

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

Training for meeting the in-service training requirement must be authorized by the Division of Child Development and Early Education. Authorization is based on the content of the training and the qualifications of the trainer. Contact hours should be awarded in 30 minute increments.

The following forms must be submitted:

✧ **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:**

- This form must be completed and then renewed once per year for each training topic that will be offered. Please submit 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 15 business days in advance of the first session presented.
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- The outline, **if approved**, will be e-mailed to the trainer.
- Must include:
  - ✓ Learning objectives
  - ✓ Content and instructional plan
  - ✓ References and Resources related to each topic

✧ **In-service Training Roster:**

- Trainers must mail, e-mail or fax the training roster within 15 days after the training to the In-Service Training Consultant (see address/numbers below) and keep a copy on file for 2 years.
- The roster will be matched with the trainer's approved 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 hours awarded, and the topic outline expiration date.

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

- Training sponsors must have participants evaluate all presentations.
- The evaluation forms are not required to be mailed to DCDEE; the forms or a summary report must remain on file with the sponsor for 2 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.
- DCDEE 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 by the trainer.
- Participants should be strongly encouraged to maintain their own set of training certificates as part of their professional development file.
- A sample certificate will be emailed to the trainer after a session has been approved.

✧ **In-service Training Requirements**

- Trainers who do not follow the in-service training rules may be denied training privileges. Review the complete text of the rules on pages 4 and 5 below.

**Forms should be submitted and all correspondence directed to:**

NC Division of Child Development & Early Education  
Attention: In-service Training Consultant  
2201 Mail Service Center  
Raleigh, North Carolina 27699-2200

Phone- 919-527-6608

Fax- 919-715-1339

Email- [dcdee.inservice.training@dhhs.nc.gov](mailto:dcdee.inservice.training@dhhs.nc.gov)

Choose one route to submit forms

# 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

## **10A NCAC 09 .1105 TRAINING APPROVAL**

Staff may meet the on-going 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 shall not be required for training offered by a college or university with nationally recognized regional accreditation, a government agency, or a state, or international 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 for review by the Division. The plan shall not be required for any state, national, or international conferences sponsored by a professional child care organization.
- (2) Prior approval from the Division shall be 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:
  - (a) complete and submit on-going training approval forms provided by the Division 15 business days prior to the training event that includes the name and qualifications of the trainer, name of training, target audience and content of the training;
  - (b) submit a training roster, to the Division, listing the attendees' name, the county of employment, and day time phone number no later than 15 days after the training event;
  - (c) provide training evaluations to be completed by attendees; and
  - (d) keep the training rosters and evaluations on file for two years.
- (3) Distance learning shall be permitted from trainers approved by the Division or offered by an accredited post-secondary institution, as listed on the United States Department of Education's Database of Accredited Post-Secondary Institutions and Programs at <http://ope.ed.gov/accreditation/>. Distance learning shall not be permitted for Cardiopulmonary Resuscitation (CPR), First Aid, and playground safety training.
- (4) The Division shall approve training based upon the following factors:
  - (a) The trainer's education, training, and experience relevant to the training topic;
  - (b) Content that is in compliance with G.S. 110-91(11); and
  - (c) Contact hours for the proposed content and scope of the training session.

- (5) The Division shall deny approval of training to:
  - (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.
- (6) Agencies, organizations, or individuals who intentionally falsify any information submitted to the Division pursuant to this Rule shall be permanently ineligible to apply for approval of training.
- (7) Denial of approval of training or a determination of falsification is appealable pursuant to G.S 110-94 and the North Carolina Administrative Procedure Act, G.S. 150B-23.

*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, 2988; January 1, 1987;  
Prior to readoption of September 1, 2017 this language was located in Rule .0708;  
Readopted October 1, 2017.*

DCD-0438  
 Rev. Oct. 2017  
 G.S. 110-91(11)  
 10A NCAC 09 .1105

North Carolina Department of  
 Health and Human Services  
 Division of Child Development and Early Education  
 2201 Mail Service Center, Raleigh, NC 27699-2200  
 Phone (919)527-6608  
 Fax (919)715-1339

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
			From	To	
High School					
College or University					
Graduate Professional or Other Educ.					

### Section III: Relevant Work Experience \*

Job Title	Employer	Employer's Address	Dates of Employment

\*Please attach any additional early childhood training and/or experience.

### Section IV: Other Information/Please Read Carefully!

Have you completed coursework or training related to adult 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? \_\_\_\_\_

Have you ever been denied training approval in any state? \_\_\_\_\_

Have you ever been disqualified to care for children in any state? \_\_\_\_\_

This form should be updated annually if there are any changes.

North Carolina Department of Health & Human Services  
 Division of Child Development and Early Education  
 2201 Mail Service Center Raleigh, NC 27699-2200  
 1-800-859-0829 (in state calls only)  
 Phone (919)527-6608  
 Fax (919)715-1339

## In-Service Training Outline Form for Non-Exempt Training

Renew yearly  or submit 15 business days prior to the 1<sup>st</sup> (new) session

### Section I: Training Event /In-Person Delivery

<b>Presentation Title</b>	<b>Target Audience-</b> <input type="checkbox"/> Caregivers <input type="checkbox"/> Owners/Administration <input type="checkbox"/> Food Service or Support Staff <input type="checkbox"/> Others: Specify:	<b>Contact Hours Requested-</b> (excluding meal times)  _____  New Outline <input type="checkbox"/> Renewal <input type="checkbox"/>
<b>Age Group Targeted</b>  <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-Age		
<b>List the Presentation Topic Number(s)</b> From the 9 topic areas in GS 110-91(11)		
<b>Each non-exempt trainer must submit an outline listing them as the lead trainer</b>		
<b><u>Name of Trainer</u> –</b>	<b><u>Daytime Phone Number-</u></b>	
<b><u>E-mail-</u></b>		

### Section II: Outline (you may attach additional pages if needed)

Include the following:

Learning Objectives, Content & Instructional Plan, Materials Needed, Resources & References

### Section III: Methodology (check all that apply)

	<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
<b>Section IV: To be completed by DCDEE</b>	
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.

# In-service Training Roster

NC Division of Child Development & Early Education  
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 2 years (non-exempt trainers). All training agencies are to keep this form on file for 2 years.**

**This form is to be used for training sessions that have been approved by DCDEE and meet the standards in 10A NCAC 09 .1105.**



**North Carolina Department of Health and Human Services  
 Division of Child Development & Early Education  
 2201 Mail Service Center  
 Raleigh, NC 27699-2200  
 (919)527-6335**

**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.

	<b>Strongly Agree</b>		<b>Agree</b>		<b>Strongly Disagree</b>
<b>Rate the training session as follows:</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
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 2 years after training date**