

DELAWARE STARS for *EARLY SUCCESS*
ANNUAL PROGRESS REPORT
On Quality Improvement Efforts



This report should be completed in collaboration with the Technical Assistant or other Delaware Stars staff and is due annually by January 31st.

Name of program _____

Program type: Center _____ LFCC _____ FCC _____ Current Star Level _____

Current Enrollment: _____ Number of children/families receiving POC _____

Report date: _____

1. Delaware Stars Standards:

a. List the Delaware Stars Standards from the *Quality Improvement Plan* newly met during this period (you may use the Standards codes):

b. What are the priorities for the next period's work?

c. What is your estimated target date for achievement of new Star Level? _____

2. Progress:

a. Rate the quality improvement progress your program has made during this period:

Outstanding _____ Satisfactory _____ Limited _____

b. Briefly describe the factors that contributed to the progress rating you selected above (factors that helped and/or hindered):

3. Delaware Stars Quality Improvement Grant:

Total amount awarded: _____

a. Amount spent during this period: _____ Attach the *Request for Quality Improvement Grant and Spending Plan and Report (Form #16)*, pages 2-3 (as applicable), and copies of your corresponding receipts.

b. Have you spent funds, other than the Delaware Stars grant, to support your quality improvement plan?

Yes _____ No _____

If yes, how much have you spent? _____

On what kinds of quality improvements?

4. Delaware Stars Professional Development Support Grant: Total amount awarded: _____

a. Amount spent during this period _____ Attach the *Request for Professional Development Support and Spending Plan Report (Form #17)*, page 2, and copies of your corresponding receipts.

b. Have you spent funds, other than the Delaware Stars grant, to support your work on achieving qualifications and professional development standards? Yes _____ No _____

If yes, how much have you spent? _____

On what type(s) of professional development? _____

c. How many individuals were supported during this period using the Delaware Stars Professional Development Support Grant? _____

d. Of the number listed in 4c, how many of these individuals have left your program? _____

5. Center Staffing:

a. How many staff have resigned or been terminated during this period? _____

b. Please note the number and position(s) of staff counted in 5.a. and attach an updated *Qualifications Worksheet (Form # 7 or #8)* and/or *Required Training Worksheet (form #9)*, if applicable.

- | | | |
|-----------------------------|-------------------------------|-----------------|
| ____ Teacher | ____ Site Coordinator | ____ Substitute |
| ____ Assistant Teacher | ____ Site Assistant | ____ Intern |
| ____ Administrator | ____ LFCC Assistant (SA only) | ____ Caregiver |
| ____ Curriculum Coordinator | ____ LFCC Assistant | |

6. Change in Stars Status:

a. Do you continue to meet the Delaware Stars Standards at your current Star Level? Yes____ No____
If no, list the Delaware Stars Standards you no longer meet (you may use Standards codes):

b. If any of the changes require correction, indicate how this correction is being addressed:

____ Program is working with Stars Technical Assistant or staff to address the issue.

____ Program has completed and attached a Plan for Maintaining Star Level Designation (Form # 22)

7. Please attach a copy of the most recent licensing compliance inspection report.

This report was completed by*:

Printed name of administrator/owner/
FCC/LFCC licensee

Signature

Date

Printed name of TA or Delaware Stars Staff

Signature

Date

*** This form is for informational purposes only. Remember to keep original receipts and submit copies of all receipts.**