



How to Become an Approved Staff Development Trainer

Individuals interested in providing staff development training to the staff of licensed child care facilities in Mississippi must be approved by the MSDH Child Care Facilities Licensure Division. Approval must be received before offering the training. This application packet includes the following items:

1. Staff Development Trainer Reference Guide
2. Trainer Application Form
3. Trainer Agreement

Applications are reviewed in February, May, August, and November of each year.



**Mississippi Department of Health
Child Care Licensure Staff
Development Trainer Reference Guide**



According to the *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi Department of Health: all child care staff, directors, director designees, and caregivers shall be required to complete 15 contact hours of staff development, accrued during the licensure year, annually. The National Association for the Education of Young Children (NAEYC), a leading organization in child care and early childhood education, recommends annual training based on the needs of the program and the pre-service qualifications of the staff.

Regulations Governing Licensure of Child Care Facilities states that contact hours for staff development shall be approved by the licensing agency. According to NAEYC's position statement, *Conceptual Framework for Early Childhood Professional Development*, "providers of effective professional development experiences have an appropriate knowledge and experience base."

The Child Care Licensure Division of the Mississippi State Department of Health is committed to improving the quality of child care across the state by ensuring a high standard of training for child care professionals. To meet the educational needs of professionals in early care and education, it is essential that the training is conducted by knowledgeable, qualified, and highly effective instructors.

In the past, no specific criteria for establishing qualifications for trainers existed in the Division of Child Care Licensure. After gathering information from Southern Early Childhood Association, and the National Child Care Information and Technical Assistance Center, and training criteria already established by the states of Florida, Arizona, and Georgia, a set of criteria was established to evaluate trainer applications.

Trainer Approval at a Glance...

All Trainers must meet specific criteria in order to be an approved trainer for child care licensing regulations requirements.

Criteria are based upon education and experience in the field of early care and learning, or in other areas pertinent to the needs of child care providers. To meet that criterion, each applicant must meet the following requirements:

- Associate Degree, plus 10 years of experience; or
- Bachelor's Degree, plus 3 years of experience; or
- Master's Degree or above, plus 0 years of experience

Once approved, trainers must reapply every 2 years to maintain state-approved trainer status.

All approved trainers must submit documentation of continuing education hours received in the field of early care and learning or adult learning at the following rate before receiving renewal:

- Associate Degree – 15 hours
- Bachelor's Degree – 10 hours
- Master's Degree or above – 5 hours

Once approved, trainers will be given a unique trainer code that shall appear on all certificates issued by the trainer. These codes will signify that the trainer has received approval from the Mississippi State Department of Health, Child Care Facilities Licensure Division.



Mississippi Department of Health
Child Care Licensure
Staff Development
Trainer Application



PLEASE PRINT
CLEARLY

Complete ALL sections clearly and completely in ink
only.

Print name as you want it to appear on all correspondence and certificates.

GENERAL INFORMATION

Name _____ Date _____
Mailing Address _____ Apt. # _____
City _____ State _____ Zip _____ County _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email Address _____
Other last names used that could be on documents (i.e. Maiden name) _____

EDUCATIONAL BACKGROUND (Check all that apply):

- Associate's Degree in _____
Bachelor's Degree in _____
Master's Degree in _____
Other _____

Attach documentation (photocopy of official transcript). Degrees should be in the field of early childhood education, child development, elementary education, child care, special education, psychology (with emphasis on child psychology), family and consumer sciences (with emphasis on child development), or child development technology, or in the field of your area of expertise. Only degrees from regionally accredited colleges or universities will be accepted.

WORK EXPERIENCE

Facility Name _____
Address _____
Position Held _____
Dates of Employment _____
Supervisor's Name and Contact Number _____
Facility Name _____
Address _____
Position Held _____
Dates of Employment _____
Supervisor's Name and Contact Number _____

Facility Name _____

Address _____

Position Held _____

Dates of Employment _____

Supervisor's Name and Contact Number _____

PROFESSIONAL DOCUMENTATION

The following documentation must be submitted with the initial application. Please note that information you submit on the trainer application will be verified via supporting documentation you submit with your application.

- Photocopy of official final transcripts from a regionally accredited college or institution indicating degree conferred.
- Curriculum outline for every training and agenda for every training.
- Professional resume with complete professional work experience with children.
- Two professional letters of recommendation in reference to your ability as a trainer.

DO NOT mail originals of educational verification.

DO NOT fax this form – an original signature is required.

An application fee of **\$50.00** must accompany each request for program review/approval.

Incomplete applications will delay your acceptance.

Mail all documents to:

Carol M. Bishop, HPSS
Mississippi State Department of Health
Child Care Licensure
P.O. Box 1700
Jackson, MS 39215-1700

I certify that the information on this application is complete and accurate to the best of my knowledge.

Print Name _____ Date _____

Signature _____



**Mississippi Department of Health
Child Care Licensure
Staff Development
Trainer Agreement**



Please initial at the beginning of each statement to indicate agreement.

_____ I agree that the application submitted accurately reflects the training content and number of hours.

_____ I agree to reference the appropriate works cited information for all references used and adhere to copyright laws.

_____ I understand training certificates must contain accurate and required information. I understand the list of required certificate information will be provided in my letter of trainer approval.

_____ I understand a training certificate cannot be distributed to anyone who does not attend the full training or anyone who arrives more than 15 minutes late or leaves early.

_____ I understand trainings are approved for two (2) years.

_____ I understand my trainer code is unique to my training and me. This code is only to be used on my certificates for training approved by Mississippi Department of Health, Child Care Licensure Division.

_____ As a state-approved trainer, I agree to conduct myself in a manner that will enhance the integrity of the early childhood care and education field.

_____ I understand that a representative from Mississippi State Department of Health, Child Care Licensure Division, may randomly monitor any state approved training for quality control purposes with or without notice to me.

If a state-approved trainer is found in breach of his/her signed trainer agreement, the authority to provide state-approved training shall be removed for a time limit decided by Mississippi State Department of Health, Child Care Licensure Division. A permanent withdrawal of trainer/training approval status may be instituted by Mississippi State Department of Health, Child Care Licensure Division. Examples of breaches and revocation periods are as follows:

Submitting a training that has been plagiarized and/or not authored by you (one-year training probation)
Presenting a training as state-approved, when it is not state-approved (one-year training probation)

Awarding more hours of state-approved credit to an individual or individuals than what was actually provided (permanent trainer/training probation)

Distributing a certificate of state-approved training to someone who did not attend the training (permanent trainer probation)

After a probationary period, the trainer is required to apply as a new trainer and must meet all qualifications and sign a new trainer agreement.

I understand that violation of any of the above statements may place approval of this and/or future training approval applications in jeopardy.

_____ Trainer Signature

_____ Date