BrightStars
Recognizing, Improving, Connecting Quality Care & Learning

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


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 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

Date: _____ Score: _____

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

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: _____

Physical location: _____

Mailing Address: _____

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

CONTACT INFORMATION

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 accept **CCAP**? ☐ Yes ☐ No

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

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

If you are **open in the summer**, is programming different? ☐ Yes ☐ No

If you are closed **in the summer:**

When is your last day of regular programming? _____

When do you reopen for regular programming? _____

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

For questions or support in completing this document, please reach out to your assigned BrightStars Navigator or email CQI@riaeyc.org.

CAPACITY AND ENROLLMENT

Age Group	Do you serve this age group?	Licensed Capacity	# of Children Currently Enrolled	# of Children Receiving CCAP
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 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
• Program is Licensed by DHS	• Compliance with DHS Licensing Regulations **AND** • Learning Environment Training **OR** • LearnERS Participant	• Compliance with DHS Licensing Regulations **AND** • Learning Environment Training **OR** • LearnERS Participant **AND** • Average FCCERS-3 score of 3.0 or higher.	• Compliance with DHS Licensing Regulations **AND** • Learning Environment Training **OR** • LearnERS Participant **AND** • Average FCCERS-3 score of 4.0 or higher.	• 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
• Program is Licensed by DHS	• 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
• Program is licensed by DHS	• Compliance with DHS Licensing Regulations **AND** • The educator completes an Individual Professional Development Plan (IPDP)	• 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	• 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	• 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	Level 3	Level 4	Level 5

• Program is licensed by DHS
PLUS
• Quality Improvement Plan completed within 90 days of rating
	• Compliance with DHS Licensing Regulations
	PLUS
	• Quality Improvement Plan completed within 90 days of rating
	PLUS
	• Comprehensive Program Self Assessment that includes:
	  ○ at least 2 sources of evidence
		• Compliance with DHS Licensing Regulations
		PLUS
		• Quality Improvement Plan completed within 90 days of rating
		PLUS
		• Comprehensive Program Self Assessment that includes:
		  ○ FCCERS findings, if applicable
		  ○ at least 2 other sources of evidence
			• Compliance with DHS Licensing Regulations
			PLUS
			• Quality Improvement Plan completed within 90 days of rating
			PLUS
			• Comprehensive Program Self Assessment that includes:
			  ○ FCCERS findings, if applicable
			  ○ at least 3 other sources of evidence
				• Compliance with DHS Licensing Regulations
				PLUS
				• Quality Improvement Plan completed within 90 days of rating
				PLUS
				• Comprehensive Program Self Assessment that includes:
				  ○ FCCERS findings, if applicable
				  ○ family survey results
				  ○ at least 3 other sources of evidence

Required Documentation:

☐ Levels 2-5: Please complete the relevant sections of the **Self-Assessment Form** on page 7-8 , 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: A Program Self-Assessment is a comprehensive evaluation of the program's strengths and areas of improvement 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
- Program Self-Assessment questionnaire

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 (if applicable)

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 5: CURRICULUM

Summary of Requirements:

Level 1	Level 2	Level 3	Level 4	Level 5
• Program is licenced by DHS	• Compliance with DHS Licensing Regulations	• Compliance with DHS Licensing Regulations **AND** • Lesson plans aligned with the RIELDS	• Compliance with DHS Licensing Regulations **AND** • Lesson plans aligned with the RIELDS **PLUS** • Curriculum Outline Questions	• 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 10.
- ☐ Level 5: Please attach a copy of your program's **Curriculum Implementation Plan.**
- ☐ Levels 4-5: Do you use a boxed or research-based, ride-approved curriculum?

If yes, please select:
☐ Creative Curriculum ☐ Tools of the Mind ☐ Investigators Club ☐ High Scope
☐ Boston Public Schools ☐ Other: _____

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
• Program is Licensed by DHS.	• Developmental Screening Information	• Developmental Screening Information **PLUS** • 2 methods of Child Assessment	• 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 12-14** based on the requested star rating

☐ Levels 4-5: I acknowledge that **BrightStars will complete a site visit** to assess data collection in child 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 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** AT LEAST 3 Assessment types required at **Level 5**	☐ Developmental Checklists	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
	☐ 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	
	☐ Family Questionnaire	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
	☐ Preschool Formative Assessment	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
	☐ Valid and reliable reports (TSG)	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
	☐ IEP Outreach/Screenings	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other	
	☐ Assessment Information from EI/Child Outreach	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other Developmental screenings are provided on-site ☐ Yes ☐ No	
	☐ Other:	☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ 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
• Program is Licensed by DHS.	• Compliance with DHS Licensing Regulations	• Compliance with DHS Licensing Regulations **AND** • Written Program Philosophy	• 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
• Program is licensed by DHS	• Compliance with DHS Licensing Regulations **AND** • 2 or more strategies for family communication and involvement	• Compliance with DHS Licensing Regulations **AND** • 2 or more strategies for family communication and involvement **PLUS** • Family/Teacher Conferences 2x per year	• 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	• 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**	☐ 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: _____
AT LEAST 3 of these strategies are required at **Level 5**	☐ Supports Transitions	Date: _____ Please Describe:
	☐ Connect families w/community service	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	☐ Parent / Staff Conference (2 required)	Date: _____ Date: _____
Levels 4-5	☐ 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 5:	Copy of your program's curriculum framework aligned with the RIELDS (level 5). Copy of 2 weeks' worth of lesson plans for each age group served (levels 3-5).
☐ 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