BrightStars
Recognizing, Improving, Connecting Quality Care & Learning

BrightStars Star Rating Application
for School-Age Child Care Programs

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 School-Age Child Care 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 School-Age Child Care (K-5) Quality Framework. Please contact BrightStars with any Questions.

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: info@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

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

FOR BRIGHTSTARS USE ONLY: DO NOT WRITE IN BOX

PROGRAM OVERVIEW

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

Website: _____

Primary Contact: _____
(Full name)

Position: _____

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

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

Is your program **COA-accredited**? ☐ Yes ☐ No

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

If **YES**, is programming different? ☐ Yes ☐ No

If **NO**, when is the last day of regular programming and when do you reopen of regular programming?

Last day of regular programming: _____

Regular programming resumes: _____

Hours of Operation	AM		PM	
	Open	Close	Open	Close
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

CAPACITY AND ENROLLMENT

Age Group	Licensed Capacity	# of Children Currently Enrolled	# of Groups
School Age (out-of-school care)	_____	_____	_____

RATING BY STANDARD

Current BrightStars Rating: _____ **Requested 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. Child's Daily Experience		
2. Curriculum, Child Assessment, and Process of Learning		
3. Minimum Staff-Child Ratio		
4. Maximum Group Size		
5. Family Communication and Involvement		
6. Lead Staff Qualifications		
7. Program Director Qualifications		
8. Program Management		

CLASSROOM SUMMARY FORM

What is the largest number of children permitted to attend on a single day? _____

Which of the following statements best describes the program?

☐ Program operates as one large group: A large group of children occupies a shared space. Children in one large group intermingle for a majority of the time.

☐ Program operates in more than one self-contained group: A self-contained group occupies a defined space and generally does not intermingle with other groups.

Use the table below to report information about groups of children in your program and the lead staff in charge of managing each group. For each group, enter the highest number of children allowed in the group at any one time, and the name of the lead group teacher. There should be one lead staff for every 26 children. If your program has more than 8 groups, please make a copy of this form and continue listing additional groups.

Group Name	Classroom Days of Operation	Classroom Operating Hours	Max Group Size	Lead Staff Full Name
ex. K-2	☒ M ☐ T ☒ W ☐ Th ☒ F	3PM- 6PM	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: CHILD'S DAILY EXPERIENCE

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
• Program is Licensed by DHS	• Compliance with DHS Licensing Regulations	• Average SACERS score of 3.0 or Greater with no observed score less than 2.5 **OR** • COA	• Average SACERS score of 4.0 or Greater with no observed score less than 3.0 **OR** • COA	• Average SACERS score of 5.0 or Greater with no observed score less than 3.0 **OR** • COA

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

STANDARD TWO: CURRICULUM, CHILD ASSESSMENT, AND PROCESS OF LEARNING

Summary of Requirements:

Level 1	Levels 2-3	Level 4	Level 5
• Program is Licensed by DHS	• Compliance with DHS Licensing Regulations	• The program's weekly lesson plans include **at least one opportunity** for all of the following: ◦ active, physical play ◦ creative expression ◦ academic support **PLUS** • The program gathers information about each child using **one approved method of child assessment.**	• The program's weekly lesson plans include **at least two opportunities** for all of the following: ◦ active, physical play ◦ creative expression ◦ academic support **PLUS** • The program gathers information about each child using **two approved methods of child assessment.**

Approved methods of child assessment include:
- **Observations**
- **Checklists**
- **Interest inventories**
- **Family/child surveys or interviews**
- **School performance information**
- **Other**

Required Documentation:

☐ Levels 4-5: Please attach a copy of **lesson plans for two weeks** of a program plan or curriculum for each group.

☐ Levels 4-5: I acknowledge that **BrightStars will conduct a site visit** to complete a randomized child assessment file check.

STANDARD 3: MINIMUM STAFF-CHILD RATIO

Summary of Requirements:

Level 1	Level 2-5
• Program is licensed by DHS	• **Compliance with Staff-Child Ratios** ◦ 1:13 • **Staff-Child Ratio Communicated**

STANDARD 4: MAXIMUM GROUP SIZE

Summary of Requirements:

Level 1	Level 2	Levels 3-4	Level 5

• Program is licensed by DHS	• **Group Size***
	  ◦ **26 children**
		• **Group Size***
		  ◦ **26 children**
		• **Group Space**
		  ◦ No more than **52 children** in a room**
			• **Group Size***
			  ◦ **26 children**
			• **Group Space**
			  ◦ No more than **26 children** in a room**

***Group size will be determined based on the total number of children in a group or activity throughout the observation; intermingling is permitted. Exceptions to group/activity size include: meals/snacks, outdoor play, arrival, departure, and special activities. Times for these exceptions to group/activity size should not exceed more than 1/3 of the total time children are in attendance.**

**** A room has floor-to-ceiling walls.**

Required Documentation for standards 3 and 4:

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. This replaces the need for an additional on-site observation to confirm ratio and group size compliance.

☐ 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 FIVE: FAMILY COMMUNICATION AND INVOLVEMENT

Summary of Requirements:

Level 1	Level 2-3	Level 4	Level 5
• Program is licensed by DHS	• Compliance with DHS Licensing Regulations **AND** • **1 or more strategies** for family communication and involvement	• **2 or more strategies** for family communication and involvement	• **3 or more strategies** for family communication and involvement.

Strategies for family communication include:
- **Monthly newsletters**
- **Family meetings, social events, or workshops**
- **Ideas and suggestions to support learning at home**
- **Annual family surveys**
- **Parent/staff conferences**
- **Parent advisory board**

Required Documentation:

☐ Levels 2-5: Please fill in **all applicable sections** in the table below based on the requested star rating.

Please indicate which methods of family communication your program employs and fill in the corresponding required fields for each method chosen.
*One type is required at levels 2-3; two types are required at level 4; three types are required at level 5.

Type of Family Engagement	Event Details/Dates
☐ 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 (4 required)	Date: _____ Date: _____ Date: _____ Date: _____
☐ Family/Staff Conferences (2 required)	Date: _____ Date: _____
☐ Annual Family Survey	Date: _____
☐ Advisory board that includes families (4 required)	Date: _____ Date: _____ Date: _____ Date: _____

STANDARD 6: LEAD STAFF QUALIFICATIONS

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
• Program is licensed by DHS	• Compliance with DHS Licensing Regulations **AND** • All lead staff complete an **Individual Professional Development Plan**	• All lead staff complete an **Individual Professional Development Plan** **AND** • **50% of lead staff** have 12 college credits	• All lead staff complete an **Individual Professional Development Plan** **AND** • **50% of lead staff** have 24 college credits	• All lead staff complete an **Individual Professional Development Plan** **AND** • **50% of lead staff** have an AA **or** 60 college credits

Required Documentation:

- ☐ Levels 2-5: Please attach an **Individual Professional Development Plan (IPDP)** for each lead staff
- ☐ Levels 3-5: Please attach a copy of the **College Transcript** for each lead staff

STANDARD SEVEN: PROGRAM DIRECTOR QUALIFICATIONS

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
• Program is licensed by DHS	• Compliance with DHS Licensing Regulations	• The program administrator OR site coordinator has an **AA (or 60 college credits) in any field.**	• The program administrator OR site coordinator has an AA (or 60 college credits) in any field and **6 credits in child/youth development** or a related field*	• The program administrator **OR** site coordinator has a **BA with 12 credits in child/youth development** or a related field*

"Related field" can include Human Development, Psychology, Social Work, Education, Pediatric Nursing, Home Economics/Family & Consumer Science, Recreation and Child & Family Studies.

Required Documentation:

- ☐ Levels 3-5: Please attach a copy of the **College Transcript** for the program administrator or site coordinator
- ☐ Levels 3-5: Please attach a copy of the **degree** for the program administrator or site coordinator

STANDARD EIGHT: PROGRAM MANAGEMENT

Summary of Requirements:

Level 1	Levels 2-5

• Program is licensed by DHS	• Comprehensive Program Self Assessment:
	  ◦ RIPQA (Forms A + B)
	  OR
	  ◦ SACERS-U Self-Assessment on the next page
	• Quality Improvement Plan within 90 days of receiving a BrightStars Ratings

Required Documentation:

☐ Levels 2-5: Please attach a copy of your program's **completed RIPQA forms A & B**

OR

Complete the **SACERS-U Self-Assessment** on the next page.

SACERS-U SELF ASSESSMENT

Describe an area of strength for your program:	
What evidence from the SACERS-U supports this?	
How will you use this information to improve the quality of your program?	
Describe an area of improvement for your program:	
What evidence from the SACERS-U supports this?	
How will you use this information to improve the quality of your program?	

SACERS-U SELF ASSESSMENT

Describe a second area of improvement for your program:	
What evidence from the SACERS-U supports this?	
How will you use this information to improve the quality of your program?	

CHECKLIST

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

- ☐ Standard 1: A copy of current DHS license (levels 1-5)
  A copy of the most recent DHS monitoring report (levels 2-5)
  A copy of the COA certificate if applicable (levels 3-5)
- ☐ Standard 2: A copy of 2 weeks' worth of lesson plans for each group (levels 4-5)
- ☐ Standard 6: An Individual Professional Development Plan (IPDP) for each lead staff (levels 2-5)
  A copy of the College Transcript for each lead staff (levels 3-5)
- ☐ Standard 7: A copy of the College Transcript for the program administrator or site coordinator (levels 3-5)
  A copy of the degree for the program administrator or site coordinator (levels 3-5)
- ☐ Standard 8: A copy of your program's comprehensive self-assessment using the SACERS-U OR completed RIPQA forms A & B (levels 2-5)

PROGRAM AGREEMENTS

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 DHS 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. 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 or BrightStars on-site assessments to collect information pertaining to ratio and group size requirements.
- ☐ I will notify BrightStars in writing within 10 days of a change to my program's license status.

_____
Print Name

_____ _____
Signature Date