Request for STARS Technical Assistance

PROGRAM INFORMATION

Contact Name: _____ Position:_____

Facility Name:_____ Facility #/MPI#: _____

Facility Address: _____

City:_____ State:_____ ZIP:_____ County: _____

Phone:_____ Fax:_____ Email: _____

Hours/Days/Months of Operation: _____

CURRENT KEYSTONE STARS STATUS: _____ *STAR LEVEL GOAL:*_____

CURRENT KEYSTONE STARS EXPIRATION: _____

NATIONAL ACCREDITATION(S): _____

OTHER QUALITY IMPROVEMENT INITIATIVES:

Are you participating in any other quality improvement initiatives?

    Early Childhood Mental Health   Early Head Start   Pre-K Counts   Early Intervention

    Success By 6   Other:_____

TYPE OF FACILITY:

    Center   Group Day Care   Family Day Care Home

ENROLLMENT: Identify the number of children and number of classrooms served by age group:

Care Level	Infant	Young Toddler	Older Toddler	Preschool	Young School Age	Older School Age
# of Children						

KEYSTONE STARS CORE SERIES PROFESSIONAL DEVELOPMENT:

STARS facilities are required to complete or be enrolled in the STARS Core Series before they can receive STARS Technical Assistance. (Attach PD history or certificates for completed PD below)

    STARS Orientation   CBK/PDR   Foundations of ERS   CQI

    FPDP   Learning Standards   ECERS-R

    ITERS-R   FCCERS   SACERS   STARS Orientation Part 2

Facility Name:_____ Facility #/MPI#: _____

REQUESTED AREA(S) OF SERVICE: (Check all that apply)

	Infant	Young Toddler	Older Toddler	Preschool	Young School Age	Older School Age
Staff Qualifications & Professional Development						
Partnerships with Family & Community						
Leadership and Management						
Learning Program						
Accreditation						
Health & Safety						
Certification						

REASON FOR REQUEST:
In what ways do you believe Technical Assistance will benefit your facility?

*SIGNATURES AND ATTACHMENTS: **Attached PD History or Certificates***

_____   _____   _____

Facility Director (signature)   Printed Name   Date

_____   _____   _____

Owner/CEO (signature)   Printed Name   Date

Regional Key/STARS TA use only: Request Complete on ___ /___ /___ STARS Specialist: _____ Email: _____ Assigned Consultant(s): _____ Email: _____ Assigned Consultant(s): _____Email: _____	**EMAIL** to: smcclaffer@phmc.org **FAX** to: 267.765.2397 **MAIL** to: STARS Technical Assistance SERK at PHMC LM 500, Lower Mezzanine, West Tower 1500 Market Street, Philadelphia, PA 19102

KEYSTONE STARS

Request for STARS Technical Assistance Instructions

STARS Technical Assistance is an intensive, one-on-one service provided to an early learning or school age facility to help the facility meet specific Keystone STARS performance standards. Facilities requesting STARS Technical Assistance must currently be participating in the Keystone STARS quality initiative.

Please fill in all parts of this request completely and provide all required attachments as described below:

PROGRAM INFORMATION - (*Please print all information using black or blue ink*)

- **Date**: Identify the date this request is submitted.
- **Contact Name**: Provide the name, title, and telephone number of the person who should be called if there are any questions about the request.
- **Position**: Specify the position (e.g., director, owner/CEO) of the person named as contact person.
- **Facility#/MPI#**: Indicate the number as it appears on the facility's Department of Public Welfare Certificate of Compliance and or Master Provider Index number (MPI#) if known.
- **Facility Name***: Use the name of the facility as it appears on your Department of Public Welfare Certificate of Compliance. Do not use shorthand or a nickname.
- **Facility Address, City, State, ZIP, and County**: Indicate the address of the facility as it appears on your Department of Public Welfare Certificate of Compliance.
- **Hours and Months of Operation**: Specify the hours the program is open and the months the program is in operation.
- **Current Keystone STARS Level**: Specify the facility's current Keystone STARS level.
- **Type of Facility**: Check-off whether the program is child care center, group day care, or a family day care home.
- **Enrollment**: Identify the total number of children enrolled by age group. Provide this information as of the date the request is signed.

KEYSTONE STARS CORE PROFESSIONAL DEVELOPMENT

Check-off the professional development sessions completed as of the date of this request. Enrollment in or completion of the STARS Core Series is a prerequisite to participating in STARS Technical Assistance.

REQUESTED AREAS OF SERVICE

Check-off the technical assistance area(s) you are requesting and if there is a focus on health and safety issues for any of the area(s) of service you request. Provide a brief description explaining how you feel technical assistance will benefit your facility. Also, indicate if you are participating in another quality improvement initiative and provide information about this initiative.

SIGNATURES AND ATTACHMENTS

- **Attachments**: Identify the attachments included with this request by checking the appropriate box. Be sure to include a copy of the attachment(s) with this request.

  1. **Keystone Stars Certificate**: Provide a **copy** of the Keystone STARS certificate identifying the current STAR level for the facility requesting STARS TA.

  2. **Core Professional Development Series** : Provide copies of PD History or Certificate of Attendance forms for staff that have enrolled in, or completed the following professional development series: ERS Foundations, ITERS-R, ECERS-R, SACERS, or FCCERS; the Home-based Orientation; STARS Orientation; professional development on the Core Body of Knowledge/Professional Development Record (CBK/PDR) for Directors; Continuous Quality Improvement(CQI); Facility Professional Development Plan (FPDP) and Integrating Standards, Curriculum and Assessment (Links to Learning Foundations for School-Age programs).

- **Signatures**: Obtain all of the appropriate signatures. All requests must include the signature of the facility director. The request must include the signature of the owner/CEO, if this individual is different than the facility director.

Fax or Mail completed request and attachments to the address at the bottom of the application.