



Partnership: Stanly County Partnership For Children
Activity Name: Outreach Health Services
PBIS ID: PLA40
PSC: 3414

| <i>If this condition exists</i> | <i>For this Population</i> | <i>And we implement these strategies</i> | <i>This many times, for these individuals</i> | <i>We expect this short-term change</i> | <i>And we expect this outcome to impact the overall county</i> |
|--|--|--|---|--|--|
| Need Statement Why? | Target Population Who? | Program or Activity Elements What? | Outputs How Many? | Outcomes ¹ So What? | How does outcome impact PBIS or other long term goal? |
| <p><i>Include:</i></p> <ul style="list-style-type: none"> Information about <u>overall eligible target population</u> for this activity. <u>Specific need</u> the strategies in this activity address. <u>Numbers</u> along with percents. Estimate where needed. | <p><i>Include:</i></p> <ul style="list-style-type: none"> Target population for this specific activity. Descriptors of the target population. Example, 1-3 star homes. Use a separate row to align each target population with strategies, outputs, and outcomes. | <p><i>Include:</i></p> <ul style="list-style-type: none"> Brief bullet points that describe strategies or activity components For each strategy or component, there should be outputs and outcomes. | <p><i>Include outputs for each strategy or component.</i></p> | <p><i>Should include changes the activity expects for participants.</i></p> <p><i>Include:</i></p> <ul style="list-style-type: none"> Name of surveyor other data source for outcome. <u>Numbers</u> with percents. Example: 90% (9/10). | <p><i>Forecast out how outcomes lead to changes in PBIS or other long term goal.</i></p> <p><i>Can forecast out for 2 or 3 years if appropriate.</i></p> |
| <p>There are 57 licensed child care facilities (centers and homes) in Stanly County that serve children 0-5. Health and safety policies are a component of the Program Standards score of the star rating system.</p> <p>The average star rating of child-care programs in Stanly County is 3.68 (07-08 PBIS Report).</p> <p>(Data Source: NC Division of Child Development)</p> | <p><u>General Services:</u> Of the total child care facility population in Stanly County, 56 of the 57 (99%) licensed child care facilities will be eligible to receive general CCHC services in Stanly County.</p> | <p><u>General Services will be available to licensed child care programs in the county and services may include:</u></p> <p>(1) Each licensed center in Stanly County will be visited by a nurse four times per year and each licensed family child care home will be visited by a nurse two times per year based on the CCHC assigned facility.</p> <p>(2) Child-oriented trainings – CCHC will facilitate trainings on topics such as handwashing, dental care, etc. on an “as</p> | <p>(1) 180 total child care facility visits will be conducted.</p> <p>(2) 75% (43 of 57) of participating child care facilities will receive child-oriented training.</p> | <p>1): 85% (102/120) of providers that received TA will report on a follow-up survey that the TA addressed their needs.</p> | <p>The average star rating and the percentage of children enrolled in 4-5 star rated facilities in Stanly County will increase.</p> |

¹ Outcomes provided in this logic model are examples; the sample outcome wording; numbers and percents; and measurement tools should be adjusted to fit the needs of local communities.

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Health Smart Start Activity Logic Model**

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| | | <p>needed” basis.</p> <p>(3) Parent Education – CCHC will facilitate trainings for parents on timely health topics such as communicable disease, food allergies, etc., on an “as needed” basis.</p> <p>(4) Trainings will be offered to child care staff, which may include ITS/SIDS; Medication Administration; Emergency Preparedness, Blood-Borne Pathogens; Oral Care; Keep it Clean; Vaccine Preventable Diseases; Handwashing, Diapering, and Sanitation; At-risk indicators, etc.</p> <p>(5) Telephone/Written Technical Assistance. On-site consultation may be scheduled if needed.</p> | <p>(3a) 8 trainings targeted for parents will be conducted.</p> <p>(3b) 50 parents will participate in trainings conducted.</p> <p>(4a) 30 scheduled group trainings.</p> <p>(4b) 200 unduplicated participants will participate in group trainings.</p> | <p>3) By June 30, 2010, 90% of parents participating in health education classes will indicate that they have increased their knowledge on the topic and the information was helpful to them in parenting.</p> <p>(4a) Of those providers with training pre-test scores below 100%. 85% (170 of 200) will increase their scores on the post-test.</p> <p>(4b) 85% of providers will increase or update knowledge in at least two of the three training topic learning objectives.</p> | |

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| <p>Typically, centers and homes at lower star ratings, and those with issues such as low sanitation scores or administrative action, indicate a continuing need for the CCHC service.</p> <p>As of February 2009, of the county's 34 centers, 13 (38%) remain at 1-3 stars and one with a temporary license, 21 (61%) of these centers enroll infants and toddlers. Two of these centers are at an "approved" sanitation rating, and two centers have a current or recent history of administrative action.</p> <p>Of the county's 23 family child care homes, 15 (65%) remain at 1-3 star.</p> <p>(Data Source: NC Division of Child Development)</p> | <p><u>Intensive Services:</u> 29 of the 57 (59%) qualified centers and homes will be prioritized for intensive CCHC services in Stanly 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, history of communicable disease and upcoming reassessment.</p> | <p><u>Intensive Services are offered on-site to targeted facilities and may include:</u></p> <p>(1) Assistance with improved health and safety practices - The Child Care Health Consultant will make on-site visits to address areas that need improvement and to ensure that health and safety policies are being implemented and followed correctly. On-site assessments of health and safety practices of child care staff will be completed as well as Action Plans.</p> <p>(2) Emergency Preparedness Plans - The CCHC will provide follow up assistance with facilities that have attended Emergency Preparedness Training to ensure that the Emergency Preparedness Plan is implemented. If applicable, CCHC will encourage facility staff to attend Emergency Preparedness training.</p> | <p>(1) 50% (15 of 29) of participating child care facilities will receive assistance to improve health and safety practices. Assessments and Action Plans will be completed.</p> <p>(2) 15% (5 of 36) of participating child care facilities will receive assistance with Emergency Preparedness Plans.</p> | <p>1) Of the 15 facilities receiving intensive technical assistance, 85% will score adequate in the area(s) of the NC Health and Safety Assessment that pertain to the topics covered in the action plan.</p> <p>(2a) Of the child care facilities that have received child care health consultation services by Outreach Health Services, 60% (3 of 5) will have an approved Emergency Plan.</p> <p>(2b) Of the child care facilities that have an approved Emergency Plan and receive child care health consultation services funded by Smart Start 60% (3 of 5) provide documentation that at least 2 routines from the emergency</p> | |

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| <p>There is a need to improve the classroom environments, policies and practices of nutrition and physical activities in child care facilities to impact the health and well-being of young children.</p> <p>Nearly 33.3% (40,142 of 120,472) of North Carolina's children 2-4 years of age are considered at risk for overweight or are overweight as measured by BMI-for-Age. (NC-NPASS 2007 Report).</p> <p>There is a need to address the local childhood overweight/obesity rates that are at epidemic levels in NC.</p> <p>In Stanly County, 22% (129 of 579) of children ages 2-4 years are considered at risk for overweight or are overweight as measured by BMI-for-Age.</p> <p>(Data Source: NC-NPASS 2007 Report)</p> | <p>Licensed child care facilities that enroll children ages 2-5 years of age that participate in the NAP SACC program; thereby improving the classroom environment by implementing healthy nutrition and physical activity practices and policies.</p> | <p>REQUIRED:</p> <p>A minimum 6-month commitment is required for all participating facilities:</p> <p>(a) Facility director / owner must complete Pre- and Post- Self-Assessments</p> <p>(b) Facility director / owner must complete and implement the Action Plan to identify and improve at least 2-3 key areas in nutrition and physical activity.</p> <p>(c) Key facility staff (i.e., director / owner, lead teachers and food preparer or cook) must attend five (5) mandatory workshops delivered by the Consultant.</p> <p>(d) Facility director / owner and teachers must participate in monthly, targeted technical assistance services (e.g., telephone calls, emails, on-site visits) provided by the Consultant.</p> <p>(e) Child care facilities are encouraged to evaluate, revise, and repeat the NAP SACC program based on post self-assessment</p> | <p>REQUIRED:</p> <p>(a- e) Four (4) of child care facilities completing all requirements for participation in NAP SACC.</p> | <p>routines outlined in the facilities Emergency Plan have been practiced.</p> <p>REQUIRED:</p> <p>By June 30, 2010, 75% (3/4) of child care facilities that participate will complete their Action Plan to incorporate improved nutritional and physical activity practices.</p> <p>By June 30, 2010, 75% (3/4) of child care facilities that complete their Action Plan will demonstrate improvement in nutrition and physical activity practices as measured by pre- and post-assessment scores.</p> | <p>(PBIS H60):</p> <p>The percent of children who are overweight will be at or below the high performing PBIS standard of 10%.</p> |

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| | | results to maximize improvements in classrooms. | | | |

Additional Information

Staffing

| Job Title | FTE | Minimum Education & Experience Requirements |
|-------------------------------------|-----|--|
| Child Care Health Consultant (CCHC) | 2.0 | CCHC's are Registered Nurses employed by the Stanly County Health Department. CCHC's have completed the Child Care Health Consultation training facilitated by the NC Child Care Health & Safety Resource Center www.healthychildcarenc.org CCHC's must complete NAP SACC's web-based training (revised as of January 2008). Training and materials are available free of charge at www.napsacc.org . |

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.

- The North Carolina Partnership for Children, Inc.

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- Stanly County Smart Start Partnership
- Stanly County Child Care Resource & Referral; TA staff
- Stanly County Health Department, Environmental Health Specialist, and Communicable Disease Nurse; Immunization Program; Partners In Health and WIC
- Stanly County Health Check Coordinator
- 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
- Stanly County Public Schools
- Stanly County Cooperative Extension