



DELAWARE STARS FOR EARLY SUCCESS

Quality Improvement Plan Part 2: Qualifications Worksheet Star Level 2 ★★

Program _____

Date _____

To update this form write reason in the comments column, draw single line through the row to indicate the person is no longer with the program. Initial and date.

NAMES: List <u>ALL</u> Center/LFCC Staff and FCC/LFCC Licensee	Position Designated by Program	Meets OCCL Qualifications for Designated Position Circle Y or N	Certificate Received Circle Y or N	How will/did staff meet qualifications? (i.e. TECE 1, TECE 2, CDA, college courses, etc.)	Date Completed or Estimated Completion Date	Completed	Comments
		Y N	Y N			Y N	
		Y N	Y N			Y N	
		Y N	Y N			Y N	
		Y N	Y N			Y N	
		Y N	Y N			Y N	
		Y N	Y N			Y N	
		Y N	Y N			Y N	
		Y N	Y N			Y N	
		Y N	Y N			Y N	
		Y N	Y N			Y N	

(Make copies of this page, as necessary.)