

**NIDCAP Nursery Assessment and**

**Certification Program (NNACP)**

**NNACP Certification Renewal Application: Year 2**

***Overview, Submission Instructions & Application Form***

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**Overview**

It has been two years since the nurseryreceived the NFI NIDCAP Nursery Certification Award. The following certification renewal application helps to ensure that the nurserymaintains a high standard of NIDCAP care for infants, their families and the professionals and staff who care for them, as well as for the environment. Therefore the applicantis invited to complete the ***NNACP Certification Renewal Application Form: Year 2*** below.

**Submission Instructions**

**Step 1**: Email the completed *NNACP Certification Renewal Application: Year 2* in PDF format to Rodd Hedlund at: [nnacpdirector@nidcap.org](http://nnacpdirector@nidcap.org)

**Step 2**: Send the non-refundable application fee of $500.00 to:

 Gloria McAnulty, PhD

 National NIDCAP Training Center

 Boston Children’s Hospital, EN107

 320 Longwood Avenue

 Boston, MA, 02115

 617-3555-8249; 617-730-0224 (fax)

 nidcap@childrens.harvard.edu

If you wish to wire transfer the application fee to the NFI, please contact Mr. Rodd Hedlund, MEd for wire transfer instructions. Once the non-refundable recertification fee has been received, the certification renewal process will proceed.

**Additional Information**

For all NNACP inquiries, certification renewal application materials, guidance and/or questions, please contact: Rodd E. Hedlund, MEd

 NNACP Director

 2208 Rhode Island Street

 Lawrence, Kansas 66046

 785-841-5440; [www.nnacpdirector@nidcap.org](http://www.nncpdirector@nidcap.org)



**NIDCAP Nursery Assessment and Certification Program (NNACP)**

**NNACP Certification Renewal Application: Year 2**

*Please complete this application by typing in the expandable shaded text boxes. Please provide concise, detailed information when filling out this application. This will help expedite the certification renewal process.*

1. Name of Nursery:

2. Hospital:

3. Address:

4. Contact Person(s): For each contact person listed below, please include name, credentials, position, title, address, telephone and fax number.

a.

b.

c.

d.

5. Person(s) Completing Application:

a.

b.

c.

d.

6. Administrative Leadership

a. Hospital CEO:

b. Director of Nursing:

c. Medical Director:

d. Nursery Director/Nurse Manager:

e. Other:

Have any changes occurred in the Administrative Leadership since you received NFI NIDCAP Nursery Certification?

If so, please describe:

Has this change had an effect upon the care of infants, their families, or the professionals and staff professionals and staff who care for them?

If so, please describe:

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7. NIDCAP Trainer(s)

Please list all NIDCAP/APIB Trainers that have worked with you in the last two years. Please, indicate specific dates when training and/or consultation occurred.

Have any changes occurred regarding your NIDCAP Trainer(s) current affiliation with your nursery?

If so, please describe:

Have these changes had an effect upon the care of infants, their families, or the professionals and staff who care for them?

If so, please describe:

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8. NIDCAP Certified Professionals

Please list all NIDCAP certified professional(s) currently working in your nursery, with dates of certification and certifying Trainer’s name and affiliation:

Have the roles and responsibilities of the NIDCAP certified professional(s) that currently serve your nursery changed?

If so, please describe:

Did the change(s) have an effect upon the care of infants, their families, or the professionals and staff who care for them?

If so, please, describe:

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9. NIDCAP Nursery Leaders

Have the roles and responsibilities of the Nursery NIDCAP Leaders changed?

If so, please describe:

Did the change(s) have an effect upon the care of infants, their families, or the professionals and staff who care for them?

If so, please, describe:

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10. Nursery Interdisciplinary Care Team

Describe the nursery’s interdisciplinary developmental care team:

Has this changed?

If so, please describe:

Did this change(s) have an effect upon the care of infants, their families, or the professionals and staff who care for them?

If so, please describe:

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11. Description of Hospital and Nursery

a. Hospital Accreditation and Licensure

 1. Is your hospital accredited (e.g., JCAHO or equivalent)?

 If so, please provide the name of the accreditation organization and the date of the most recent accreditation and time interval until next accreditation:

 2. Is your hospital accredited and/or licensed by an independent body?

 If so, please provide the name of accreditation and/or licensing body and the date of the most recent accreditation and time interval until next accreditation:

 b. Population Served

 1. Does the nursery provide long-term care for infants less than 1500 grams and 30

 weeks gestation (AAP Level III A, B, or C)?

 If yes, please indicate certification level:

 Has this changed?

 If so, please describe:

 Have these changes had an effect upon the care of infants, their families, or the professionals and staff who care for them?

 If so, please describe:

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 2. Level of care provided in the nursery with number of beds per level:

       Intensive (Level III) No. of beds:

      Intermediate (Level II) No. of beds:

      Other No. of beds:

Please describe “Other”

Has the level of care in the nursery and/or number of beds per level changed?

If so, please describe:

Have these changes had an effect upon the care of infants, their families, or the professionals and staff who care for them?

If so, please describe:

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3. Range of ages cared for (specify in weeks post conception):

Has this changed?

 If so, please describe:

 Have these changes had an effect upon the care of infants, their families, or the

 professionals and staff who care for them?

 If so, please describe:

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 4. Range of services provided:

      Transport

      Inborn

      Surgical

       ECMO

      Re-admissions

      Other Please describe:

Has this changed?

If so, please describe:

Have these changes had an effect upon the care of infants, their families, or the professionals and staff who care for them?

If so, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Does your nursery accept “back-transport” of convalescent infants less than 1500 grams and 30 weeks gestation?

 Has this changed?

 If so, please describe:

Have these changes had an effect upon the care of infants, their families, or the professionals and staff who care for them?

 If so, please describe:

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 6. Please describe the population served (e.g., geographical range of communities served, ethnicities, socio- economic groups, languages spoken, etc.):

 Please indicate any changes that have occurred in your patient population:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Please describe the specifics of your nursery’s population, including average census by level ofcare and gestational age at birth, average length of hospitalization, average age of infants, reasons admitted, etc.:

Has this changed?

If so, please describe:

Have these changes had an effect upon the care of infants, their families, or the professionals and staff who care for them?

If so, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*c. NIDCAP Training*

 1.How many staff members have achieved NIDCAP Professional

 certification or recertification since the submission of the nursery’s initial NNACP

 Application: Part I:

Nurses:       Doctors:       NNPs:       ARNPs:       Psychologists:

 OT:       PT:       Speech/Hearing:       Respiratory Therapists:

 Respiratory Technicians:       Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How many staff members have attended a day-long Introductory NIDCAP Presentation since the submission of the nursery’s initial NNACP Application: PartI:

 Nurses:       Doctors:       NNPs:       ARNPs:       Psychologists:

 OT:       PT:       Speech/Hearing:       Respiratory Therapists:

 Respiratory Technicians:       Other:

 Please describe “Other”:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. Does your nursery provide financial support for staff seeking NIDCAP reliability?

 If yes, please describe:

 Has this changed?

 If so, please describe:

 Has this change had an effect upon the care of infants, their families, or the

 professionals and staff who care for them?

 If so, please describe:

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 4. Does your nursery provide an overview of the NIDCAP approach in the orientation of

 your nursery staff?

 If yes, please describe:

Has this changed?

 If so, please describe:

 Has this had an effect upon the care of infants, their families, or the professionals and

 staff that care for them?

 If so, please describe:

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 5. Do any members of the nursery staff currently receive NIDCAP Training?

 If yes, please describe:

Has your nursery staff received additional NIDCAP Training since the submission of

 NNACP Application: Part I?

 If so, please describe:

Have these changes had an effect upon the care of infants, their families, or the professionals

 and staff who care for them?

 If so, please describe:

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6. Does your staff include at least one full-time position with the responsibility for

 education/staff development (e.g., Clinical Educator, Clinical Nurse Specialist)?

 If yes, please describe the role of this person:

 Is he/she NIDCAP Certified?

Has this changed?

 If so, please describe:

Have these changes had an effect upon the care of infants, their families, or the professionals

 and staff who care for them?

 If so, please describe:

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 *d. NIDCAP Practice*

 1. Is your nursery leadership, across all disciplines, formally committed to practice the

 NIDCAP approach to care (i.e., Hospital Administration, Medicine, Nursing,

 Psychologists, Social Work, Occupational and Physical Therapists, Respiratory

 Therapists)?

 If yes, please describe and/or provide descriptive evidence that demonstrates this

 formal commitment:

Is this a change?

 If so, please, describe:

 Are certain groups of professionals (e.g., MDs, RNs, OTs/PTs, etc.) more committed to the NIDCAP approach to care than others?

 Does this have an effect upon the care of infants, their families, or the professionals and staff who care for them?

 If so, please describe:

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 2. Does your nursery practice NIDCAP, family-centered care with all infants from admission to discharge?

 If yes, please provide descriptive evidence of this family-centered practice:

 Has this changed?

 If so, please, describe:

 Does this have an effect upon the care of infants, their families, or the professionals

 and staff who care for them?

 If so, please describe:

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 3. What is the size of the typical nurse assignment in your nursery (i.e., nurse to infant ratio)?

 In acute care?

 In convalescent care?

 Has any of the above changed?

 If so, please, describe:

 Does this have an effect upon the care of infants, their families, or the professionals

 and staff who care for them?

 If so, please describe:

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 4. Do the current assignments allow the nursery staff to provide individualized NIDCAP

 family-centered care?

 Please describe:

Has this changed?

If yes, please, describe:

 Does this have an effect upon the care of infants, their families, or the professionals and staff that care for them?

 If so, please describe:

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12. Overall Nursery Self-Evaluation & Reflective Summary

a. The initial NFI NIDCAP Nursery Certification award letter may have included recommendations that are summarized below. Please describe any progress the nursery may have made towards accomplishing each of these recommendations.

Click here to enter text.

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b. Please, describe the strengths and challenges of your nursery in the current

implementation of NIDCAP, family-centered care.

1. Strengths:

2. Challenges:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. What has been the most significant change in the nursery since attaining NFI-NIDCAP Nursery Certification?

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d. Do the infants and their families continue to benefit from the nursery’s developmental care work since NFI-NIDCAP Nursery Certification was granted?

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e. Is the nursery continuing to maintain the high quality of NIDCAP care since certification as an NFI NIDCAP Nursery?

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f. Currently, how would you rate the nursery in each of the four categories of the Nursery Assessment Manual (i.e., Environment, Infant, Family, Staff) using the five score points below:

 (1) Traditional, conventional care;

 (2) The beginning or a minimal degree or level of NIDCAP implementation;

 (3) An inconsistent, variable or moderate degree or level of NIDCAP implementation;

 (4) A consistent well‐integrated level or degree of NIDCAP implementation; and

 (5) A highly attuned, distinguished level or degree of NIDCAP implementation.

 Check the box of the score that currently reflects the status of the nursery today:

 Physical Environment of the Hospital and Nursery: 1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]

Philosophy and Implementation of Care: Infant:  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]

 Philosophy and Implementation of Care: Family:  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]

 Philosophy and Implementation of Care: Staff:  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]

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g. Additional Comments: