

Annual Facility Professional Development Plan

Center Name: _____ Center's Licensing Dates: _____ -- _____

Center's Full Physical Address: _____ Current Star Level: _____

Annual Training Goals*	Training Topic/Title**	# of Staff needing training***	How will training be delivered? (online, onsite, community, in-house)	Total Cost	Possible Financial Resources: (Stars, T.E.A.C.H., center pay, staff pay, reimbursement, other scholarships, etc.)

*Annual Training Goals linked to competencies and ERS scores are identified on staff Individual Professional Development Plans.

**More than one Training Topic/Title may be included for each goal; please copy and use additional pages as necessary.

***Please include all staff Individual Professional Training Plans and corresponding, completed training transcripts/documentation for current program year.