

Annual Review Form

All programs that receive a STARS designation must complete an annual review to maintain their designation. The annual review is due during the anniversary month of the program's initial STARS designation. The program is required to update and submit their CQI plan reflecting met and new goals and is encouraged to report progress on new indicators being met. Programs that fail to submit their annual report 10 days prior to their anniversary date will result in a loss of their current designation. Programs must resubmit for a full STARS evaluation every three years OR when they seek to move up a STAR level.

| Name of Provider: | | | | |
|--|--------|-----|--------|-----|
| MPI # | | | | |
| Contact Person: | Title: | | | |
| Phone Number: | Email: | | | |
| Provider Type (check one): DHS Certified HS/EHS Private Academic Preschool | | | | |
| DHS Certificate of Compliance Number: | | | | |
| | | | Commer | nts |
| Are you interested in moving up a level? | ☐ Yes | □No | | |
| Have you been receiving coaching to support CQI Plan? | ☐ Yes | □No | | |
| Have you experienced 50% or more staff change? | ☐ Yes | □No | | |
| Have you had a change in Director? | ☐ Yes | □No | | |
| Has there been a significant fluctuation in enrolment /FTE compared to last FY? | ☐ Yes | □No | | |
| Has there been a change in funding for | ☐ Yes | □No | | |

Note: Attach Copy of CQI Plan and/or Performance Standards Document with CQI notes