



# DELAWARE STARS STAR LEVEL VERIFICATION VISIT REPORT

Name of Assigned Verifier \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Name of program to visit \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax number \_\_\_\_\_

Name & title of program contact person \_\_\_\_\_

**Program Type** (circle one):    Center    Family Child Care    Large Family Child Care

**Purpose of visit:** Verify that program meets all Delaware Stars standards for  
Star Level \_\_\_\_\_

**Date verification visit was conducted** \_\_\_\_\_

**Check one:**     Program meets the standards for the Star Level requested; issue  
requested Star designation.

Program does not meet the standards for the Star Level  
requested.

NOTE: Attach documentation that supports this assessment.

\_\_\_\_\_  
Printed name of Verifier

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

\_\_\_\_\_  
Verification visit completed. Return form along with supporting  
documents to the appropriate Program Coordinator.