



Professional Development and Staff Qualifications Grid

Name of Facility: _____ MPI # on Certificate of Compliance: _____ County: _____

STAR 2 Staff Qualification Standards SQ.2.1, SQ.2.2, SQ.2.3, SQ3.4.1, SQ.3.4.2

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			Leadership Enrolled in (E) Or Attained (A) Director Credential Date SQ.3.4.2	PDR Within 60 Days of hire SQ.2.2	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				Part 1 Completion Date	Part 2 Completion Date
Example: Jane Doe	1/1/04	T	FT	A 2002	E 2003		n/a	yes	1/1/2017	2/1/04	3/1/04
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

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

Name of Facility:

MPI # on Certificate of Compliance:

County:

STAR 3 and 4 Professional Development SQ.3.4.3 – SQ.3.4.9

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.

