

**Delaware Stars Tiered Reimbursement
Annual Reporting Form**

Program Name: _____

DE Business License #: _____ (Non-Profit only)
EIN/Tax ID#: _____

Purchase of Care Site ID#: _____ Office of Child Care Licensing #: _____

Physical Address: _____

Mailing Address: _____

Program Phone #: _____ Program Email: _____

Contact Person: _____ Title: _____

Payment Amount

Total Stars Tiered Reimbursement Received for Attendance Months of April 2021 – March 2022
\$ _____

Description of Staff Recruitment/Retention: job postings, sign-on bonuses, salaries, bonuses, etc.

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Total Amount Spent on Staff Recruitment: \$ _____

Description of Quality/Business Initiatives: materials, furniture, facility and/or playground improvements, cost of care

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Total Amount Spent on Quality Improvement: \$ _____

Description of Professional Development: quality assured training, higher education, TEACH, etc.

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Total Amount Spent on Professional Development: \$ _____

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I hereby certify that all information entered onto this form is true, correct and all documentation of proof
is available should an audit be conducted.

Print Name

Signature

Date

Please submit completed forms

Electronically (*as a PDF*) to: delawarestars@udel.edu

Questions Regarding Tiered Reimbursement

Tiered.Reimbursement@doe.k12.de.us