



## Request for **infant-toddler specialist** technical assistance

### PROGRAM INFORMATION

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Facility Name: \_\_\_\_\_ MPI#: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Hours/Days/Months of Operation: \_\_\_\_\_

**National Accreditation(s):** \_\_\_\_\_

**Current Keystone STARS Level:** *A* \_\_\_\_\_ **STAR Level Goal:** \_\_\_\_\_

**Current Keystone STARS Expiration:** \_\_\_\_\_ **STARS Specialist:** \_\_\_\_\_

**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						

**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    Child Care Health Consultation    STARS TA (If Technical Assistance was received,

what were the topic areas covered?) \_\_\_\_\_

Other: \_\_\_\_\_

### 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 certificates or PD history from [www.pakeys.org](http://www.pakeys.org) for all completed Core Series PD)

- |                   |                                |                    |                          |
|-------------------|--------------------------------|--------------------|--------------------------|
| STARS Orientation | CBK/PDR                        | Foundations of ERS | CQI                      |
| FPDP              | Integrating Learning Standards |                    | ECERS-R                  |
| ITERS-R           | FCCERS                         | SACERS             | STARS Orientation Part 2 |





# Request for **infant-toddler specialist** technical assistance instructions

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Infant-toddler specialist technical assistance is targeted to infant-toddler providers within STAR 2 facilities to enhance the provision of high quality services to very young children and their families with particular emphasis on relationship-based practices. STAR 1 facilities may also be considered. Services will occur through coordination with other technical assistance initiatives and ultimately result in improved outcomes for children and enhanced professional development of infant-toddler practitioners.

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.
- **MPI#:** Indicate the number as it appears on the facility's Department of Public Welfare Certificate of Compliance.
- **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 Child Care Health Consultant Technical Assistance.

## **REQUESTED AREAS OF SERVICE**

Check-off any 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. 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 the Certificate of Attendance forms or PD history from [www.pakeys.org](http://www.pakeys.org) 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.

**RETURN COMPLETED REQUEST FORM AND ATTACHMENTS to the address on the bottom of the Request Form.**

