



ChildNet Certification Validation Checklist

Program/Provider Name		Co-Provider Name (if applicable)	
Street Address	City	Zip Code	County
Telephone		Child Care Consultant	

Purpose: To validate the documentation submitted for ChildNet Certification.

Documentation to be Submitted	
<input type="checkbox"/>	Current copy of Department of Human Services (DHS) registration.
<input type="checkbox"/>	Copy of the Iowa Early Learning Standards (IELS) training certificate or i-PoWeR Professional Workforce Registry training history. (Referenced in Session 1)
<input type="checkbox"/>	Copy of signed National Association for the Education of Young Children (NAEYC) <i>Code of Ethical Conduct and Statement of Commitment</i> . (Referenced in Session 1)
<input type="checkbox"/>	Copy of business contract with families which includes information to make it legally binding. (i.e. time, money, two signatures, etc.) (Referenced in Session 2)
<input type="checkbox"/>	Copy of combined written business policies with page numbers included for easy access, including all of the following: (Referenced in Session 2) <ul style="list-style-type: none"> • Business Name/Provider Name – page # _____ • Confidentiality – page # _____ • Guidance – page # _____ • Minimizing Expulsion, Suspension and Punitive Discipline – page # _____ • Use of a Developmental Screening Tool – page # _____ • Daily Schedule – page # _____ • Tobacco/Nicotine – page # _____ • Supervision – page # _____ • Missing Child – page # _____ • Strangulation Prevention – page # _____ • Playground Equipment Stability/Fall Surfacing and Inspection – page # _____ • Screen Time/Media – page # _____ • Safe Sleep – page # _____ • Diversity and Inclusion – page # _____ • Orientation – page # _____ • Sign In/Sign Out Tracking System – page # _____ • Parent Communication – page # _____ • Reporting and Documenting Injuries, Accidents and Emergencies – page # _____ • Safety Procedures on Walks and Field Trips – page # _____ • Pets – page # _____ • Medication – page # _____ • Oral Health – page # _____

<input type="checkbox"/>	Copy of signed <i>Self-Declaration of Insurance</i> form. (Referenced in Session 2)
<input type="checkbox"/>	CCR&R <i>Action Plan</i> stating one goal and the steps needed to implement a new strategy to interact with children in a positive manner. A new goal will need to be created for each certification period. (Referenced in Session 3)
<input type="checkbox"/>	CCR&R <i>Action Plan</i> stating one goal around the area of improvement regarding Developmentally Appropriate Practices (DAP). A new goal will need to be created for each certification period. (Referenced in Session 4)
<input type="checkbox"/>	CCR&R <i>Action Plan</i> stating one goal around implementing change to an interest center. A new goal will need to be created for each certification period. (Referenced in Session 5)
<input type="checkbox"/>	Copy of current Child and Adult Care Food Program (CACFP) participation certificate. (Referenced in Session 6)
<input type="checkbox"/>	CCR&R <i>Action Plan</i> stating one physical activity goal. A new goal will need to be created for each certification period. (Referenced in Session 6)
<input type="checkbox"/>	CCR&R <i>Action Plan</i> stating one goal around an environment that is supportive to and encouraging of culture, age, race, ability, special needs and gender diversity. A new goal will need to be created for each certification period. (Referenced in Session 8)
<input type="checkbox"/>	Copy of the completed <i>Professional Growth & Development Record for Child Development Homes</i> . 32 hours must be completed for each certification renewal period. (Referenced in Session 10)
<input type="checkbox"/>	Copy of ChildNet series completion training certificate or i-PoWeR Professional Workforce Registry training history. Must be included for each certification period.
<input type="checkbox"/>	Signed and completed <i>ChildNet Certification Validation Checklist</i> form.

Notes/Comments	

Signature of ChildNet Validator	Date
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