

IN-SERVICE TRAINING PACKET FOR NON-EXEMPT AGENCIES/ORGANIZATIONS/INDIVIDUALS

Training credit for meeting the in-service training requirement must be authorized by the Division of Child Development (DCD). Authorization is based on the content of the training and the qualifications of the trainer. Contact hours credits (chc's) are awarded in 30 minutes increments, (i.e. 1 clock hour spent in training = 1.0 chc)

An Annual Training Plan may be submitted consisting of In-service Trainer Qualifications Forms and In-service Training Outline Forms. These will be kept on file and will be valid for 1 (one) year from date of submission. Authorization forms are no longer required to be submitted.

The following forms must be submitted according to the instructions:

✧ **In-service Trainer Qualifications Form:**

- The In-service Trainer Qualifications Form must be completed and submitted for each trainer. Answer all the questions on the form and give complete dates of employment.

✧ **In-service Training Outline Form for Non-Exempt Training (revised Oct. 2009):**

- This form must be completed and then renewed once per year for each training topic that will be offered. You should send the completed Outline Form(s) with the In-Service Trainer Qualifications form if this is your first submission. New outlines must be approved at least 20 business days in advance of the first session presented.

✧ **In-service Training Roster (revised Oct. 2009):**

- Trainers must mail, e-mail or fax the training roster within 15 days after the training to the Workforce Section and keep a copy on file for 3 years.
- The roster will be matched with the trainer's approved and current outline form.
- The training roster must include the participant's name, daytime telephone number and county in which they are employed.
- The roster must also include the sponsor's name, the date/place of the training, the name of the presentation, the trainer's name, contact hour credits awarded, and the topic outline expiration date.

Other Information:

✧ **Evaluation of Authorized In-service Training:**

- Training sponsors must have participants evaluate all presentations.
- The evaluation forms are no longer required to be mailed to DCD; the forms or a summary report must remain on file with the sponsor for 3 years following the training date.
- A one page summary of the evaluations may be submitted for review especially if participants have indicated specific training needs.
- DCD may perform random interviews of participants to assure all standards were met.

✧ **Certificate of Completion:**

- Training sponsors are responsible for issuing certificates to individual participants.
- Certificates should be signed or stamped in colored ink only.
- Participants should be strongly encouraged to maintain their own set of training certificates as part of their professional development file.

Forms should be submitted and all correspondence directed to:

Workforce Section / In-service Training
Division of Child Development
Attention: Sarah Lewis
2201 Mail Service Center
Raleigh, North Carolina 27699-2201
919/662-4567 ext. 7071
Fax - 919/662-4608
Email - Sarah.lewis@dhhs.nc.gov

In-service Training Topic Areas

G.S. 110-91(11) Staff Development

The Commission shall adopt minimum standards for ongoing staff development for facilities but limited to the following topic areas:

1. Planning a safe, healthy learning environment
2. Children's physical & intellectual development
3. Children's social & emotional development
4. Productive relationships with families
5. Program management
6. Professionalism
7. Observing & recording children's behavior
8. Child growth and development
9. Inclusion of children with special needs

In-Service Training Requirements

.0708 IN-SERVICE TRAINING APPROVAL

Staff may meet the in-service training requirements by attending child-care workshops, conferences, seminars, or courses, provided each training activity satisfies the following criteria:

- (1) Prior approval from the Division is not required for training offered by a college or university with nationally recognized regional accreditation, a government agency, or a state or national professional organization or its affiliates, provided the content complies with G.S. 110-91(11).
Government agencies or state or national professional organizations who provide training shall submit an annual training plan on a form provided by the Division for review by the Division. The plan is not required for any state, national, or international conferences sponsored by a professional child care organization.
- (2) Prior approval from the Division is required for any agencies, organizations, or individuals not specified in Item (1) of this Rule who wish to provide training for child care operators and staff. To obtain such approval, the agency, organization, or individual shall complete and submit the in-service training approval forms provided by the Division at least 20 business days prior to the training event. A training roster listing the attendees' name, the county of employment, and day time phone number shall be submitted to the Division no later than 15 days after the training event. The event sponsor shall provide training evaluations to be completed by attendees and shall keep the evaluations on file for three years.
- (3) Prior approval shall be determined based upon:
 - (a) The trainer's education, training, and experience relevant to the training topic;
 - (b) Best practice in adult learning principles;
 - (c) Content that is in compliance with G.S. 110-91(11); and

- (d) Contact hours reasonable for the proposed content and scope of the training session.
- (4) The Division shall not approve:
 - (a) Agencies, organizations, or individuals not meeting the standards listed in this Rule and in G.S. 110-91(11); and
 - (b) Agencies, organizations, or individuals who intentionally falsify any information submitted to the Division.

History Note: Authority G.S. 110-85; 110-91(11); 143B-168.3;

Eff. January 1, 1986;

Amended Eff. November 1, 2007; October 29, 1998; November 1, 1989;

July 1, 1988; January 1, 1987.

DCD-0438
 Rev. July 2009
 G.S. 110-91(11)
 10 A NCAC 09 .0708

North Carolina Department of
 Health and Human Services
 Division of Child Development
 2201 Mail Service Center, Raleigh, NC 27699-2201
 (919) 662-4567

DCD Use Only
 Reviewed by:

Date Submitted:

In-service Trainer Qualifications Form

Section I: Personal Information

Last Name	First Name	Middle Initial	
Mailing Address	City	State	Zip Code
Phone (where you can be reached during the day)	E-mail Address		

Circle highest grade completed: 12 13 14 15 16 17>17

Section II: Education

School	Name and Location	Attended		Course of Study	Degree/Diploma
		From	To		
High School					
College or University					
Graduate or Professional Other Educ.					
Vocational schools, Internships, etc.					

Section III: Relevant Work Experience

Job Title	Employer	Employer's Address	Dates of Employment

Section IV: Other Information

Have you completed coursework or training related to <u>adult</u> learning? (How adults learn and process information) If yes, please list the courses/titles-	
**Please attach a statement regarding your understanding of The Principles of Adult Learning.	
Do you have experience teaching or training adults? _____	If yes, for how many years? _____
List any additional training and/or experience related to the care of children-	

This form should be updated annually.

North Carolina Department of Health & Human Services
 Division of Child Development
 2201 Mail Service Center
 Raleigh, NC 27699-2201
 (919)662-4567 /1-800-859-0829

In-service Training Outline Form for Non-Exempt Training

Renew yearly or submit 20 business days prior to the 1st (new) session

Section I: Training Event

Presentation Title <hr/>	Target Audience- <input type="checkbox"/> Caregivers <input type="checkbox"/> Owners/Administration <input type="checkbox"/> Food Service or Support Staff <input type="checkbox"/> Others: Specify:	Contact Hours Requested- (must be in ½ hour increments) <hr style="width: 50%; margin: 0 auto;"/> New Outline <input type="checkbox"/> Renewal <input type="checkbox"/>
Age Group Targeted <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-Age		
List the Presentation Topic Number(s) From the 9 topic areas in GS 110-91(11)		

Each non-exempt trainer must submit an outline listing them as the lead trainer

Name of Trainer –
E-mail-

Daytime Phone Number-

Section II: Outline

Description, Objectives, Benefits to Participants, Materials Needed, Resources and References

Section III: Methodology

Content for Section II: Outline	<input type="checkbox"/> Discussion <input type="checkbox"/> Hand outs- Please submit a <u>limited</u> sample of the types that will be used <input type="checkbox"/> Demonstration <input type="checkbox"/> Activities- role playing, problem solving, etc. Submit an example <input type="checkbox"/> Audio-visuals- Specify titles/times <input type="checkbox"/> Other- Describe
Section IV: To be completed by the Division of Child Development	
Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No By: Date: Comments :	

Trainer's Signature: (ok to type in the name) _____ Date: _____

Approval will be based on appropriate content, contact hours, trainer qualifications and best practice in adult learning principles. **Rosters must be submitted within 15 days after each event and will be matched with the approved outline.** Failure to submit or renew an outline before a training event could result in the participants not receiving in-service hour credit. This outline can be renewed by e-mail. Please take the time to be clear on the form and in the e-mail you send to the In-service Training Consultant.

In-service Training Roster

NC Division of Child Development (DCD)

Complete Each Section

Name and Address of Sponsoring Organization (Street, City, State and Zip Code)	Date of Training Event
Title of Presentation	Contact Hour Credits Awarded
Name of Trainer	Training Site Name & Address
Attendance Total	
Presentation Outline Expires ____/____/____ (from approved outline form)	

TRAINING PARTICIPANTS

Last Name	First Name	MI	Daytime Telephone Number (include area code)	County in which you are employed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

This form shall be submitted to the Division within 15 days after the training event, and kept on file for 3 years (non-exempt trainers). All training agencies are to keep this form on file for 3 years.

This form is to be used for training sessions that have been approved by DCD and meet the standards in 10A NCAC 09 .0708.

**North Carolina Department of Health and Human Services
 Division of Child Development (DCD)
 2201 Mail Service Center
 Raleigh, NC 27699-2201
 (919) 662-4567**

Evaluation of Authorized In-service Training

Training Session Title _____

Trainer(s) _____

Date _____

Thank you for taking time to complete this evaluation. Your responses help us to evaluate professional development and training activities. Your suggestions help us to better meet your needs.

	Strongly Agree		Agree		Strongly Disagree
Rate the training session as follows:	5	4	3	2	1
The learning objectives of this session were made clear to me.	5	4	3	2	1
The trainer made the topic interesting.	5	4	3	2	1
The information was presented clearly and in an organized way.	5	4	3	2	1
I gained skills I can use immediately in my job.	5	4	3	2	1
There was enough opportunity for interaction and participation.	5	4	3	2	1
The trainer was polite and professional.	5	4	3	2	1

Respond to these statements:

I would recommend this training to others. Yes No

I am interested in future training on these topics:	Comments/Suggestions:
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Note to trainer: Retain for 3 years after training date