CCL. 038 Rev. 08/2020

## KANSAS DEPARTMENT OF HEALTH and ENVIRONMENT

Bureau of Family Health Child Care Licensing Program Curtis State Office Building 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Phone: 785-296-1270 Fax: 785-559-4244 Website: www.kdhe.state.ks.us/kidsnet

## REQUEST FOR IN-SERVICE TRAINING APPROVAL FOR CLOCK HOURS

To obtain clock hour approval, complete all information on this form at least three months prior to the scheduled training date. Applications that are submitted with less time prior to the training date are not guaranteed to receive approval prior to the training date. Complete a separate application for each learning activity. Do not submit requests for training that have been approved for Early Childhood CEU's. Please print or type all information. Incomplete applications will be returned and will delay the review process.

## **Sponsoring Agency/Organization Information**

| Name of Sponsoring Agency                 | Address of Sponsoring Agency               |     |  |  |  |
|---|--|-----|--|--|--|
| ()()                                      |  |     |  |  |  |
| Telephone Fax                             | City State                                 | Zip |  |  |  |
| Contact Person                            | E-mail                                     |     |  |  |  |
| structor/Trainer Information              |  |     |  |  |  |
| nstructor: First and Last Name            | Co-Instructor/Trainer: First and Last Name |     |  |  |  |
| Current Employer                          | Current Employer                           |     |  |  |  |
| Job Title                                 | Job Title                                  |     |  |  |  |
| Address                                   | Address                                    |     |  |  |  |
| City State Zip                            | City State 2                               | Zip |  |  |  |
| ( )                                       | (_)  |     |  |  |  |
| Telephone Fax                             | Telephone Fax                              |     |  |  |  |
| Email                                     | Email Email                                |     |  |  |  |
| Degree/Certificate/Credential (if any)    | Degree/Certificate/Credential (if any)     |     |  |  |  |
| Professional Experience Relevant to Topic | Professional Experience Relevant to Topic  |     |  |  |  |

# Learning Activity/Training Information Title of the learning activity/training Method of Delivery (if online, provide link to training site/material \_\_\_\_\_ Classroom \_\_\_\_\_ Online Online training site Was the learning activity previously approved by KDHE for child care/school age program in-service training? \_\_\_\_\_ Yes \_\_\_\_ No If yes, note that training is approved for a period of 5 years and does not need to be re-submitted for review unless; there is a significant change in the content of the training including alteration of the objectives o there is a change in primary instructor/trainer (change of co-instructor/trainer does not require resubmission) o there is a change in the title of the learning activity there is a significant change in the length of the training (30 minutes or less does not require re-submission although approved training may NOT fall below one hour of total contact time) but more than 30 minutes does require resubmission along with explanation of the added content) Enter the approved course number Name of the Sponsoring Agency \_\_\_\_\_ The training is being re-submitted because Scheduled date(s) Enter "repeated activity" if this learning activity is offered on an on-going basis Scheduled locations(s) Enter the **counties** where the training will be provided. Course Schedule: Enter the course schedule in terms of the time, activity and the related instruction method. If training is longer than one hour, a breakdown of each learning activity is required. **Beginning Time Ending Time Learning Activity** Instruction Method Sample: 9:00 am 10:30 am Milestones in Infant Development Lecture & Small Group Work 10:30 am 10:45 am Break

| Brief Des  | scripti | on of Training i  | ncluding the object                        | tives (may ind  | lude additiona                     | I information on the ba                           | ck or attach pages):   |  |
|--|---------|---|--|-----------------|------------------------------------|---|------------------------|--|
| Objective  | es:     |   |  |                 |                                    |   |                        |  |
| Description (1997) Description ( |         |   | ow this training w                         | rill apply dire | ctly to child c                    | are providers in their                            | day care               |  |
| Specify t  | the tar | get audience (d   | check all that app                         | ly):            |                                    |   |                        |  |
| L  | icens.  | ed day care ho  | me/group day cai                           | e home prov     | ider and staff                     |   |                        |  |
| C  | Center  | based staffinfanttoddlerpresch  | _  | schoo           | age                                |   |                        |  |
|  |         |   | stration/Program                           |                 |                                    |   | _                      |  |
|  |         |   | a relating to the professional in Kans     |                 |                                    | arning activity using th                          | ne Core Competencies   |  |
|  | Child G | rowth & Develop   | oment                                      |                 | _ Learning Env                     | vironment and Curricul                            | um                     |  |
|  |         | bservation and A  |  |                 | _ Families and<br>_ Interactions \ | Communities with Children                         |                        |  |
| F  | Progran | n Planning and  | Development                                |                 | _ Professional                     | Development and Lea                               | dership                |  |
| Check th   | e kno   | wledge or Skill   | Level of the Targ                          | et Audience:    |                                    |   |                        |  |
| L  | evel 1  |   | dge expected of a<br>lized education an    | •               | nd education p                     | rofessional new to the                            | child care field, with |  |
| L  | evel 2  |   | plus skills or knov<br>cation or training. | vledge comm     | ensurate with D                    | OCA credential in Child                           | Development or         |  |
| L  | evel 3  | includes level 1  |  | knowledge c     | ommensurate v                      | with an associate's deg                           | ree in early           |  |
| L  | evel 4  | 4 includes levels 1, 2, and 3 plus skills or knowledge commensurate with bachelor's degree in early childhood or child development. |  |                 |                                    |   |                        |  |
| L  | evel 5. |   | ild development, ι                         |                 |                                    | surate with an advance<br>el early card and educa |                        |  |
| Check th   | e met   | hod used to de  | termine learner c                          | ompetency:      |                                    |   |                        |  |
| N  | lo Dete | ermination  | Exam/Test                                  | Observatio      | on of Skills                       | Project Review                                    |                        |  |

#### **Assurances:**

- 1) As the sponsor and/or trainer of the learning activity/training. I am responsible for the quality of the learning activity/training, qualifications of the instructors/trainers, supervision and documentation of the content and clock hour certificates for learners.
- 2) As the sponsor and/or the trainer of the leaning activity/training, I understand that the training content must not be in conflict with Kansas child care statutes and regulations.
- 3) As the sponsor and/or trainer of the learning activity/training, I will allow the Kansas Department of Health and Environment (KDHE), Child Care Licensing Program access to my documentation of approved learning activities.
- 4) As the sponsor and/or the trainer of the learning activity/training, I will be responsible for assuring that Certificates of Completion documenting attendance will not be issued to learners who have not completed the learning activity/training. Certificates are not to be awarded for partial attendance.
- 5) As the sponsor and/or the trainer of the learning activities/training, I will not advertise that learning activities are approved by KDHE prior to obtaining written approval. I may advertise an approval has been requested.

| Signature of the Authorized Representative for the Sponsoring Agency Date | (MM/DD/YYY) |  |  |
|---|-------------|--|--|
| Signature of Instructor/Trainer Date                                      | (MM/DD/YYY) |  |  |
| Signature of Instructor/Trainer Date                                      | (MM/DD/YYY) |  |  |