



Request for Child Care Professional Development Approval Review

Primary Business Detail

Organization legal name:	
"Doing Business As" names, assumed names, or other operating names:	
Parent corporation, if any:	
Form of business entity (i.e., corporation, partnership, LLC, etc.):	
State of incorporation/organization:	
Business web address:	
Primary address:	
Primary telephone number:	
Addresses of major offices and other facilities that may be considered part of this business:	
Number of employees:	
Number of years in business:	
Primary focus of business:	
Federal tax ID:	
Iowa's business registration date:	
Iowa counties served by business (list or enter "All" for statewide):	

Manager Detail

Manager legal name:	
Manager title:	
Manager phone number:	
Manager email address:	

Items Needed for a Professional Development Approval Review

☐ I have submitted a complete, accurate, and signed *Request for Child Care Professional Development Approval Review*, form 470-4528.

☐ I have submitted evidence of the organization's accreditation (when applicable).

☐ I have answered the question below.

What categories of professional development are offered within the organization (select all that apply):

☐ Early Learning

☐ Health, Mental Health, Nutrition

☐ Family Support

☐ I have submitted the organization's table of organization.

☐ I have submitted the organization's mission and vision statement and objectives.

☐ The organization's manager has an active registry account and has submitted a request for the Professional Development Organization Manager role.

☐ I have submitted the organization's adult educator approval and review process. (The documented process that your organization uses to accept and deny adult educators based on their qualifications and the criteria in the Adult Educator Approval and Review Process Assurances section below.)

☐ I have submitted the organization's curricula approval and review process. (The documented process that your organization uses to accept and deny curricula based on the content and the criteria in the Curricula Approval and Review Process Assurances section below.)

☐ I have submitted an example of an evaluation participants complete for the adult educator to assess whether the participant met the objectives of the class or series.

☐ I have submitted the organization's evaluation form participants complete to assess the adult educator and the class or series.

☐ I have submitted the organization's certificate of completion template.

Curricula Approval and Review Process Assurances

To determine if a curriculum supports quality professional development, the content must meet each of the following criteria. You will be required to provide evidence of the following, upon request.

☐ I certify that this organization uses the approved curricula approval and review process that was submitted with this review.

- ☐ I certify that all curricula will include:
- ◆ Competency-based learning objectives and outcome measures that are appropriate to the participant's competency level.
 - ◆ Enough content to support the clock hours requested and depth to support the participant's competency level.
 - ◆ Adult learning principles and reflective practices with logical time and sequence.
 - ◆ Content that supports childhood as a unique and valuable stage of the life cycle; how it supports children being understood in the context of their family, culture, community; and how it supports the respect for the dignity, worth, and uniqueness of each individual.
 - ◆ The evaluation form submitted with this review for participants to assess the adult educator and the class or series.
 - ◆ An evaluation form participants complete to assess whether the participant met the objectives of the class or series.
 - ◆ A reference list for the content that was used by the author when developing the curriculum including the author's name and qualifications (at least two must be less than five years old).
 - ◆ Content that meets the needs of diverse participants and how the content aligns to the cultural diversity competencies
(http://www.state.ia.us/earlychildhood/files/state_system/governance_planning/ECI_CulturalCompetenciesFinalDec2011.pdf).
 - ◆ Content that aligns to the Iowa Early Learning Standards to address areas of development, when appropriate
(http://www.state.ia.us/earlychildhood/files/early_learning_standarda/IELS_2013.pdf).
- ☐ I certify that professional development offered in a group setting shall provide an opportunity for ongoing interaction and timely feedback including questions and answers within the clock hours.
- ☐ I certify that no more than eight clock hours of professional development will be awarded in any one day.
- ☐ I certify that the participant summary/syllabi will include each of the following:
- ◆ Title of the class or series
 - ◆ Description of the purpose with learning objectives
 - ◆ Participant's competency level (progressing, skilled, mastery)
 - ◆ National Administrator Credential (NAC) approval status
 - ◆ Delivery method (face-to-face, online with date and time, online without date and time, other with date and time, other without date and time)

- ◆ Format (group setting or self-study)
- ◆ Number of clock hours
- ◆ Target audience
- ◆ Iowa Early Learning Standards (when applicable)
- ◆ Content areas addressed (must equal at least one hour per content area):
 - Planning a safe, healthy learning environment
 - Steps to advance children's physical and intellectual development
 - Positive ways to support children's social and emotional development
 - Strategies to establish productive relationships with families
 - Strategies to manage an effective program operation
 - Maintaining a commitment to professionalism
 - Observing and recording children's behavior
 - Principles of child growth and development

Adult Educator Approval and Review Process Assurances

To determine if an adult educator should be providing professional development, this organization must have an adult educator approval and review process that includes assurances that the adult educator meets each of the following criteria.

- ☐ I certify that this organization uses the adult educator approval and review process that was submitted with this review.
- ☐ I certify that this organization only approves adult educators who:
 - ◆ Agree to adhere to the National Association for the Education of Young Children Code of Ethics for Early Childhood Adult Educators.
 - ◆ Meet each of the Iowa Adult Educator Competencies within the progressing, skilled, or mastery levels
http://www.state.ia.us/earlychildhood/files/state_system/professional_development/lowaAdultEducatorCompetenciesFINAL_08-2013.pdf.
 - ◆ Organize and deliver instruction.
 - ◆ Assess learning.
 - ◆ Are expert in the content delivered.
 - ◆ Have provided evidence of credentials, qualifications, experience, and abilities.
- ☐ I certify that this organization's adult educators are qualified to provide professional development in the content area delivered and are approved adult educators for this organization.

Organization Review Assurances

To determine if this organization should be providing professional development that the Iowa Department of Human Services approves, this organization must provide assurances that they meet each of the following criteria.

- ☐ I certify that the application submitted accurately reflects this organization's mission and vision statement and objectives as evidence that this organization is a professional development providing organization.
- ☐ I certify that the content of our professional development is consistent with this organization's mission and vision statement and objectives and is implemented through the adult educator approval and review process and the curricula approval and review process.
- ☐ I certify that this organization will provide a certificate of completion which includes:
 - ◆ Name of the participant.
 - ◆ Title of the class.
 - ◆ Date of the class.
 - ◆ Name of the organization.
 - ◆ Name of the adult educators.
 - ◆ "Self-study" or "group setting."
 - ◆ Number of clock hours per content areas addressed.
- ☐ I certify that the certificate will reflect the actual number of clock hours of the content delivered.
- ☐ I certify that the certificate will not be distributed to anyone who does not attend the entire class or series.
- ☐ I certify that this organization will use the evaluation form that I submitted with this review so the participants may assess satisfaction with the adult educator and the class or series.
- ☐ I certify that this organization's manager has an active registry account.
- ☐ I certify that all approved professional development will be entered into the registry and attendance will be verified within the registry.
- ☐ I certify that this organization provides professional development to all professionals who meet the prerequisites of the content delivered.
- ☐ I certify that this organization provides professional development in one or more of the content areas required for professionals working with children aged zero to five (early childhood professionals) and professionals working with school age children (school age professionals). These content areas are:
 - ◆ Planning a safe, healthy learning environment.
 - ◆ Steps to advance children's physical and intellectual development.
 - ◆ Positive ways to support children's social and emotional development.
 - ◆ Strategies to establish productive relationships with families.

- ◆ Strategies to manage an effective program operation.
- ◆ Maintaining a commitment to professionalism.
- ◆ Observing and recording children's behavior.
- ◆ Principles of child growth and development.

- ☐ I certify that this organization provides professional development within one or more of the professional competencies needed for professionals working with children aged zero to five (early childhood professionals) and professionals working with school age children (school age professionals).
- ☐ I certify that this organization uses, "Quality Professional Development Measures" (http://www.state.ia.us/earlychildhood/files/state_system/professional_development/PD_QualityMeasureRecommendationsFINAL_July2013.pdf).
- ☐ I certify that if substantial changes in this organization's approval and review processes are made, I will submit a new application.
- ☐ I certify that no orientations, support groups, meetings, discussion groups, forums, mentoring, coaching, or other non-instructional professional development will be used for the Iowa Department of Human Services clock hours because these types of settings do not meet the definition of group instruction or self-study, in Iowa law.
- ☐ I understand that the Iowa Department of Human Services may randomly monitor any professional development the organization provides the Iowa Department of Human Services clock hours to, for quality control purposes. This includes access to and the ability to assess curriculum, approval processes, monitoring processes, objectives, policies, and all other professional development-related topics that influence the delivery of quality professional development that the Iowa Department of Human Services approves.
- ☐ I understand that violation of any of the above statements may place approval of this or future professional development approval applications at risk.
- ☐ I understand that approval of this professional development is contingent upon my agreement with the above statements.

I hereby agree to follow the conditions set forth in this agreement.

Signature	Date
Name and Title	

Please submit the review and approval form and requested materials to:

Child Care Professional Development Program Manager
Iowa Department of Human Services
Division of Adult, Child and Family Services
ccpdreview@dhs.state.ia.us