

**STARS Enrollment Calculation Tool**

**Centers & Group Child Care Homes**

**(Also for use with other non-Department of Human Services (DHS) regulated Early Learning Programs)**

**Purpose:** The STARS Enrollment Calculation Tool assists the provider in accurately determining enrollment, as a full-time equivalency (FTE), for individual children, classroom sessions, 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. A classroom session is defined as the student enrollment composition in the physical space at any given time.

**Benefit:** Calculating the FTE for individual children, classroom sessions, and the provider has many benefits that include making budget projections, creating staff 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 5 to complete this tool. This tool is also available as an auto-calculating Microsoft® Excel spreadsheet at [www.pakeys.org/pages/starsDocs.aspx](http://www.pakeys.org/pages/starsDocs.aspx).

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 which best represents continued enrollment (which could include of the subsidy children. The worksheet must indicate which calendar week was used. (example 8/24-8/28)
2. **Documentation** – Gather enrollment records (private pay, subsidy, early intervention, Early Head Start/child care, Pre K counts, Head Start, other sources) for the timeframe determined in Step 1 above.
3. **Classroom Session Information** – Complete page 3 of the STARS Enrollment Calculation Tool for each classroom session using the enrollment records gathered in Step 2 above. In the spaces provided at the top of the form, make sure to document the MPI number (located on your Certificate of Compliance), Classroom Session Name, Curriculum, Lead Teacher, Assistant Teacher(s), and Date tool was completed. Please make additional copies as needed. In each line of the table, complete the following steps:
	* Record Child’s First Name and Last Initial in Column A.
	* 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 |

* + Determine what portion of the child's week with the provider is funded through the following funding sources:
1. Child care private pay only (including private scholarships);
2. Child care private pay receiving the Commonwealth of Pennsylvania’s Early Intervention (EI) services for children with developmental delays and disabilities;
3. Child Care Works (CCW) subsidy (including children receiving both CCW and EI);
4. Early Head Start and Child Care
5. PA Pre-K Counts;
6. Head Start and Early Head Start; and/or
7. Other funding sources
	* Use the table on page 3 to determine FTE values for each child. Then, record the FTE values in Columns C through I as appropriate.
	* After all information for each child in the classroom session is listed, calculate the sum of each Column (C through J) and transfer the Classroom Session Subtotals to page 4.
8. **Provider Information** – On page 4, record each classroom session, care level(s) served in the classroom session, and the classroom session subtotals. Then, calculate the sum of each Column (C through K) to determine the provider’s Grand Totals. Use the Grand Totals to complete the STARS Financial Award size and Program Participation (Subsidy/Early Intervention) level calculations.
9. **FTE Enrollment** – If eligible, you will need the FTE enrollment numbers on page 4 to determine the provider’s STARS Financial Award size. You may also use this information for budgeting, staffing, and enrollment.

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

**Example A**: Bryson attends the Early Learning Center in Hometown, PA. Bryson A. is enrolled at the Center five days a week from 8 a.m. until 3 p.m. During that time, Bryson is also enrolled in the Center’s Head Start classroom session from 9 a.m. until 12 p.m. When Bryson is not attending Head Start, his family receives part-time Child Care subsidy. 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 Private Pay with Early Intervention (EI)** *(IEP/IFSP docs on site)* | **Child Care Works (CCW) Subsidy***(includes children receiving both CCW & EI)* | **Early Head Start/****Child Care** | **PA****Pre-K Counts** | **Head****Start** | **Other Funding Sources** |
| 1 | **Example: Bryson A.** | **PRE** | **0** | **0** | **.5** | **0.** | **0** | **.5** | **0** | **1.0** |

Using the table on page 3, it is determined that Bryson’s FTE value for his Head Start time is 0.5 (5 half days per week) and his FTE value for time funded through Child Care Subsidy is also 0.5 (5 half days per week).

**Example B**: Grace attends the Early Learning Center in Hometown, PA. Grace B. is enrolled in half day Pre-K. Grace then receives six hours of child care three days a week, private pay. 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 Private Pay with Early Intervention (EI)** *(IEP/IFSP docs on site)* | **Child Care Works (CCW) Subsidy***(includes children receiving both CCW & EI)* | **Early Head Start/ Child Care** | **PA****Pre-K Counts** | **Head****Start** | **Other Funding Sources** |
| 1 | **Example: Grace B.** | **PRE** | **.6** | **0** | **0** | **0** | **.5** | **0** | **0** | **1.1** |

Using the table on page 3, it is determined that Grace’s FTE value for her PA Pre-K Counts time is 0.5 (5 half days per week) and her FTE value for time funded through private pay child care is 0.6 (3 full days per week).