



Child Care Training Approval Application

Agency Name		Agency Contact Person
Street Address	City	State/Zip
Instructor Name	Telephone Number	Email

Instructor Qualifications

According to the Iowa Child Care Resource & Referral (CCR&R) Network Policies and Procedures:

- CCR&R has my instructor application and qualifications on file.
- CCR&R does not have my instructor application on file; it is complete and enclosed with this *Child Care Training Approval Application*.

Training Approval Application Checklist

- Child Care Training Approval Application* (Appendix H)
- Author information and qualifications (if applicable)
- Training Instructional Plan and Content Outline* (Appendix I) - including PowerPoints, handouts, copies of transparencies and video dialogue or copy of video (if using videos)
- Agency Agreement

Training Information

The following required information must be submitted typed. Incomplete applications will not be reviewed. Please do not submit originals, as your training materials will not be returned.

Title
Description
Format or Structure (please check one) <input type="checkbox"/> Group Setting <input type="checkbox"/> Online <input type="checkbox"/> Webinar <input type="checkbox"/> Other: _____
Number of Clock Hours
Are Continuing Education Units (CEU) being provided? <input type="checkbox"/> No <input type="checkbox"/> Yes - by whom: _____
Training Content Pertains To (check all that apply) <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age <input type="checkbox"/> Program Administration/Business Practices <input type="checkbox"/> Children with Special Needs <input type="checkbox"/> Other Specialized Content
Target Audience (please check all that apply) <input type="checkbox"/> Board Members <input type="checkbox"/> Center Directors & Staff <input type="checkbox"/> Center Employees <input type="checkbox"/> Food Service Personnel <input type="checkbox"/> Home Providers & Staff <input type="checkbox"/> Preschool Teachers <input type="checkbox"/> Parents & Families <input type="checkbox"/> Policy & Regulatory Staff <input type="checkbox"/> School-age Care <input type="checkbox"/> Practitioners of Infants & Toddlers <input type="checkbox"/> Preschool Directors & Staff <input type="checkbox"/> Practitioners of Children with <input type="checkbox"/> Other: _____ <input type="checkbox"/> Program Administrators, Directors or Owners <input type="checkbox"/> Special Needs

Competency Level (please check one) <input type="checkbox"/> Level 1: Progressing Professional <input type="checkbox"/> Level 2: Skilled Professional <input type="checkbox"/> Level 3: Mastery Professional Explanation for choosing the above level:	
Competency Area (please check all that apply) <input type="checkbox"/> Promoting Child Development and Learning <input type="checkbox"/> Building Family and Community Relationships <input type="checkbox"/> Observing, Documenting and Assessing to Support Children and Families <input type="checkbox"/> Using Developmentally Effective Approaches to Connect with Children and Families <input type="checkbox"/> Using Content Knowledge to Build Meaningful Curriculum <input type="checkbox"/> Becoming a Professional Explanation for choosing the above area:	
Author Information & Qualifications (if different than training and only with permission)	
Content Area (1 content area per 1 hour of training) *If training is multiple days, please indicate which hours are for which day.	Number of hours in this area
<input type="checkbox"/> Planning a safe, healthy learning environment (includes nutrition)	
<input type="checkbox"/> Steps to advance children’s physical and intellectual development	
<input type="checkbox"/> Positive ways to support children’s social and emotional development (includes guidance and discipline)	
<input type="checkbox"/> Strategies to establish productive relationships with families (includes communication skills and cross-cultural competence)	
<input type="checkbox"/> Strategies to manage an effective program operation (includes business practices)	
<input type="checkbox"/> Maintaining a commitment to professionalism	
<input type="checkbox"/> Observing and recording children’s behavior	
<input type="checkbox"/> Principles of child growth and development	

Early Learning Standard(s)

Include sub-set of each standard addressed.

Infant/Toddler (birth to 3 years)		Preschool (3 – 5 years)	
Area 1 – Social/Emotional Dev.		Area 1 – Social/Emotional Dev.	
Area 2 – Physical Well-Being & Motor Dev.		Area 2 – Physical Well-Being & Motor Dev.	
Area 3 – Approaches to Learning		Area 3 – Approaches to Learning	
Area 4 – Social Studies		Area 4 – Social Studies	
Area 5 – Creative Arts		Area 5 – Creative Arts	
Area 6 – Comm., Lang., & Lit.		Area 6 – Comm., Lang., & Lit.	
Area 7 – Mathematics		Area 7 – Mathematics	
Area 8 – Science		Area 8 – Science	

Instructional Plan and Content Outline

An instructional plan or content outline should be submitted in addition to the training approval form and should include the following:

• Competency-based learning objectives	• Core values
• Content outline	• Assessment of learning outcomes
• Time and sequence	• Materials list
• Training methods	• Evaluation of training
• Diversity	• Reference list

Agency Agreement

- I attest that the application submitted accurately reflects the training content and procedures of the training.
- I shall ensure that the training is presented as submitted in this application.
- I understand that if substantial changes in the content or procedures of the training are made, I must submit a new application for training approval.
- I understand that the certificate cannot be distributed to anyone who does not attend the full training.
- I understand that CCR&R may randomly monitor any approved training for observation and/or quality control purposes.
- I understand that CCR&R Instructors may need to complete additional CCR&R paperwork for processing and data collection purposes (e.g. Instructor Application, Agreement, etc.)
- I attest that the training outline and content does not constitute copyright infringement.
- I understand that violation of any of the above statements may place approval of this or future training approval applications in jeopardy.
- I agree to adhere to the above statements.

I hereby agree to abide by the conditions set forth in this Training Organization Agreement.

Signature	Date
Name & Title	

**Please submit the training approval form and additional requested materials to:
Regional Training Specialist
Child Care Resource & Referral**

For Office Use Only	
Date Received	Date Decided
Decision (check one) <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Expiration Date
Reason for Denial	