



State of Montana
 Department of Public Health and Human Services
 Human and Community Services Division
 Early Childhood Services Bureau
<http://www.dphhs.mt.gov/hcsd/childcare/>



COVER SHEET

BEST BEGINNINGS STARS TO QUALITY FIELD TEST STAR LEVEL APPLICATION

I am ready for the next Best Beginnings STARS to Quality Level

PLEASE PRINT

Program Name _____ Director _____

Address _____ County _____

Phone _____ Email address _____

PV# _____ PS# _____ Months/year children are served _____

I am applying for STAR Level _____ Coach's Name _____

Please include:

- STAR Level Checklist with completion verification signatures
- Current QAD staff list, **including PS#'s for ALL STAFF**
- Appropriate ERS and PAS/BAS assessment scores and Quality Improvement Plan (**for 3 STARS and above**)
- Proposed Incentive budget and budget narrative linked to the program (If receiving incentives) (**for 2 STARS and above**)
- Quality Improvement Plan (**for 2 STARS and above**)

DO NOT WRITE IN THIS BOX - FOR ECSB USE ONLY

Revised June 14, 2011

Approved for STAR level _____ Denied _____ Hold Status _____

Reason _____

ECSB Staff Approval Signature _____ Date _____

Submit form & required documents to:
Leann Worden
BB STARS to Quality Program
2677 Palmer Suite 222
Missoula, MT 59808
Fax: (406)329-1324

Payment Record
 Quarter 1 _____ Date _____ by _____
 Quarter 2 _____ Date _____ by _____
 Quarter 3 _____ Date _____ by _____
 Quarter 4 _____ Date _____ by _____