



pennsylvania

KEYSTONE STARS

OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING

STAR 2 Rising STARS Grant Application: 2017/2018

PLEASE NOTE: IN ADDITION TO THIS APPLICATION, PROVIDER MUST SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS OR THE APPLICATION WILL BE VOID: 1.) A COMPLETED ENROLLMENT CALCULATION TOOL (ECT) FOR THE CURRENT FISCAL YEAR; 2.) KEYSTONE STAR 2 STANDARD STATUS WORKSHEET; 3.) THIS APPLICATION COMPLETED IN FULL.

PROGRAM INFORMATION

Contact Name: _____ Position: _____

Facility Name: _____ Facility #/MPI#: _____

Facility Address: _____

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

Phone: _____ Fax: _____ Email: _____

Please write **hours per day**, the **days per week**, and the **months per year** of operation:

CURRENT STAR LEVEL GOAL: _____ **ULTIMATE STAR LEVEL GOAL:** _____

NATIONAL ACCREDITATION(S): _____

SACC Only: Yes No

OTHER QUALITY IMPROVEMENT INITIATIVES:

Please mark the other quality improvement initiatives in which the facility location actively participates:

- Early Childhood Mental Health
- Head Start (state, federal, or early)
- STARS TA
- Childcare Health Consultation

KEYSTONE STARS CORE SERIES PROFESSIONAL DEVELOPMENT:

Please mark the core series events completed by the facility/location:

- STARS Orientation
- CBK/PDR or CKC/IPDP
- CQI
- Learning Standards
- ERS
- STARS Orientation Part 2

Facility Name: _____ Facility #/MPI#: _____

TIMELINE IN MEETING THE STARS 2 STANDARDS—PLEASE CHECK ONLY ONE BOX (THIS MUST MATCH WHAT WAS COMPLETED ON THE STAR 2 STANDARD WORKSHEET

IF YOUR FACILITY IS A DHS CERTIFIED CENTER (INCLUDING SACC ONLY), GROUP, OR FAMILY, PLEASE CHECK THE APPROPRIATE BOX

STAR 2 Standards	9 items on the attached standards grid are complete or will be completed within 3 months <input type="checkbox"/>	13 items are completed or will be completed in the next 6 months <input type="checkbox"/>	All items are completed or will be completed within the next 12 months <input type="checkbox"/>
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COMMITMENT TO HIGH QUALITY—PLEASE CHECK ONLY ONE BOX

Program agrees to participate in the STAR 3 designation process within the next 9 months <input type="checkbox"/>	Program agrees to participate in the STAR 3 designation process within the next 12 months <input type="checkbox"/>	Program agrees to participate in the STAR 3 designation process within the next 13 + months. <input type="checkbox"/>
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HAS THE LOCATION OR LEGAL ENTITY EVER BEEN DENIED A CERTIFICATE OF COMPLIANCE, CERTIFICATE OF REGISTRATION OR LICENSE, HAD A CERTIFICATE OF COMPLIANCE, CERTIFICATE OF REGISTRATION OR LICENSE REVOKED, OR HAD A CERTIFICATE OF COMPLIANCE, CERTIFICATE OR REGISTRATION OR LICENSE NOT RENEWED IN PA? YES NO

ALL ANSWERS MUST BE LEGIBLE OR APPLICATION WILL BE ELIMINATED FROM CONSIDERATION.

WHAT WOULD YOU DO WITH A RISING STARS GRANT TO INCREASE ACCESS TO HIGH QUALITY EARLY CARE FOR PENNSYLVANIA'S HIGH-NEED, HARD TO SERVE POPULATION?

WHAT STARS STANDARDS WOULD YOU LIKE ASSISTANCE WITH TO MOVE UP IN THE KEYSTONE STARS SYSTEM?

SIGNATURE_____ **Printed Name**_____ **Date**_____

Keystone STARS Specialist Signature:_____ **Date:**_____

(NOT required)

Mail completed form to:

THERE WILL BE NO CONSIDERATION OF PARTIAL APPLICATIONS.