iowa.gov/hcci/resources Refer to pages 37-38 in the CCNC Role Guidance for the care planning process. |
| 8A. Helps ECE programs safely manage medication administration and medical procedures. | Help programs develop policies and implement procedures for safe medication administration. | Provide a minimum of 2 Medication Administration Skills Competency Face-to- Face 2023-2027 edition and Skills Competency Evaluation | CCNCs are required to offer a minimum of 2 Medication Administration Skills Competency Face- to-Face 2023-2027 edition trainings per year coordinating with CCR&R Training Specialist or other approved training organization. |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| The CCHC ensures staff have the training, knowledge, skills, and | Provides and/or supports training in medication administration. | (test out) trainings are required annually in CCNC service area. | Utilize HCCI tools for tracking Medication Administration Skills Competency initial and renewal. |
| competency to safely manage medication administration and medical procedures. | Helps programs set up a system to ensure that emergency medications are accessible at all times. | Provide Competency Evaluation (test out) within 30 days for ECE participants who have taken the Medication Administration Skills Competency 2023- 2027 edition online course. | Refer to pages 33-34 in the CCNC Role Guidance for additional information regarding the Medication Administration Skills Competency training and test-out process. |
| | | Provide ongoing monitoring of Medication Administration Skills Competency. | |
| | | Assist programs with policies regarding safe medication storage and handling. | |
| 9A. Collaborates with ECE programs to promote safety and reduce injuries. The CCHC assesses and identifies injury hazards indoors, | Helps programs implement safety practices through planning, policies, and procedures. Provides training to staff and families about common | Conduct on-site assessments and consultation to address and promote the resolution of health and safety concerns related to policy and procedures. | 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. |
| outdoors, and in and around vehicles. The CCHC helps programs promote safety by understanding how the interaction between children, adults, and | injuries and injury prevention for infants and children. Helps programs determine how to respond when safety | Consult with programs regarding their personnel policies and practices that impact the health, safety, and well-being of children and employees. | Refer to the CPSC Safety Guides on the HCCI website "Child Safety" tab https://hhs.iowa.gov/hcci/child-safety Infant safe sleep resources: AAP Healthychildren Safe Sleep https://www.healthychildren.org/English/ages- |
| the environment may contribute to injury risk. | risks are identified. | Refer ECE programs to the HCCI website for access to | stages/baby/sleep/Pages/default.aspx CDC SUID/ SIDS https://www.cdc.gov/sids/index.htm |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| | 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. Assesses sleep areas and procedures to ensure safe sleep practices. | the Child Care Injury/Incident Report form for their use when an injury occurs at care. Promote infant "safe sleep" practices. | CPSC Cribs https://safety-Education-Centers/cribs HCCI Safe Sleep Policy and Safe Sleep FAQ https://hhs.iowa.gov/HCCI/Products HHS Safe sleep toolkit https://hhs.iowa.gov/sites/default/files/idphfiles/Safe-Sleep-Toolkit-II-01-22_0.pdf lowa SIDS Foundation https://www.iowasids.org/index.php/en/child-care Safe Sleep Checklist https://hhs.iowa.gov/sites/default/files/portals/I/userfiles/I28/infant%20safe%20sleep%20checklist%2007202022%20final.pdf |
| 9B. Promotes active supervision practices. The CCHC helps programs create a safe environment and prevent injuries by ensuring that staff are actively supervising the children in their care at all times. | Supports programs in implementing supervision strategies in all indoor and outdoor settings. | Utilize CFOC and NPPS resources when providing consultation to programs on "active supervision". | Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, online standards available at https://nrckids.org/CFOC National Program for Playground Safety (NPPS) www.playgroundsafety.org |
| 9C. Helps programs with planning and response to injuries The CCHC collaborates with ECE programs to ensure staff are trained in how to identify and respond to injuries. | Helps programs know how to respond in the event of an injury, medical emergency, or an unresponsive child. Connects programs with local resources for attaining CPR, choking response, and first aid training. | Assess First Aid kits for all needed items to meet CFOC standards. Provide resources to programs on CPR/Ist Aid, Stop the Bleed® training. | First Aid Kit Checklist available on the HCCI website https://hhs.iowa.gov/HCCI/Products In counties or service areas where access to CPR/Ist Aid training is limited, CCNCs are encouraged to become a CPR/Ist Aid trainer with either the American Heart Association or Red Cross. |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| | | Consult with programs regarding serious injury HHS reporting requirements using the Child Care Injury/Incident Report form. | https://cpr.heart.org/en/resources/aha-instructors/become-an-instructor https://www.redcrosslearningcenter.org/s/become-an-instructor Stop the Bleed® Training and resources available at https://www.stopthebleed.org/training/ The Child Care Injury/Incident Report form is available at https://hhs.iowa.gov/HCCI/Products |
| IOA. Helps programs prepare for, respond to, and recover from emergencies and disasters. 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. | Ensures programs align emergency preparedness planning with state/tribal and local disaster plans. Helps programs develop written plans for responding to emergency situations or natural disasters that may require evacuation, lockdown, or sheltering in place. Connects programs to community resources and services to help with training and assistance in preparing for, responding to, and recovering from emergencies. | Utilize Iowa specific resources available when providing consultation on emergency preparedness planning. CCNCs are a resource (i.e., TA, consultation) for ECE programs in preparing for and response/recovery from emergencies/disasters including communicable disease outbreaks. In the event of a local emergency, CCNCs may take an active role as part of their local community emergency preparedness plan. Per the HHS state Emergency Preparedness Plan, CCR&R is the lead | 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/ lowa Statewide Child Care Emergency Preparedness and Response Plan March 2022 https://r20.rs6.net/tn.jsp?f=001r 2xnVxHmZZvO Rl y7VKwv6gx3AVKJ2B1HyEiM1oOizF uCfy9TP-160l-YE1tzkhSMTG3SYlsDq0fizhaPqmQlgc X7if8QvVKDu s2EJDijg8cVPZ0FgfmLVn84YipckpgPqjcxsTMvMo5xx AbgC2PGF9SsOKb aSxG0d5biuBI5WdnGeYPN1txatg lh1cxmYWfv3M3qW-RC aOonGFJlny8VrsgStT8DNydCBrSKRedbig EIHMY xD66B0R1VV3KVYCAjBUM=&c=78LBV6JyPhxojP8oP VhNqzImiqnpCmtxpTxOUPsje7QjYaRC-tNhMw==&ch=1EYIF7tpK0OeLAfdUdE4ZIZ7cVR8pX MMTiekKI0ChMJHGObKEbswVw== Grief and Loss Support Fact Sheet available on the HCCI website https://hhs.iowa.gov/HCCI/Products |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| | | 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. | |
| IIA. Collaborates with ECE programs to create an environment for children that promotes positive social and emotional wellbeing. The CCHC assists programs to support children's executive functioning, self-regulation, and developmentally appropriate relationships with other children and adults. | Reviews written discipline policies and observes procedures to ensure they align with positive guidance. Identifies factors that enhance children's social and emotional wellbeing. Matches programs with community resources, including mental health consultation. | CCNC reviews the ECE program's discipline and biting policies and makes suggestions when appropriate. CCNC assesses PBIS resources available in their service area. Provide PBIS resources to programs. | Refer to HHS Comm 143 and Comm 204 regarding discipline and biting policies. Iowa Department of Health and Human Services Licensing and Registration Standards at https://ccmis.dhs.state.ia.us/providerportal/DocumentsandForms.aspx • Comm. 204 Child Care Centers and Preschools Licensing Standards and Procedures (revised 01/01/2023) • Comm. 143 Child Development Home Registration Guidelines (revised 12/01/2021) PBIS Resources available at: • Center on the Social Emotional Foundations for Early Learning http://csefel.vanderbilt.edu/ • The National Center for Pyramid Model Innovations (NCPMI) http://challengingbehavior.cbcs.usf.edu/index.html |
| IIB. Helps ECE staff respond to social and emotional and behavioral concerns. The CCHC connects programs to resources | Work with staff to develop a method for observing and documenting information about social and emotional and behavioral concerns. Support staff in finding compassionate ways to share | Make referrals to PBIS consultants and Early childhood mental health. Utilize Early Childhood - Positive Behavioral Interventions and Supports (EC-PBIS) resources | CCNCs are encouraged to obtain PBIS training. Training is available through: Child Care Resource and Referral (CCRR) https://iowaccrr.org/training/PBIS/ I-PoWeR HHS training registry https://ccmis.dhs.state.ia.us/trainingregistry/TrainingRegistry/Public/ |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| and strategies to assess and appropriately address social and emotional and behavioral concerns. | information about social and emotional and behavioral concerns with families. Help programs access mental health consultation to prevent suspension and expulsion of children with challenging behaviors. Connect programs with mental health consultants who can address the effect of adverse childhood experiences (ACEs) on children's wellbeing and who can provide guidance on trauma-informed practices. | | lowa Department of Education PBIS https://educateiowa.gov/pk-12/learner-supports/positive-behavioral-interventions-and-supports-pbis Resources: Early Childhood Mental Health |
| I2A. Collaborates with programs to prevent child abuse and neglect. The CCHC helps programs implement measures that build protective factors known to reduce child abuse and neglect. | Helps programs implement strategies to identify risk factors and strengthen protective factors for children and families to help prevent abuse and neglect. | Provide resources to programs on child abuse and neglect prevention. | Prevent Child Abuse Iowa has information about preventing child abuse and neglect, and child advocacy. http://www.pcaiowa.org |
| I2B. Supports programs in identifying and reporting suspected child abuse and neglect. | Ensures program staff is aware of their role as mandated reporters and how to report suspected abuse and neglect. | Provide Child Abuse Mandatory Reporter Posters to programs. Provide consultation and resources for programs that | lowa HHS Child Abuse reporting hotline 800-362-2178 lowa HHS Child Abuse Website https://hhs.iowa.gov/child-abuse |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| The CCHC helps staff integrate strategies for recognizing signs and symptoms of abuse and neglect and is knowledgeable about reporting requirements. | Supports staff who are making a report of suspected abuse and neglect. | are making a report of suspected abuse. | lowa HHS Mandatory Abuse Reporter Training available at https://hhs.iowa.gov/child-welfare/mandatoryreporter Per Iowa code, CCNCs are no longer allowed to provide Mandatory Child Abuse Reporter Training (MCART) face-to-face training for child care. |
| I3A. Provides guidance to programs on best practices in nutrition and feeding for infants and children. The CCHC supports programs in ensuring access to nutritious food and mealtime practices and environments that are safe and developmentally appropriate for children. | Demonstrates understanding of nutritional needs and safe feeding practices for healthy growth and development in infants and children. Helps programs encourage and support breastfeeding for young children in their care and ensure safe handling and storage of human milk. 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. | Make referrals to Child and Adult Care Food Program (CACFP) for both homes and centers. Encourage programs to support breastfeeding and utilize resources when providing consultation. Offer HCCI HHS approved trainings for programs in CCNC coverage area including Breastfeeding Basics training for infant care providers. Provide consultation and care planning for children with food allergies or nutritional special needs. | lowa'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-and-adult-care-food-program See the HCCI Training List for information on the Breastfeeding Basics training. lowa Breastfeeding Database Map go to https://app.coffective.com/resources/ Food allergy resources available on the Food Allergy Research and Education (FARE) website https://www.foodallergy.org/ Food Allergy Action Plan and CACFP Diet Modification Request form is available on the HCCI website https://hhs.iowa.gov/HCCI/Products |
| I3B. Works with ECE programs to ensure all children have daily | Helps programs understand how physical activity contributes to maintenance of healthy weight and development of gross motor, | Encourage programs to utilize GoNAPSACC and 5-2-1-0 resources. | GoNAPSACC • Training, tools and activities are available at https://gonapsacc.org/ |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| opportunities for physical activity. 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 schoolaged children have opportunities for moderate to vigorous physical activity. | social and emotional, and cognitive skills. 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. | Utilize the HCCI Tummy Time fact sheet and AAP resources when providing consultation on the importance of tummy time and safety. | Register to link with ECE providers in your service area and provide TA for providers who are enrolled. Please contact HCCI for the registration code https://gonapsacc.org/jointoday 5-2-I-0 Healthy Choices Count resources are available at https://www.iowahealthieststate.com/5210-resources Tummy Time fact sheet available on the HCCI website at https://hhs.iowa.gov/HCCI/Products |
| I4A. Collaborates with ECE programs to promote oral health. The CCHC ensures staff have the knowledge and skills to promote oral hygiene within the program, connect children to oral health services, and provide education to families. | 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 preventing tooth decay. Ensures staff are prepared to respond to dental emergencies. Helps programs access oral health educational materials for families. | CCNCs work with CAH to assure health care access. Make referrals to the local CAH agency I-Smile coordinator to access oral health services for children. Working with the I-Smile coordinator the CCNC may be trained to provide oral health screening and fluoride varnish application. Provide resources and consultation regarding daily tooth brushing and dental emergencies. | Child Health locations https://hhs.iowa.gov/family-health/child-health I-Smile Resources https://ismile.idph.iowa.gov/ I-Smile Coordinator map https://ismile.idph.iowa.gov/find-my-coordinator Oral health resources are available on the HCCl website at https://hhs.iowa.gov/HCCI/Products |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| I5A. Collaborates with ECE programs to reduce exposure | Demonstrates understanding of the effects of exposure to environmental health hazards | Help programs obtain Safety Data Sheets (SDS). | Safety Data Sheets (SDS) are available online or on the product's manufacturer website. |
| to environmental health hazards The CCHC works with programs to identify, prevent, and | on children's health. Helps programs identify nontoxic or least-toxic | Research chemicals in use, and provide consultation regarding safety. | The EPA Product and Label System search is available at https://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1 |
| manage exposure to environmental health hazards in and around the facility. | products for their environment. Helps programs develop | Utilize Environmental Protection Agency (EPA) resources when providing consultation. | EPA IPM resources are available at https://www.epa.gov/safepestcontrol/resources-pesticide-issues-school-and-childcare |
| | policies and procedures related to use and storage of hazardous and toxic substances and Integrated Pest Management (IPM). | | Caring For Our Children Appendix J: Selection and Use of a Cleaning, Sanitizing, or Disinfecting Product available at https://nrckids.org/CFOC/TOC |
| I6A. Helps ECE programs implement | Helps programs develop and implement staff health and safety policies in accordance | CCNCs may review employee health records by request of the ECE program | CCNC provides immunization information and connects providers with resources. |
| measures to prevent and manage occupational | with OSHA regulations and the Americans with Disabilities Act. | director, assist director, or owner. | CCNC may need to work with community partners to secure funds for a special immunization project for adults. |
| hazards for staff. The CCHC helps programs develop policies and | Helps programs identify procedures to ensure staff health that include review of | The purpose of the review is limited to identifying specific health issues, assuring that immunizations records are | Adult Immunization Schedules are available at https://www.cdc.gov/vaccines/adults/index.html |
| procedures to protect staff from injury and illness. | health appraisals and immunizations. | up-to-date and making referrals. | Universal Precautions training and resources are on the CCNC portal. |
| | Helps programs monitor procedures to ensure staff are protected from blood borne pathogens. | Provide Universal Precautions training and assistance with the development of the | Exposure Control Plan & Sample Sharps Injury Log at https://hhs.iowa.gov/HCCI/Products |

| CCHC Competency | CCHC Application | CCNC Action | Guidance |
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| | Helps programs develop procedures for staff to safely use toxic substances. | program's Exposure Control Plan. | |
| I6B. Helps ECE programs identify opportunities to promote staff wellness. The CCHC encourages programs to promote wellness by creating an environment that enhances workers' physical and mental health. | Connects programs to resources and training to promote staff wellness and resilience. Helps programs promote staff health through nutrition and physical activity | Provide local resources that promote staff wellness and resilience. Encourage programs to utilize GoNAPSACC and 5-2-1-0 resources. | GoNAPSACC training and tools are available at https://gonapsacc.org/ 5-2-I-0 Healthy Choices Count resources are available at https://www.iowahealthieststate.com/5210-resources |

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 |
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| Iowa HHS Child Care Licensing Consultants and Registration Personnel | Prioritize and respond to request from HHS child care licensing consultants and child development home registration personnel. | HHS personnel are the legal authority for the regulation of child care businesses. The CCNC working with regulatory personnel helps to improve the health and safety of children in out-of-home child care. |
| | Within the first year of employment as a CCNC, request to job-shadow both lowa | Contact the HCCI Coordinator for the HHS Licensing and Registration Consultant Maps and contact information. |
| | HHS Child Care Licensing Consultant and Child Development Home Registration | The CCNC should have knowledge of the federal Child Care Development Block Grant (CCDBG) Health and |

| Partner | Action | Guidance |
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| | personnel on a visit to a child care business. Request to attend a minimum of one face-to-face meeting per year with the HHS regulatory personnel. | 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. |
| Child Care Resource and Referral (CCR&R) | Attend a minimum of one face-to-face meeting per year with the CCR&R consultants. CCNC agency shall have a training contract with the CCR&R lead agency. | Work with CCR&R consultants and training specialists to identify child care business needs for health and safety information or resources. lowa Child Care Resource and Referral (CCR&R) http://iowaccrr.org/ |
| Child Care Businesses and Community Partners | Receive and respond to invitations from community groups to promote health and safety in child care. Conduct a minimum of one HCCI promotion or training session per year promoting child care nurse consultation in child care. | Examples: Local Early Childhood Iowa groups, Child Abuse Prevention groups, Local Board of Health, United Way, Community Foundation, and Rotary International. |
| Hawki & Medicaid, Title V CAH, WIC programs | CCNC will disseminate Hawki applications and marketing materials during on-site visits. Children without health insurance will be referred to Medicaid/Hawki program. CCNC will provide WIC marketing materials during on-site visits. CCNC will be included in a local CAH agency contract either through direct employment or through a written agreement/MOU. | Hawki materials available at https://hhs.iowa.gov/hawki Medicaid information at https://hhs.iowa.gov/ime/members WIC materials available at https://hhs.iowa.gov/wic/outreach-materials A sample CCNC Services MOU is available on the HCCI website https://hhs.iowa.gov/hcci/consultants |

Iowa Quality for Kids (IQ4K)

Early care and education providers are required to work with the Child Care Nurse Consultant in Iowa Quality For Kids (IQ4K). Providers applying for IQ4K levels 2-5, will take the Medication Administration Skills Competency (online or Face to Face) 2-hour course (or other course approved by HHS) and request Medication Skills Competency evaluation (test-out) be completed by the CCNC. Providers applying for IQ4K levels three-five, will request the Health and Safety Checklist for Early Care and Education Programs assessment be completed by the CCNC.

- Information about IQ4K requirements can be found on the IQ4K (CCR&R) website at https://iowaccrr.org/providers/iq4k/
- The lowa Administrative Code and information outlining the lowa's quality rating system Rule 441.118 (Division II pages 13-35) can be found at https://www.legis.iowa.gov/DOCS/ACO/IAC/LINC/Chapter.441.118.pdf

All staff who administer medication shall complete the Medication Administration Skills Competency Course or other training as approved by the department and hold a valid certification of completion. All staff who administer medication shall also successfully complete a competency skills evaluation assessment checklist or department-approved equivalent and hold a valid certification of completion. There shall be one person who meets these criteria present on site in the program at all times.

"Health and safety checklist for early care and education (ECE) programs" means the nationally recognized quality assessment tool, conducted by a CCNC or another designee as approved by the department, that uses key observable health and safety standards from CFOC. If followed, these standards are most likely to prevent adverse outcomes for children and staff in ECE settings. For the health and safety checklist, "observable" is defined as the following:

- 1. Requires interaction with the staff or director only to ask where to find an item or identify products.
- 2. Able to observe when walking through a program over a two-hour period of time.
- 3. The standard or item can be seen and evaluated in an objective way.
- 4. Observation may include opening windows, taking measurements (for example, measuring the depth of an impact surface or height of equipment), smelling for odors and reading labels (for example, checking dates on medication labels).
- 5. Does not require checking records or documents, such as child immunizations, professional development records or written program policies.

Nursing Assessment Process and Tools

The following information is to guide the child care nurse consultant (CCNC) in understanding the health and safety nursing assessment instrument process, components, and the actions needed. The nursing assessment process for health and safety begins with the child care program completing a Business Partnership Agreement (BPA) and Early Care and Education Provider Survey.

The BPA and Survey serve as a foundation for the nursing process.⁵ The **required** assessment tool that is part of the lowa Quality For Kids (IQ4K) application levels 3-5 is the *Health and Safety Checklist for Early Care and Education Programs*. The **required** training that is part of the IQ4K application levels 2-5 is the Medication Administration Skills Competency (course and test-outs). All assessment tools and training curriculums are available on the HCCI portal. The CCNC receives access to the portal during ITPCCNC training.

| Child Care Nurse Consultant Tools | Process |
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| Protocol for On-site, Virtual and Drop-off Visits | On-site Visit Process: |
| | I. On-site health and safety visits are required for assessing the child care environment. |
| | 2. Contact the ECE program director/owner to arrange the visit. |
| | 3. Follow the ECE program's protocol (and agency protocol) regarding name/visitor badge and sign-in/sign out. |
| | 4. Complete BPA/survey at the initial meeting with ECE provider and determine needs of program. |
| | 5. Provide assessments, consultation, TA as needed. |
| | 6. Complete the CCNC Site Visit Form or agency's documentation protocol. |
| | 7. Record as a site visit for CCNC Performance Measure data reporting. |
| | Virtual Visit Process: |
| | 1. Refer to your agency virtual platform (Zoom, Google Meet, Microsoft Teams, etc.). |
| | 2. Schedule the virtual visit with the ECE provider. |
| | 3. Complete a CCNC Site Visit Form or agency's documentation protocol for the virtual visit. |
| | 4. Document the CCNC services provided. |
| | 5. For obtaining the provider's signature on the CCNC Site Visit Form, save as a pdf or scan the document and email it to the director for signature (or mail it with a return envelope). |
| | 6. Record as a site visit for CCNC Performance Measure data reporting. |
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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.

| Child Care Nurse Consultant Tools | Process |
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| Business Partnership Agreement (BPA) | BPA Process: |
| Purpose: To structure the business relationship between the ECE provider and the CCNC. The BPA informs the provider of the scope of | The BPA begins the partnership with the ECE provider and is the foundation for the relationship building between the CCNC and the ECE provider. The CCNC reviews the BPA with the ECE provider (owner/director/site-director). |
| services available from the CCNC. The CCNC is required to complete a BPA with all ECE | 3. Date and signatures of the CCNC and ECE provider are obtained. |
| programs (regulated, DE) requesting and | 4. The ECE provider for their records keeps the original. |
| receiving CCNC services. To complete the BPA, a face-to-face, on-site, or virtual visit between the CCNC and ECE | 5. The CCNC keeps a copy of the document for the ECE provider chart at the CCNC agency. |
| provider is strongly encouraged. | 6. The BPA is valid for 2 years. |
| 5, 5 | The signed BPA with the program indicates that the ECE program is participating with the CCNC for CCNC Performance Measure data reporting. |
| Early Care and Education (ECE) Provider | CCNC Process: |
| Purpose: This document is referred to as the Survey. The Survey is a self-report assessment that gives the CCNC information about the ECE program, health/safety needs, and may identify potential hazards. The CCNC is required to review the Survey and begin the nursing consultation process. CCNC On-Site Visit: Recommended, but not required. | I. The CCNC gives the ECE program the Survey to complete and sign. The Survey is available in both paper and online through SurveyMonkey. Note: the Survey should be completed when the director/owner is at their business site. Completion of the Survey requires the ECE provider to review information, look up dates, etc. |
| | 2. The CCNC reviews the responses given by the ECE provider and begins to identify and document needs and health/safety recommendations. |
| | 3. The CCNC reviews the Survey with the ECE provider and provides consultation and resources to work toward remedy of identified needs. The CCNC keeps a copy of the Survey for the ECE provider chart. |
| | 4. It is recommended that the Survey be completed every 2 years with the BPA. |
| IQ4K Tool: Medication Administration | CCNC Process: |
| Skills Competency Face to Face 2023-2027 edition 2-hour course and Medication Skills Competency Evaluation (test-out) Initial and Reassessment Purpose: The Medication Administration Skills Competency course is required for IQ4K Levels 2-5. CCNCs are required to offer a minimum of four (one each quarter) HCCI HHS approved trainings annually with two of | The CCNC offers the Medication Administration Skills Competency Face-to-Face 2-hour course collaborating with an approved training organization (CCR&R, ISU Extension & Outreach, Head Start) for posting and enrollment in I-PoWeR HHS Training Registry. Posting/enrollment recording of participant attendance is important because I-PoWeR is linked to the IQ4K application system. |
| | 2. The Medication Administration Skills Competency Face-to-Face course training outline provides the process for the training and skills test-out. The Online |

| Child Care Nurse Consultant Tools | Process |
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| them being Medication Administration Skills Competency Face-to-Face 2023-2027 edition | Course Test-out Procedure provides the skills test-out process for online participants. |
| training. | 3. The CCNC obtain access to this course and skills test-out from the ISU E&O CyBox. A signed Instructor Agreement is required in order to access the course PPT, manual, handouts, skills test-out form and certificates. |
| | 4. Refer to the Medication Administration Skills Competency Course and Evaluation: Overview and Requirements on the HCCI website for additional information. |
| | 5. Participants have 30 days to complete the skills test-out. Participants have three tries to score ≥ 80% on the initial and reassessment test-outs. |
| | 6. CCNCs are to give participants the certificate of completion for <u>both</u> initial and reassessment test-outs. |
| | 7. CCNCs should remind participants to upload their initial and reassessment skills test-out certificates into I-PoWeR. |
| | 8. For initial and reassessment test-outs, complete the CCNC Site Visit Form or agency's documentation protocol. |
| | 9. Record initial and reassessment test-outs as a site visit for CCNC Performance Measure data reporting. |
| | 10. CCNCs are strongly encouraged to track course and test-out participants using the Medication Administration Skills Competency Participant Tracking Tool. |
| | 11. The Medication Administration Skills Competency 2023-2027 edition course certificate is valid for 5 years. The skills competency (test-out) is a quality measure and should be reassessed per the ECE programs' quality protocol (every 1-2 years) or whenever a medication error occurs. |
| IQ4K Tool: Health and Safety Checklist | CCNC Process: |
| for Early Care and Education Programs Purpose: 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. CCNC On-Site Visit: Required. Minimum of 2 visits. Additional visits may be needed. | I. The ECE program requests a visit from the CCNC to complete a Health and Safety Checklist for Early Care and Education Programs assessment. |
| | 2. Appointments for IQ4K assessment tools must be scheduled within 3 weeks of the request by the ECE program. The CCNC schedules an appointment for the on-site visit. The CCNC informs the provider about the assessment and that the CCNC needs to be on-site during food service and will need to open cabinets, read labels, open windows, measure heights of equipment and depths of impact surfaces. The CCNC may refer the provider to the IQ4K website for additional information about the assessment https://iowaccrr.org/providers/iq4k/ |

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| | 3. The CCNC assesses one classroom (or group of children) over a 2-3 hour on-site visit using the Health and Safety Checklist for Early Care and Education Programs . For home programs, assess the group of children and all child care areas in the home. Note: The outdoor playground area for the classroom (or group of children) should be assessed even if the children do not go outdoors during the day/time the CCNC is onsite. |
| | 4. At the end of the visit, the CCNC provides a verbal report to the director/owner with an overview of the assessment. |
| | After the visit, the CCNC reviews and completes the scoring of the Health and Safety Checklist. |
| | 6. Email (or a second visit) within a day or two to provide the <u>completed</u> Health and Safety Checklist document and a blank fillable Word version Summary Action Steps plan to the ECE director/owner and offer assistance/consultation for creating the Action Steps . |
| | 7. The CCNC asks the ECE director/owner to complete the Health and Safety Checklist Summary Action Steps plan. The CCNC informs the ECE director/owner that a copy of the plan will be reviewed at the next visit. |
| | 8. The CCNC schedules the next visit (in 2-3 weeks) for follow-up. Allowing a couple weeks will give the provider time to fill out the Action Steps form. Too many weeks (or months) the provider may forget what was discussed, or forget that they need to fill out the Action Steps form. |
| | 9. The CCNC makes the <u>required visit</u> to review the program's Health and Safety Checklist Summary Action Steps plan, and to sign the Health and Safety Checklist Signature Form that includes the average health and safety score. |
| | The CCNC should remind the provider to upload the signed Signature Form in the IQ4K application. |
| | 11. The Health and Safety Checklist assessment and Signature Form is valid for 2 years. |
| | 12. 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. |
| | 13. The CCNC and ECE provider maintains copies of the assessments, plan and forms. |
| | 14. Complete the CCNC Site Visit Form or agency's documentation protocol. |

| Child Care Nurse Consultant Tools | Process |
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| | 15. Record as site visits for CCNC Performance Measure data reporting. |
| Child Health Record Check-up | CCNC Process: |
| Purpose: To identify if children are receiving preventive health services and screenings; to identify special health or development needs; and to assist families in securing needed health care services through care coordination. CONC On-Site Visit: Required 1-2 visits, more visits will be needed if the ECE provider requests additional help with health-related policies or concerns | I. The ECE provider requests the CCNC visit for an assessment of their child health records. The visit will be approximately 3-4 hours. |
| | 2. The CCNC schedules an appointment for an on-site visit. The CCNC informs the program about the assessment that will be conducted. |
| | 3. Day of the visit: The CCNC selects child health records for assessment. A minimum of 20 records should be pulled at random. If fewer than 20 children are enrolled, the CCNC assesses the records of all enrolled children. The CCNC should prioritize infant/toddler records. If no infants or toddlers are enrolled, then the CCNC should assess records moving from the youngest children enrolled to the oldest with an assessment of records from each age group. Note: The ECE provider may request records of specific children be assessed by the CCNC. Example: child with frequent illness, child with special needs, and child with developmental concerns etc. |
| | 4. The CCNC assesses the records for all items contained on the Child Health Record Check-up Assessment Tool . The CCNC documents items found/missing in the child's record. |
| | 5. The CCNC completes one Child Health Record Check-up Family Report form for each child to provide the family and ECE provider with health items that are missing. The CCNC may also fill out the Child Health Record Check-up Referral form for medical/dental/developmental/other referrals needed. The Referral form is attached to the Family Report form. |
| | 6. The CCNC completes the Child Health Record Check-up ECE Provider Information form and gives it to the provider along with the Assessment Tool , the Family Report forms and a verbal report of the assessment. |
| | 7. The CCNC may ask for a copy of the Assessment Tool for the CCNC record however since this form includes Protected Health Information (PHI) the CCNC must ensure that the information is kept secure and confidential per their agency's policy. |
| | 8. The CCNC and ECE provider determine a timeline if a follow-up visit is requested by the provider. It is recommended that the follow-up visit be within 2-4 weeks. |
| | 9. A follow-up visit(s) may be suggested if the provider's child health records are not meeting HHS regulatory requirements; to assist with challenges the provider may have obtaining the HHS required health information from parents/guardians; to provide |

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| | resources/brochures; and/or to provide consultation on medication records, illness tracking or other health policies. |
| | 10. Additional visits may be needed depending on the needs of the ECE program. |
| | 11. The CCNC shall maintain copies of correspondence and at minimum the ECE Provider Information form. |
| | 12. Complete the CCNC Site Visit Form or agency's documentation protocol. |
| | 13. Record as a site visit(s) for CCNC Performance Measure data reporting. |
| Child with Special Health Needs Care | CCNC Process: |
| Planning Purpose: To ensure that children with special health needs have a care plan in place at the ECE program and that provider/staff have knowledge and training of the care needed. | The CCNC requests the ECE program to obtain a signed consent form by the parent/guardian for the CCNC to talk to the child's medical team. Sample consent forms are available from CFOC, AAP's Managing Infectious Diseases in Child Care & Schools, 5th Edition and the California Childcare Health Program https://cchp.ucsf.edu/content/forms. |
| CCNC On-site Visit: Recommended I or more visits. | The CCNC meets with the parent/guardian and the provider to discuss the care needs. |
| | 3. The CCNC may help develop the care plan (if needed) with specific info needed for child care (i.e.: what to do in an emergency, universal precautions by staff, etc.). The care plan is to be signed by the physician/medical team and the parent/guardian. |
| | 4. Any Protected Health Information (PHI) the CCNC may obtain during the care planning process must be kept secure and confidential per their agency's policy and Special Conditions Article 15 of the CAH contract. |
| | 5. The ECE provider maintains a copy of the signed care plan in the child's health record as well as in the classroom. The parent/guardian should also have a copy of the care plan. |
| | If the care plan includes emergency medication, a copy of the care plan and medication authorization/record should be stored with the emergency medication. |
| | 7. Schedule a visit where the parent, child, CCNC and the ECE provider can review the care plan. The parent may demonstrate to the provider/staff the care needed and the CCNC is present to help go over the care plan, reinforce Universal Precautions, review documentation, provide training, and answer questions. |
| | 8. For school-age children, there should already be a care plan that the school nurse would have completed for the child. The ECE provider should request that the parent/guardian provide a copy of the school plan. |

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| | 9. Multiple diagnoses may need several care plans. |
| | 10. Diabetic training is available on the AEA Online learning website. |
| | II. The American Diabetes Association has a school training curriculum |
| | https://www.schoolhealth.com/diabetes-skills-training-kits that has a child care |
| | section. Resources at https://diabetes.org/tools-support/know-your-rights/safe-at- |
| | school-state-laws/training-resources-school-staff/diabetes-care-tasks-school |
| | 12. See the CCNC portal for other special needs trainings. |
| | 13. The CCNC role in assisting with care planning is to provide collaboration, TA, and training for the ECE provider/staff on the specifics of the plan for full and safe inclusion in the ECE program. The CCNC role is not a delegation of duties. |
| | 14. Complete the CCNC Site Visit Form or agency's documentation protocol. |
| | 15. Record as a site visit(s) for CCNC Performance Measure data reporting. |
| Optional Forms: The CCNC may use these documents to assis in the nursing assessment and consultation | • Child Health Record Check-up Referral form may be used for medical, dental, developmental or other referrals. Attach the Referral form to the Family Report with a note to the family that they should give it to their primary medical or dental provider. |
| process. | • Infant Safe Sleep Checklist may be used to assess infant sleeping environments and includes signatures for review by the ECE provider and HHS regulatory personnel. |
| | • 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 should be shared with HHS regulatory personnel (homes and centers). |
| | Playground Assessment may be used to assess the program's outdoor play area. |