

### Professional Development and Staff Qualifications Grid

Name of Facility: \_\_\_\_\_ MPI # on Certificate of Compliance: \_\_\_\_\_ County: \_\_\_\_\_

Employee Name	Date of Hire	Position Title*	Part or Full Time	Current Education Level Enrolled In (E) or Attained (A) Date SQ.3.4.2			Member of Onsite Leadership Team Yes or No	Leadership Enrolled in (E) Or Attained (A) Director Credential Date LM 3.4.1	PDR Within 60 Days of hire SQ.2.2 Yes or No	Annual Prof Development Plan Expiration SQ.2.3 SQ.3.4.1	Orientation Within 90 days of Hire SQ.2.1	
				CDA/CCP	AA	BA/BS					STARS 101 Completion Date	STARS 102 Completion Date
<i>Example: Jane Doe</i>	<i>1/1/04</i>	<i>T</i>	<i>FT</i>	<i>A 2002</i>	<i>E 2003</i>			<i>n/a</i>	<i>yes</i>	<i>1/1/2017</i>	<i>2/1/04</i>	<i>3/1/04</i>
1												
2												
3												
4												
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8												
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10												

\* Position Titles: D = Director/FCC Provider; T = Teacher; AT = Assistant Teacher; A = Aide.

Name of Facility: \_\_\_\_\_ MPI # on Certificate of Compliance: \_\_\_\_\_ County: \_\_\_\_\_

### STAR 3 and 4 Professional Development

**Instructions:** Place the same employee in line #1 as you placed on the first page of this form. Where the staff has completed an item on the grid, please indicate the item is complete by filling in the date in the box. Make copies of this form for additional staff. If not applicable, indicate with a N/A. Note: The Director or member of on-site leadership team and staff members should engage in thoughtful consideration of individualized PD needs on an annual basis. Staff members actively enrolled in an academic program of study in child development, early care and education or a related field (with coursework in child development) are not required to take additional professional development courses UNLESS it is supportive of their practice.

	Employee Name	List Date(s) of completed Professional Development						
		Language Dev SQ 3.4.3	Social and Emotional Development SQ 3.4.4	Positive Interactions SQ 3.4.5	Curriculum SQ 3.4.6	Developmental Screening SQ 3.4.7	Assessment SQ 3.4.8	Inclusion SQ 3.4.9
	<i>Example: Jane Doe</i>	2/15/12	6/25/12	3/1/12	2/5/12	4/25/12	5/15/12	5/15/12
1								
2								
3								
4								
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6								
7								
8								
9								

Name of Facility: \_\_\_\_\_ MPI # on Certificate of Compliance: \_\_\_\_\_ County: \_\_\_\_\_

**STAR 3 and 4 Professional Development Non-Instructional Staff**

Employee Name	List Date of Completed Professional Development						
	DAP	Diversity	Age Appropriate Standards	Adult Child Interactions			
<i>Example: Jane Doe</i>	2/15/12	6/25/12	3/1/12	2/5/12			
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