

**Step 1**

Facility Name: \_\_\_\_\_  
 Facility MDH License Number: \_\_\_\_\_  
 Director's Name: \_\_\_\_\_

**Step 2**

**Determine how many training hours each employee needs...**

To earn (check one):

**1-STAR**     **2-STAR**     **3-STAR**     **4-STAR**     **5-STAR**

15 General    15 General    8 General/  
 10 Age-Specific    10 General/  
 10 Age-Specific    15 General/  
 10 Age-Specific

**Step 4**

**Choose Two-Week Period to Request for Quality Step Monitor Visit**

Date: \_\_\_\_\_

**Step 3**

Center Professional Development Timetable (check one)		
License Renewal Month	Staff Training Period	Quality Step Monitoring Month
<input type="checkbox"/> January	January - August	September
<input type="checkbox"/> February	February - September	October
<input type="checkbox"/> March	March - October	November
<input type="checkbox"/> April	April - November	December
<input type="checkbox"/> May	May - December	January
<input type="checkbox"/> June	June - January	February
<input type="checkbox"/> July	July - February	March
<input type="checkbox"/> August	August - March	April
<input type="checkbox"/> September	September - April	May
<input type="checkbox"/> October	October - May	June
<input type="checkbox"/> November	November - June	July
<input type="checkbox"/> December	December - July	August

**Step 5**

Track each employee's completion of annual training:								
All Training Certificates on File	Employee	Class Age Level					Min. General Hours	Min. Age-Specific Hours
		Infants	Toddlers	3s	4s	5s		
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Step 5, Continued**

Track each employee's completion of annual training:								
All Training Certificates on File	Employee	Class Age Level					Min. General Hours	Min. Age-Specific Hours
		Infants	Toddlers	3s	4s	5s		
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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