

Center  
Head Start/Early Head Start  
Checklists with Evidence Language



December 2020

# STAR 1


## Cost of Care


Program must determine Cost of Care by completing the Cost of Care care tab in the "STARS Budget, Quality Improvement Plan, and Cost of Care Calculator" template.

- The program is submitting for a higher level which requires a budget, so Cost of Care will be included with the budget in the appropriate STARS level checklist.

### The following answer requires evidence:

- Monthly and annual cost of care per child has been determined utilizing the provided template. Either the completed template has been uploaded OR the monthly and annual cost of the care per child has been entered into the evidence box.

**Evidence** 

 No Evidence Uploaded

Upload the completed template or enter Monthly and Annual cost of care per child into the evidence box.


## Quality Improvement Action Plan document is completed and uploaded.


The Quality Improvement Plan document addresses required components from the self-assessments.

- The program is submitting for a higher level and the QIAP has been uploaded at that level.

### The following answer requires evidence:

- The QIP utilizes the completed self-assessments and addresses any subscale scores below a 3.0.

**Evidence** 

 No Evidence Uploaded

Upload completed Quality Improvement Action Plan.

# STAR 1

## EQT 1: STARS to Quality Essentials

The Director and any teaching staff have completed this course.

Name	Role	Training Completed
Mary Inabnit	ECLT	10/25/2018
		5/18/2016
	LT	No Training
	B	12/6/2019

Select the appropriate checkbox indicating whether this criteria has been met or not:

- Director and all teaching staff have completed this training.

The following responses requires evidence:

- Not all staff have completed this training due to role type, hours worked, or having a current training plan. I have listed training plan dates in the Evidence box as well as evidence needed for role type and/or hours worked.

**Evidence** +

▲ No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of Hire
- Date that training must be completed within the training plan timeframe.

## EQT 2: What's the Fuss: Assessments for Quality Improvement - Center

The Director (DIR) has completed this course.

Name	Role	Training Completed
	SPSTF	No Training
	SPSTF	No Training
	ECLT	5/17/2018
	ECAT	9/17/2018
	ECAT	No Training
	SPSTF	No Training
	DIR	6/10/2018
		1/20/2020
	ECLT	9/20/2018
	ECLT	6/13/2018
	SPSTF	No Training
	SPSTF	No Training

Select the appropriate checkbox indicating whether this criteria has been met or not:

- Director has completed this training.
- Director has not completed this training because of a training plan. Training plan dates are entered in the Evidence box.
- Other staff person as approved by ECSB has completed this training. Evidence regarding this person and their role entered in the evidence box.
- Other staff person as approved by ECSB has not completed this training due to a training plan.
- This training has not been completed.

**Evidence** +

▲ No Evidence Uploaded

If the director or other individual assigned to take this training are on a training plan, list the following:

- Name
- Date of hire
- Date that the training must be completed by within the training plan timeframe.

If another individual within the program took the training due to job duties, please list

# STAR 1

## EQT 3: Introduction to the Pyramid Model

Director and all teaching staff have completed this course.


Name	Role	Training Completed
	SPSTF	No Training
	SPSTF	No Training
	ECLT	No Training
	ECAT	No Training
	ECAT	No Training
	SPSTF	No Training
	DIR	2/4/2019
		No Training
	ECLT	No Training
	ECLT	No Training
	SPSTF	No Training
	SPSTF	No Training


Select the appropriate checkbox indicating whether this criterion has been met or not:

Director and Teaching Staff have completed this training.

The following answer requires evidence:

Not all staff have completed this training due to having a current training plan.

**Evidence** 

 No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of Hire
- Date that training must be completed within the training plan timeframe.

## EQT 4: Food Safety Course

Direct food service staff attends an approved Food Safety Training (offered through County Health Department, Sanitarian, Extension Agency, or online at [www.ChildCareTraining.org](http://www.ChildCareTraining.org)), in addition to the CACFP required training. This training must be a minimum 3-hour training in order to qualify for STARS.

Name	Role	Training Completed
	ECLT	10/21/2018
	DIR	3/31/2017
	ECLT	No Training
	SUB	No Training


This is a Head Start program, therefore this criterion is met.


Select the following to indicate whether this criteria is met or not:

Direct food service staff have completed this training.

The following response requires evidence:

Direct food service staff have not completed this training due to training plans.

**Evidence** 

 No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of Hire
- Date that training must be completed within the training plan timeframe.

# STAR 1


## FCP 1: High Needs


The Program is serving a minimum 10% high needs children.

- This percentage will be figured from the Average Daily Attendance (ADA) or licensed capacity, whichever is less.

High Needs is defined as:

- Children receiving services from the following:
    - Part B
    - Part C
    - Home Visiting programs
    - Children's Mental Health Bureau
    - Children and Family Services Division
  - Evidence that the child has special healthcare needs (such as food allergies, asthma, diabetes, special dietary restrictions, on extended prescribed medication, etc.)
  - Infants age 0-19 months (program must be **servicing** this population, not just licensed for this population)
  - Enrolled Tribal member
  - Children of teenage parent(s)
  - Children being served through Best Beginnings subsidy
  - Children of migrant families
  - Children who are homeless
  - Other children as identified by the Early Childhood Services Bureau
    - Programs will be required to report the percentage of high needs children based off ADA or licensed capacity, whichever is less.
    - The ECSB has approved children in Early Head Start – Child Care Partnership programs that are paid for by Early Head Start funds as a high needs category.
- Documentation is available on site that this criteria is being met. I have updated the Classrooms tab to ensure High Needs numbers are accurate and entered the date most recently updated in the Evidence box.
- There is no documentation available and this criteria is not being met.

**Evidence** 

 No Evidence Uploaded


Enter the most recent date the High Needs numbers in the Classrooms tab has been updated.


## HQSE 1: Daily Health Checks

The program must have documentation available on site that Daily Health Checks are taking place.

Select the appropriate checkbox for whether these criteria are being met. The following response requires evidence:

- Daily Health checks are documented and available on site.

**Evidence** 

 No Evidence Uploaded

Describe how Daily Health Checks occur in your program, as well as where documentation of Daily Health checks are located within the program.

# STAR 1

## HQSE 2: ERS Self-Assessment

The Director has completed a self-assessment (must complete even when applying for or renewing higher STAR levels) using the appropriate Environment Rating Scale(s) (ERS) and scores have been addressed in the Quality Improvement Plan.

- The Director has completed the appropriate ERS self-assessment(s) AND a Quality Improvement Plan is written to address the findings, specifically addressing any subscale scores below a 3.0.

**Evidence**

▲ No Evidence Uploaded

## LPM 1: Program Management

The Program has completed and/or updated the Program Profile within 3 months of submission.

Licensed Capacity: 80

Enrolled Children With High Needs	#
Infants (0-12 months)	8
Toddlers (13-36 months)	8
Preschoolers (37 months – Pre-K)	9
Elementary (K-5th grade)	0

Director of Record: Anderson, Susan

### Classrooms:

Bumble Bees

Cool Cats

Love Bugs

Munchkins

Sea Turtles

Snuggle Bunnies

Zoo Crew

The following response requires evidence:

- Yes, the Program Profile has been completed or updated.

**Evidence**

▲ No Evidence Uploaded

Enter the date of most recent updates to program profile.

# STAR 1

## LPM 2: PAS Self-Assessment

The Director has completed a self-assessment (must complete even when applying for or renewing higher STAR levels) using the Program Administration Scale (PAS) and scores have been addressed in the Quality Improvement Plan.

- The director has completed the PAS self-assessment(s) AND a Quality Improvement Plan is written to address the findings, specifically addressing any subscale scores below a 3.0.



# STAR 2

## Budget, Cost of Care, Quality Improvement Plan Documents are completed and uploaded.


Program has completed and signed the Budget document. Monthly and annual cost of care has been calculated and is either completed in the template or entered into evidence. The Quality Improvement Plan document addresses required components.


- I am not applying for this level and do not need to meet this criterion; therefore I opt out.

STAR 2

### The following answers require evidence:

- The budget document has been completed and signed.
- The QIP utilizes the completed self-assessments required at STAR 1 and addresses any subscale scores below a 3.0.
- The program has provided evidence of monthly and annual cost of care per child based on the use of the Cost of Care calculator.

**Evidence** 

 No Evidence Uploaded

Upload the completed and signed Budget, Cost Of Care (or enter evidence in the checkbox), and Quality Improvement Plan.

## EQT 1: Practitioner Registry

Director is current on the Practitioner Registry at Level 2 or higher.

Name	Role	Registry Status	Registry Level
[REDACTED]	DIR	Transcript Review	Level 5 Certification


- I am not applying for this level and do not need to meet this criteria, therefore I opt out.


### Select the appropriate checkbox indicating whether the criteria has been met or not:

- The Director is current on the Practitioner Registry at Level 2 or higher.

### The following answer requires evidence:

- The Director is not current at Level 2 or higher on the Practitioner Registry.

**Evidence** 

 No Evidence Uploaded

Explain why the director is not current at Level 2 or higher on the Practitioner Registry. There are no training plans accepted for Practitioner Registry criterion.



# STAR 2

## EQT 2: Individualized Professional Development Plan

Director and all staff have an individualized written Professional Development plan linked to the current Knowledge Base and updated annually.

- I am not applying for this level and do not need to meet this criteria at this time, therefore I opt out.
- This is a Head Start program, therefore this criterion is met.
- All staff have a current Professional Development Plan, updated annually, that is available on site.



## EQT 3: MT Blended Pyramid Model Module 1

Director and all teaching staff have completed this course.

Name	Role	Training Completed
[Redacted]	SPSTF	4/2/2018
	SPSTF	No Training
	ECLT	4/2/2018
	ECAT	8/24/2018
	ECAT	No Training
	SPSTF	No Training
	DIR	4/2/2018
		1/23/2020
	ECLT	8/27/2018
	ECLT	4/2/2018
	SPSTF	No Training
	SPSTF	No Training



- I am not applying for this level and do not need to meet this criteria, therefore I opt out.

Select the appropriate checkbox indicating whether this criterion has been met or not:

- Director and Teaching Staff have completed this training.

The following answer requires evidence:

- Not all staff have completed this training due to having a current training plan.

Evidence

No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of Hire
- Date that training must be completed within the training plan timeframe.

# STAR 2

## EQT 4: Oral Health Training

All Lead Teachers have completed this course.

Name	Role	Training Completed
		1/27/2018
	SUB	No Training
	ECLT	2/10/2016
	DIR	1/18/2016
	ECLT	12/27/2018
	SUB	No Training
	ECLT	2/13/2012
	ECLT	2/17/2012
	ECLT	12/12/2018
	TRAIN	No Training
	SUB	No Training
		5/18/2019


- I am not applying for this level and do not need to meet this criteria at this time, therefore I opt out.
- This is a Head Start program, therefore this criterion is met.


Select the appropriate checkbox indicating whether this criteria has been met or not:

- All Lead Teachers have completed this training.

The following response requires evidence:

- Not all Lead Teachers have completed this training due to having a current training plan.

Evidence 

 No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of hire
- Date that the training must be completed by *within the training plan timeframe*.

# STAR 2

## EQT 5: MT Medication Administration II Training

This course must be completed by the director, Lead Teachers, and any other staff person that administers medication.

Name	Role	Training Completed
		1/27/2018
	SUB	No Training
	ECLT	3/5/2016
	DIR	1/11/2016
	ECLT	8/6/2019
	SUB	No Training
	ECLT	12/8/2011
	ECLT	12/21/2018
	TRAIN	No Training
	SUB	No Training
		5/11/2019
	ECLT	2/11/2016


- I am not applying for this level and do not need to meet this criteria at this time, therefore I opt out.
- This is a Head Start program, therefore this criterion is met.


Select the appropriate checkbox indicating whether this criteria has been met or not:

- Director and all Lead Teachers have completed this training.

The following response requires evidence:

- Director and Lead Teachers have not all completed this training due to current training plans.

Evidence 

 No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of hire
- Date that the training must be completed by *within the training plan timeframe.*

## EQT 6: Introduction to the Montana Early Learning Standards

Director and Lead Teachers must complete this course

Name	Role	Training Completed
	ECLT	6/23/2019
	ECLT	6/27/2019
	ECAT	No Training
	TRAIN	7/19/2018
	ECLT	5/25/2016
	ECLT	2/4/2018
	SUB	No Training
	DIR	7/17/2019


- I am not applying for this level and do not need to meet this criteria, therefore I opt out.


Select the following to indicate whether this criteria is met or not:

- Director and all Lead Teachers have completed this course.

The following answer requires evidence:

- Director and/or Lead Teachers have not completed this training due to training plans.

Evidence 

 No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of Hire
- Date that training must be completed within the training plan timeframe.

# STAR 2


## FCP 1: Enrollment process


The program has a written enrollment process in place to facilitate an exchange of information between the program and families.

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.
- This is a Head Start program, therefore this criterion is met.

Select the following checkboxes that the written enrollment process addresses. Evidence is required for these answers:

- Exchange of information between the program and families
- Description of program and policies
- Center culture and wishes around topics such as eating, sleeping, toileting, and discipline

Evidence  Describe how your enrollment process meets this criteria.

 No Evidence Uploaded

## HQSE 1: Food Service/Meal Coordination

- At least 1 person is in charge of food service/meal coordination.
- All programs must be participating in MT CACFP, if eligible.
- Must re-apply for CACFP at time of annual renewal, or submission to move up from STAR 2, if the program was previously ineligible due to income eligibility requirements.
- If a program is not eligible for CACFP, the following are being met:
  - Written menus must be posted for the current and future week at the entrance to the facility and visible to the public.
  - Adults, including program staff and visitors, participate in family style meal service with the children that is developmentally appropriate for the children in care.
  - Division of Responsibility (Ellyn Satter Institute) is followed in meal service to children.
  - Special Dietary Needs Statement for Children and Protected Health Information form is completed for all children.


- I am not applying for this level and do not need to meet this criteria, therefore I opt out.
- This is a Head Start program, therefore this criterion is met.


Select the following checkboxes as appropriate:

- Our program participates in CACFP.

The following answer require evidence:

- Our program has at least one person in charge of meal service/coordination.
- Our program has applied to participate in CACFP and are not eligible.
- Our program is not eligible for CACFP and are meeting the additional indicators.

Evidence  List the staff member(s) that is in charge of meal service/coordination.

 No Evidence Uploaded

Upload letter from CACFP stating the program is not eligible for CACFP (if appropriate).

Describe how additional indicators are being met if the program is not eligible for CACFP.

# STAR 2


## HQSE 2: Internal Transition Plan


The program has an appropriate plan for moving children within the program, when applicable. This plan must be documented, and will include the process to assist children, families, and caregivers in moving from one room to another.

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.
- The program utilizes an internal transition plan.

**The following answers require evidence:**

- The program does not utilize internal transition plans.

**Evidence**  If Internal Transition Plans are not utilized, explain why.

 No Evidence Uploaded


## HQSE 3: Staffing Plan


A written staffing plan is in place.

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.
- This is a Head Start program, therefore this criterion is met.

**The written staffing plan addresses the following 5 areas:**

- Continuity of care
- Plan for substitute staff situations
- Appropriate adult to child ratios
- Appropriate group size
- Children benefit from having primary caregivers

**Evidence**  A written staffing plan is in place.

 No Evidence Uploaded

# STAR 3


## Budget, Cost of Care, Quality Improvement Plan Documents are completed and uploaded.


Program has completed and signed the Budget document. Monthly and annual cost of care has been calculated and is either completed in the template or entered into evidence. The Quality Improvement Plan document addresses required components.

- I am not applying for this level and do not need to meet this criterion; therefore I opt out.

### The following answers require evidence:

- The budget document has been completed and signed.
- The QIP utilizes the completed assessment reports and addresses any subscale scores below a 3.0.
- The program has provided evidence of monthly and annual cost of care per child based on the use of the Cost of Care calculator.


Evidence 

 No Evidence Uploaded

Upload the completed and signed Budget, Cost Of Care (or enter evidence in the checkbox), and Quality Improvement Plan.

## EQT 1: Practitioner Registry

Director is current on the Practitioner Registry at Level 3 or higher.  
50% of teachers are current at Level 2 or higher on the Practitioner Registry.

Name	Role	Registry Status	Registry Level
	ECLT	Current	Level 2
	ECLT	Current	Level 2
	ECAT	Current	Level 1
	TRAIN	Expired	Membership
	ECLT	Current	Level 2
	ECLT	Expired	Membership
	SUB		
	DIR	Current	Level 2


- I am not applying for this level and do not need to meet this criteria, therefore I opt out.


### Select the appropriate checkbox indicating whether the criteria has been met or not:

- The Director is current at Level 3 or higher on the Practitioner Registry.
- 50% of teachers are current at Level 2 or higher on the Practitioner Registry.

### The following answer requires evidence:

- The Director is not current at Level 3 or higher on the Practitioner Registry.
- There are teachers not current at Level 2 or higher.

Evidence 

 No Evidence Uploaded

Explain why the director and/or teachers may not be current at required levels on the Practitioner Registry. There are no training plans accepted for Practitioner Registry criterion.

## EQT 2: Certified Infant Toddler Caregiver Course

Lead Teachers caring for infants and/or toddlers must be enrolled in (which is defined as currently taking the course or beginning the course in the quarter following application for STAR 3) or have completed the 60-hour course or an approved equivalent.

- If a program only serves ages 2 and up, they need to consider the developmental levels of the children in their care. As a result, a program may want to consider sending some staff to the Infant Toddler course, and some staff to the Preschool course. Documentation that includes rationale for this decision must be submitted for approval prior to application for STAR 3.

Name	Role	Training Completed
		No Training
	SUB	No Training
	ECLT	No Training
	DIR	No Training
	ECLT	No Training
	SUB	No Training
	ECLT	5/23/2012
	ECLT	No Training
	TRAIN	No Training
	SUB	No Training
		No Training
	ECLT	8/15/2009

- I am not applying for this level and do not need to meet this criteria at this time, therefore I opt out.

Select the appropriate checkbox indicating whether this criteria has been met or not:

- All Lead Teachers are enrolled in or have completed the CITC course.

The following answer requires evidence:

- Not all Lead Teachers are enrolled in or have completed the CITC course due to current training plans.
- This program serves ages 2 and up and has approval to send only certain Teachers to this course.

**Evidence**

No Evidence Uploaded

Enrollment verification for any staff enrolled in the course (which must begin in the following quarter) must be uploaded.

If program serves ages 2 and up, rationale for which staff have not taken the training.

If any staff are on a training plan, list the following:

- Name
- Date of hire
- Date that the training must be completed by within the training plan timeframe.

## EQT 3: Certified Preschool Teacher Course

Lead Teachers caring for ages 2 and up must be enrolled in (which is defined as currently taking the course or beginning the course in the quarter following application for STAR 3) or have completed the 60-hour course or its equivalent.

- This course can be waived if an individual is a Level 4 or higher on the Practitioner Registry. If an individual is enrolled in college courses or the MT Apprenticeship program that will result in becoming a Level 4 on the Practitioner Registry within 2 years of application for STAR 3, this course can be waived.

Name	Role	Training Completed
		No Training
	SUB	No Training
	ECLT	No Training
	DIR	No Training
	ECLT	No Training
	SUB	No Training
	ECLT	4/20/2016
	ECLT	No Training
	TRAIN	No Training
	SUB	No Training
		No Training
	ECLT	No Training

- I am not applying for this level and do not need to meet this criteria at this time, therefore I opt out.

Select the appropriate checkbox indicating whether this criteria has been met or not:

- All Lead Teachers are enrolled in or have completed the PRTC course.

The following answers require evidence:

- Not all Lead Teachers are enrolled in or have completed the PRTC course due to current training plans.
- Program is only licensed to serve ages 0-2 so Lead Teachers are exempt from this course.

**Evidence**

No Evidence Uploaded

Enrollment verification for any staff enrolled in the course (which must begin in the following quarter) must be uploaded.

If any staff are on a training plan, list the following:

- Name
- Date of hire
- Date that the training must be completed by *within the training plan timeframe*.

List any staff exempt from this course and the reason why.

Provide copy of license if exempt from course due to ages served.



# STAR 3

## EQT 4: Pyramid Model MT Blended Module 2 training

Director and teachers must complete this course.

Name	Role	Training	Training Completed
[Redacted]		Pyramid Model: Preschool Module 2	No Training
		Pyramid Model: Infant Toddler Module 2	No Training
		Pyramid Model: Montana Blended Module 2	No Training
	SUB	Pyramid Model: Preschool Module 2	No Training
	SUB	Pyramid Model: Infant Toddler Module 2	No Training
	SUB	Pyramid Model: Montana Blended Module 2	No Training
	ECLT	Pyramid Model: Preschool Module 2	No Training
	ECLT	Pyramid Model: Infant Toddler Module 2	No Training
	ECLT	Pyramid Model: Montana Blended Module 2	No Training
	DIR	Pyramid Model: Preschool Module 2	No Training
	DIR	Pyramid Model: Infant Toddler Module 2	No Training
	DIR	Pyramid Model: Montana Blended Module 2	No Training


- I am not applying for this level and do not need to meet this criteria at this time, therefore I opt out.


Select the appropriate checkbox indicating whether this criteria has been met or not:

- Director and teachers have completed this course.

The following answer requires evidence:

- Director and/or teachers have not completed this course due to training plans.

**Evidence** 

 No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of hire
- Date that the training must be completed by *within the training plan timeframe.*

## FCP 1: Community Resources


The program provides families with information regarding community resources. Examples of community resources may include: Child Care Resource & Referral Agencies, public library, city recreation department, housing authority, parent resource center, public health clinic, hospital, public schools, Women, Infants, and Children (WIC), Office of Public Assistance, county health department, Center support agency, early intervention organizations such as: Hi-Line Home Programs, Inc., Developmental Educational Assistance Program (DEAP), Quality Life Concepts (QLC), Support & Techniques for Empowering People (STEP), Early Childhood Intervention (ECI), Center Outreach, Child Development Center (CDC).


- I am not applying for this level and do not need to meet this criteria at this time, so I opt out of this criteria.

- This is a Head Start program, therefore this criterion is met.

The following answer requires evidence:

- The program does provide families with information regarding community resources.

**Evidence** 

 No Evidence Uploaded

Describe how information is offered/available to families.

**EQT 5: Developmental Screening: Develop a process to identify and support individual child development, promote family engagement, and enhance program quality**

Director and all Lead Teachers have completed this course.

Name	Role	Training Completed
[Redacted]	SPSTF	No Training
	SPSTF	No Training
	ECLT	5/17/2018
	ECAT	9/17/2018
	ECAT	No Training
	SPSTF	No Training
	DIR	6/10/2018
		1/20/2020
	ECLT	9/20/2018
	ECLT	6/13/2018
	SPSTF	No Training
	SPSTF	No Training


I am not applying for this level and do not need to meet this criteria, therefore I opt out.


**Select the appropriate checkbox to answer this question:**

Director and Lead Teachers have completed this training.

**The following response requires evidence:**

Not all staff have completed this training due to having a current training plan.

**Evidence** 

 No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of hire
- Date that the training must be completed by within the training plan timeframe.

# STAR 3


## FCP 2: Transitions


The program supports children and families while transitioning children into child care and out of child care into another educational setting.

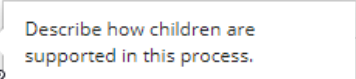
- I am not applying for this level and do not need to meet this criteria at this time, so I opt out of this criteria.
- This is a Head Start program, therefore this criterion is met.

**The following answer requires evidence:**

- The program supports children during transitions into and out of the program.

Evidence 

 No Evidence Uploaded

 Describe how children are supported in this process.


## FCP 3: Family Engagement


The program provides families with multiple opportunities for involvement such as: open house, opportunities to volunteer, social events, potluck meals, parent/family surveys, parent resource center.

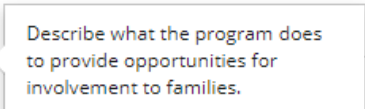
- I am not applying for this level and do not need to meet this criteria at this time, so I opt out of this criteria.
- This is a Head Start program, therefore this criterion is met.

**The following answer requires evidence:**

- The program provides families with multiple opportunities for involvement.

Evidence 

 No Evidence Uploaded

 Describe what the program does to provide opportunities for involvement to families.

# STAR 3

## HQSE 1: Environment Rating Scale (ERS) Assessment(s)

The program will receive a formal assessment, completed with an Early Childhood Assessor, with the appropriate ERS scale/s (ITERS-3 and/or ECERS-3).

Programs must receive a 3.0 Overall score.


- I am not applying for this level and do not need to meet this criterion; therefore, I opt out.


Select the appropriate checkbox to answer this question:

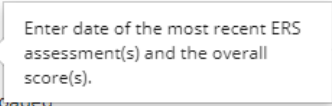
- I am requesting an assessment.
- The program has met the minimum overall score of a 3.0.

The following response requires evidence:

- I have had an assessment within the last 6 months and met the required score, so do not need an assessment at this time.

Evidence 

 No Evidence Uploaded

Enter date of the most recent ERS assessment(s) and the overall score(s).


## HQSE 2: Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children


Director will communicate with families about the Pyramid Model using the brochure *Positive Solutions for Families*.

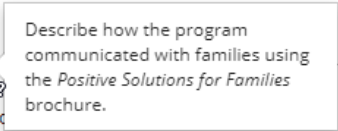
- I am not applying for this level and do not need to meet this criteria, therefore I opt out.

The following response requires evidence:

- Families have been communicated with about the Pyramid Model using the *Positive Solutions for Families* brochure.

Evidence 

 No Evidence Uploaded

Describe how the program communicated with families using the *Positive Solutions for Families* brochure.

# STAR 3


## HQSE 3: Curriculum


The program has a written curriculum plan that is aligned with the MT Early Learning Standards and Developmentally Appropriate Practice (2009, 3rd Ed. by Carol Copple & Sue Bredekamp, eds).

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.
- This is a Head Start program, therefore this criterion is met.

**The following answers requires evidence:**

- The program has a written curriculum plan that aligns with the MT Early Learning Standards and Developmentally Appropriate Practice.

**Evidence**  Describe how the curriculum plan aligns with the MT Early Learning Standards and Developmentally Appropriate Practice.

 No Evidence Uploaded


## HQSE 4: Observations


The program demonstrates that observations of the children are used to inform curriculum and environment to support the individual needs of children.

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.
- This is a Head Start program, therefore this criterion is met.

**The following response requires evidence:**

- The program utilizes observations to inform curriculum and environment to support individual needs of children.

**Evidence**  Describe how observations are used to inform curriculum and environment.

 No Evidence Uploaded

## LPM 1: Program Administration Scale (PAS) Assessment

The program will have a formal assessment at this level, completed by an Early Childhood Assessor.

- If the program has received an assessment at this level for which scores were met within the last 3 years, the assessment will be waived.

Programs must receive a minimum of 3.0 for the overall score.


- I am not applying for this level and do not need to meet this criteria, therefore I opt out.


**Select the appropriate checkbox indicating whether this criteria has been met or not:**

- I am requesting an assessment.
- The program has met the minimum overall score of a 3.0.

**The following answer requires evidence:**

- The program has received a formal assessment within the past 3 years in which the required score was met.

**Evidence**  Enter date of most recent PAS assessment and overall score achieved.

 No Evidence Uploaded

# STAR 4

## Budget, Cost of Care, Quality Improvement Plan Documents are completed and uploaded.

Program has completed and signed the Budget document. Monthly and annual cost of care has been calculated and is either completed in the template or entered into evidence. The Quality Improvement Plan document addresses required components.

- I am not applying for this level and do not need to meet this criterion; therefore I opt out.

**The following answers require evidence:**

- The budget document has been completed and signed.
- The QIP utilizes the completed assessment reports and addresses any subscale scores below a 3.0.
- The program has provided evidence of monthly and annual cost of care per child based on the use of the Cost of Care calculator.

**Evidence**

▲ No Evidence Uploaded

Upload the completed and signed Budget, Cost Of Care (or enter evidence in the checkbox), and Quality Improvement Plan.

## EQT 1: Practitioner Registry

Director is current on the Practitioner Registry at Level 4 or higher.  
 50% of teachers are current at Level 2 or higher AND 25% of teachers are current at Level 3 or higher on the Practitioner Registry.

Name	Role	Registry Status	Registry Level
	ECLT	Current	Level 2
	ECLT	Current	Level 2
	ECAT	Current	Level 1
	TRAIN	Expired	Membership
	ECLT	Current	Level 2
	ECLT	Expired	Membership
	SUB		
	DIR	Current	Level 2

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.

**Select the appropriate checkbox indicating whether the criteria has been met or not:**

- The Director is current at Level 4 or higher on the Practitioner Registry.
- 50% of teachers are current at Level 2 or higher AND 25% of teachers are current at Level 3 or higher on the Practitioner Registry.

**The following answer requires evidence:**

- The Director is not current at Level 4 or higher on the Practitioner Registry.
- The Director is not current at Level 4 or higher on the Practitioner Registry.

**Evidence**

▲ No Evidence Uploaded

Explain why the director and/or teachers may not be current at required levels on the Practitioner Registry. There are no training plans accepted for Practitioner Registry criterion.

# STAR 4

## EQT 2: Inclusion Course

Lead Teachers must be enrolled in or have completed Inclusion 1: Foundations for Inclusion (15 hours) or an approved equivalent.

Name	Role	Training Completed
		No Training
	SUB	No Training
	ECLT	No Training
	DIR	5/15/2016
	ECLT	No Training
	SUB	No Training
	ECLT	No Training
	ECLT	No Training
	TRAIN	No Training
	SUB	No Training
		No Training
	ECLT	No Training


- I am not applying for this level and do not need to meet this criteria, therefore I opt out.


Select the following to indicate whether this criteria is met or not:

- All Lead Teachers are enrolled in or have completed this training or an approved equivalent.

The following response requires evidence:

- Not all Lead Teachers have completed this training or an approved equivalent due to a current training plan.

**Evidence** 

 No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of hire
- Date that training must be completed within the training plan timeframe.

If any staff completed an approved equivalent, transcripts or acceptable documentation must be uploaded.

## EQT 3: Pyramid Model

- Module 3 Overview (2 hours): Any education staff (DIR, PCG, AID) **not** taking MT Blended Pyramid Model Module 3 (Prerequisite: Introduction and Montana Blended Modules 1 and 2) are required to take this course.
- MT Blended Pyramid Model Module 3: The Behavior Support Team, as identified using the Pyramid Model guidance and the help of the CCR&R Pyramid Model coach, will attend MT Blended Pyramid Model Module 3.

Qualification	Name	Role	Training Completed
Pyramid Model Blended Module 3			No Training
Pyramid Model Blended Module 3		SUB	No Training
Pyramid Model Blended Module 3		ECLT	No Training
Pyramid Model Blended Module 3		DIR	No Training
Pyramid Model Blended Module 3		ECLT	No Training
Pyramid Model Blended Module 3		SUB	No Training
Pyramid Model Blended Module 3		ECLT	No Training
Pyramid Model Blended Module 3		ECLT	No Training
Pyramid Model Blended Module 3		TRAIN	No Training
Pyramid Model Blended Module 3		SUB	No Training
Pyramid Model Blended Module 3			No Training
Pyramid Model Blended Module 3		ECLT	No Training


- I am not applying for this level and do not need to meet this criteria, therefore I opt out.


Select the appropriate checkbox indicating whether this criteria has been met or not:

- Director and all teachers have completed the appropriate training for their role.

The following answer requires evidence:

- Director and teachers have not all completed the appropriate training for their role due to current training plans.

**Evidence** 

 No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of Hire
- Date that training must be completed within the training plan timeframe.

# STAR 4

## FCP 1: High Needs


The Program is serving a minimum 15% high needs children.


- This percentage will be figured from the Average Daily Attendance (ADA) or licensed capacity, whichever is less.

High Needs is defined as:

- Children receiving services from the following:
  - Part B
  - Part C
  - Home Visiting programs
  - Children's Mental Health Bureau
  - Children and Family Services Division
- Evidence that the child has special healthcare needs (such as food allergies, asthma, diabetes, special dietary restrictions, on extended prescribed medication, etc.)
- Infants age 0-19 months (program must be serving this population, not just licensed for this population)
- Enrolled Tribal member
- Children of teenage parent(s)
- Children being served through Best Beginnings subsidy
- Children of migrant families
- Children who are homeless
- Other children as identified by the Early Childhood Services Bureau
  - Programs will be required to report the percentage of high needs children based off of ADA or licensed capacity, whichever is less.
  - The ECSB has approved children in Early Head Start - Child Care Partnership programs that are paid for by Early Head Start funds as a high needs category.

- Documentation is available on site that this criteria is being met. I have updated the Classrooms tab to ensure High Needs numbers are accurate and entered the date most recently updated in the Evidence box.
- There is no documentation available and this criteria is not being met.

**Evidence**  Enter the most recent date the High Needs numbers in the Classrooms tab has been updated.

 No Evidence Uploaded


## FCP 2: Conferences


The program offers, in addition to ongoing conversations, a meeting/conference with each child's family at least once per year. Together, the child's progress and needs are reviewed, and goals for the child are set.

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.
- This is a Head Start program, therefore this criterion is met.

The following answer requires evidence:

- The program offers conferences at least annually that address children's progress, needs, and goals.

**Evidence**  Explain when and how conferences are offered.

 No Evidence Uploaded



# STAR 4


## FCP 3: Home/School Communication


Opportunities are available to facilitate exchange of information between the program and families, such as home/school journals or notebooks, bulletin boards, newsletters, parent advisory councils, parent volunteers, and parent participation.

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.
- This is a Head Start program, therefore this criterion is met.

**The following answer requires evidence:**

- Opportunities are available to facilitate the exchange of information between the program and families.

Evidence 

 No Evidence Uploaded

Explain how information is exchanged between the program and families.


## FCP 4: Developmental Screening


**The program has a process in place and is offering developmental screening with a valid and reliable tool, and screenings occur at the recommended intervals for all children enrolled.**

- I am not applying for this level and do not need to meet this criterion, therefore I opt out.

**Select the appropriate checkbox to answer this question. The following answer requires evidence:**

- The program has a process and policies in place and is offering developmental screenings with a valid and reliable tool, and screenings occur at the chosen tool's recommended intervals for all children enrolled.
- The program is newer to offering developmental screenings and is still working on implementing the use of developmental screenings. The program may need additional assistance in order to fully implement this process.

Evidence 

 No Evidence Uploaded

If checkbox 2 is marked: The plan completed for the Developmental Screening training can be uploaded; OR in detail, describe the process the program has in place for offering developmental screenings. What valid and reliable screening tool is being used? How does the program ensure that results are returned? How does the program utilize results in program planning in order to individualize for children? How does the program ensure that appropriate referrals are made for families? What is the process for talking with families regarding the results of the screening?

If checkbox 3 is marked: In detail, describe why the program has been unable to fully implement the use of developmental screenings? What is the program doing at this time for implementation? What valid and reliable screening tool is being used? Are there additional supports that could be useful? If so, please describe what those supports might be.

# STAR 4

## HQSE 1: Environment Rating Scale (ERS) Assessment(s)

The program will receive a formal assessment, completed with an Early Childhood Assessor, with the appropriate ERS scale/s (ITERS-3 and/or ECERS-3).

Programs must receive a 4.0 Overall score.

- I am not applying for this level and do not need to meet this criterion; therefore, I opt out.

Select the appropriate checkbox to answer this question:

- I am requesting an assessment.
- The program has met the minimum overall score of a 4.0.

The following response requires evidence:

- I have had an assessment within the last 6 months and met the required score, so do not need an assessment at this time.

**Evidence** ⓘ

Enter date of the most recent ERS assessment(s) and the overall score(s).

⚠ No Evidence Uploaded

## HQSE 2: Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children

A 30-minute Introduction to the Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children will be offered to parents by the program.

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.

Select the appropriate checkbox indicating whether this criteria has been met or not. This response requires evidence:

- Program offers the Pyramid Model introduction video to families.

**Evidence** ⓘ

Describe how the Introduction to the Pyramid Model video is offered to parents.

⚠ No Evidence Uploaded

# STAR 4

## LPM 1: Program Administration Scale (PAS) Assessment

The program will have a formal assessment at this level, completed by an Early Childhood Assessor.

- If the program has received an assessment at this level for which scores were met within the last 3 years, the assessment will be waived.

Programs must receive at least a 4.0 for the overall score.


- I am not applying for this level and do not need to meet this criteria, therefore I opt out.


**Select the appropriate checkbox indicating whether this criteria has been met or not:**


- I am requesting an assessment.
- The program has met the minimum overall score of a 4.0.

**The following answer requires evidence:**

- The program has received a formal assessment within the past 3 years in which the required score was met.

**Evidence** 

 No Evidence Uploaded



Enter date of most recent PAS assessment and overall score achieved.

# STAR 5


## NAEYC Accredited/Head Start Good Standing


- Licensed Centers must be NAEYC Accredited and maintaining accreditation standards for the five criteria areas (Educational Quality & Training; Health, Safety & Nutrition; Family & Community Partnerships; Leadership & Program Management; and Staff/Caregiver-to-Child Ratio & Group Size).
- Early Head Start/Head Start Programs must meet Head Start Performance Standards and be in good standing per federal requirements.

I am not applying for this level and do not need to meet this criteria, therefore I opt out.

### The following response requires evidence:

- Our program is licensed and NAEYC Accredited.
- Our program is an Early Head Start or Head Start and we meet all Head Start Performance Standards and are in good standing.

**Evidence** 

 No Evidence Uploaded

For Accredited programs: A copy of the accreditation certificate must be uploaded.

For Head Start/Early Head Start: Documentation of good standing with the Office of Head Start must be uploaded. Additional information can be found at <https://eclkc.ohs.acf.hhs.gov/federal-monitoring>.


## Budget, Cost of Care, Quality Improvement Plan Documents are completed and uploaded.


Program has completed and signed the Budget document. Monthly and annual cost of care has been calculated and is either completed in the template or entered into evidence. The Quality Improvement Plan document addresses required components.

I am not applying for this level and do not need to meet this criterion; therefore I opt out.

### The following answers require evidence:

- The budget document has been completed and signed.
- The QIP utilizes the completed assessment reports and addresses any subscale scores below a 3.0.
- The program has provided evidence of monthly and annual cost of care per child based on the use of the Cost of Care calculator.

**Evidence** 

 No Evidence Uploaded

Upload the completed and signed Budget, Cost Of Care (or enter evidence in the checkbox), and Quality Improvement Plan.

# STAR 5

## EQT 1: Practitioner Registry

Director is current on the Practitioner Registry at Level 5 or higher.

Name	Role	Registry Status	Registry Level
Susan Anderson	DIR	Transcript Review	Level 5 Certification

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.

Select the appropriate checkbox indicating whether the criteria has been met or not:

- The Director is current at Level 4 or higher on the Practitioner Registry.

The following answer requires evidence:

- The Director is not current at Level 4 or higher on the Practitioner Registry.

### Evidence

⚠ No Evidence Uploaded

Select

Explain why the director is not current at Level 5 or higher on the Practitioner Registry. There are no training plans accepted for Practitioner Registry criterion.

## EQT 2: Inclusion Course

Lead Teachers must be enrolled in or have completed Inclusion II: Strategies for Inclusion (30 hours) or an approved equivalent.

Name	Role	Training Completed
		No Training
	SUB	No Training
	ECLT	No Training
	DIR	5/15/2016
	ECLT	No Training
	SUB	No Training
	ECLT	No Training
	ECLT	No Training
	TRAIN	No Training
	SUB	No Training
		No Training
	ECLT	No Training

- I am not applying for this level and do not need to meet this criteria, therefore I opt out.

Select the following to indicate whether this criteria is met or not:

- All Lead Teachers are enrolled in or have completed this training or an approved equivalent.

The following response requires evidence:

- Not all Lead Teachers have completed this training or an approved equivalent due to a current training plan.

### Evidence

⚠ No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of Hire
- Date that training must be completed within the training plan timeframe.

If any staff have completed an approved equivalent, transcripts or acceptable documentation must be uploaded.

## EQT 3: Building Skills and Safe Places Course

Director and Lead Teachers must complete this course.

Name	Role	Training Completed
[Redacted]		1/7/2019
	SUB	No Training
	ECLT	1/7/2019
	DIR	No Training
	ECLT	1/7/2019
	SUB	No Training
	ECLT	12/30/2018
	ECLT	12/20/2018
	TRAIN	No Training
	SUB	No Training
		No Training
	ECLT	4/2/2018


I am not applying for this level and do not need to meet this criteria, therefore I opt out.


**Select the following to indicate whether this criteria is met or not:**

Director and all Lead Teachers have completed this training.

**The following response requires evidence:**

Director and/or all lead teachers have not completed this training due to training plans.

**Evidence** 

 No Evidence Uploaded

If any staff are on a training plan, list the following:

- Name
- Date of Hire
- Date that training must be completed within the training plan timeframe.

# STAR 5

## HQSE 1: Environment Rating Scale (ERS) Assessment(s)

The program will receive a formal assessment, completed with an Early Childhood Assessor, with the appropriate ERS scale/s (ITERS-3 and/or ECERS-3).

Programs must receive a 5.0 Overall score.


- I am not applying for this level and do not need to meet this criterion; therefore, I opt out.


Select the appropriate checkbox to answer this question:

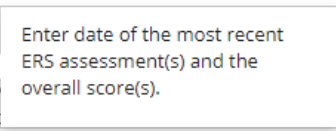
- I am requesting an assessment.
- The program has met the minimum overall score of a 5.0.

The following response requires evidence:

- I have had an assessment within the last 6 months and met the required score, so do not need an assessment at this time.

Evidence 

 No Evidence Uploaded

Enter date of the most recent ERS assessment(s) and the overall score(s).

## LPM 1: Program Administration Scale (PAS) Assessment

The program will have a formal assessment at this level, completed by an Early Childhood Assessor.

- If the program has received an assessment at this level for which scores were met within the last 3 years, the assessment will be waived.

Programs must receive a minimum of 5.0 for the overall score.


- I am not applying for this level and do not need to meet this criteria, therefore I opt out.


Select the appropriate checkbox indicating whether this criteria has been met or not:

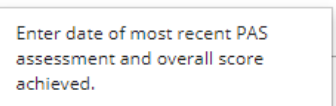
- I am requesting an assessment.
- The program has met the minimum overall score of a 5.0

The following answer requires evidence:

- The program has received a formal assessment within the last 3 years in which the required score was met.

Evidence 

 No Evidence Uploaded

Enter date of most recent PAS assessment and overall score achieved.