



Request for **infant-toddler specialist** technical assistance

PROGRAM INFORMATION

Contact Name: _____ Position: _____

Facility Name: _____ MPI#: _____

Facility Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Phone: _____ Fax: _____ Email: _____

Hours/Days/Months of Operation: _____

National Accreditation(s): _____

Current Keystone STARS Level: *A* _____ **STAR Level Goal:** _____

Current Keystone STARS Expiration: _____ **STARS Specialist:** _____

Type of facility: Center Group Day Care Family Day care Home

Enrollment: Identify the number of children and number of classrooms served by age group:

Care Level	Infant	Young Toddler	Older Toddler	Preschool	Young School Age	Older School Age
# of Children						

OTHER QUALITY IMPROVEMENT INITIATIVES: Are you participating in any other quality improvement initiatives?

Early Childhood Mental Health Early Head Start Pre-K Counts Early Intervention

Success by 6 Child Care Health Consultation STARS TA (If Technical Assistance was received,

what were the topic areas covered?) _____

Other: _____

KEYSTONE STARS CORE SERIES PROFESSIONAL DEVELOPMENT:

STARS facilities are required to complete or be enrolled in the STARS Core Series before they can receive STARS Technical Assistance. (Attach certificates or PD history from www.pakeys.org for all completed Core Series PD)

- | | | | |
|-------------------|--------------------------------|--------------------|--------------------------|
| STARS Orientation | CBK/PDR | Foundations of ERS | CQI |
| FPDP | Integrating Learning Standards | | ECERS-R |
| ITERS-R | FCCERS | SACERS | STARS Orientation Part 2 |



REQUESTED AREA(S) OF SERVICE: (Check all that apply)

	Infant	Young Toddler	Older Toddler	Preschool	Young School Age	Older School Age
Staff Qualifications & Professional Development						
Partnerships with Family & Community						
Leadership and Management						
Learning Program						
Health & Safety						

Have you had any Professional Development specific to infants and/or toddlers? Yes No
 If so, what topics were covered?

In what ways do you believe an infant-toddler specialist will benefit your facility?

SIGNATURES AND ATTACHMENTS: Core Series Training Certificates or PD history from www.pakeys.org.

Facility Director (electronic signature accepted) Printed Name _____ Date _____

Owner/CEO (electronic signature accepted) Printed Name _____ Date _____

<p><i>Southeast Regional Key use only:</i> Request Complete on ___/___/___</p> <p>Infant-toddler specialist: _____ Email: _____</p> <p>STARS specialist: _____ Email: _____</p>	<p>Fax: 267-765-2397</p> <p>Email: mstueck@phmc.org</p> <p>Or Mail: Melissa Stueck, PD/TA Coordinator Southeast Regional Key at PHMC 260 South Broad Street 18th Floor Philadelphia, PA 19102</p>
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Request for **infant-toddler specialist** technical assistance instructions

Infant-toddler specialist technical assistance is targeted to infant-toddler providers within STAR 2 facilities to enhance the provision of high quality services to very young children and their families with particular emphasis on relationship-based practices. STAR 1 facilities may also be considered. Services will occur through coordination with other technical assistance initiatives and ultimately result in improved outcomes for children and enhanced professional development of infant-toddler practitioners.

Please fill in all parts of this request completely and provide all required attachments as described below:

PROGRAM INFORMATION - (Please print all information using black or blue ink)

- **Date:** Identify the date this request is submitted.
- **Contact Name:** Provide the name, title, and telephone number of the person who should be called if there are any questions about the request.
- **Position:** Specify the position (e.g., director, owner/CEO) of the person named as contact person.
- **MPI#:** Indicate the number as it appears on the facility's Department of Public Welfare Certificate of Compliance.
- **Facility Name:** Use the name of the facility as it appears on your Department of Public Welfare Certificate of Compliance. Do not use shorthand or a nickname.
- **Facility Address, City, State, ZIP, and County:** Indicate the address of the facility as it appears on your Department of Public Welfare Certificate of Compliance.
- **Hours and Months of Operation:** Specify the hours the program is open and the months the program is in operation.
- **Current Keystone STARS Level:** Specify the facility's current Keystone STARS level.
- **Type of Facility:** Check-off whether the program is child care center, group day care, or a family day care home.
- **Enrollment:** Identify the total number of children enrolled by age group. Provide this information as of the date the request is signed.

KEYSTONE STARS CORE PROFESSIONAL DEVELOPMENT

Check-off the professional development sessions completed as of the date of this request. Enrollment in or completion of the STARS Core Series is a prerequisite to participating in Child Care Health Consultant Technical Assistance.

REQUESTED AREAS OF SERVICE

Check-off any area(s) of service you request. Provide a brief description explaining how you feel technical assistance will benefit your facility. Also, indicate if you are participating in another quality improvement initiative and provide information about this initiative.

SIGNATURES AND ATTACHMENTS

- **Attachments:** Identify the attachments included with this request. Be sure to include a copy of the attachment(s) with this request.
 1. **Keystone Stars Certificate:** Provide a **copy** of the Keystone STARS certificate identifying the current STAR level for the facility requesting STARS TA.
 2. **Core Professional Development Series :** Provide copies of the Certificate of Attendance forms or PD history from www.pakeys.org for staff that have enrolled in, or completed the following professional development series: ERS Foundations, ITERS-R, ECERS-R, SACERS, or FCCERS; the Home-based Orientation; STARS Orientation; professional development on the Core Body of Knowledge/Professional Development Record (CBK/PDR) for Directors; Continuous Quality Improvement(CQI); Facility Professional Development Plan (FPDP) and Integrating Standards, Curriculum and Assessment (Links to Learning Foundations for School-Age programs).
- **Signatures:** Obtain all of the appropriate signatures. All requests must include the signature of the facility director. The request must include the signature of the owner/CEO, if this individual is different than the facility director.

RETURN COMPLETED REQUEST FORM AND ATTACHMENTS:

Fax: 267-765-2397
Email: mstueck@phmc.org
Or Mail: Melissa Stueck, PD/TA Coordinator
Southeast Regional Key at PHMC
260 South Broad Street 18th Floor
Philadelphia, PA 19102

