

## Annual FCC/LFCC Professional Development Plan

Employee's Name: \_\_\_\_\_ FCC/LFCC's Licensing Dates: \_\_\_\_\_ - \_\_\_\_\_

Annual goal(s) for professional development (areas of suggested growth, skills, and or knowledge):  
**Delaware Stars programs should link annual goals for professional development with self-assessment using the Delaware Competencies for Early Childhood Professionals and Environment Rating Scale classroom scores if applicable.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15 annual hours needed.

Training Course Title	Topic Area	Date(s) Offered	Hours	Date Completed

**\* Attach each training certificate to this plan.**

CPR expiration: \_\_\_\_\_

First aid expiration: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature                                  Date

\_\_\_\_\_  
Provider's Signature                                  Date