

THIS IS A SAMPLE TEMPLATE – Counties should customize the logic model to align with any changes made to the CAD template and describe county specific needs, related target population, and outcomes. The listed program/activity elements are aligned with the NC CCHC Service Model. Diversion from these program elements should be discussed with your NCPC Program Officer and the NC Child Care Health and Safety Resource Center.



**The North Carolina Partnership For Children, Inc.
Child Care Health Consultation
Logic Model Template**

Partnership:
Activity Name: Child Care Health Consultation (CCHC)
PSC: 3414

Need Statement Why?	Target Population Who?	Program or Activity Elements What?	Outputs How Many?	Outcomes So What?	How does outcome impact ECE Profile or other long term goal?
<p>The health and wellness of children from 0-5 years of age sets the stage for future success. Compared to the national average, North Carolina has one of the highest rates of working mothers with young children; thus, making the need for child care one of the state's top priorities. In NC, over 200,000 children spend part or all of their day in regulated child care arrangements (http://ncchildcare.nc.gov). ECE programs benefit from access to health consultation, including training and technical assistance on child health, safety, nutrition, and development.</p> <p>Health and safety policies are a component of the Program Standards score of the star rating system.</p> <p>There are [X] regulated child care facilities (centers and homes) in _____ County that serve children 0-5. (Source).</p> <p>The average star rating of child-care facilities in _____ County is [X] (Source).</p>	<p>Of the total regulated child care facility population in _____ County, [X of the Y] [X %] regulated child care facilities will receive CCHC services.</p> <p>Selection criteria may include low star ratings, sanitation noncompliance, administrative action, and/or communicable disease outbreaks.</p> <p>Of the targeted population, priority is given in order of the vulnerability of the children in care:</p> <ol style="list-style-type: none">1. a) infants and b) children with special needs,2. toddlers, and3. preschool-age children. <p>Some groups of children may need more immediate or comprehensive services such as children who are homeless, at risk of, or exposed to</p>	<p>Visiting facilities to assess and provide consultation on the health and safety components of the facility and the overall health status of the children and staff.</p> <p>(1) On site, telephone, e-mail consultation. On-site consultation should include assessment to develop a targeted consultation plan.</p> <p>Documentation is maintained for all consultation.</p> <p>(2) Offering trainings to child care staff, which may include ITS/SIDS; Medication Administration; CPR and First Aid; EPR, Blood borne Pathogens; Oral Care; Keep it Clean; Vaccine Preventable</p>	<p>(1) [X] total child care facilities receiving CCHC services.</p> <p>[X] total consultations sessions.</p> <p>(2) [X] group trainings</p>	<p>Example Outcomes:</p> <p>By _____, [X%] of providers receiving onsite consultation will demonstrate improved practice of healthy behaviors as measured by adequate post-test scores on the _____ (i.e. <i>NC Child Care Health & Safety Assessment tool</i>).</p> <p>By _____, [X%] of ECE facilities receiving onsite consultation will demonstrate improved program environment as measured by adequate post-test scores on the _____ (i.e. <i>NC Child Care Health and Safety Assessment tool; Environmental Rating Scales</i>).</p> <p>By _____, [X%] of providers receiving training will show increases in their knowledge of promoting healthy behaviors and/or a healthy environment based on the scores on their pre and post-assessments.</p> <p>Example Outcomes:</p> <p>By _____, [X%] of staff are well prepared to meet the needs of children with</p>	<p>Improve the quality of child care by strengthening policies and practices to better promote the health, safety and school readiness of children in child care.</p> <p>Over time, this program is expected to contribute to:</p> <ul style="list-style-type: none">• An increase in the average star rating from [x to y].• Improvement in ECERS/ITERS scores• Improvement in health and safety as measured by the NC Child Care Health and Safety Assessment tool.

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Health Smart Start Activity Logic Model

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The average sanitation scores for child care facilities in _____ County is [X] (Source).	maltreatment, or living with chronic stress.	Diseases; Handwashing, Diapering, and Sanitation. (3) Assisting with the inclusion of children with special health care needs in child care facilities: a) Working with the child's health care provider, parents and child care provider to facilitate the development of Individual Health Care Plans for children with special health needs. b) Providing training and support for directors, caregivers/teachers, staff, and families on the care of children with special health care needs, based on the needs of the children in care and the physician's plan of care.	(3) a) [X] children with special health care needs will have written health care plans. b) [X] trainings, consultations, and/or coaching is provided to child care staff.	special health care needs as evidenced by demonstration of knowledge of plan and appropriate procedures.	

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<p>Typically, centers and homes at lower star ratings, and/or those with issues such as low sanitation scores or administrative action, indicate a need for more comprehensive, on-going CCHC services.</p> <p>Of the county's [X] centers, [Y] remain at 1-3 stars; all of these centers enroll infants and toddlers.</p> <p>Of the county's [Y] family child care homes, [Y] remain at 1-3 star.</p> <p>[X] of these facilities have a "provisional" sanitation score</p> <p>[X] facilities are at an "approved" sanitation rating,</p> <p>[X] facilities have a current or recent history of administrative action</p> <p><i>(Data Source: NC Division of Child Development and Early Education)</i></p>	<p>[X of Y] centers and homes will be prioritized for comprehensive CCHC services in _____ County.</p> <p>Selection criteria includes: 1-3 star ratings, infant–toddler care, current or recent history of sanitation noncompliance or demerits, current or recent history of administrative action, immunization noncompliance, and history of communicable disease outbreaks.</p>	<p>Comprehensive Services is long-term consultation that includes: observation, ongoing assessment, and the development of a quality improvement plan that includes multiple areas of identified need.</p> <p>The CCHC will use the appropriate coaching, and training strategies to meet the needs of the program.</p> <p>(1) Observing and completing on-site assessment using the NC Child Care Health and Safety Assessment Tool. Developing an improvement plan, based on the assessment and in consultation with child care staff.</p> <p>(2) Facilitating implementation of the improvement plan through the provision of on-going consultation, coaching, and training.</p> <p>(3) Reviews a random sampling of health and immunization records noting any child without health insurance or primary medical provider and/or missing immunizations, and making referrals where appropriate to</p>	<p>(1) [X] child care facilities will receive comprehensive CCHC services</p> <p>(3) [X] child care centers/homes will receive record reviews.</p>	<p>Example Outcomes:</p> <p>By _____, [X%] will score adequate in the area(s) of the NC Health and Safety Assessment that pertain to the action plan.</p> <p>By _____, [X%] decrease in ECE facility communicable disease outbreaks as demonstrated through public health department reports.</p> <p>By _____, [X%] increase of children connected with a medical home as demonstrated through record review pre and post consultation.</p> <p>By _____, [X%] increase of children up-to-date with immunizations as demonstrated through record review pre and post consultation.</p> <p>By _____, [X%] increase of children up-to-date with well-child visits as demonstrated through record review pre and post consultation.</p> <p>Example Outcomes:</p>	<p>Improve the quality of child care by strengthening policies and practices to better promote the health, safety and school readiness of children in child care.</p> <p>Over time, this program is expected to contribute to:</p> <ul style="list-style-type: none"> • An increase in the average star rating from [x to y]. • Improvement in ECERS/ITERS scores • Improvement in health and safety as measured by the NC Health and Safety Assessment tool. • Preventive health care access: increase in Medicaid-eligible children enrolled in Health Check that have accessed well child care.

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		<p>assure linkage with a medical home. <u>If specified in the improvement plan, the CCHC <i>may</i> complete the following activities:</u></p> <p>(4) Providing follow up assistance with facilities that have attended Emergency Preparedness Training to ensure that the Emergency Preparedness Plan is implemented.</p> <p>(5) Assisting with inclusion of children with special health care needs in child care facilities. Assisting with the development of written Individual Health Care Plans for children with special health needs – see above description under general services.</p> <p>(6) Facilitating child oriented trainings on topics such as handwashing, dental care, etc. on an “as needed” basis.</p> <p>(7) Facilitating trainings for parents on timely health topics such as communicable disease, food allergies, etc., on an “as needed” basis.</p>	<p>(4) [X] child care facilities will receive assistance with emergency preparedness plans</p> <p>(5) [X] children with special health care needs will have written health care plans.</p> <p>[X] trainings/consultations are provided to child care staff.</p> <p>(6) [X] child care facilities will receive child-oriented training.</p> <p>(7) [X] child care facilities will receive training targeted for parents.</p>	<p>By _____, [X%] of staff can demonstrate knowledge of plan and appropriate procedures.</p> <p>By _____, [X%] of staff is well prepared to meet the needs of children with special health care needs as evidenced by demonstration of knowledge of plan and appropriate procedures.</p> <p>By _____, [X%] of providers receiving training will show increases in their knowledge based on the scores on their pre and post-assessment.</p> <p>By _____, [X%] of parents receiving training will show increased knowledge based on the scores on their pre and post-assessment.</p>	

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<p>In North Carolina, 33.3% (40,142 of 120,472)¹ of young children 2-4 years of age are considered at risk for overweight or are overweight as measured by BMI-for-Age.</p> <p>In ABC County, 43% (764 of 1,782) of children 2-4 years are considered at risk for overweight or are overweight as measured by BMI-for-Age.</p> <p><i>(Data Source: NC-NPASS 2007 Report)</i></p>		<p>(8) Assisting child care facilities in implementing nutrition and physical strategies using the Nutrition and Physical Activity Self-Assessment for Child Care - NAP SACC to improve the overall health and wellbeing of children in child care.</p>	<p>(8) [X] child care facilities will participate in initiatives to improve nutrition and physical activities.</p>	<p>Example Outcomes:</p> <p>By _____, [X%] child care centers will demonstrate improvement in nutrition and physical activity practices as measured by an increase from pre- to post-mean NAP SACC Self-Assessment scores.</p>	<p>Reduction in obesity rates among young children by changing their daily nutrition and level of physical activity as well as their outdoor environment in child care.</p> <ul style="list-style-type: none">Reduction in the percent of children who are overweight.

Additional Information		
Job Title	FTE	Minimum Education & Experience Requirements
* Child Care Health Consultant (CCHC)	1.0	<p>CCHC is a Registered Nurse with a Degree in Nursing (ASN or BSN) <u>or</u> a health professional with a minimum of a Bachelor’s Degree in health education or health related field. A qualified CCHC should have experience in child health or community health and Early Care and Education (ECE). Documented education and experience, can be either:</p> <ul style="list-style-type: none">a degree in nursing particularly public health or pediatric nursing, and licensure as a registered nurse (RN), ora minimum of a bachelor’s degree in health education, or health related field with experience in health education. Examples of health related fields include: nutrition & physical activity, oral health, community or public health. Certified Health Education Specialist (CHES) designation is preferred for health education practitioners. <p>The health professional becomes a qualified CCHC in North Carolina upon completion of the <i>NC Child Care Health Consultant Training Course</i> and receipt of a certificate of qualification. The course is facilitated by the NC Child Care Health & Safety Resource Center: www.healthychildcarenc.org</p>

Community Collaboration (Describe how this activity will fit into the continuum of services available to your selected target population.)

The Child Care Health Consultant will collaborate with the following agencies that deliver services to children birth – 5 years and focus on child health and safety issues by sharing and providing information on health and safety issues via technical assistance, trainings, and consultations. When applicable, the CCHC will make referrals to the appropriate community agencies, including, but not limited to:

The North Carolina Partnership for Children, Inc., ABC County Smart Start Partnership, ABC County Child Care Resource & Referral; Quality Enhancement staff, ABC County Health Department, Environmental Health Specialist, and Communicable Disease Nurse; Immunization Program; Healthy Carolinians and WIC, ABC County Health Check Coordinator, Local Child Developmental Services Agency (CDSA), Local physicians and pediatricians, NC Child Care Health & Safety Resource Center; NC’s Child Care Health Consultation Association, Child Care Health Consultants’ Regional Networks, State CCHC Consultant(s), DCD licensing consultants, Department of Social Services, ABC County Public Schools, and ABC County Cooperative Extension.

¹ The number of children at-risk for overweight reported in the NC NPASS data reflects children who receive care in public health clinics or participate in Women, Infants, and Children (WIC) clinics.