



## Request for **Child Care Health Consultant** for 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:** \_\_\_\_\_ **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       Infant-Toddler Specialist       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



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

	Infant	Young Toddler	Older Toddler	Preschool	Young School Age	Older School Age
Injury and Infectious Disease Prevention						
Personal Care Routine						
Medication Administration						
Nutrition						
Oral Health						
Written Policies						
Immunizations						
Children with Special Health Needs						
Other:						

Have you had any Professional Development specific to health and safety?  Yes  No  
 If so, what health and safety topics were covered?

In what ways do you believe a Child Care Health Consultant will benefit your facility?

**SIGNATURES AND ATTACHMENTS: Keystone STARS Certificate and Core Series Certificates or PD history from [www.pakeys.org](http://www.pakeys.org).**

\_\_\_\_\_  
 Facility Director (signature) Printed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Owner/CEO (signature) Printed Name \_\_\_\_\_ Date \_\_\_\_\_

<p><u>Southeast Regional Key use only:</u></p> <p>Request Complete on _____</p> <p>Child Care Health Consultant: _____ Email: _____</p> <p>STARS Specialist: _____ Email: _____</p>	<p><b>EMAIL</b> to: <a href="mailto:smcclaffer@phmc.org">smcclaffer@phmc.org</a></p> <p><b>FAX</b> to: 267.765.2397</p> <p><b>MAIL</b> to:</p> <p>STARS Technical Assistance                  SERK at PHMC                  LM 500, Lower Mezzanine, West Tower                  1500 Market Street, Philadelphia, PA 19102</p>
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# Request for **Child Care Health Consultant** for Technical Assistance Instructions

Child Care Health Consultant 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 for health and safety. Facilities requesting Child Care Health Consultant 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.
- **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 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. 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.**

Fax: 267-765-2397  
Email: [arush@phmc.org](mailto:arush@phmc.org)  
Or Mail: Child Care Health Consultation  
SERK at PHMC Centre Square East,  
1500 Market Street Philadelphia, PA 19102

