INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

YOUR NAME: _____ **PLAN YEAR * From:** _____ **To:** _____

***(**Based on start date and end/expiration date of current license)

FACILITY NAME & ADDRESS _____

SECTION 1: QUALIFICATION GOAL:

DF – qualified through Delaware First, Department of Education
OCCL – qualified through Office of Child Care Licensing, Department of Services for Children, Youth and Their Families

Currently Qualified as:

Early Childhood Intern (DF)
Early Childhood Caregiver (OCCL)
Early Childhood Assistant Teacher (DF)
Early Childhood Teacher (DF)
Early Childhood Curriculum Coordinator (DF)
Early Childhood Administrator (OCCL)
___Early Childhood Administrator (DF)

School-Age Intern (DF)
School-Age Site Assistant (DF)
School-Age Site Coordinator (DF)
School-Age Administrator (DF)

FCC Level 1(OCCL)
FCC Level 2 (OCCL)
LFCC Provider (OCCL)
LFCC Assistant (OCCL)

New Position Goal – Choose from above list of positions	**Training/Education Required To Qualify for New Position** (See *Delacare Rules* for qualification options)	**Date started**	**Date finished**

SECTION 2 – REQUIRED TRAINING

Annual hours needed (circle one): 18 (F/T) 9 (P/T)

Training	**Date of Training**	**Expiration Date, if applicable**
CPR		
First Aid		
Administration of Medication		**Non-expiring**

SECTION 3 – TRAINING NEEDED BASED ON DELAWARE CORE KNOWLEDGE & COMPETENCIES

Competency Area	Competency Level & #	Training Needed to Address Competency	Date Planned	Date Completed
EXAMPLE – Health, Safety, Nutrition (HS)	*EXAMPLE – Indicator 2.5: provides opportunities for daily physical activity*	*EXAMPLE – Let's Get Moving, Energizing Brain Power in Preschoolers and Beyond*	*EXAMPLE - 12/01/09*	*EXAMPLE – 5/01/10*

SECTION 4 – IMPROVEMENT PLAN PRIORITIES – BASED ON CLASSROOM OR PROGRAM ASSESSMENT

As a result of classroom/program assessment, the following are priorities for improving the quality of my classroom or specific aspect of the program. Indicate whether a classroom or program priority for center-based programs.

Priority Area	Training Needed	Date Planned	Date Completed
EXAMPLE – ECERS-R, indicator 3.3: Children are encouraged to bring in natural things to share with other or add to collections.	*EXAMPLE – Earth Guards, Let's Take Care of the Earth*	*EXAMPLE – 12/01/09*	*EXAMPLE – 5/20/10*
1.			
2.			
3.			

My Signature: _____ Date: _____

Administrator/Supervisor Signature: _____ Date: _____

ANNUAL TRAINING PLAN

See Sample and KEY on back

YOUR NAME: _____ **PLAN YEAR * From:** _____ **To:** _____

***(**Based on start date and end/expiration date of current license)

FACILITY NAME* & FULL ADDRESS: _____

*(Optional for FCC Homes)

Please attach proof of completion of any training – copies of certificates, transcript or grade report (DIEEC and/or higher education institutions)

Training Goal	Core Topic Area	Training Plans and/or Title of Training	# of Hours or Credits Completed	Training Dates	
				Start Date	Completion Date
		Plans:			
		Title:			
		Plans:			
		Title:			
		Plans:			
		Title:			
		Plans:			
		Title:			
		Plans:			
		Title:			
		Plans:			
		Title:			
		Plans:			
		Title:			

TOTAL: _____

SAMPLE – ANNUAL TRAINING PLAN:

A. Training Goal	B. Core Topic Area	C. Training Plans and/or Title of Training	D. # of credits or clock hours	E. Training Dates	
				Start Date	Completion Date
1, 3, 5	EC	Plans: Infant/toddler topics; strengthen infant/toddler program Title: *Developing Language & Literacy in Infants & Toddlers*	6	12/2/10	12/9/10
1, 3, 5	SE	Plans: Infant/toddler topics: strengthen infant/toddler program Title: *Powerful Play Experiences for Infants & Toddlers*	3	10/23/10	10/23/10
5	HS	Plans: Improving hand washing and diaper changing procedures Title: *Health*	3	FALL '10	

KEY FOR ANNUAL TRAINING PLAN

A. Training Goal (pick all that apply**): 1** - Enhancing individual skills and competencies; **2** – Individual interest; **3** - Program/classroom improvement; **4** – Stars quality improvement; **5**- Licensing Corrective Action Plan.
B. Core topic areas: CD – Child/Youth Development; **EC** – Environment & Curriculum (Developmental Curriculum Planning or Educational Activities for Children) **; SE-** Social Emotional (Positive Behavior Management or Understanding Children's Behavior); **OA** – Observation & Assessment (Child Development) **; HS** – Health, Safety & Nutrition; **FM** – Family & Community (Working with Families); **PR**- Professionalism; **MA** – Management & Administration (Business Practices); **MT**- Multi-topic (please breakdown into each area covered). **Please note:** The Office of Child Care Licensing considers Health, Safety, and Nutrition as three, individual topic areas for annual training requirement and qualification purposes.
C. Training Plans and/or Title of Training – Provide reason for taking training and title of training, when known.
D. # of Hours or Credits– List the number of clock hours or college/university credits completed. Generally, 1 college/university credit is equal to fifteen (15) clock hours. **Reminder: Annual clock hour requirement**: Center staff - 18 clock hours (if working 25 or more hours per week); 9 clock hours (if working less than 25 hours per week); Non-Direct Care Center staff (i.e. cook, janitor, clerical) – 3 clock hours; FCC – 12 clock hours; LFCC – 15 clock hours.
E. Training Dates: List the start and completion dates of the training. *Please make a note if planned training is cancelled or you were not able to enroll because the training was full.*