

**Keystone STARS Enrollment Calculation Tool**

**Family Child Care Homes**

**Purpose:** The STARS Enrollment Calculation Tool (ECT) assists the provider in accurately determining enrollment, as a full-time equivalency (FTE), for individual children and the provider as a whole. This form is required for STARS Designation and Renewal. It will assist the Office of Child Development and Early Learning (OCDEL) in identifying the number of children impacted by the continuous quality improvement efforts of STARS participating providers.

**Benefit:** Calculating the FTE for individual children and the provider has many benefits that include making budget projections, creating schedules, and maintaining the provider’s enrollment. For providers eligible for STARS Financial Awards, this tool will assist in determining the size of the provider’s award. Please see STARS Financial Award documents for specific requirements and amounts.

**Instructions:** The provider follows Steps 1 through 4 to complete this tool. This tool is also available as an auto-calculating Microsoft® Excel spreadsheet on the public PA Keys website at [www.pakeys.org](http://www.pakeys.org)

1. **Timeframe** - The timeframe of the data collection for the ECT can be any calendar week within the time period of 7/1-4/30 that best represents continued enrollment of the subsidy children. The worksheet must indicate which calendar week was used. (example 8/20/18 -8/24/18)
2. **Documentation** – Gather enrollment records (private pay, subsidy, early intervention, TIER 1 CACFP, Early Head Start/childcare, Head Start and other sources for the timeframe determined in above Step 1.
3. **Provider Information** – Complete the STARS ECT using the enrollment records gathered in above Step 2. Make sure to document the MPI number (located on your Certificate of Compliance); Provider Name, Curriculum and Date tool was completed in the spaces provided at the top of the form. Please make additional copies as needed. In each line of the table, complete the following steps:
   1. Record Child’s First Name and Last Initial in Column A.
   2. Record the child’s care level in Column B. Please use the abbreviation for the child’s care level provided in the following table:

|  |  |  |
| --- | --- | --- |
| **Care Level** | **Children’s Age** | **Abbreviation** |
| Infant | 0-12 Months | INF |
| Young Toddler | 13-24 Months | YOT |
| Older Toddler | 25-36 Months | OLT |
| Preschool | 37 Months – Child Enters Kindergarten | PRE |
| Young School-Age | Kindergarten - 3rd Grade | YSA |
| Older School-Age | 4th Grade - 13th Birthday | OSA |

* 1. Determine what portion of the child's week with the provider is funded through the following funding sources:

1. Child care private pay only
2. Child Care Works (CCW) subsidy (including children receiving both CCW and EI);
3. Child care private pay receiving the Commonwealth of Pennsylvania’s Early Intervention (EI) services for children with developmental delays and disabilities;
4. TIER 1 Child/Adult Care Food Program (CACFP);
5. Early Head Start and Child Care
6. Head Start and Early Head Start; and/or
7. Other funding sources (including scholarships from other community-based organizations)

Use the table on the STARS ECT Tool to determine FTE values for each child. Then, record the FTE values in Columns C through I as appropriate.

* 1. After all information for each child is listed, calculate the sum of each Column (C through J) to determine the provider’s Grand Totals. Use the Grand Totals to complete the STARS Financial Award size and program participation, level calculations.

1. **FTE Enrollment** – You will need the FTE enrollment numbers to determine the provider’s STARS Financial Award size. You may also use this information for budgeting, staffing, and enrollment.

Please see example of a completed child-level FTE below:

**Special Note on Determining FTE:** Please use the following **example** to assist you in determining a child’s FTE.

Jacob C. attends YOUR FAMILY CHILD CARE in Hometown, PA. He is enrolled five days a week from 8 a.m. until 12 p.m. His family receives Child Care Works subsidy. Using the STARS Enrollment Calculation Tool, it is determined that Jacob’s FTE for Child Care Works Subsidy is 0.5 (5 half days per week). See example below.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** |
|  | **Child's First Name & Last Initial** | **Care Level**  (INF, YOT, OLT, PRE, YSA, OSA) |  | What portion of the child's week in your facility is *funded* through the following sources? Place the appropriate FTE value in each column. | | | | | | **Child's Total Weekly Attendance** *(sum of Columns*  *C through I* |
| **Child Care Private Pay Only** | **Child Care Works (CCW)**  *(includes children receiving both CCW & EI)* | **Child Care Private Pay with Early Intervention (EI)**  *(IEP/IFSP docs on site)* | **TIER 1 Child/Adult Care Food Program (CACFP)** | **Early Head Start/**  **Child Care** | **Head Start** | **Other**  **Funding Sources** |
| 1 | **Example: Jacob C.** | **PRE** | **0** | **.5** | **0** | **0** | **0** | **0** | **0** | **0.5** |

**MPI # on Certificate of Registration**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Provider Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Timeframe**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Curriculum**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Classroom Session Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **A** | **B** | **C** | **D** | **E** | **F** | | **G** | **H** | **I** | **J** |  | Use these FTE values to identify the portion of the child's week funded by various sources. | | |
|  | **Child's First Name & Last Initial** | **Care Level**  (INF, YOT, OLT, PRE, YSA, OSA) | What portion of the child's week in your facility is *funded* through the following sources? Place the appropriate FTE value in each column. | | | | | | | | **Child's Total Weekly Attendance** *(sum of Columns*  *C through I)* |  |
| **Child Care Private Pay Only** | **Child Care Works (CCW)**  *(includes children receiving both CCW & EI)* | **Child Care Private Pay with Early Intervention (EI)**  *(IEP/IFSP docs on site)* | **TIER 1 Child/Adult Care Food Program (CACFP)** | **Early Head Start/**  **Child Care** | | **Head Start** | **Other**  **Funding Sources** |  | **# of Days Child is Enrolled** | **Full Day or Part Day Funding** | **FTE Value** |
|  | |  | 5 | Full Day | 1 |
|  | |  | 4 | Full Day | 0.8 |
| 1 |  |  |  |  |  |  |  | |  |  |  |  | 3 | Full Day | 0.6 |
| 2 |  |  |  |  |  |  |  | |  |  |  |  | 2 | Full Day | 0.4 |
| 3 |  |  |  |  |  |  |  | |  |  |  |  | 1 | Full Day | 0.2 |
| 4 |  |  |  |  |  |  |  | |  |  |  |  | 5 | Part Day | 0.5 |
| 5 |  |  |  |  |  |  |  | |  |  |  |  | 4 | Part Day | 0.4 |
| 6 |  |  |  |  |  |  |  | |  |  |  |  | 3 | Part Day | 0.3 |
| 7 |  |  |  |  |  |  |  | |  |  |  |  | 2 | Part Day | 0.2 |
| 8 |  |  |  |  |  |  |  | |  |  |  |  | 1 | Part Day | 0.1 |
| 9 |  |  |  |  |  |  |  | |  |  |  |  | **Full Day** = 5 or more total hours/day | | |
| 10 |  |  |  |  |  |  |  | |  |  |  |  |
| 11 |  |  |  |  |  |  |  | |  |  |  |  | **Part Day** = less than 5 total hours/day | | |
| **Grand Totals** | | |  |  |  |  |  | |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total Column **C** + |  |  |
|  | Total Column **D** + |  |
|  | Total Column **E** + |  |
|  | Total Column **F** + |  |  |
|  | Total Column **G =** |  | Column C+ Column D+ Column E + Column F + Column G = Eligible FTE |
|  | **Eligible FTE** |  | **Use this number to determine the provider’s STARS Financial Award size.** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total Column **D** + |  |  |
|  | Total Column **E** + |  |  |
|  | Total Column **F** + |  |  |
|  | Total Column **G** = |  |  |
|  | Total Column (**D**+**E+F+G**)÷ |  |  |
|  | Eligible FTE = |  | (Column D+ Column E + Column F+ Column G) divided by Eligible FTE = Program Participation % |
|  | **Program Participation %** (multiply by 100) |  | **Use this percentage to determine the provider's program participation level.** |