QUALITY IMPROVEMENT GRANT APPLICATION

PURPOSE

Through its Race to the Top – Early Learning Challenge Grant, Rhode Island offers Quality Improvement (QI) Grants to early childhood centers, schools, and family child care homes serving children from birth to age 5 and to before-school and afterschool programs. QI Grants are intended to advance providers along the quality continuum by: (1) increasing or maintaining their BrightStars rating; (2) helping staff meet the Rhode Island Workforce Knowledge and Competencies; and (3) advancing teaching practices, especially for those children with the greatest needs.

ELIGIBILITY

To be eligible to apply for a QI Grant award, your selected site must have a BrightStars rating, have a Quality Improvement (QI) Plan with BrightStars, and be committed to achieving selected goals from your QI Plan. You also must have completed and be closed out from any previous state QI Grant award.

To be eligible to receive a QI Grant award, you must submit a W-9 and a support letter from one of the following: (1) a board member, (2) your school district superintendent or assistant superintendent, or (3) the owner of your business. Upon receipt of an award, you will sign a legal agreement for carrying out your presented activities. A letter of support is not required for family child care providers.

Please read the application guidance document carefully as you complete this application.

For questions about this application, please call the Center for Early Learning Professionals at 401-736-9020.
SECTION I: PROGRAM INFORMATION

1. Name of your program/school: ________________________________

Program/School address: __________________________________________

City: ___________________________________________ Zip:______________

2. Program/provider years in operation: ____________

3. Tax Status  ☐ Non-Profit Center  ☐ For-Profit Center  ☐ Public School  ☐ Family Child Care

4. Is your administrative office open year round?  ☐ Yes  ☐ No

5. Name of 1st contact for this QI Grant: ________________________________

______________________________________________________________

Position: __________________________________________

Email: _______________ Phone: _______________ Fax: _______________

The best way to reach contact #1: (check all that apply)  ☐ Phone  ☐ Email

6. Name of 2nd contact for this QI Grant: ________________________________

______________________________________________________________

Position: __________________________________________

Email: _______________ Phone: _______________ Fax: _______________

The best way to reach contact #2: (check all that apply)  ☐ Phone  ☐ Email

7. Did you receive a state QI Grant last year from RIDE?  ☐ Yes  ☐ No

If yes, are you officially closed out?  ☐ Yes  ☐ No

Please note: If you answer no, you must close out last year’s grant before completing this application to receive a second award.

8. Please indicate other quality improvement initiatives in which you are involved (check all that apply):

☐ CCSN (Child Care Support Network)

☐ Child Care Health Consultation

☐ T.E.A.C.H. Scholarship Program

Other (please identify): __________________________________________
SECTION II: SELECTED SITE INFORMATION

1. Name of selected BrightStars-rated site (if different from your program name – Section I: #1): __________

Site address (if different from program address – Section I: #1): __________________________________________________________________________________________

City: ________________________________ Zip: ________________________________

2. Your site’s Star Rating

☐ 1 Star ☐ 2 Star ☐ 3 Star ☐ 4 Star ☐ 5 Star

3. Your site’s DCYF Provider ID number: __________________________________________________________________________________________

4. Site’s days and hours of operation: __________________________________________________________________________________________

5. Is this site open year-round?  ☐ Yes  ☐ No

If no, what weeks/or months are you closed? __________________________________________________________________________________________

6. Have you submitted a BrightStars application for a higher Star Rating?  ☐ Yes  ☐ No

If yes, is it pending?  ☐ Yes  ☐ No

If no, do you plan on submitting one?  ☐ Yes  ☐ No

7. Please provide information for your selected site (not your entire program) or the family child care home that is the focus for this QI Grant:

   a. Number of classrooms at this site: __________

   b. Ages served: __________

   c. Licensed capacity (slots): __________

8. Please provide information regarding your selected site’s enrollment (count children served, not slots):

   a. Total infant (0–18 months): __________

   b. Total toddler (18 months–3 years): __________

   c. Total preschool (3–5 years): __________

   d. Total enrollment: __________
9. Please provide information on the needs of your selected site’s enrolled children:

a. Number of children eligible for Free and Reduced Price Lunch: __________
b. Number of children receiving a DHS Child Care Assistance Subsidy: __________
c. Number of children with IFSP/IEPs: __________
d. Number of children who are English/Dual Language Learners: __________
e. Number of children involved in Child Welfare/DCYF: __________
f. Number of children who are homeless: __________
g. Number of children enrolled in Head Start: __________
h. Number of children enrolled in Early Head Start: __________

SECTION III: QUALITY IMPROVEMENT GRANT FOCUS

1. From your BrightStars Quality Improvement Plan, select and type one or two goals that: (1) will advance or maintain (per the new standards) your selected site's Star Rating, and (2) can best be met with additional resources that may be provided by this QI Grant. Also, identify how each goal was determined, e.g., staff professional development needs, program self-assessment, ITERS, ECERS, FCCERS, CLASS. With each goal, please type in specific actions steps that you will take to accomplish the goal. Be sure to specify who on your staff will carry out these action steps and when. Your BrightStars QI Plan contains action steps, but this is an opportunity for you to provide more detail on them.

Please note: You will have to reference your goals and action steps on the budget forms in this application.

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<th>Goal 1</th>
<th>How was this goal determined?</th>
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Goal 1 Action Steps

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Who is responsible: ____________________________
When (date will this be completed?): ____________

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**Goal 2**

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**Goal 2 Action Steps**

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2. Describe below how your selected goals and action steps will improve the program and its services with an end goal of improving the learning and development of children in your care. How will this QI Grant support your site in increasing its Star Rating and/or improving teaching practice? Your responses should reflect the Rhode Island Workforce Knowledge and Competencies and/or the Rhode Island Early Learning and Development Standards (RIELDS).

3. How will you evaluate progress on your selected goals and action steps? Who will do this and when?

4. Technical assistance from the Center can support your progress in increasing your Star Rating and advancing teacher practice. Are you interested in accessing technical assistance?

☐ Yes  ☐ No  ☐ Need to know more

SECTION IV: VERIFICATION

Please sign below to certify the contents of your application.

Signature of Administrator/Education Coordinator

I, _____________________________________________, certify that the information I have provided is complete and is based on my Quality Improvement Plan.

Please note: All information provided in this application will be kept confidential and only shared among those entities that will work together to support your progress.

Signature:__________________________________________
Title:______________________________________________
Date:______________________________________________
Email:____________________________________________ Phone: _______________________

*Please use the Quality Improvement Grant Application Checklist to ensure your application is complete.*