



Star Rating Readiness Checklist

for Non-NAEYC, Non-Head Start, Non-FCC Programs and DOE Programs

NAEYC-Accredited and/or Head Start Programs should refer to the Readiness Checklist applicable to their program.

Instructions: When your program is ready to begin the rating process, please upload this completed document to the NJCCIS File Cabinet using the GNJK Readiness Checklist document type **AND** email it to GNJKRating@montclair.edu. Standards and training documentation should also be added to the NJCCIS File Cabinet using the applicable GNJK category for the document type. **Note: During the Provisional Rating Observation Process (PROP), Grow NJ Kids Rating will review this completed checklist, and your program's standards documentation and curriculum trainings, and then distribute PROP materials with guidance.**

About the Star Rating Readiness Checklist: This checklist is designed to help centers/schools after they have completed all Grow NJ Kids requirements for 1- and 2-star ratings with their Quality Improvement Specialist (QIS), Technical Assistant Specialist (TAS) or Master Teacher (MT) and have decided to seek a 3, 4 or 5-star rating. The information on this page and on the Classroom Information List must be fully completed and submitted with any additional applicable documents requested for their program. This checklist will serve as notification to Grow NJ Kids Rating of your readiness to begin the rating process.

Date: _____ Center/School Name: _____

Center/School Address: _____

Primary Contact Name: _____

Primary Contact #: _____ Primary Contact Email: _____

School Closing Phone # and/or Website: _____

TAS or MT Name: _____ ☐ Information may be shared with my TAS during the rating process, including the Rating Summary Report

TAS/MT Primary Contact #: _____ TAS/MT Email: _____

Please indicate which of the following apply: ☐ Child Care ☐ DOE/DOE-Contracted* ☐ Receives Subsidy

Applying for Star Rating of: ☐ 3 ☐ 4 ☐ 5* Applying for Re-rating: ☐ Yes ☐ No Date last Star Rating received: _____

Initial Star Rating Received: ☐ 3 ☐ 4 ☐ 5 ☐ Extension

Parking available? ☐ Yes ☐ No If no, please check the days of alternate side parking (if applicable): ☐ M ☐ T ☐ W ☐ Th ☐ F

Location of parking: _____

Instructional day start time: _____ Arrival time for children: _____ Building hours: _____

Number of children enrolled in program: _____ Age range of students: _____

Number of classrooms per group: _____ Preschool Programs: 3yr old: _____ 4yr old: _____ Mixed 3/4yr old: _____

Infant/Toddler Programs: Infant (under 11 months): _____ Toddler/Twos (12 months-35 months): _____

Licensing Certification Number: _____

***DOE/DOE-Contracted Programs and Star Rating 5 are not currently available for rating.**

Two-Month Window: Please provide a window of two months during which an onsite rating visit can occur. Please list any dates of exclusion within this time (e.g., holidays, in-service days, meetings, days of special events). **Up to 10 dates of exclusion within your selected two-month window are permitted.** Once documentation has been reviewed, Grow NJ Kids Rating will contact you with a 10-day time period within the requested two-month window of which during the rating visit will occur. Please note: The 10-day window assigned by Grow NJ Kids Rating may not necessarily be on consecutive days. **Onsite, in-person observations are currently on hold. This section does not need to be completed for PROP Rating.**

Requested Two-Month Window: _____

10 Days of Exclusion: _____

Additional Items Required from All Programs:

Please upload the following items on NJCCIS, as applicable, with this checklist:

- ☐ Staff hire dates for all administrators, head/group/lead teachers, and paraprofessionals/teacher assistants. Please note if a staff member is part time (14 hours or less)
- ☐ A list with the dates of birth of all children enrolled, using the format MM/DD/YY, for **each Infant/Toddler classroom**
- ☐ Classroom schedules for all classrooms

Submitting Documentation

A program may submit documentation from **any level or category** in order to ensure they have reached enough points for the applied for star rating. If additional documentation is required to submit and/or resubmit in order to ensure point requirements have been met, Grow NJ Kids Rating will notify you of this information. Page 17 lists the amount of points required to meet each star rating.

Classroom Information List

Please fill out the following information for each classroom in your program. **Indicate Head/Group/Lead Teacher with a (T).**

| Classroom Name/Number | Names of instructional staff members | Age range of children | Primary language of instruction | Inclusion/ Self-contained | Number of children enrolled in class | Days of operation (If not open M-F) Indicate here if Half-Day Session AM/PM |
|-----------------------|--------------------------------------|-----------------------|---------------------------------|---------------------------|--------------------------------------|---|
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|-----------------------|--------------------------------------|-----------------------|---------------------------------|---------------------------|--------------------------------------|---|
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Summary Sheet for 3-, 4-, & 5-Star Ratings




The summary sheet lists documentation by GNJK Criteria #. According to the star rating sought, please upload documents on the NJCCIS File Cabinet using the applicable GNJK category for the document type, check off the box, and write the file name inside each box.




| GNJK Criteria # | Evidence/Documentation Required |  |  |  |
|-----------------|--|---|---|---|
| 1.3.1; 1.4.4 | Outdoor Play Area Inspection Logs | <input type="checkbox"/> Completed outdoor play area inspection logs for <i>each playground</i> from prior 3 months File Name: | <input type="checkbox"/> Completed outdoor play inspection logs for <i>each playground</i> from prior 6 months File Name: | |
| 1.3.2 | Breastfeeding Policy and Documentation of Staff Orientation to the Breastfeeding Policy (I/T Programs Only) | <input type="checkbox"/> Copy of the breastfeeding policy (<i>or as noted in Parent Handbook</i>) File Name: | | |
| | <input type="checkbox"/> Copy of documentation of staff orientation to the breastfeeding policy File Name: | | | |
| 1.3.3 | Sample menus | <input type="checkbox"/> Sample menus for 3 months for each infant/toddler and preschool classroom as appropriate File Name: | | |
| 1.3.4 | Flyers/Sign-In sheets from health and safety workshops | <input type="checkbox"/> Copies of flyers or sign-in sheets from health and safety workshops from within past year (about 2-3 different workshops) File Name: | | |




| GNJK Criteria # | Evidence/Documentation Required |  |  |  |
|--------------------|--|---|---|---|
| 1.3.6 | Copy of developmental screening tool and protocol/policy | <input type="checkbox"/> Copy of developmental screening tool and protocol/policy. Copies of completed screening tools may be reviewed onsite. See Onsite Documentation section below File Name: | | |
| 2.3.2; 2.4.2 | Copy of policies for completed structured classroom observation/assessment tool(s) (e.g. ECERS; SELA; PCMI; PRISM; QBCC; ITERS-R; CLASS; TPOT; TPITOS) | <input type="checkbox"/> Copy of policy for one structured classroom observation/assessment tool used File Name: | <input type="checkbox"/> Copies of each <i>additional</i> policy for structured classroom observation/assessment tool used File Name: | |
| 2.3.4 | Evidence of how results from performance-based assessment are used to modify/accommodate children's specific needs and abilities | <input type="checkbox"/> Evidence and descriptions of how results from performance- based assessment are being used to modify or accommodate children's specific needs and abilities Submit 1 weeks' worth of lesson plans with descriptions from 50% of all classrooms. Grow NJ Kids Rating will review the plans and descriptions onsite Performance-based assessment must be aligned with the research-based curriculum chosen by the program File Name: | | |




| GNJK Criteria # | Evidence/Documentation Required |  |  |  |
|--------------------|--|---|--|---|
| 2.4.3 | Evidence of data summaries from performance-based assessment with descriptions of how it is used to inform program practices/individual student growth | | <input type="checkbox"/> Data summaries from performance-based assessment and a description of how it is being used in the program to inform program practices/ individual student growth (e.g., trainings planned, experiences/activities, materials ordered to support content learning in areas of need) Performance-based assessment must be aligned with the research-based curriculum chosen by the program File Name: | |
| 2.4.4 | Documentation of developmental screening and referral policy | | <input type="checkbox"/> Copy of screening and referral policy File Name: | |
| 2.4.5 | Documentation of transition policy | | <input type="checkbox"/> Copy of policy outlining the transition process, including who gets transition folders, with whom the folders are shared and a list of the documents in each folder File Name: | |




| GNJK Criteria # | Evidence/Documentation Required |  |  |  |
|---------------------------|---|--|--|--|
| 2.5.2 | Aggregated classroom data summaries of comparative progress over 5-10 months from 50% of classrooms | | | <input type="checkbox"/> Aggregated classroom data summaries of comparative results showing progress over 5- 10 months from performance- based assessment for 50% of classrooms Submit electronically, or this can be reviewed onsite through hard copies or electronic database. Performance-based assessment must be aligned with the research-based curriculum chosen by the program File Name: |
| 3.3.1; 3.4.1; 3.5.1 | Documentation of Strengthening Families Protective Factors (SFPF) Framework used in program; collated survey results; annually updated Quality Improvement Plan and self-assessment; evidence of program fully integrating SFPF | <input type="checkbox"/> Collated summary sheet with number of families enrolled and number of surveys returned from families. Copy of any/each survey(s) completed in prior 12 months should be submitted. Completed surveys from at least 50% of enrolled students must be returned File Name: | <input type="checkbox"/> Evidence that SF Quality Improvement Plan is based on self-assessment and annually updated File Name: | <input type="checkbox"/> Evidence that SFPF principles and strategies are fully implemented into the program File Name: |
| 3.3.2; 3.4.2 | Parent/Family Group Meeting agendas and/or minutes | <input type="checkbox"/> Agenda and/or Sign-In Sheets from 2 meetings within 1 year (current school year; unless date of rating notification is early school year; agenda from last school year is acceptable) File Name: | <input type="checkbox"/> Agenda and/or Sign-In Sheets and/or Minutes from 3 meetings within 1 year (current school year; unless date of rating notification is early school year; agenda from last school year is acceptable) File Name: | |

| GNJK Criteria # | Evidence/Documentation Required |  |  |  |
|-------------------------|--|---|---|---|
| 3.3.3 | Family Education workshop agendas; and sign-in sheets/minutes | <input type="checkbox"/> Family Education workshop agendas and Sign-In Sheets or minutes from 2 workshops within 1 year (current school year; unless date of rating notification is early school year; agenda from last school year is acceptable). Topics should include: early/adult literacy, positive parent interactions, cultural awareness, developmental issues, or any other topics identified as needs or interests of the families File Name: | | |
| 3.3.5; 3.4.5 | List of community organizations with parent representatives | <input type="checkbox"/> List of community organizations where parent representatives are involved/participate or evidence the program encourages families to participate in community organizations File Name: | <input type="checkbox"/> List of community organizations in which parents are involved and identify which organizations have at least 1 parent representative. Also submit meeting minutes or agendas from at least 2 meetings File Name: | |
| 3.3.6 | Documentation of Absenteeism Policy | <input type="checkbox"/> Copy of policy as noted in Parent Handbook File Name: | | |
| 3.4.3 | Examples of communication strategies with families | | <input type="checkbox"/> Samples of communication strategies (e.g. newsletters, letters, workshops, flyers from past 6 months) (3-4 examples, which can be electronic, paper and/or in multiple languages) File Name: | |

| GNJK Criteria # | Evidence/Documentation Required |  |  |  |
|--------------------|---|---|---|--|
| 3.5.2 | List of ethnic demographics of student population; Annual current calendar of culturally relevant dates and activities reflecting student demographics | | | <input type="checkbox"/> Calendar of current school year with activities noted and list of school demographics with represented ethnicities File Name: |
| 4.3.4 | Description of the annual staff performance evaluation process including copy of evaluation, self-assessment, family surveys and Individual Professional Development Plans, as applicable | <input type="checkbox"/> Description of annual performance evaluation process including copy of evaluation, self-assessment, family surveys and Individual Professional Development Plans, as applicable File Name: | | |
| 4.4.5 | Copy of completed curriculum implementation/Fidelity instrument | | <input type="checkbox"/> Copy of completed curriculum implementation/fidelity checklist/instrument used from 50% of <i>Preschool and Infant/Toddler</i> classrooms (if applicable) File Name: | <i>Note: If a program is seeking a 5-star rating, this item MUST be submitted/reviewed to meet curriculum requirements for ALL classrooms and age groups as part of the 5-star rating full implementation requirements</i> |
| 4.4.6 | Copy of staff meeting schedule and at least three agendas | | <input type="checkbox"/> Schedule/Staff Meeting Agendas (at least three) File Name: | |
| 4.4.7 | Evidence of aggregated classroom/program/child level data reports and program improvement plan | | <input type="checkbox"/> Evidence demonstrating aggregated data used 2x in a 10- month program from 50% of classrooms with Program Improvement Plan File Name: | |

| GNJK Criteria # | Evidence/Documentation Required |  |  |  |
|---------------------------|---|--|--|---|
| 4.5.1 | Agency Training Plans | | | <input type="checkbox"/> Evidence of agency training plans (can include plans for workshops, conferences and trainings) File Name: |
| 4.5.2 | Score sheets from completed assessments: Pyramid Model TPOT and/or TPITOS | | | <input type="checkbox"/> Copy of completed assessment score sheets from each classroom (TPOT and TPITOS as appropriate for each classroom's age group) File Name: |
| 5.3.1; 5.4.1; 5.5.1 | Self-Assessed PAS score sheet | <input type="checkbox"/> Score sheet: Required minimum score of 3 File Name: | <input type="checkbox"/> Score sheet: Required minimum score of 4 File Name: | <input type="checkbox"/> Score sheet: Required minimum score of 5 File Name: |
| 5.3.2 | Written definition of roles and responsibilities of the governing body (if non-profit/public) | <input type="checkbox"/> Copy of the written definition of roles and responsibilities of the governing body File name: | | |
| 5.3.3 | Written policy/manual that includes financial operating procedures | <input type="checkbox"/> Copy of written description of financial operations/procedures File Name: | | |
| 5.3.4 | Marketing Plan addressing increasing enrollment | <input type="checkbox"/> Copy of Marketing Plan File Name: | | |
| 5.3.5 | Current operating budget including statement of income and expenditures | <input type="checkbox"/> Copy of current year's operating budget including statement of income and expenditures File Name: | | |
| 5.3.6 | Evidence of parent/staff feedback used to evaluate program | <input type="checkbox"/> Evidence of parent/staff feedback used to evaluate program (e.g., surveys or other written communications) File Name: | | |

| GNJK Criteria # | Evidence/Documentation Required |  |  |  |
|--------------------|--|--|---|---|
| 5.3.7 | Evidence of internal communication strategies with staff | <input type="checkbox"/> Samples from at least 3 types of strategies currently utilized within past 3 years of notification of rating (e.g., regularly scheduled staff meetings, written procedures of policies, handbook, staff bulletin board, in-house newsletters, memos, verbal communication, e-mail) File Name: | | |
| 5.3.8; 5.5.2 | Benefit policy describing the benefit(s) employees receive (Employee Handbook) | <input type="checkbox"/> Evidence of at least one benefit offered File Name: | | <input type="checkbox"/> Evidence of at least two benefits offered File Name: |
| 5.4.2 | Advisory council meeting minutes/sign-in sheets | | <input type="checkbox"/> Meeting Minutes or Sign-In Sheets from meeting from current school year (if early in school year, acceptable to submit from last school year) File Name: | |
| 5.4.3 | Business/Strategic Plan | | <input type="checkbox"/> Written description of Business/Strategic Plan File Name: | |
| 5.4.4 | Written description of system for tracking teacher turnover with evidence | | <input type="checkbox"/> Written description of system with evidence (e.g., an Excel graph indicating percentage of teacher turnover each year and their reason for separation) – at least 3 years of turnover tracked File Name: | |
| 5.4.5 | Annual report for previous year with financial system information | | <input type="checkbox"/> Copy of annual report for previous year File Name: | |

| GNJK Criteria # | Evidence/Documentation Required |  |  |  |
|--------------------|---|---|---|--|
| 5.4.6 | Quarterly accounting review report from independent third party | | <input type="checkbox"/> Copy of quarterly accounting review report from independent third party File Name: | |
| 5.4.7 | Signed contract with CPA and most recent audit | | <input type="checkbox"/> Signed contract with a CPA and most recent audit File Name: | |
| 5.5.3 | Documentation of ongoing reflective practice opportunities within the program | | | <input type="checkbox"/> Evidence of ongoing reflective practice opportunities or evidence of coaching/ mentoring using the reflective cycle from minimum of 4 staff files or 25% of staff files (whichever is greater) File Name: |
| 5.5.4 | Evidence of Professional Learning Community and incentive programs | | | <input type="checkbox"/> Minutes from Professional Learning Community within 6 months and evidence of incentive program. If staff is formally recognized at a staff meeting, meeting minutes could be used as documentation File Name: |

Onsite Documentation

Onsite Documentation: During the onsite documentation review, Grow NJ Kids Rating will be pulling samples of listed onsite documentation at random. Therefore, please provide clear details of where Grow NJ Kids Rating will be able to find the documentation that is listed (e.g. where all children’s folders are located together, where all staff folders are located together).

| GNJK Documentation and Standard Number | Onsite Location of Documentation |
|---|--|
| <input type="checkbox"/> Signed receipts for the Parent Handbook (1.3.4) <input type="checkbox"/> Copies of completed developmental screening tools (should be completed according to program screening policy: ESI-R; ASQ; Brigance) (1.3.6) <input type="checkbox"/> Policy of age-appropriate oral health care for all children including documentation of parent consent (1.4.2) <input type="checkbox"/> Evidence that vision, hearing and dental screenings are offered and results are shared with families (1.5.1) | <p style="text-align: center;">Children’s Intake Folders</p> <p>Grow NJ Kids Rating will randomly select minimum of 10% of the children’s intake folders or a minimum of 10 folders for review (whichever is greater) per classroom</p> <p>Location of folders:</p> |
| <input type="checkbox"/> Evidence of performance-based assessment used: sample portfolios, observation forms, completed rubrics. Performance-based assessment must be aligned with the research-based curriculum chosen by the program (2.3.3) <input type="checkbox"/> Documentation of results from performance-based assessment shared with families (2x in a 10-month program). Performance-based assessment must be aligned with the research-based curriculum chosen by the program (2.3.5) <input type="checkbox"/> Copies of completed referrals, if applicable (2.4.4) <input type="checkbox"/> Child’s Transition Folders (2.4.5) <input type="checkbox"/> Documentation that home visits are offered to all families (e.g., newsletter, letter home) once a year with evidence home visits were completed (3.3.4) <input type="checkbox"/> Documentation that home visits are offered to all families (e.g., newsletter, letter home) twice a year with evidence home visits were completed (3.4.4) | <p style="text-align: center;">Children’s Classroom Folders</p> <p>Grow NJ Kids Rating will randomly select minimum of 10% of the children’s classroom (transition) folders or a minimum of 10 folders for review (whichever is greater) per classroom</p> <p>Location of folders:</p> |




| GNJK Documentation and Standard Number | Onsite Location of Documentation |
|---|--|
| <input type="checkbox"/> Signed receipt showing teachers and teacher assistants have received a copy of the NJ Birth-Three Standards and NJ Preschool Teaching and Learning Standards (2.3.1) | <p style="text-align: center;">Staff Folders</p> <p>Grow NJ Kids Rating will randomly select minimum of 25% of the instructional staff files or a minimum of 4 files for review (whichever is greater). For 4.4.8, non-instructional folders will be reviewed</p> <p>Location of folders:</p> |
| <input type="checkbox"/> Individual Professional Development Plans showing a system for career development (4.3.4; 5.3.9) | |
| <input type="checkbox"/> Signed receipts showing non-instructional staff have received documentation of school practices (4.4.8) | |

Professional Development and Trainings

Please check off the standards you would like Grow NJ Kids Rating to review.

| | | | | | | | | |
|--|---|---|--|--|--|---|--|--|
| <p>Staff Member</p> <p>T = Head/Group/Lead Teachers from every classroom</p> <p>TA = 1 FT Teacher Assistant/paraprofessional /aides per classroom</p> <p>D/S = Director/Supervisors</p> <p>TS= Teaching Staff (T's + TA's from each classroom)</p> <p>PT = Part-time staff</p> <p>h = hours</p> | <input type="checkbox"/> 4.3.1 Formal Training in Curriculum This <i>additional</i> curriculum training should be <u>beyond</u> what is required for the star rating that the program applied for and will be counted <i>in addition to</i> the formal training for curriculum required for the star rating sought. T, TA, D/S T = 5h TA = 3h D/S = 5h PT = 1h | <input type="checkbox"/> 4.3.2; 4.3.7 Performance-Based Assessment T (Teaching Strategies Gold, High Scope COR, Work-Sampling) T = 5h If a program is seeking a Star Rating of 5, <u>all</u> <u>head/group/lead teachers</u> must have <u>10 hours of this training</u>. | <input type="checkbox"/> 4.3.3 Evaluation/ observation instruments D/S D/S ONLY= 3h (Formal and/or informal training tools may include: checklists, ECERS, ACHIEVENJ, Danielson, etc.) | <input type="checkbox"/> 4.3.5 Special Dietary Needs (allergies, feeding issues) T + TA T= 2h TA=1h PT = .5h | <input type="checkbox"/> 4.3.6 Developmental Screening Tool T (ASQ; ESI-R; Brigance) T ONLY=3 h | <input type="checkbox"/> 4.4.1 PD on children w/ special needs (should include inclusion) T + TA T=5h TA=3h PT = 1h | <input type="checkbox"/> 4.4.3 PD on Pyramid Model T + TA T=5h TA=3h PT = 1h | <input type="checkbox"/> 4.4.4 PD on: special needs, teacher-child interactions, English-language learners, cultural competence, transitions, Strengthening Families Protective Factors, social-emotional, and infant/toddler or early childhood mental health T + TA T=60h over 3y TA=30h over 3y PT = 3h over 3y |
| | <input type="checkbox"/> 1.4.3 – 50% TS in each classroom have current CPR & First Aid training <input type="checkbox"/> 1.5.2 – 100% TS in each classroom have current CPR & First Aid Training | CDA+ <input type="checkbox"/> 4.3.8-20% TS <input type="checkbox"/> 4.4.2-35% TS <input type="checkbox"/> 4.5.3-50% TS <input type="checkbox"/> 4.3.9-D/S | <p>Staff Training and Credentials: If staff training/credentials are not found on NJCCIS or in electronically submitted certificates/sign-in sheets, during the onsite review, Grow NJ Kids Rating will ask to review:</p> <ul style="list-style-type: none"> • Training certificates • Sign-In Sheets • Professional development plans for any staff in the program outlining upcoming trainings to occur over the school year (only acceptable if staff has been in program <u>under one year from date of rating</u>) <p>Additional Information about Review of Staff Training and Credentials:</p> <ul style="list-style-type: none"> • All trainings must be from <u>within 3 years to date of rating</u> to meet requirements. • Evidence of meeting training standard requirements for each group of listed staff members (e.g., T's, TA's, PT) are <i>randomly selected by Grow NJ Kids Rating (25% or minimum of 4 folders; whichever is greater)</i> • CPR & First Aid Standards (1.4.3; 1.5.2) and CDA (4.3.8; 4.3.9; 4.4.2; 4.5.3) are percentages selected from entire teaching staff | | | | | |

Requirements for Star Ratings

| Star Rating | ERS (ECERS-3/ITERS-3) | Implementation of Curriculum (GNJK Standard 2.4.1) | Range of Points for required documentation |
|--|--|--|---|
|  | Average of 3.75 No subscale below 3.0 | Staff have attended minimum of 5 hours of training on selected research-based curriculum | 30-59 |
|  | Average of 4.5 No subscale below a 4.0 | Staff have attended minimum of 10 hours of training on selected research-based curriculum | 60-85 |
|  | Average of 5.0 No subscale below a 4.25 | Selected research-based curriculum is fully implemented | 86-100 |



Star Rating Readiness Certification

I have identified the star rating my program is seeking and worked with my Technical Assistant Specialist to successfully prepare my center/school for the rating process as required for the star rating I am seeking. On this Star Rating Readiness Checklist, I have noted all documentation that has been submitted electronically and the onsite documentation to be reviewed and considered towards the final rating decision.

Signature of Center/School Primary Contact

Date

Signature of Technical Assistant Specialist

Date