

**NIDCAP Nursery Program**



**NIDCAP Nursery Certification Renewal Application:
Year 4**

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

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**Overview**

It has been four years since the nursery received the NFI NIDCAP Nursery Certification Award. The following certification renewal application helps to ensure that the nursery is continuing to offer a high standard of NIDCAP care to infants, their families and the caregivers that care for them. The applicant is now invited to complete the ***NIDCAP Nursery Certification Renewal Application: Year 4.***

Fill this questionnaire out completely and provide up-to-date information as it currently exists in the nursery. **If specific sections or questions do not apply to the nursery, place an “NA” (Not Applicable) in this section. As supporting evidence, please provide two examples of developmental care plans (e.g., NIDCAP write-ups, developmental reports).**

A copy of the nursery’s initial submission of NIDCAP Nursery Program Application: Part II, Nursery Self-Assessment Questionnaire has been attached to this document. The nursery may wish to use this as a guide to fill in a specific section of this application.

**Submission Instructions**

**Step 1:** Complete *NIDCAP Nursery Certification Renewal Application: Year 4* accompaniedby the *Summary Report of the Self-Rated Nursery Assessment.* Email this application to Rodd Hedlund, MEd as a PDF attachment at: nidcapnurserydirector@nidcap.org

**Step 2:** Send the non-refundable application fee of $800.00 to:

 Gloria McAnulty, PhD

 National NIDCAP Training Center

 Boston Children’s Hospital, EN107

 320 Longwood Avenue

 Boston, MA, 02115

 617-355-8249

 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 application fee has been received, the certification renewal process will continue.

**Additional Information**

For all NIDCAP Nursery Program inquiries, recertification application materials, guidance and/or questions,
please contact:

Rodd E. Hedlund, MEd

Director, NIDCAP Nursery Program

2032 Quail Creek Drive

Lawrence, Kansas 66047

785-841-5440; nidcapnurserydirector@nidcap.org



**NIDCAP Nursery Program**

**NIDCAP Nursery Certification Renewal Application: Year 4**

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. Date:

2. Hospital Name:

3. Hospital Address:

4. Phone Number:

5. Email Address:

6. Hospital’s Institutional Affiliations (Medical School, etc):

7. Nursery Name(s):

8. Nursery Leadership Team: For each individual listed below, please include: credentials, position,

 title, address, telephone and FAX numbers, and email address.

a.

b.

c.

d.

9. Person(s) Completing the NIDCAP Nursery Certification Renewal Application.Please include the

 credentials and title of persons below.

a.

b.

c.

d.

10. Assurance of Support

a. 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 caregivers who

care for them?

If so, please describe:

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b. 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 (MDs, RNs, Physical Therapists, 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 caregivers who care for them**?**

If so, please describe:

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**Assessment of the Nursery Setting**

A. Specific Hospital and Nursery Unit Characteristics

 *Please describe the current physical characteristics of your nursery.*

1. Hospital Mission(s) (please check all those that apply and order in sequence of priority).

 Check Here Order in Sequence of Priority Here

      Research

      Patient Care

      Teaching

      Other

Describe Other:

Has the hospital mission(s) changed?

If so, please describe:

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2. Hospital Service(s) (please check all that apply).

      Children’s Hospital: Transport Facility

       Women’s Hospital

      Adult Hospital

      General Hospital

      Other Please describe:

Have hospital services changed?

If so, please describe:

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3. Type of facility (please check all that apply).

      Tertiary Care Hospital/Comprehensive or Academic Medical Center

      Secondary Care Hospital/Complex Level of Care (Community Hospital)

      Primary Care Hospital

      Other Please describe:

Has the facility changed?

If so, please describe:

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**B. Specific Leadership Structures**

*List the names of the current staff within the nursery/hospital system as categorized below.*

1. Medicine

Chairperson of the Department of Pediatrics:

Chairperson of Newborn Medicine:

Clinical Director:

Nursery Director:

Key Nursery Attending Physician(s):

Other Nursery Leader(s):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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2. Nursing

Director, Vice President of Professional Services:

Director of OB/GYN:

Nurse Manager:

Clinical Nurse Specialist(s):

Leadership Staff Nurse(s):

Organizational Structures in Place (e.g., clinical ladder, union organization,

primary nursing, etc.):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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3. Physical Therapy

Physical Therapy Director’s Chief:

Physical Therapy Director:

Key Unit Physical Therapist(s):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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4. Occupational Therapy

Occupational Therapy Director’s Chief:

Occupational Therapy Director:

Key Unit Occupational Therapist(s):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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5. Respiratory Therapy

Respiratory Therapy Director’s Chief:

Respiratory Therapy Director:

Key Unit Respiratory Therapist(s):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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6. Social Work

Social Work Director’s Chief:

Social Work Director:

Key Unit Social Worker(s):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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7. Speech and Language Specialty

Speech and Language Specialty Director’s Chief:

Speech and Language Specialist Director:

Key Unit Speech and Language Specialist(s):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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8. Psychology/Psychiatry

Psychology/Psychiatry Director’s Chief:

Psychology/Psychiatry Director:

Key Unit Psychologist/Psychiatrist(s):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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9. Child Life Specialty

Child Life Specialty Director’s Chief:

Child Life Specialist Director:

Key Unit Child Life Specialist(s):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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

10. Early Childhood Education

Early Childhood Education Director’s Chief:

Education Director:

Key Unit Early Childhood Educator(s):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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

11. Parent Council and Representation

Parent Council Organization and President Report to:

President of Parent Council Organization:

Name of Parent Council Organization:

Key Unit Parent Representative(s):

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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12. Other Discipline(s):

Director/Supervisor:

Key Unit Participant(s):

Discipline’s role in unit:

Have any of the individuals listed above, changed their professional role?

If so, please describe:

Did this have an effect upon the care of infants, their families, or the caregivers that care for them?

If so, please describe:

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**C. Structural Organization Characteristics**

1. Description of Nursery Space

Number of square feet per bedside:

Total number of beds:

Number of intensive care (Level III) beds:

Number of intermediate (Level II) beds:

Number of care rooms separated by walls with doors:

Has any aspect(s) of the nursery space, as cited above, changed?

 If so, please, indicate which aspect(s) changed:

 Did this change(s) have an effect upon the care of infants, families, or the caregivers that care for them?

If so, please describe:

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2. Description of Nursing Staff

Total number of nursing staff FTEs:

Total number of nursing staff on payroll:

Average number of per diem nurses:

 Has any aspect(s) of the nursing space, as cited above, changed?

 If so, please indicate which aspect(s) changed:

 Did this change(s) have an effect upon the care of infants, families, or the caregivers that care for them?

If so, please describe:

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

3. Number of Nurses per Nursing Role

Nursing Director:

Clinical Nurse Specialists:

Nurse Manager:

Nurses in Charge/Assistant Nurse Managers:

Discharge Nurses:

Additional Nurse Specialties (e.g., ECMO):

Staff Nurses:

Nurse Technicians/Aides:

Other Nurses:       Please describe:

TOTAL Number of Nurses:

Has the number of nurses per nursing role changed?

If so, which of the nursing categories, as cited above, have changed the most?

Please describe what impact this may have on the care of infants, families and staff:

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

4. Number of Volunteers per month included in patient care and comfort provision:

 Please describe volunteer’s role:

Has the number of volunteers changed per month?

If so, please describe what impact this may have on the care of infants, families and staff:

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

5. Number of Medical Team Members

Attending Physician(s)

Fellows:

Newborn Nurse Practitioners:

Residents on duty/month:

Medical Students:

Other:       Please describe:

TOTAL Number of Medical Team Members:

Has the number of medical team members changed?

If so, which of the medical team members, as cited above, have changed the most?

 Please describe what impact this may have on the care of infants, families and staff:

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

 6. Number of Different Attending Physician(s)rotating through the unit/year, as

 documented on rotation schedule, including night, weekend, and vacation staff (include

 length of rotation, e.g., monthly, weekly, etc.):

Has the number of attending physician(s), as described above, changed?

 If so, please describe what impact this may have on the care of infants, families and staff:

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

7. Number of Other Nursery Staff Members per category:

Secretaries:

Clerks:

Respiratory Therapists:

Social Workers:

Psychologists:

Child Life Specialty:

Early Childhood Educator:

Parent Council and Representation:

Development Specialists:

Speech Therapists:

Physical Therapists:

Occupational Therapists

Nutritionists:

Lactation Consultants:

Other:

Please describe “Other”:

TOTAL Number of Other Nursery Staff Members:

Has the number of nursery staff members, as cited above, changed?

Which staff member(s) category numbers have changed the most?

Please describe what impact this may have on the care of infants, families and staff:

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**D. NIDCAP Trained Staff**

1. Percent of NIDCAP introduced nurses:

 (NIDCAP introduced nurses/ total FTEs)

 Has the percent of nurses receiving NIDCAP introductory instruction changed?

 Why has this occurred?

2. Percent of nursing hours/week of NIDCAP reliable nurse:

 (NIDCAP introduced nurse’s hours per week/ total FTE)

 Has this changed?

 If so, describe why:

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 3. Number of other staff NIDCAP introduced:

 Has this changed?

 If so, describe why:

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 4. Number of other staff NIDCAP reliable:

 Has this changed?

 If so, describe why:

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 5. Number of NIDCAP introduced leadership staff:

 If also identified in Section B, please specify:

 Has this changed?

 If so, describe why:

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 6. Number of NIDCAP reliable leadership staff:

 If also identified in Section B, please specify:

 Has this changed?

If so, describe why:

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

7. Number of hours of NIDCAP nursing orientation:

 Has this changed?

 If so, describe why:

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 8. Number of hours of NIDCAP physician orientation and/or education per month:

 Has this changed?

 If so, describe why:

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9. Number of individuals with paid time as resource and support professionals for NIDCAP implementation. Please include discipline and number of hours:

 Has this changed?

 If so, describe why:

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10. Number of hours paid or paid time freed up for NIDCAP Training, and practice for staff

 beyond orientation:

 Has this changed?

 If so, describe why:

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 11. In D. 1-10 above, what has been the most significant change(s)?

 Please describe what impact this may have on the care of infants, families and staff:

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**E. Organizational Structures to Support Developmental Care** (indicate number/frequency

 of meetings and provide a description of each organizational structure). These would

 include:

1. Are Developmental Committee/Work Groups provided?:

 Please describe:

 Have the groups, cited above, changed?

 If so, how have they changed with regards to the number of staff participating,

 frequency of meetings, the focus of the group, group leadership, etc:

 Describe why these changes were made:

 Please describe what impact this may have on the care of infants, families and staff:

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 2. Frequency of Developmental Rounds?

 Please describe:

 Has the frequency of Developmental Rounds changed?

 If so, why has this occurred?

 Please describe what impact this may have on the care of infants, families and staff:

 3. Is formal developmental education for medical staff provided for?

 Please describe:

 Has this changed with regards to frequency, time allocation, content, format, etc.?

 If so, please describe why and how these changes were made:

 Please describe what impact this may have on the care of infants, families and staff:

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 4. Is formal infant developmental consultation provided to families and staff?

 Please describe:

 Has this changed with regards to frequency, content and format of formal

 developmental consultation?

 If so, please describe why and how these change(s) were made:

 Please describe what impact this may have on the care of infants, families and staff:

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5. Are policies and programs in support of family integration (e.g., parent groups, skin-to-

 skin holding, bereavement, breastfeeding supports, etc.) provided for?

 Please describe:

 Have these policies/programs changed with regards to frequency, content, staff

 availability, and format etc.?

 If so, please describe how and why there changes were made:

 Please describe what impact this may have on the care of infants, families and staff:

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 6. Are Child Care Specialists and/or Volunteer services to care for siblings (e.g., Hospital

 /nursery supported day-care for siblings as their parents come to be with their infant

 who is currently living in the nursery) provide for?

 Please describe:

 Have these services changed?

 If so, please describe how and why there changes were made:

 Please describe what impact this may have on the care of infants, families and staff:

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 7. Are there other activities that support the implementation of NIDCAP?

 Please describe:

Have these services changed?

 If so, please describe how and why there changes were made:

 Please describe what impact this may have on the care of infants, families and staff:

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**F. NIDCAP Care History and Goals**

 *Please take some time to reflect on the past, present, and projected future directions of the*

 *integration of the NIDCAP approach to care in the nursery.*

 1. Description of Context

Please describe your nursery’s history with developmental care:

 Who introduced NIDCAP to the nursery?

 How did it develop?

How did you learn of NIDCAP Training*?*

Please outline the sequence of NIDCAP development within the nursery, as well as

 persons and disciplines involved:

 Has the successful integration of NIDCAP within the nursery (since receiving the NFI

 NIDCAP Nursery Certification Award) made a significant impact on:

 Changing the nursery environment?

 If so, please describe:

 The care of infants*?*

 If so, please describe:

 The care of families?

 If so, please describe:

 The care of the caregivers (nursery professionals and staff)?

 If so, please describe:

 What are the future goals or “Next Steps” of the nursery?

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2. Site’s Observed Strengths and Challenges

 Please comment briefly on the currentdynamics of the following relationships within

 the nursery:

1. Nurse ↔ Nurse:

Has this relationship changed?

How and why did it change?

Please describe what impact this may have on the care of infants, families and staff within the nursery:

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2. Physician ↔ Physician:

Has this relationship changed?

How and why did it change?

 Please describe what impact this may have on the care of infants, families and staff

 within the nursery:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Physician ↔ Nurse:

Has this relationship changed?

How and why did it change?

 Please describe what impact this may have on the care of infants, families and

 staff within the nursery:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Nurse ↔Nursing leadership:

Has this relationship changed?

How and why did it change?

Please describe what impact this may have on the care of infants, families and staff within the nursery:

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

5. Physician ↔ Physician leadership:

Has this relationship changed?

How and why did it change?

Please describe what impact this may have on the care of infants, families and staff within the nursery:

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

6. Nurse Leadership↔ Physician leadership:

Has this relationship changed?

How and why did it change?

Please describe what impact this may have on the care of infants, families and staff within the nursery:

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

7. Nurse ↔ other disciplines:

Has this relationship changed?

How and why did it change?

Please describe what impact this may have on the care of infants, families and staff within the nursery:

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

 8. Physician ↔ other disciplines:

Has this relationship changed?

How and why did it change?

 Please describe what impact this may have on the care of infants, families and

 staff within the nursery:

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

 9. Overall assessment of mutual support among disciplines:

Has this support changed among disciplines?

 Which disciplines have been most affected?

 How and why did this change?

 Please describe what impact this may have on the care of infants, families and staff

 within the nursery:

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

 10. Overall assessment of nursery staff’s sensitivity to interpersonal dynamics:

 Staff ↔ Staff:

Has staff sensitivity to interpersonal dynamics change toward other staff?

 How and why did it change?

 Please describe what impact this may have on the care of infants, families and

 Staff within the nursery:

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

 11. Staff ↔ Families:

Has staff sensitivity to interpersonal dynamics change toward families?

 How and why did it change?

 Please describe what impact this may have on the care of infants, families and

 staff within the nursery:

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

 12. Please describe the nursery’s management and leadership style:

 Has the nursery’s management and leadership style change?

 How and why did it change?

 Please describe what impact this may have on the care of infants, families and

 staff within the nursery:

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

 13. Ongoing Research Projects (please include research interests and disciplines

 participation in research studies). Please describe:

 Has the amount of successfully funded Research Projects increased?

 Please indicate research interest and disciplines participating in research studies:

 Has the frequency of research grant submissions increased?

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

 **G. Overall Evaluation & Reflective Summary**

 1. Currently, please describe the strengths and challenges of your nursery in implementing NIDCAP, family-centered care.

Strengths:

Challenges:

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2. What has been the most significant change in the nursery since attaining NFI NIDCAP

 Nursery Certification?

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 3. Do the infants and their families continue to benefit from the nursery’s work since

 NFI NIDCAP Nursery Certification was conferred?

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

 If not, why not?

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5. Please rate your nursery in each of the scales of the four categories of the *Nursery Assessment Manual* (i.e., Environment, Infant, Family, Staff) using the five score points below. Enter the scores in the *Nursery Assessment Manual Excel Workbook Site Edition* and generate and the *Summary Report of the Self-Rated Nursery Assessment.* Submit the report with your renewal application. Instructions for generating the report are on the NIDCAP Nursery web page ([www.nidcap.org](http://nidcap.org/en/programs-and-certifications/nidcap-nursery-assessment-and-certification/how-to-apply-4/)).

Scores 1 – 5 defined:

 (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.

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

 6. What are the nurseries goals for the next five years (provide a projected stepwise

 outline of specific goals)?

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 7. Additional comments:

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