

**DELAWARE STARS for *EARLY SUCCESS***  
**PLAN for MAINTAINING STAR LEVEL DESIGNATION and**  
**REPORT on PLAN COMPLETION**

PROGRAM NAME \_\_\_\_\_ DE STARS CONTACT PERSON \_\_\_\_\_

PROGRAM TYPE (Circle one):    Center            Large Family Child Care            Family Child Care

PLAN TO MAINTAIN STAR LEVEL \_\_\_\_\_ DATE PLAN DEVELOPED \_\_\_\_\_

**YOUR PLAN MUST ADDRESS EACH STAR STANDARD THAT IS NOT CURRENTLY BEING MAINTAINED. USE ADDITIONAL PAGES AS NEEDED.**

Standard	Action to be taken	Target Date	Person Responsible	Date Met & Initials

\_\_\_\_\_  
 Printed Name of Center Administrator/  
 LFCC or FCC Licensee

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of DE Stars Staff

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**SUBMIT A COPY OF YOUR PLAN TO: Delaware Stars for *Early Success*, Children and Families First, 809 Washington Street, Wilmington, DE 19801.**  
**WHEN PLAN HAS BEEN IMPLEMENTED AND ALL STANDARDS MET, please date and initial above, sign below, and resubmit copy to DE Stars.**

I attest that our program's plan to maintain Star Level \_\_\_\_\_ has been completed.

\_\_\_\_\_  
 Printed Name of Center Administrator/  
 LFCC or FCC Licensee

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of DE Stars Staff

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date