

**Child Care Health Consultant (CCHC) Training**  
**Training Course Application**

Name \_\_\_\_\_

Employer/Sponsoring Agency \_\_\_\_\_

Job Title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Educational Background: (Start with most recent university/college degree)

School	Area of Concentration	Degree	Year
_____	_____	_____	_____
_____	_____	_____	_____

Professional Experience in Health Care and/or Early Childhood or Child Care Settings:

Employer	Position	Responsibilities	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe your prior experience in teaching/training adults:

Will CCHC training be completed as a part of your employment activities? (circle) Yes No

If "No" explain: \_\_\_\_\_

How will you use the training in Child Care Health Consultation to assist and support early childhood/child care settings in your community?

\_\_\_\_\_

\_\_\_\_\_

**Training Requirements:**

1. Attend all seven training sessions in Phoenix
2. Attend the off-site documentation training if you are going to be a *First Things First* CCHC
3. Complete assignments in between training sessions and turn them in on time
4. Commit to delivering CCHC services to child care programs after training
5. Participate in state CCHC System development

**STATEMENT OF INTENT:** I hereby agree to participate in the Child Care Health Consultation training and the requirements listed above.

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Applicant's Signature

Date

Supervisor's Signature

Date

**Return the completed application with a letter of support/commitment from your supervisor/sponsoring agency and Skills Inventory to:**

Barbara Herber, RN, BSN, BC  
Maricopa County Department of Public Health  
4041 N. Central Ave. Suite 600  
Phoenix, AZ 85012

Sun Wright, RN, BSN  
Maricopa County Department of Public Health  
4041 N. Central Ave. Suite 600  
Phoenix, AZ 85012

**Skills Inventory**

**Your name:** \_\_\_\_\_

<i>Place an "X" in the box which best describes your comfort level with these activities</i>	<i>Very Comfortable</i>	<i>Somewhat Comfortable</i>	<i>A Little Uncomfortable</i>	<i>Not Comfortable</i>
Sending and receiving e-mail with attachments				
Using a computer to create word processing documents				
Using the Internet to gather information				
Teaching child care providers about health and safety				
Assessing child care providers needs for health and safety training				
Providing telephone advice to child care providers about health and safety				
Providing telephone advice to parents about health and safety				
Providing referrals to community resources				
Reviewing or providing assistance with the creation of health and safety policies and procedures for child care facilities				
Reviewing health records (including immunization histories) of children and adults				
Helping to plan for the care of children with special health care needs in child care				
<i>Place an "X" in the box which best describes your knowledge level in these areas</i>	<i>Very Knowledgeable</i>	<i>Somewhat Knowledgeable</i>	<i>A Little Knowledgeable</i>	<i>Not Knowledgeable</i>
Arizona Child Care Rules for Centers and Child Care Group Homes				
Arizona Child Care Regulations for Family Child Care Homes				
"Caring for Our Children-Health and Safety Standards for Out of Home Care"				
Disease recognition and reporting				
Nutrition and physical activity for children				
Oral health for children				
Inclusion of children with special health care needs				
Recognition and reporting of child abuse and neglect				
Injury prevention for children				
Medication management for children				
Women's health issues				
The Omaha System of documentation				