



Keystone STARS Continuous Quality Improvement (CQI) Program Profile

MPI#: _____

Facility Information

This facility holds a Pennsylvania Department of Human Services Certificate of Compliance:

Yes No

This facility holds a Pennsylvania Department of Education Private Academic School License:

Yes No

This facility holds a current accreditation from a recognized accrediting body: Yes No
If yes, please indicate the type of accreditation: _____

Name of Facility: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Facility Phone Number: _____

Contact Person: _____ Title: _____

Email: _____

Facility Type (if applicable, check one below):

Center Family Child Care Home Group Child Care Home School Age Only Site

Legal Entity Information

Legal Entity Name: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Number of children program site is certified/licensed for: _____

How many years has site been in operation? _____

Ages of Children Accepted at this Site: _____ to _____

Number of Classrooms: _____ Hours of Operation: _____ to _____

Days of Operation: _____

Classroom Name	Classroom Age Range	Capacity of Room	# of Children Enrolled	# of Teachers FT/PT First Initial and Last Name

Is the Director on-site a minimum of 30 hours per week? Yes No

Does the Director have regular teaching duties? Yes No

Is there internet access on site? Yes No

Is there access to a scanner/fax on site? Yes No

Do you currently use coaches or mentors? Yes No

Is your program involved in any quality improvement projects? Yes No

If your program is involved in quality improvement projects, please list below:

The following information is based on current enrollment. Today's Date: _____

Based on current enrollment, how many children:

Receive Child Care Works? _____

Have documented special needs (e.g. IFSP, IEP, etc.)? _____

Are English Language Learners (ELL)? _____

Check all that describe this site:

<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Multi-Site (Chain or Franchise)
<input type="checkbox"/> Head Start	<input type="checkbox"/> For-Profit	<input type="checkbox"/> USDA Food Program
<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Montessori <input type="checkbox"/> Montessori Accreditation	<input type="checkbox"/> NAEYC Accredited
<input type="checkbox"/> Pre-K Counts	<input type="checkbox"/> Reggio Inspired	<input type="checkbox"/> NAFCC Accredited
<input type="checkbox"/> School Age Only Site <input type="checkbox"/> Use of After School Quality (ASQ)	<input type="checkbox"/> Private Academic Preschool	<input type="checkbox"/> Other: _____

What are you hoping your program will achieve by participating in Keystone STARS?

What are you hoping your program will receive from your Quality Coach and how can Keystone STARS best meet your needs?

Describe one or two program areas you would like to focus on to improve the quality of your program.

How will you ensure that you and your staff will be able to participate in Keystone STARS (i.e. have time for weekly meetings with the coaches or consultants, have the ability to make changes in your program, etc.)?

Do you anticipate any barriers to participating in any of the above-mentioned activities?

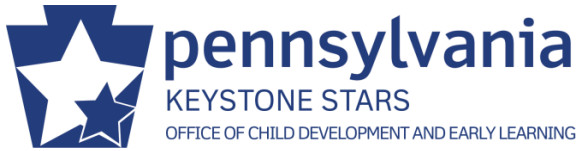
Does the staff understand that participating in Keystone STARS means:

- They may have assessors/observers in their room? Yes No
- They may have a classroom observation? Yes No
- They may be asked to participate in coaching meetings and/or further pursue training and education? Yes No

Does your staff receive feedback regarding job performance on a regular basis? Yes No
If yes above, please describe the process and frequency of feedback.

Does staff have the opportunity to provide their supervisor and/administration with input regarding program policies and procedures? Yes No

If yes above, please describe how and when.



Sample CQI Plan Form

STARS PERFORMANCE INDICATORS

Indicator	Area of Strength	Area of Growth	Action Steps What, Who, When	Reflection	Completed Y or N

PROGRAM OBSERVATION INSTRUMENT

Choose One: CLASS ERS OTHER

Indicator	Area of Strength	Area of Growth	Action Steps What, Who, When	Reflection	Completed Y or N

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Choose One: CLASS ERS OTHER

Indicator	Area of Strength	Area of Growth	Action Steps What, Who, When	Reflection	Completed Y or N

Note: Attach Individualized Professional Development Plans