

Keystone STARS Program Profile

Name of Facility: _____

MPI#: _____ Contact Person: _____ Title _____

Phone Number: _____ Email _____

Address: _____ City: _____ Zip: _____

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: _____

Note: Please ensure all information in PELICAN related to your program is accurate and current including age of children accepted, accreditations, contact information, etc.

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 Accredited	<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: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

		Comments
Are you interested in moving up a level?	Yes No	
Have you been receiving coaching to support CQI Plan?	Yes No	
Have you experienced 50% or more staff change?	Yes No	
Have you had a change in Director?	Yes No	
Has there been a significant fluctuation in enrollment /FTE compared to last FY?	Yes No	
Has there been a change in funding for slots (Head START, Pre-K Counts)?	Yes No	

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

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

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

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

