

# Participation Agreement

## Accredited Programs

Name of child care program \_\_\_\_\_

As a participant in the Parent Aware Rating Tool, I agree to:

- Provide accurate information to Parent Aware staff
- Accept the rating I receive
- Protect the privacy of the families in my care during the rating process
- Allow the Parent Aware staff to verify information that I have provided by, at a minimum, but not limited to:
  - Visiting my program
  - Obtaining licensing information
  - Contacting accrediting organizations

As a participant in Parent Aware, I understand that:

- My program's accreditation status will be verified regularly in order to maintain my rating
- Parent Aware ratings are valid for one year, and I must apply to renew my rating annually
- I will be asked to participate in Parent Aware evaluation activities
- Parent Aware ratings will be available to parents and the general public in January 2008
- Data collected for Parent Aware is public data under the Data Practices Act, and will be provided upon request
- I must contact the Parent Aware program if my program experiences any of the following conditions that warrant a review of my rating status:
  - Director turnover
  - 50 percent staff turnover of teachers of children ages 0 - 5
  - Negative licensing action, maltreatment determination, or change in license status
- I do not have the option of withdrawing my rating, nor do I have the option of posting a rebuttal
- Individuals found to have knowingly given false or fraudulent information during the Parent Aware Rating Tool process will not be allowed to continue to participate and will be reported to the appropriate authorities.

As a participant in Parent Aware, I certify that:

- My child care program is licensed by the Minnesota Department of Human Services
- I have received information about Parent Aware and I understand what participation in the Parent Aware program entails.

\_\_\_\_\_  
Name of director/owner (please print) – the person legally authorized to sign on behalf of the child care/ educational program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please complete this form in the next 10 days and return it to Jennifer LaMotte by fax: 651-290-9785, or by mail: 380 Lafayette Road, Suite 103, St. Paul, MN 55107.

Form #: O-04A

