

Keystone STARS Annual Review Form

All programs that receive a STARS designation must complete an Annual Review to maintain their designation. This Annual Review document is due during the anniversary month of the program's initial STARS designation. Programs are also required to update and submit their CQI plan reflecting goals met and new goals and are encouraged to report progress on new indicators being met. Programs that fail to submit their Annual Review Document 10 days prior to their anniversary date will result in a loss of their current designation. Programs must resubmit for a full STARS evaluation every three years OR when they seek to move up a STAR level. *Note: Attach Individualized Professional Development Plans*

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: _____

As part of your Annual Review, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been receiving coaching to support CQI Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you experienced 50% or more staff change?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a change in Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has there been a significant fluctuation in enrollment /FTE compared to last FY?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has there been a change in funding for slots (Head START, Pre K Counts)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)?

Do you anticipate any barriers to participating in any of the above-mentioned activities in the upcoming year?

Does your program staff understand that participating in Keystone STARS means:

- They may have assessors/observers in their room? Yes No
- They may have a classroom observation? Yes No
- They may be asked to participate in coaching meetings and/or further pursue training and education?
 Yes No

Does your staff receive feedback regarding job performance on a regular basis? Yes No

If yes above, please describe the process and frequency of feedback.

Does staff have the opportunity to provide their supervisor and/administration with input regarding program policies and procedures? Yes No

If yes above, please describe how and when.

Name of Individual Completing This Form: _____

Signature of Individual Completing This Form: _____

Date: _____