

BrightStars Star Rating Application for Family Childcare Providers

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 Family Childcare Providers 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. This application is intended to be used in conjunction with the BrightStars Family Child Care Quality Framework. Please contact BrightStars with any questions.

The following forms are included in this application packet:

- Program Overview
- Standard 1 – Learning Environment
- Standard 2 – Minimum Staff-Child Ratio
- Standard 3 – Educator Qualifications
- Standard 4 – Continuous Quality Improvement
- Standard 5 – Curriculum
- Standard 6 – Child Assessment
- Standard 7 – Inclusive Classroom Practices
- Standard 8 – Family Communication and Involvement
- Checklist and Signature Page

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



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



Fax: (401) 739-6101



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

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

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: <input type="checkbox"/> Renewal <input type="checkbox"/> New Application <input type="checkbox"/> Reapplication <input type="checkbox"/> SRR	
Current Cycle: _____	Renewal Date: _____
Using previous ERS? <input type="checkbox"/> Yes <input type="checkbox"/> No, needs ERS	
Date: _____	Score: _____

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

License type: Approve-regular
 Provisional Probationary

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

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

Previous Names: _____

License Expiration Date: _____

RISES* ID: _____

*Also known as the Workforce Registry: <https://ridhsris.es.my.site.com/rises/s/login/>

Physical location: _____

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

CONTACT INFORMATION		Preferred method of communication:	<input type="checkbox"/> Phone	Preferred Language:	<input type="checkbox"/> English
Phone #: _____			<input type="checkbox"/> Email		<input type="checkbox"/> Spanish
Email: _____			<input type="checkbox"/> Either/Both		<input type="checkbox"/> Other: _____
Has any of this information changed in the last three years?			<input type="checkbox"/> Yes		<input type="checkbox"/> No

Do you accept **CCAP**?

Yes No

Do you offer **weekend** care?

Yes No

Do you offer **evening** care?

Yes No

Are you open in the **summer**?

Yes No

Hours of Operation		
	Open:	Close:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

CAPACITY AND ENROLLMENT

Age Group	Do you serve this age group?	Total Licensed Capacity	# of Children Currently Enrolled	# of Children Receiving CCAP
Infants (0-18 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Toddlers (18-36 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____
Preschool (36 months - K entry)	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____
School Age (out-of-school care)	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

RATING BY STANDARD

Current BrightStars Rating: _____
 Overall 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. Learning Environment		
2. Minimum Staff-Child Ratios		
3. Educator Qualifications		
4. Continuous Quality Improvement		
5. Curriculum		
6. Child Assessment		
7. Inclusive Classroom Practices		
8. Family Communication and Involvement		

STANDARD 1: LEARNING ENVIRONMENT

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> Program is Licensed by DHS 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Learning Environment Training OR LearnERS Participant 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Learning Environment Training OR LearnERS Participant AND Average FCCERS-3 score of 3.0 or higher. 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Learning Environment Training OR LearnERS Participant AND Average FCCERS-3 score of 4.0 or higher. 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Learning Environment Training OR LearnERS Participant AND Average FCCERS-3 score of 5.0 or higher.

Required Documentation:

- Levels 1-5: Please attach a copy of your **DHS license**
- Levels 2-5: Please attach a copy of your **DHS Monitoring Report**
- Levels 2-5: Please attach a copy of your **FCCERS Learning Environment Training (LET)**

OR: If you are a past or present **LearnERS participant**, in lieu of the LET training, please list your start date and graduation date (if applicable) below.

LearnERS Start Date: _____ LearnERS Graduation Date: _____

- Levels 3-5: I acknowledge that **BrightStars will conduct a site visit** to perform a FCCERS-3 observation.



STANDARD 2: MINIMUM STAFF-CHILD RATIO

Summary of Requirements:

Level 1	Level 2-5
<ul style="list-style-type: none"> Program is Licensed by DHS 	<ul style="list-style-type: none"> Program is compliant with all DHS licensing regulations AND Minimum Staff-Child Ratio is clearly posted

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.

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 3: EDUCATOR QUALIFICATIONS

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> Program is licensed by DHS 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND The educator completes an Individual Professional Development Plan (IPDP) 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND The educator completes an Individual Professional Development Plan (IPDP) AND The educator has a CDA OR The educator has 3 college credits in ECE or a related field 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND The educator completes an Individual Professional Development Plan (IPDP) AND The educator has 12 college credits in ECE or a related field PLUS The educator completes relevant introductory RIELDS training 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND The educator completes an Individual Professional Development Plan (IPDP) AND The educator has 24 college credits in ECE or a related field PLUS Associate's degree OR 60 college credits PLUS The educator completes relevant RIELDS training

Required Documentation:

- Levels 2-5: Please attach an **Individual Professional Development Plan (IPDP)** for the educator
- Levels 3-5: Please attach a copy of the **CDA or College Transcript** for the educator
- Levels 4-5: Please attach a copy of the **College Transcript** for the educator
- Levels 4-5: Please attach copies of the educator's **RIELDS certificates**

STANDARD 4: CONTINUOUS QUALITY IMPROVEMENT

Summary of Requirements:

Level 1	Level 2	Levels 3-4	Level 5
<ul style="list-style-type: none"> Program is licensed by DHS <p>PLUS</p> <ul style="list-style-type: none"> Quality Improvement Plan completed within 90 days of rating 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations <p>PLUS</p> <ul style="list-style-type: none"> Quality Improvement Plan completed within 90 days of rating <p>PLUS</p> <ul style="list-style-type: none"> Comprehensive Program Self Assessment that includes: <ul style="list-style-type: none"> IPDP FCC Checklist DHS Monitoring Report findings 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations <p>PLUS</p> <ul style="list-style-type: none"> Quality Improvement Plan completed within 90 days of rating <p>PLUS</p> <ul style="list-style-type: none"> Comprehensive Program Self Assessment that includes: <ul style="list-style-type: none"> IPDP FCC Checklist DHS Monitoring Report findings FCCERS findings, if applicable 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations <p>PLUS</p> <ul style="list-style-type: none"> Quality Improvement Plan completed within 90 days of rating <p>PLUS</p> <ul style="list-style-type: none"> Comprehensive Program Self Assessment that includes: <ul style="list-style-type: none"> IPDP FCC Checklist DHS Monitoring Report findings FCCERS findings, if applicable Family survey results

Required Documentation:

- 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.
- Levels 2-5: Attach a copy of your completed **IPDP**.
- Levels 2-5: Attach a copy of your most recent **DHS Monitoring Report**.
- Levels 2-5: Please complete the relevant sections of the Self-Assessment **FCC Checklist** on page 7-14.

Note: In addition to the required documentation, please complete your response for all applicable self-assessment questions based on the requested star rating

Required at Levels 2 or higher:

Monitoring Report Findings: Below

Required at Levels 3 or higher:

ERS Findings (if applicable): pg 15

Required at Level 5:

Family survey results: pg 15

*If applying for levels 2-5, answer the following questions:

Monitoring Report Findings	<p>In 2-3 sentences, please explain what the DHS Monitoring Report findings tells you about your program.</p>	
	<p>In 2-3 sentences, explain how will you use this information to improve the quality of your program.</p>	

PROGRAM SELF ASSESSMENT : FCC CHECKLIST

***If applying for levels 2-5, complete the following FCC Checklist on pages 7-13**

INTERACTIONS SELF ASSESSMENT

The purpose of this self-assessment is to reflect on how you support the learning and development of children in regard to adult-child and child-child interactions during program time. **Answer the following questions in 2-3 sentences:**

Space and Furnishings	
In what ways am I protecting children from active play when they are in the “cozy area” (a clearly defined space with a substantial amount of softness where children may lounge, daydream, read, or play quietly)?	
How am I pointing out and talking to children about displayed materials?	
Personal Care Routines	
When supervising children during meals/feeding, how am I individualizing and providing equal attention for children of different ages?	
How am I ensuring my interactions with children are contributing to a pleasant atmosphere during meal/feeding times?	
Language and Literacy	
How do I use materials, displays, and experiences to engage with children, while introducing new and interesting vocabulary?	
In what ways am I encouraging active engagement, individualizing interactions, and making book times attractive for children of different ages?	



Learning Activities:

In what ways am I talking with children during art activities?	
How do I engage children in musical experiences, informally (during routines such as hand washing and feeding) throughout the day?	
How am I encouraging children to use blocks and block accessories each day?	
How am I adding to children's learning when they are engaging in dramatic play?	
In what ways do I comment on or ask questions to support learning as children play with nature and science materials and the natural world, both indoors and outdoors?	
How am I helping children learn to use math with hands-on experiences?	
In what ways am I pointing out similarities and differences among people to help children see diversity in a positive way?	



Interaction

In what ways am I encouraging children's gross motor activity?	
In what ways am I using warm physical contact with children during learning and play activities?	

Program Structure

In what ways am I providing positive interactions with children during free play time?	
How am I ensuring children are actively engaged during group times?	

SPACE AND FURNISHINGS SELF ASSESSMENT

The purpose of this checklist is to provide guidance in how to best support the learning and development of the children in your program in regard to space, furnishings, and safety practices in your program environment. **Answer the following questions in 2-3 sentences:**

ITEMS		YES	NO	PARTIAL	NOTES
INDOOR SPACE	Adequate and adjustable lighting and temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Good ventilation; some natural lighting through windows or skylight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Space used for child care is ample for children, adults, and furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Space is in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Space is reasonably clean and well-maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Space for children is accessible to children and adults with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ITEMS		YES	NO	PARTIAL	NOTES
FURNISHINGS FOR ROUTINE CARE, PLAY, AND LEARNING	There is enough furniture for routine care for all ages/abilities of children in the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	There are soft furnishings accessible to all children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Furniture is safe, in good repair, and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Furniture promotes self-help (i.e., steps near sink, low open shelves for toys & materials, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Cots/mats stored for easy access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Cubbies placed for easy use by parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Most tables/chairs used for eating, play, and learning activities are suitable to children's size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ARRANGEMENT OF INDOOR SPACE FOR CHILD CARE	Materials for different kinds of activities are organized by type (i.e., sets of blocks stored separately; books on a bookshelf or in a basket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Materials are usually placed for easy access by children in each age group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrangement of space allows for visual supervision of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Space is provided to allow different types of play activities (including quiet and more active play; different types of materials can be used at the same time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	A cozy area is accessible and protected from active play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ITEMS		YES	NO	PARTIAL	NOTES
DISPLAY FOR CHILDREN	Much artwork done by the children is displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Colorful, simple pictures, posters, and/or photographs are displayed for the age of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Many items displayed at child's eye level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Provider points out and talks to children about displayed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Photographs of children in the group, their families or pets are displayed on child's level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SPACE AND EQUIPMENT FOR GROSS MOTOR PLAY	Adequate space outdoors and some indoors for gross motor play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Space is easily accessible to the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Enough accessible, appropriate gross motor materials/equipment to allow children in all age groups to be active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Space(s) for gross motor play are safe with some protection from the elements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	At least one hard and one soft surface in outdoor area (i.e., cement, wood decking, or blacktop and grass, sand, or outdoor carpet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ITEMS		YES	NO	PARTIAL	NOTES
SAFETY PRACTICES (INDOOR)	Protective covers on electrical outlets; all electrical cords are kept out of reach of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Spills on floors are cleaned up immediately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Medicines, cleaning materials, pesticides, aerosols, and substances labeled "keep out of reach of children" are locked away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bleach and other toxic solutions used only when children cannot inhale the spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Mats/rugs do not slide or present tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAFETY PRACTICES (OUTDOOR/GROSS MOTOR PLAY AREA)	Walkways and stairs are safe for the age and development of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Play equipment is in good repair, anchored, and has appropriate height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fall zones under play equipment have sufficient cushioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Play equipment poses no threat of head entrapment, finger entrapment, injury from pinch-points, or projections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Arrangement of outdoor/gross motor play area is free of obstacles and allows for visual supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



PROMOTING DIVERSITY SELF ASSESSMENT

The purpose of this checklist is to provide guidance in how to best support the learning and development of the children in your program in regard to promoting diversity in your environment, activities, and interactions. **Answer the following questions in 2-3 sentences:**

ITEMS		YES	NO	PARTIAL	NOTES
ENVIRONMENT	There are examples* of racial and cultural diversity that are easily visible to children in the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	There are examples of cultural/racial diversity as a regular experience for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MATERIALS	Appropriate dolls representing at least 3 races are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	There are 10 or more easily visible, positive examples of diversity with at least one in each category: books, displayed pictures (in addition to children and their families), and accessible play materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Materials include at least 4/5 of the types of diversity (race, culture, age, ability, and nontraditional gender roles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACTIVITIES & INTERACTIONS	How do you participate in conversations with children about the benefits of diversity and similarities among people?				
	What are some materials you have that sow diversity in a positive way?				

PROGRAM SELF ASSESSMENT

***If applying for levels 3-5 AND if previously assessed on the ERS, answer the following additional questions:**

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

*** If applying for a level 5, answer the following additional questions:**

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

STANDARD 5: CURRICULUM

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> Program is licensed by DHS 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Lesson plans aligned with the RIELDS 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Lesson plans aligned with the RIELDS PLUS Curriculum Outline Questions 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Lesson plans aligned with the RIELDS AND Curriculum Implementation Plan

Required Documentation:

- Levels 3-5: Please attach a copy of **2 weeks worth of lesson plans** for each age group served.
- Level 4: Please answer the **curriculum outline questions** on page 17.
- Level 5: Please attach a copy of your program's **Curriculum Implementation Plan**.

STANDARD 5: 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: learning 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 6: CHILD ASSESSMENT

Summary of Requirements:

Level 1	Levels 2-3	Level 4	Level 5
<ul style="list-style-type: none"> Program is Licensed by DHS. 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Developmental Screening Information 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Developmental Screening Information PLUS 2 methods of Child Assessment 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Developmental Screening Information PLUS 3 methods of Child Assessment PLUS The program collaborates with Early Intervention and/or Child Outreach to provide on-site developmental screenings or provide families with specific days and locations

Required Documentation:

- Levels 2-5: Please fill in all applicable sections on the **questionnaire on pages 19-21** based on the requested star rating
- Levels 4-5: I acknowledge that **BrightStars will complete a site visit** to assess data collection in child assessment files.
 - 25% of the children enrolled will have child assessment files checked and at least 75% of the files checked 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 assessment files must demonstrate that assessment is ongoing and collected in a routine/systematic manner.

CHILD ASSESSMENT QUESTIONNAIRE

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

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:
AT LEAST 2 Assessment types required at Level 4	<input type="checkbox"/> Developmental Checklists	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Written anecdotes/running records	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Children's work samples	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Photos/Videos	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Family Questionnaire	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Preschool Formative Assessment	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
AT LEAST 3 Assessment types required at Level 5	<input type="checkbox"/> Valid and reliable reports (TSG)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> IEP Outreach/Screenings	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Assessment Information from EI/Child Outreach	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other <input type="checkbox"/> Developmental screenings are provided on-site <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Other:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

CHILD ASSESSMENT QUESTIONNAIRE

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 QUESTIONNAIRE

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?

Level 5: How does your program collaborate with Child Outreach and/or EI (Early Intervention)?



STANDARD 7: INCLUSIVE CLASSROOM PRACTICES

Summary of Requirements:

Level 1	Level 2	Levels 3-4	Level 5
<ul style="list-style-type: none"> Program is Licensed by DHS. 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Written Program Philosophy 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND Written Program Philosophy PLUS Educator collaborates with key partners in early childhood special education services

Required Documentation:

- Levels 3-5: Please fill in all applicable sections of the **Program Philosophy** questions on the next page. *Note that these questions constitute a Written Program Philosophy.*



PROGRAM PHILOSOPHY

Levels 3-5: How does your program support children and families of differing abilities? (ex. physical, cognitive, dual language, etc.)

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

Level 5: How does your program collaborate with key partners (e.g. Early Intervention, Child Outreach) to support children with developmental delays and disabilities?

Level 5: How does your program make time to collaborate with IEP/IFSP teams? What types of meetings or trainings do you and/or assistants participate in to support children with IEPs/IFSPs? How is information (such as child assessment results) shared to support children with developmental delays or disabilities and their families?

STANDARD 8: FAMILY COMMUNICATION

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> Program is licensed by DHS 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND 2 or more strategies for family communication and involvement 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND 2 or more strategies for family communication and involvement PLUS Family/Teacher Conferences 2x per year 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND 2 or more strategies for family communication and involvement PLUS Family/Teacher Conferences 2x per year PLUS Annual Family Survey 	<ul style="list-style-type: none"> Compliance with DHS Licensing Regulations AND 3 or more strategies for family communication and involvement PLUS Family/Teacher Conferences 2x per year PLUS Annual Family Survey

Required Documentation:

- Levels 2-5: Please fill in all applicable sections of the **Family Communication Form** on page 18 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)

FAMILY COMMUNICATION FORM

Levels 2-5

Type of Family Engagement		Event Details/Dates			
AT LEAST 2 of these strategies are required at Levels 2-4	<input type="checkbox"/> Monthly Newsletter (3 required)	Date: _____	Date: _____	Date: _____	
	<input type="checkbox"/> Family meeting, social event, or workshop (4 required)	Date: _____	Date: _____	Date: _____	Date: _____
	<input type="checkbox"/> Ideas/suggestions to support learning at home	Date: _____	Date: _____	Date: _____	Date: _____
AT LEAST 3 of these strategies are required at Level 5	<input type="checkbox"/> Supports Transitions	Date: _____	Please Describe:		
	<input type="checkbox"/> Connect families w/community service	Date: _____	Please Describe:		
	<input type="checkbox"/> Digital Family Communication App	Tool Used :			
	<input type="checkbox"/> Family Handbook	*if this option is checked off, please submit a copy with your application			
Levels 3-5	<input type="checkbox"/> Parent / Staff Conference (2 required)	Date: _____	Date: _____		
Levels 4-5	<input type="checkbox"/> Family Survey	Date: _____			

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: Copy of current DHS license
Copy of relevant Learning Environment Training
Copy of most recent DHS Monitoring Report
 - Standard 3: Copy of Individual Professional Development Plan
Copy of CDA/degree for the educator (if applicable).
Copy of college transcripts for the educator (if applicable).
Copy of a RIELDS Certificate for the educator (if applicable).
 - Standard 4: Copy of your IPDP
Copy of most recent DHS Monitoring Report
 - Standard 5: Copy of 2 weeks' worth of lesson plans for each age group served (levels 3-5).
Copy of your program's curriculum implementation plan (level 5).
 - Standard 8: A copy of your Family Handbook (if applicable)

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