BrightStars
Recognizing, Improving, Connecting Quality Care & Learning

BrightStars Star Rating Application
for Centers

Congratulations! By applying to participate in BrightStars, you are demonstrating a commitment to quality care and learning for young children. The BrightStars Star Rating Application for Centers serves as a method for data collection on the state of quality in Rhode Island's early learning system.

INSTRUCTIONS

Please complete all fillable forms in full before submitting your application to BrightStars. Detailed instructions are included; please read these carefully.

BrightStars assesses program quality by two methods: document review and observation. For each standard, the required documentation to achieve each level is noted.

For programs with multiple locations, each site must apply individually. Programs cannot submit one application for multiple sites/locations.

This application is intended to be used in conjunction with the BrightStars Quality Framework for Centers.

SUBMITTING YOUR APPLICATION

Fill out the form using the fillable PDF. Completed forms are accepted on a rolling basis and may be submitted via one of the following methods:

Email: CQI@riaeyc.org

Fax: (401) 739-6101

Mail or hand-delivery to: Rhode Island Association for the Education of Young Children
501 Centerville Road, Suite 202
Warwick, RI 02886

Note: Please be sure that all supporting documents that you submit (ex. transcripts) are legible. In addition, if you plan to mail or deliver a paper application, please be sure that pages are printed single sided, and that the application is unbound (eg. not in a binder or similar) and not stapled (paperclips/binder clips are preferred). Hand-deliveries can be accepted during our office hours: 9 a.m. - 4 p.m., Mon. - Fri.

BrightStars staff is committed to supporting you through the application process. For questions or support in completing this document, please reach out to your assigned BrightStars Navigator, OR

- **email CQI@riaeyc.org**
- **call (401) 739-6100**

PROGRAM OVERVIEW

FOR BRIGHTSTARS USE ONLY: DO NOT WRITE IN BOX

Date Received: _____ **Navigator Initials:**

Date to Assessment: _____ **Current Rating:**

Program Code: _____

Name as it appears on QStar:

Type of Application: ☐ Renewal ☐ New Application ☐ Reapplication ☐ SRR

Current Cycle: _____ **Renewal Date:** _____

Using previous ERS? ☐ Yes ☐ No, needs ERS

- Previous Observation: Teacher Name: _____
  Date: _____ Score: _____ ITERS / ECERS
- Previous Observation: Teacher Name: _____
  Date: _____ Score: _____ ITERS / ECERS

What type of application is this?

- ☐ Applying to BrightStars for the first time
- ☐ Applying for a 3-year renewal
- ☐ Re-applying after withdrawal or expiration
- ☐ Applying for a rating increase
  Note: Applying for a rating increase will NOT change your 3-year renewal cycle

Program Name: _____
(Full, legal name, as it appears on the license)

License type: ☐ Approve-regular ☐ Provisional ☐ Probationary

DHS Provider ID: _____
(Located at the bottom left of the license)

License Expiration Date: _____

Physical location: _____

Mailing Address: _____ Website: _____
(Include if different than above, or N/A)

Primary Contact: _____ Position: _____
(Full name)

Phone #: _____

Email: _____

Preferred method of communication: ☐ Phone ☐ Email ☐ Either/Both

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Has any of this information changed in the last three years? ☐ Yes ☐ No

Do you offer **weekend** care? ☐ Yes ☐ No

Do you offer **evening** care? ☐ Yes ☐ No

Are you open in the **summer**? ☐ Yes ☐ No

Do you offer **Head Start**? ☐ Yes ☐ No
If yes, how many classrooms? _____

Do you offer **RI Pre-K**? ☐ Yes ☐ No
If yes, how many classrooms? _____

Do you offer **Early Head Start**? ☐ Yes ☐ No
If yes, how many classrooms? _____

Is your program accredited by **NAEYC**? ☐ Yes ☐ No

Do you accept **DHS CCAP**? ☐ Yes ☐ No

Hours of Operation

	Open:	Close:		Open:	Close:
Monday			**Thursday**		
Tuesday			**Friday**		
Wednesday					

CAPACITY AND ENROLLMENT

Age Group	Do you serve this age group?	Licensed Capacity	# of Children Currently Enrolled	# of Children Receiving CCAP	# of Open Classrooms
Infants (0-18 months)	☐ Yes ☐ No		_____	_____	_____
Toddlers (18-36 months)	☐ Yes ☐ No	_____	_____	_____	_____
Preschool (36 months - K entry)	☐ Yes ☐ No	_____	_____	_____	_____
School Age (out-of-school care)	☐ Yes ☐ No	_____	_____	_____	_____

RATING BY STANDARD

Current BrightStars Rating: _____ **Requested Overall BrightStars Rating:** _____

Please list the rating you are applying for in each standard by filling in the table below under "Requested Rating."

Standard	Current Rating	Requested Rating
1. Learning Environment		
2. Minimum Staff-Child Ratios		
3. Maximum Group Size		
4. Teacher Qualifications		
5. Program Leadership		
6. Continuous Quality Improvement		
7. Curriculum		
8. Child Assessment		
9. Inclusive Classroom Practices		
10. Family Communication and Involvement		

CLASSROOM SUMMARY FORM

Use this form to report information about classrooms/groups of children in your program. Enter information only for groups of infants, toddlers, and preschoolers; do not include information about groups of kindergarten or school-age children. For each group, enter the highest number of children allowed in the group at any one time, and the name of the lead teacher. If your program has more than 8 groups, make a copy of this form and continue listing additional groups.

Group Name	Classroom Days of Operation	Classroom Operating Hours	Group Type (infant, toddler, etc.)	Age Range Served (in months)	Youngest Child DOB	Oldest Child DOB	Max Group Size	Lead Teacher Full Name
ex. Preschool Pumpkins	☒ M ☐ T ☒ W ☐ Th ☒ F	9AM-3PM	preschool	48-60m	06/20/2020	10/16/2019	18	Andrea Mello
	☐ M ☐ T ☐ W ☐ Th ☐ F							
	☐ M ☐ T ☐ W ☐ Th ☐ F							
	☐ M ☐ T ☐ W ☐ Th ☐ F							
	☐ M ☐ T ☐ W ☐ Th ☐ F							
	☐ M ☐ T ☐ W ☐ Th ☐ F							
	☐ M ☐ T ☐ W ☐ Th ☐ F							
	☐ M ☐ T ☐ W ☐ Th ☐ F							
	☐ M ☐ T ☐ W ☐ Th ☐ F							

STANDARD 1: LEARNING ENVIRONMENT

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
• Program is Licensed by DHS	• Compliance with DHS Licensing Regulations **AND** • Learning Environment Training **OR** • LearnERS Participant	• Average ECERS-3 and/or ITERS-3 score of 3.0 or Greater with no observed classroom score less than 2.5	• Average ECERS-3 and/or ITERS-3 score of 4.0 or Greater with no observed classroom score less than 3.0	• Average ECERS-3 and/or ITERS-3 score of 5.0 or Greater with no observed classroom score less than 3.0

Required Documentation:

☐ Levels 1-5: Please attach a copy of your **DHS license**

☐ Levels 2-5: Please attach a copy of your **most recent DHS Monitoring Report** and any evidence showing rectified areas of non-compliance.

☐ Levels 2-5: Please attach a copy of your **relevant Learning Environment Training (LET)** for each age group served.

If your program has participated in LearnERS, you may **submit information about LearnERS participants** in lieu of an LET certificate for one or more age groups.

Fill out the following table to indicate what you will be submitting for each age group to meet this requirement.

Age Group	Are you attaching an **LET Training Certificate**?	Fill out this section for **LearnERS participation** if you are NOT attaching an LET certificate for this age group
Infants/Toddlers (ITERS)	☐ Yes ☐ No	Participant Name: _____ Start Date: _____ Graduation Date: _____
Preschool (ECERS)	☐ Yes ☐ No	Participant Name: _____ Start Date: _____ Graduation Date: _____

☐ Levels 3-5: I acknowledge that **BrightStars will conduct a site visit** to perform the appropriate number of ERS observations.

☐ Levels 3-5: Please attach a copy of **all classroom schedules.**

STANDARDS 2-3: MINIMUM STAFF-CHILD RATIO/ MAXIMUM GROUP SIZE

Summary of Requirements:

	Level 1	Level 2-5

Standard Two: Minimum Staff-Child Ratio	Program is licensed by DHS	• **Compliance with Staff-Child Ratios**
		  ◦ Infants 1:4
		  ◦ Toddlers 1:6
		  ◦ 3yo 1:9
		  ◦ 4yo 1:10
		  ◦ 5yo 1:12
		• **Staff-Child Ratio posted clearly outside each individual classroom**

Standard Three: Maximum Group Size	Program is licensed by DHS	• **Compliance with Maximum Group Size**
		  ◦ Infants 8
		  ◦ Toddlers 12
		  ◦ 3yo 18
		  ◦ 4yo 20
		  ◦ 5yo 24
		• **Maximum Group Size posted clearly outside each individual classroom**

BrightStars will use information obtained from DHS full Monitoring Visits to collect information pertaining to ratio requirements. To receive credit, providers must be in full compliance with all DHS Child Care Licensing requirements, and visits must have been conducted within the last 18 months. In the event that no ERS observations are required for the program's BrightStars rating, this replaces the need for an additional on-site observation to confirm ratio and group size compliance.

Required Documentation:

☐ Levels 2-5: I acknowledge that **BrightStars will conduct a site visit** to confirm compliance with staff-child ratios and with group size if a DHS visit has not been completed within the last 18 months.

STANDARD 4: TEACHER QUALIFICATIONS

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
• Program is licensed by DHS	• All lead teachers complete an **Individual Professional Development Plan**	• All lead teachers complete an **Individual Professional Development Plan** **AND** • **50%** of lead teachers have a **CDA or 3 college credits** in ECE or a related field.	• All lead teachers complete an **Individual Professional Development Plan** **AND** • **50%** of lead teachers have **12 college credits** in ECE or a related field **AND** • **25%** of lead teachers have an Associate's degree (or 60 college credits) **AND** • **50%** of preschool lead teachers complete relevant RIELDS training	• All lead teachers complete an **Individual Professional Development Plan** **AND** • **50%** of lead teachers have an AA (or 60 college credits) **+24 credits** in ECE or a related field **AND** • **50%** of preschool lead teachers have a BA + 24 credits in ECE or a related field **AND** • **75%** of preschool lead teachers complete relevant RIELDS training

Required Documentation:

- ☐ Levels 2-5: Please complete the **Lead Teacher Qualification Summary form** on the next page.
- ☐ Levels 2-5: Please attach an **Individual Professional Development Plan (IPDP)** for each lead teacher
- ☐ Levels 3-5: Please attach a copy of the **CDA** or **College Transcript** for each lead teacher
- ☐ Levels 4-5: Please attach a copy of the **College Transcript** for each lead teacher
- ☐ Levels 4-5: Please attach copies of the **RIELDS certificates** for each lead teacher

LEAD TEACHER QUALIFICATION SUMMARY

Definition of Lead Teacher: The lead teacher is the individual with primary responsibility for a group of children that occupies an individual classroom or well-defined space. The lead teacher must spend the majority of time with one group of children that attends at the same time rather than divide time between classrooms or float between groups. To meet the "majority of time" requirement, the lead teacher must be engaged with his/her assigned group for more than 50% of the time

Complete this page to report information about each lead teacher listed on the classroom summary form.

Lead Teacher Full Name	D.O.B.	Holds an accepted RI Teaching certificate?	Has a valid Child Development Associate (CDA)?	Highest level of college education completed	Has evidence of RIELDS Training
		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ AA ☐ Masters + ☐ Some College ☐ BA/BS	☐ 9 Domains ☐ Instructional Cycle ☐ None ☐ Guiding Principal ☐ Curriculum and Planning
		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ AA ☐ Masters + ☐ Some College ☐ BA/BS	☐ 9 Domains ☐ Instructional Cycle ☐ None ☐ Guiding Principal ☐ Curriculum and Planning
		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ AA ☐ Masters + ☐ Some College ☐ BA/BS	☐ 9 Domains ☐ Instructional Cycle ☐ None ☐ Guiding Principal ☐ Curriculum and Planning
		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ AA ☐ Masters + ☐ Some College ☐ BA/BS	☐ 9 Domains ☐ Instructional Cycle ☐ None ☐ Guiding Principal ☐ Curriculum and Planning
		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ AA ☐ Masters + ☐ Some College ☐ BA/BS	☐ 9 Domains ☐ Instructional Cycle ☐ None ☐ Guiding Principal ☐ Curriculum and Planning
		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ AA ☐ Masters + ☐ Some College ☐ BA/BS	☐ 9 Domains ☐ Instructional Cycle ☐ None ☐ Guiding Principal ☐ Curriculum and Planning
		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ AA ☐ Masters + ☐ Some College ☐ BA/BS	☐ 9 Domains ☐ Instructional Cycle ☐ None ☐ Guiding Principal ☐ Curriculum and Planning
		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ AA ☐ Masters + ☐ Some College ☐ BA/BS	☐ 9 Domains ☐ Instructional Cycle ☐ None ☐ Guiding Principal ☐ Curriculum and Planning
		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ AA ☐ Masters + ☐ Some College ☐ BA/BS	☐ 9 Domains ☐ Instructional Cycle ☐ None ☐ Guiding Principal ☐ Curriculum and Planning

STANDARD 5: PROGRAM LEADERSHIP

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
• Program is licensed by DHS	• Compliance with DHS Licensing Regulations	• The **Administrator OR Education Coordinator** has an Associate's Degree or higher **AND** • The **Education Coordinator** completes relevant RIELDS trainings	• **The Administrator OR Education Coordinator** has a Bachelor's Degree or higher and **6** college credits in ECE or a related field **AND** • **The Administrator AND Education Coordinator** completes relevant RIELDS trainings	• The **Administrator OR Education Coordinator** has an Bachelor's Degree or higher and **12** college credits in ECE or a related field **AND** • **The Administrator AND Education Coordinator** completes relevant RIELDS trainings

Required Documentation:

- ☐ Levels 3-5: Please complete the **Program Leadership Qualification Summary** form
- ☐ Levels 3-5: Please attach a copy of the **degree** for the program administrator OR the education coordinator
- ☐ Levels 3-5: Please attach copies of the **RIELDS certificates** for the education coordinator
- ☐ Levels 4-5: Please attach a copy of the **college transcript** for the program administrator OR the education coordinator
- ☐ Levels 4-5: Please attach copies of the **RIELDS certificates** for the program administrator

PROGRAM LEADERSHIP SUMMARY

The Program Administrator is responsible for overall operations and compliance with licensing regulations. The Education Coordinator is responsible for the development and implementation of the early learning and development program, including classroom curriculum, organization of children's groups, and staff performance.

Complete this page to report information about the Program Administrator and Education Coordinator.

Full Name	D.O.B.	Holds an accepted RI Teaching certificate?	Has a valid Child Development Associate (CDA)?	Highest level of college education completed	Has evidence of RIELDS Training
Program Administrator		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ Some College ☐ Masters + ☐ AA ☐ BA/BS	☐ 9 Domains ☐ Guiding Principals ☐ Instructional Cycle ☐ Curriculum and Planning ☐ Implementing a Standards based program for Administrators ☐ None
Education Coordinator		☐ Yes ☐ No	☐ Yes ☐ No	☐ High School ☐ Some College ☐ Masters + ☐ AA ☐ BA/BS	☐ 9 Domains ☐ Guiding Principals ☐ Instructional Cycle ☐ Curriculum and Planning ☐ Implementing a Standards based program for Education Coordinators ☐ None

STANDARD 6: CONTINUOUS QUALITY IMPROVEMENT

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
• Program is licensed by DHS	• Compliance with DHS Licensing Regulations **AND** • Comprehensive Program Self Assessment that includes: ◦ at least 2 sources of evidence	• Comprehensive Program Self Assessment that includes: ◦ ECERS and ITERS findings **AND** ◦ at least 2 other sources of evidence	• Comprehensive Program Self Assessment that includes: ◦ ECERS and ITERS findings **AND** ◦ at least 3 other sources of evidence	• Comprehensive Program Self Assessment that includes: ◦ ECERS and ITERS findings **AND** ◦ family survey results **AND** ◦ at least 3 other sources of evidence

Required Documentation:

☐ Levels 2-5: Complete all applicable sections of the **Program Self-Assessment form** on pages 11-12, as well as the prompts below

☐ Levels 2-5: I acknowledge that while a completed Quality Improvement Plan (QIP) does NOT need to be submitted with this application, I must submit an updated QIP within 90 days of receiving my rating.

Note about the Program Self-Assessment: This self-assessment is a comprehensive evaluation of the program's strengths and weaknesses as observed by those working within or in partnership with the program. The self-assessment involves gathering information about different aspects of the program's environment and practice.

To complete the form on the next page, your program will need to identify sources of evidence. Common examples of sources are listed below:

- DHS Monitoring Report
- Child Assessment Information
- Family Survey Results
- Educator Professional Development Plans (IPDPs)
- LISC Self-Assessment Tool
- Informal ERS Self-Assessment

Please identify 2-3 sources of evidence that you will discuss in the Program Self-Assessment:

2 sources required at Levels 2-5:

☐ Evidence Source #1: _____

☐ Evidence Source #2: _____

3rd source required at Levels 4-5:

☐ Evidence Source #3: _____

Note: If applying for a level 3 or higher, the following additional evidence sources are required. These sources of evidence may only count as an identified source if NOT already required at your level.

Required at Levels 3 or higher:

☐ Additional Required Evidence Source: ERS Findings

Required at Level 5:

☐ Additional Required Evidence Source: Family survey results

PROGRAM SELF ASSESSMENT

***If applying for a level 2 -3, answer the following questions.**

Evidence Source # 1	**In 2-3 sentences,** please explain what this evidence tells you about your program.	
	In 2-3 sentences, explain how will you use this information to improve the quality of your program.	
Evidence Source # 2	**In 2-3 sentences,** please explain what this evidence tells you about your program.	
	In 2-3 sentences, explain how will you use this information to improve the quality of your program.	

*** If applying for a level 4 or higher, a 3rd source of evidence is required. Answer the following question.**

Evidence Source # 3	**In 2-3 sentences,** please explain what this evidence tells you about your program.	
	In 2-3 sentences, explain how will you use this information to improve the quality of your program.	

PROGRAM SELF ASSESSMENT

***If applying for levels 3-5 AND if previously assessed on the ERS, answer the following question in addition to your responses on the previous page.**

ERS Findings	**In 2-3 sentences,** please explain what the ERS findings tells you about your program.	
	In 2-3 sentences, explain how will you use this information to improve the quality of your program.	

*** If applying for a level 5, answer the following question in addition to your responses on the previous page**

Family Survey Results	**In 2-3 sentences,** please explain what your family survey tells you about your program.	
	In 2-3 sentences, explain how will you use this information to improve the quality of your program.	

STANDARD 7: CURRICULUM

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
• Program is licensed by DHS	• Compliance with DHS Licensing Regulations	• Lesson plans aligned with the RIELDS **OR** • Head Start Compliance **OR** • NAEYC Accreditation **OR** • NECPA Accreditation	• Lesson plans aligned with the RIELDS **AND** • Curriculum Outline Questions **OR** • Head Start Compliance **OR** • NAEYC Accreditation **OR** • NECPA Accreditation	• Lesson plans aligned with the RIELDS **AND** • Curriculum Implementation Plan **OR** • Head Start Compliance **OR** • NAEYC Accreditation **OR** • NECPA Accreditation

Required Documentation:

- ☐ Levels 3-5: Please attach a copy of **2 weeks of lesson plans** for each age group served (eg. two weeks of plans each for toddler and preschool rooms)
- ☐ Levels 3-5: Please attach a copy of compliance with **Head Start** Performance Standards if applicable
- ☐ Levels 3-5: Please attach a copy of **NAEYC** accreditation if applicable
- ☐ Levels 3-5: Please attach a copy of **NECPA** accreditation if applicable
- ☐ Level 4: Please answer the **curriculum outline questions** on page 14
- ☐ Level 5: Please attach a copy of the **Curriculum Implementation Plan.**

*If your program is NAEYC or NECPA Accredited, or Head Start compliant, you will receive an automatic rating of 5 in this Standard and do not need to submit any additional documentation for standard 7.

Please answer the following for all levels:

Do you use a RIDE-Approved curriculum? ☐ Yes ☐ No

If yes, please select:

- ☐ The Investigator Club Pre-K Learning System
- ☐ Boston Public Schools Focus on Pre-K
- ☐ Tools of the Mind
- ☐ Creative Curriculum for Preschool/Pre-K
- ☐ High Scope Preschool Curriculum
- ☐ Building Blocks Pre-K Math
- ☐ Eureka Math Squared
- ☐ Frog Street Pre-K
- ☐ Other: _____

STANDARD 7: CURRICULUM

Curriculum Outline Questions *(required at level 4):*
Please answer all questions below if applying for 4 stars in this standard.

CONTENT:	Describe how children's developmental and academic skills are considered when developing curriculum lesson plans.
CONTEXT:	Describe the context in which children in your program learn by considering the following areas: classroom environment, materials, daily schedule, and group size.
PROCESS:	The RIELDS state that "Play is the primary means by which children demonstrate early learning accomplishments." Play is freely chosen, self-motivated, enjoyable, and process-oriented (rather than product-oriented). Children learn in many ways: gathering and sorting, exploring, modeling, listening, asking questions, imitating, watching and observing, manipulating, and through repetition. How does your program incorporate free play into children's daily experience?
TEACHING & FACILITATING:	Positive staff-child interactions are paramount in forming meaningful relationships and fostering children's development. Describe how positive staff-child relationships are formed in your program:

STANDARD 8: CHILD ASSESSMENT

Summary of Requirements:

Level 1	Levels 2-3	Level 4	Level 5
• Program is Licensed by DHS.	• Developmental screening information is shared with families.	• Developmental screening information is shared with families. **AND** • At least 2 methods of child assessment are collected consistently in a random sample of files observed. **OR** • Head Start Compliance **OR** • NAEYC Accreditation **OR** • NECPA Accreditation	• Developmental screening information is shared with families. **AND** • The program collaborates with Child Outreach to provide on-site developmental Screenings **AND** • At least 3 methods of child assessment are collected consistently in a random sample of files observed. **OR** • Head Start Compliance **OR** • NAEYC Accreditation **OR** • NECPA Accreditation

- ☐ Levels 2-5: Please fill in **all applicable sections** in the form below (pages 16-18) based on the requested star rating.
- ☐ Levels 4-5: Please attach a copy of compliance with **Head Start** Performance Standards if applicable
- ☐ Levels 4-5: Please attach a copy of **NAEYC** accreditation if applicable
- ☐ Levels 4-5: Please attach a copy of **NECPA** accreditation if applicable
- ☐ Levels 4-5: I acknowledge that **BrightStars will conduct an on-site file check** to ensure compliance with the following:
  - 25% of classrooms in each age group the program serves (I/T and Preschool/Pre-K) will have child assessment files checked for 25% of their current enrollment. At least 75% of the files checked in each group must meet the requirements.
  - Each file must be organized by child and all assessment entries must be dated and within the past year
  - All assessment entries must be aligned to the RIELDS
  - Child files must demonstrate that assessment is ongoing and collected in a routine/systematic manner.

*If your program is NAEYC or NECPA Accredited, or Head Start compliant, you will receive an automatic rating of 5 in this Standard and do not need to fill out the section below for standard 8.

CHILD ASSESSMENT METHODS

Required at levels 2-5: How does your program connect and inform families about Child Outreach and Early Intervention (EI) services?

Required at levels 4-5: What methods does your program use to collect comprehensive child assessment data and how often is this data collected? Check all that apply.

	Assessment Type	Frequency of Assessment	If choosing "Other" please describe:
Levels 2-5	☐ Developmental Checklists/Screening	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
AT LEAST 2 Assessment types required at **Levels 4-5**	☐ Written anecdotes/running records	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
	☐ Children's work samples	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
	☐ Photos/Videos	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
AT LEAST 3 Assessment types required at **Level 5**	☐ Family Questionnaire	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
	☐ Preschool Formative Assessment	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
	☐ Valid and reliable reports	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
Level 5	☐ Assessment Information from EI/ Child Outreach	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other Developmental screenings are provided on-site ☐ Yes ☐ No	

CHILD ASSESSMENT METHODS

Required at Levels 4-5: How does your program document that the child assessment data collected aligns to the RIELDS?

Required at Levels 4-5: How is the child assessment data you collect shared with families?

Required at Level 5: How does your program accommodate diverse populations such as dual language learners or children with special needs?

CHILD ASSESSMENT METHODS

Required at Level 5: How does your program utilize information from developmental screenings, such as Child Outreach or Early Intervention?

Required at Level 5: How does your program use child assessment data to inform curriculum planning?

STANDARD 9: INCLUSIVE CLASSROOM PRACTICES

Summary of Requirements:

Level 1	Level 2	Levels 3-4	Level 5
• Program is licensed by DHS.	• Compliance with DHS Licensing Regulations	• Written Program Philosophy **OR** • Head Start compliance	• Written Program Philosophy **AND** • Staff Release Time **OR** • Head Start compliance

Required Documentation:

☐ Levels 3-5: Please fill in **all applicable sections** in the table below based on the requested star rating.

☐ Levels 4-5: Please attach a copy of compliance with **Head Start** Performance Standards if applicable.

*If your program is Head Start compliant you will receive an automatic rating of 5 in this Standard and do not need to fill out the section below for standard 9.

INCLUSIVE CLASSROOM PRACTICES

Required at Levels 3-5: What is your program's philosophy on inclusive practices?

Required at Levels 3-5: How do you support children and families of all abilities?

Required at Levels 3-5: How does your program modify and make reasonable accommodations for children/families of different abilities?

INCLUSIVE CLASSROOM PRACTICES

Required at Levels 3-5: How do you accommodate children with diagnosed disabilities?

Required at Levels 3-5: Who do you collaborate with to support children with disabilities and their families?

Required at Levels 3-5: Are your accommodations made in inclusive, integrated settings? ☐ YES ☐ NO If no, please explain below:

Required at Level 5: Please describe how program staff, including classroom teachers, are made available to collaborate with IEP/IFSP teams. Examples of collaboration may include attending IEP meetings, virtual meetings, or participating in relevant trainings.

STANDARD 10: FAMILY COMMUNICATION AND INVOLVEMENT

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
• Program is licensed by DHS	• 2 or more strategies for family communication and involvement	• 2 or more strategies for family communication and involvement **AND** • Family/Teacher Conferences 2x per year **OR** • Head Start Compliance **OR** • NAEYC Accreditation **OR** • NECPA Accreditation	• 2 or more strategies for family communication and involvement **AND** • Family/Teacher Conferences 2x per year **AND** • Annual Family Survey **OR** • Head Start Compliance **OR** • NAEYC Accreditation **OR** • NECPA Accreditation	• 3 or more strategies for family communication and involvement **AND** • Family/Teacher Conferences 2x per year **AND** • Annual Family Survey **AND** Parent Advisory Committee **OR** • Head Start Compliance **OR** • NAEYC Accreditation **OR** • NECPA Accreditation

Required Documentation:

- ☐ Levels 2-5: Please fill in **all applicable sections** in the table below based on the requested star rating. Note that no additional documentation is needed to support the information that you fill out in the table (ex. you may fill out the dates for your last 3 monthly newsletters if this is a strategy you use, but you do NOT need to also attach copies of your newsletter).
- ☐ Levels 2-5: Please attach a copy of you program's **Family Handbook** (this counts as one source of family communication)
- ☐ Levels 3-5: Please attach a copy of compliance with **Head Start** Performance Standards if applicable
- ☐ Levels 3-5: Please attach a copy of **NAEYC** accreditation if applicable
- ☐ Levels 3-5: Please attach a copy of **NECPA** accreditation if applicable

*If your program is NAEYC or NECPA accredited, or Head Start compliant you will receive an automatic rating of 5 in this Standard and do not need to fill out the section below for standard 10.

STANDARD 10: FAMILY COMMUNICATION AND INVOLVEMENT

Required at Levels 2-5: If you are applying for a rating of 2 or higher in Standard 10, fill in all applicable sections based on the star-rating you are requesting.

	Type of Family Engagement	Event Details/Dates
AT LEAST 2 of these strategies are required at **Levels 2-4** AT LEAST 3 of these strategies are required at **Level 5**	☐ Monthly Newsletter (3 required)	Date: _____ Date: _____ Date: _____
	☐ Family meeting, social event, or workshop (4 required)	Date: _____ Date: _____ Date: _____ Date: _____
	☐ Ideas/suggestions to support learning at home	Date: _____ Date: _____ Date: _____ Date: _____
	☐ Supports Transitions	Date: _____ Please Describe:
	☐ Connect families w/communities	Date: _____ Please Describe:
	☐ Digital Family Communication App	Tool Used :
	☐ Family Handbook	*if this option is checked off, please submit a copy with your application
Levels 3-5	☐ Family/Teacher Conferences (2 required)	Date: _____ Date: _____
Levels 4-5	☐ Annual Family Survey	Date: _____
Level 5	☐ Family advisory committee (4 required)	Date: _____ Date: _____ Date: _____ Date: _____

PROGRAM AGREEMENT

☐ I acknowledge that it is my responsibility to submit copies of the requested documentation along with this completed application as requested by BrightStars:

By signing this BrightStars application, I verify/agree to the following (please check all):

☐ I have read Information and Policies for the BrightStars Quality Rating and Improvement System. I understand and will adhere to all policies contained within.

☐ All of the information contained in this application is accurate and true.

☐ I will post my BrightStars rating certificate in my program in a place highly visible to families/the public.

☐ I understand BrightStars Confidentiality Policy: A program's star rating, the level achieved for each BrightStars standard, and other basic program information (address, phone number, ages served, etc.) will be made available on the BrightStars or RIDE hosted websites. Information submitted as part of your BrightStars application will be shared within the state data system with state agency partners, including the RI Department of Human Services (DHS), the RI Department of Education (RIDE), the RI Department of Children, Youth and Families (DCYF), the RI Department of Health (DOH), and The Center for Early Learning Professionals (CELP) at an aggregate level for the purposes of data reporting. Identifiable and specific information about your program may be shared with state agency representatives for the purposes of record keeping, data analysis, and program assessment in a situation where a program applies for RIDE Comprehensive Early Childhood Education (CECE) Approval. Identifying information may be shared with others only with your specific, signed permission.

☐ BrightStars participation is required for programs participating in the Department of Human Services (DHS) Child Care Assistance Program (CCAP) and ending your participation in BrightStars will be communicated to DHS. The Department of Human Services has access to all data gathered and stored by BrightStars.

☐ I understand that BrightStars will use information obtained from DHS full Monitoring Visits to collect information pertaining to ratio and group size requirements.

☐ I acknowledge that BrightStars staff may take pictures of classroom or outdoor spaces, accessible materials or furnishings, and/or equipment during the observation for the purpose of research to ensure accurate scoring. BrightStars staff will NOT take pictures of children, staff, or other people in the observed group.

☐ I will notify BrightStars in writing within 10 days of a change to my program's license status.

Print Name	Title
Signature	Date