

Select Provider Type:

- Licensed Type I
- Licensed Type II
- Certified

**STARS for KIDS NOW Interim Report
Standards Documentation**

Date Completed: _____

Name of Facility: _____ County: _____
 Address of Facility: _____
 Mailing Address: _____
 Owner/Director Name: _____ Phone Number: (____)____ - ____
 Certificate/License Number: _____ Current STARS Level: _____ # children enrolled: _____

All STARS Standards Documentation Questions MUST Be Completed

I. Type I - Written improvement plan using appropriate environment rating scale (ERS) for **each age served**:

1. Date written ITERS-R improvement plan completed and in place: _____
2. Date written ECERS-R improvement plan completed and in place: _____
3. Date written SACERS improvement plan completed in place: _____

Type II/ Certified: - 4. Date **written** improvement plan using family child care environment rating scale completed and in place: _____

5. Did your program use technical assistance to develop its written improvement plan(s)? Yes No

II. Date written family involvement plan last updated: _____ *Please list family involvement activities below:*

Activity:

Date:

1. _____
2. _____
3. _____
4. _____

III. Type I - STARS Level 3 and 4 - Date facility's family feedback procedure last used: _____

IV. Type I - STARS Level 3 and 4 - Have there been changes in benefits offered to staff?

(including paid holidays, vacations, health benefits, etc.)

Yes No

If yes, please list: _____

V. STARS Level 4 – Date National Accreditation expires: _____ Please attach copy of Accreditation Certificate.

VI. STARS Level 4 Enhanced – Name of Health Insurance Carrier: _____

Please attach copy of staff health insurance policy to document health insurance is currently in force.

VII. ALL LEVELS – Regulatory Compliance: Date of last licensing/certification survey: _____

Type I/II: Has your facility received a civil monetary penalty in the last 12 months? Yes No

If yes, Date: _____ Amount: _____

Verification:

As program owner/director, I verify that the documentation for the above named child care program is complete and accurate. I understand that the standards and the documentation for a STARS rating must be adhered to and documented throughout the period the STARS rating is in effect.

Provider Signature _____ Date _____

