

Staff Compliance Plan

Program Name: _____

Location: _____ **Classroom:** _____

Position Requesting Compliance Plan: _____

Staff Member Name: _____ **Date of Initial Vacancy:** _____

The Michigan Department of Education recognizes that, "Gains in a young child's development are increased when the child has meaningful relationships with responsive adults who have a sophisticated understanding of early childhood education. For this reason, it is critical that GSRPs hire qualified teachers. Programs that employ staff who do not meet credentialing requirements are in noncompliance status."

Prior Steps Taken to Hire Qualified Teacher (Including timeline, job posting locations, etc.):

Working to Obtain the following Credentials:

Lead Teacher:

- ____ Bachelor's Degree in Child Development or Early Childhood Education
- ____ Master's degree in Child Development or Early Childhood Education
- ____ Early Childhood (B-K) or Lower Elementary (PK-3) Endorsement on Teaching Certificate
- ____ Other: _____

Credits Already Earned: _____ Credits Needed: _____

Associate Teachers with 5 years GSRP experience, along with significant but incomplete training in early childhood education or child development, may be hired as a Lead Teacher on a compliance plan. # years in GSRP _____ # years in non-GSRP _____

Anticipated completion date of required coursework:** _____

**Minimum requirements: Two credits per year. All required coursework must be completed within three (3) years.

Associate Teacher:

- ____ Preschool CDA
- ____ Associates Degree in Child Development or Early Childhood Education
- ____ Other: _____

Credits Already Earned: _____ Credits Needed: _____
(must have at least 1 course in child development or early childhood education completed)

Anticipated completion date of required coursework:** _____

**Minimum requirements: Two courses/60 clock hours per year. All coursework must be completed within (3) years.

***Submit documentation of completed courses and future plan of work for approval.**

By signing below, all parties agree to monitor and support the staff member to achieve compliance.

Staff Member Signature: _____

Printed Name: _____ Date: _____

Program Administrator/Director Signature: _____

Printed Name: _____ Date: _____

Early Childhood Specialist Signature: _____

Printed Name: _____ Date: _____

For RESA Use Only:
Compliance Plan Approved: YES NO If no, reason _____
Date Approved: _____

Wayne RESA ECS/ECC Signature: _____