



ChildNet Certification Coaching Application

ChildNet Certification is designed by Child Care Resource & Referral (CCR&R) to guide Child Development Home providers through best business practices to heighten quality within the child care program through coaching.

Program/Provider Name		Co-Provider Name (if applicable)	
Street Address	City	Zip Code	County
Telephone		Email	
Child Care Consultant		Registration Level (A, B, C or C1)	

Please indicate your acknowledgement of terms by checking each of the boxes.

Duties/Responsibilities	
<input type="checkbox"/>	I agree to participate in the ChildNet Certification quality initiative as described by my Child Care Consultant.
<input type="checkbox"/>	I agree to attend 25 hours of ChildNet series training as scheduled in the local area. Providers and co-providers will be required to attend.
<input type="checkbox"/>	<p>I understand and agree to work with a CCR&R Child Care Consultant. CCR&R will guide my program through the evidence-based process. I will incorporate best practices into my program as outlined within the ChildNet series training and ChildNet Certification process. This includes:</p> <ul style="list-style-type: none"> Completing required quality activities as listed within the ChildNet Checklist. Submitting required documentation as evidence of quality activities. Acceptance of required on-site consultation visits to include: multiple on-site observations, multiple technical assistance consultations, development of action plans to implement goals and validation visit to verify certification activity steps are completed. Ongoing technical assistance and consultation to offer continued support to maintain certification.

This application is valid during your current child care registration period. Once your application is received/reviewed by CCR&R, you will be notified.

Please email or mail this form to your local CCR&R agency.

I have read the Duties/Responsibilities section of this coaching application. I understand that I may cancel my participation at any time during the process by submitting a written request.

Signature of Program Representative	Date
Signature of Co-Provider (if applicable)	Date