



Child Care Training Approval Application

Agency Name:	Agency Contact Person:
Address:	E-mail Address:
Instructor Name:	Phone Number:
Instructor Qualifications (according to the Iowa CCR&R Network Policies and Procedures) <input type="checkbox"/> CCR&R has my instructor application and qualifications on file <input type="checkbox"/> CCR&R does not have my instructor application on file, it is completed and enclosed with this Training Approval Application	

Training Approval Application Checklist

- Training approval application
- Curriculum vitae or resume for trainer
- Author information and qualifications (if applicable)
- Instructional plan and/or content outline including 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. 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"/> ICN <input type="checkbox"/> Webinar <input type="checkbox"/> Other (please describe):
Number of Clock Hours:
Are CEU's being provided? <input type="checkbox"/> No <input type="checkbox"/> Yes Number of Hours: By Whom:
Target Audience (please check all that apply): Child Care providers serving: <input type="checkbox"/> Infants and Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-Age Children Specifically describe the target audience: <input type="checkbox"/> Other (please describe):
Training Level (please check one): <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced Explanation for choosing the above level:

<p>Author Information (if different than trainer and only with permission):</p> <p>Author Name:</p>
<p>Content Areas (please check applicable components):</p> <p><input type="checkbox"/> Planning a safe, healthy learning environment (includes nutrition)</p> <p><input type="checkbox"/> Steps to advance children’s physical and intellectual development</p> <p><input type="checkbox"/> Positive ways to support children’s social and emotional development (includes guidance and discipline)</p> <p><input type="checkbox"/> Strategies to establish productive relationships with families (includes communication skills and cross-cultural competence)</p> <p><input type="checkbox"/> Strategies to manage an effective program operation (includes business practices)</p> <p><input type="checkbox"/> Maintaining a commitment to professionalism</p> <p><input type="checkbox"/> Observing and recording children’s behavior</p> <p><input type="checkbox"/> Principles of child growth and development</p> <p><i>(Note: There should only be 1 content area for 1 hour of training)</i></p>

Instructional Plan and content Outline

Submit an instructional plan or content outline in addition to the training approval form. Include the following:

- Competency-based learning objectives
- Content outline
- Time and sequence
- Training methods
- Diversity
- How this training corresponds to specific Iowa Early Learning Standards
- How this training relates to the Iowa Quality Rating System (QRS)
- Core Values
- Assessment of learning outcomes
- Materials list
- Evaluation of training
- Reference list

Please submit the training approval form and additional requested materials to:

Carol Jensen, Regional Training Coordinator
 West Central Community Action
 Child Care Resource & Referral
 PO Box 709
 Harlan IA 51537
 712-755-7381 or 800-945-9778
cjensen@swiowachildcare.org



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

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 can not be distributed to anyone who does not attend the full training.
- I understand that Child Care Resource & Referral may randomly monitor any approved training for observation and/or quality control purposes.
- I understand that 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 and Title:	

