

# NECDDRS

Nebraska Early Childhood Professional Record System



## Pre-Service Training Plan

1. Click on Training.

NECDDRS  
Nebraska Early Childhood Professional Record System

Home | Apply to Step Up to Quality | **Training** | FAQ | Help

Nebraska Step Up to Quality Program  
Office of Early Childhood  
Child Care Licensing  
Child Care Subsidy Information

Returning Users  
Email  
Password  
Sign in | Forgot Password?

New Users Click Here To Start

The Early Childhood Professional Record System was established by the [Office of Early Childhood](#) to collect data about Nebraska's early childhood programs and determine their standing in the [Step Up to Quality](#) process. This website will also collect professional records for those employed by early childhood programs, regardless of whether or not their program participates in Step Up to Quality.

2. Click on *Pre-Service Plan*

Home | Apply to Step Up to Quality | **Training** |

**For Users**  
[Training Calendar](#)  
[Independent Study](#)  
**[Pre-Service Training Plan](#)**  
[Post-Secondary Coursework Annual Training Equivalencies](#)  
[Automatically Accepted Trainings](#)

**For Directors**  
[Employee Pre-Service Plan](#)

**For Trainers**  
[Training Approval](#)

**Child Care Licensing**  
**Child Care Subsidy Information**

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3. After reading instructions click on ***Start a New Pre-Service Training Plan.***

- If approved, individual prints out pre-service plan and holds on to the document for their licensing specialist
- If plan is not approved, please refer to the comments in the email and resubmit

**Pre-Service Plan Instructions**

- Click on "Start a New Pre-Service Training Plan"
- The individual must have all information available when filling out the form online
- All areas must be completed in order to process
- After completing, click Submit
- If changes need to be made to the plan after submitting, you must submit a new training plan

**Start a New Pre-Service Training Plan**

4. Fill out contact information of *person who is completing the application.* Then click ***Save & Continue.***

**Pre-Service Training Plan**

Note: \* indicates required fields

My First Name*	<input type="text"/>	
My Last Name*	<input type="text"/>	
My Email Address*	<input type="text"/>	(e.g. john.smith@example.com)
My Phone Number	<input type="text"/>	(e.g. xxx-xxx-xxxx)

Choose one of the following options\*

I am a staff person writing a training plan for myself

I am a director/owner writing a training plan for my staff person

I am a director/owner writing a training plan for myself

Other/I don't know

[Back](#) Note: If you would like a paper copy of this form please contact Jene' M. Chapman at 402-557-6882. [Save & Continue](#)

5. ***Fill out entire application, click submission statement and then Submit.***

\*Be sure to enter College and University Courses under Education, Training (face to face) under Trainings, webinars, and online training that is not on the automatically accepted list, books, and videos under Independent Study. Follow all directions.

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### Education

Please enter training that totals the required clock/credit hours of the position in which you seek qualification. See chart [?](#) if you need assistance.

Course Title, Name of College or University (One line description of course title, college/university)	# of Credit Hours	
<input type="text"/>	<input type="text"/>	<a href="#">Delete</a>

Add Education

### Trainings

Training Name (One line description of training title)	# of Clock Hours	
<input type="text"/>	<input type="text"/>	<a href="#">Delete</a>

Add Training

### Independent Study Trainings

Independent Study (One line description of training/course title, author, publication date, description)	# of Clock Hours	
<input type="text"/>	<input type="text"/>	<a href="#">Delete</a>

Add Independent Study

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I understand that once I click submit, I will not be able to edit the application.

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Submit