

# NJ Center for Quality Ratings at WPU

## Star Rating Readiness Checklist

Center/School Name: \_\_\_\_\_

Center/School Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Quality Improvement Specialists Name: \_\_\_\_\_

Applying for Grow NJ Kids Star Rating of: **3**  **4**  **5**   
(check one)

2 month window: \_\_\_\_\_ Dates of exclusion: \_\_\_\_\_

Please provide a window of 2 months during which an onsite rating visit by the NJCQR can occur. *Please list any dates of exclusion within these 2 months (i.e. holidays, in-service days, meetings).* Once documentation has been reviewed, the NJCQR will contact you with a 14-day period of which during the rating visit will occur within the requested 2 month window.

**Readiness Cover Sheet with attached Classroom Information List has been submitted:** Y  N

**About the Readiness Checklist:** The Readiness Checklist (RC) is designed to help centers/schools after they have completed all Grow NJ Kids requirements for a 1 or 2 star rating with their Quality Improvement Specialist (QIS) and decide to seek a 3, 4 or 5 star rating. The RC notes the documentation to submit electronically and what documentation will be reviewed onsite by the NJCQR. The cover sheet of information is required to be filled out completely with any additional documents attached as requested and submitted with the Readiness Checklist.

*There are two parts to the Readiness Checklist:*

**On Site Documentation Review:** During the on-site documentation review, NJCQR staff will be pulling samples of listed onsite documentation *at random*. Therefore, please provide clear detail of where NJCQR staff will be able to find the mass amount of documentation that is listed (e.g. where all children’s folders are located together, where all staff folders are located together).

**Electronic Summary Sheet:** The Electronic Summary Sheet lists all of the documentation/evidence that needs to be submitted electronically to the NJCQR. Documentation that will be reviewed through the PINJ Registry by the NJCQR is also listed here.




## ***On Site Documentation Review***

The following documentation is reviewed onsite by the NJCQR. Please write in where to find the following folders in your school/center.

<b>GNJK Documentation and Standard Number</b>	<b>% of Documentation Reviewed</b>	<b>On Site Location of Documentation</b>
<input type="checkbox"/> Signed receipts for the Parent Handbook (1.3.4)	<p style="text-align: center;"><b><i>Children's Intake Folders</i></b></p> <p style="text-align: center;">NJ Center for Quality Ratings will randomly select minimum of 10% of the children's intake folders or a minimum of 10 folders for review (whichever is greater).</p>	
<input type="checkbox"/> Evidence of performance-based assessment used: sample portfolios, observations, completed rubrics (2.3.3) <input type="checkbox"/> Documentation of results from performance-based assessment shared with parents (2x in a 10 month program) (2.3.5) <input type="checkbox"/> Formal agreements; copies of referrals (2.4.4) <input type="checkbox"/> Child's Transition Folders (2.4.5)	<p style="text-align: center;"><b><i>Children's Classroom Folders</i></b></p> <p style="text-align: center;">NJ Center for Quality Ratings will randomly select minimum of 10% of the children's classroom (transition) folders or a minimum of 10 folders for review (whichever is greater).</p>	
<input type="checkbox"/> Signed receipt teachers and teacher assistants have received a copy of the NJ Birth-Three Standards and/or the NJ Preschool Teaching and Learning Standards (2.3.1) <input type="checkbox"/> Individual Professional Development Plans (4.3.4; 5.3.9) <input type="checkbox"/> Signed receipts from non-instructional staff receiving documentation of school practices (4.4.8)	<p style="text-align: center;"><b><i>Staff Folders</i></b></p> <p style="text-align: center;">NJ Center for Quality Ratings 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>	

## Electronic Summary Sheet

Please save documents on the USB drive according to how they are listed on the summary sheet. **File names must be written inside each box for any documentation that was uploaded.** If seeking a 4 or 5 star rating, all evidence of a 3 star rating will be reviewed in addition to evidence required for a 4 and/or 5 star rating.

GNJK Criteria #	Evidence/Documentation Required			
<b>1.1.1;</b> <b>2.1.1;</b> <b>3.1.1;</b> <b>4.1.1;</b> <b>5.1.1</b>	GNJK Quality Improvement Plan based on GNJK Self-Assessment	<input type="checkbox"/> GNJK Quality Improvement Plan based on GNJK Self-Assessment  File Name:		
<b>1.3.1;</b> <b>1.4.4</b>	Outdoor Play Area Inspection Log	<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 Forms for <i>each playground</i> from prior 6 months  File Name:	
<b>1.3.2</b>	Breastfeeding Policy & Documentation of Staff Orientation to the Breastfeeding Policy <i>*(I/T Programs Only)*</i>	<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:		
<b>1.3.3</b>	Sample menus	<input type="checkbox"/> Sample menus for 3 months for each infants/toddler and preschool classroom as appropriate  File Name:		
<b>1.3.4</b>	Flyers/Sign-In sheets from health and safety workshops	<input type="checkbox"/> Copies of flyers/sign-in sheets from health and safety workshops from past 6 months  File Name:		

GNJK Criteria #	Evidence/Documentation Required	☆☆☆	☆☆☆☆	☆☆☆☆☆
1.3.6	Copy of developmental screening tool; protocol/policy	<input type="checkbox"/> Copy of developmental screening tool; protocol/policy File Name:		
1.4.2	A health tracking system of children’s files for oral, vision and hearing screenings; parent consent		<input type="checkbox"/> Evidence of health tracking system of children’s files; includes parent consent File Name:	
1.5.1	Parent log of signatures confirming visual, hearing and dental screening results have been reviewed			<input type="checkbox"/> Log of parent signatures from 50% of classrooms 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)	<input type="checkbox"/> Copy of policy for one structured classroom observation/assessment tool used File Name:	<input type="checkbox"/> Copies of each additional policy for structured classroom observation/assessment tool used File Name:	
2.3.4	Evidence of how screening results are used to modify/accommodate children’s specific needs and abilities	<input type="checkbox"/> Evidence and description of how screening results are being used to modify or accommodate children’s specific needs and abilities (e.g. lesson/activity plans) File Name:		
2.4.3	Evidence of data summaries informing program practices/student growth		<input type="checkbox"/> Data summaries from performance-based assessment (TS Gold/COR/Work Sampling)*: Copies from 10% of the children’s classroom folders or from minimum of 10 folders (whichever is greater) <i>*If not TS Gold, COR or Work Sampling, submit same amount of copies of what is currently used to document student growth/progress</i> File Name:	

GNJK Criteria #	Evidence/Documentation Required	☆☆☆	☆☆☆☆	☆☆☆☆☆
2.4.4	Documentation of screening and referral policy		<input type="checkbox"/> Copy of screening and referral policy File Name:	
2.5.2	Aggregated classroom data summaries of comparative progress across the school year		<input type="checkbox"/> Aggregated classroom data summaries of comparative results showing progress over 5-10 months from performance-based assessment for 50% of classrooms File Name:	
<b>3.3.1;</b> <b>3.4.1;</b> <b>3.5.1</b>	Documentation of Strengthening Families Protective Factor (SFPF) Framework used in program; survey results; annually updated Quality Improvement Plan; evidence of program fully integrating SFPF  <i>*Head Start Programs use PFCD Framework in your Program: Markers of Progress*</i>	<input type="checkbox"/> Collated summary sheet with number of families enrolled and number of surveys returned from families. Copy of <i>any/each survey(s) completed in prior 12 months should be submitted</i>  File Name:	<input type="checkbox"/> Evidence that SF Quality Improvement Plan* is annually updated  <i>*Head Start Programs use PFCE Framework in your Program: Markers of Progress*</i>  File Name:	<input type="checkbox"/> Evidence that SFPF* principles and strategies are fully implemented into the program  <i>*Head Start Programs use PFCE Framework in your Program: Markers of Progress*</i>  File Name:
<b>3.3.2;</b> <b>3.4.2</b>	Parent/Family Group Meeting documentation	<input type="checkbox"/> Agenda/Sign-In Sheets from 2 meetings within 1 year File Name:	<input type="checkbox"/> Agenda/Sign-In Sheets/Minutes from 3 meetings within 1 year File Name:	
3.3.3	Family Education workshop agendas; sign-in sheets; minutes	<input type="checkbox"/> Family Education workshop agendas/Sign-In Sheets from 2 workshops within 1 year File Name:		
<b>3.3.4;</b> <b>3.4.4</b>	Documentation of offered home visits	<input type="checkbox"/> Evidence that home visits were offered to all enrolled children and of those completed, submit documentation of visits for 10% of participating children families File Name:	<input type="checkbox"/> Evidence that home visits were offered to all enrolled children 2x a year and of those completed, submit documentation of visits for 10% of participating families File Name:	

GNJK Criteria #	Evidence/Documentation Required	☆☆☆	☆☆☆☆	☆☆☆☆☆
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  File Name:	<input type="checkbox"/> List of community organizations parents are involved and identify which organizations have at least 1 parent representative. Also submit meeting minutes/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; e.g. newsletters, letters, workshops, flyers		<input type="checkbox"/> Samples of communication strategies; e.g. newsletters, letters, workshops, flyers from past 6 months  File Name:	
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 list of school demographics with represented ethnicities  File Name:
4.3.4	Description of the annual performance evaluation process and copy of evaluation, self-assessment/family surveys	<input type="checkbox"/> Description of annual performance evaluation process; copies of evaluation, self-assessment form and family surveys if used  File Name:		
4.4.5	Copy of completed curriculum implementation/Fidelity instrument from Preschool classrooms		<input type="checkbox"/> Copy of completed curriculum implementation/fidelity checklist/instrument used from 50% of <i>Preschool</i> classrooms  File Name:	
4.4.6	Copy of staff meeting schedule and/or agendas		<input type="checkbox"/> Schedule/Staff Meeting Agendas from past 3 months  File Name:	

GNJK Criteria #	Evidence/Documentation Required	☆☆☆	☆☆☆☆	☆☆☆☆☆
4.4.7	Evidence of aggregated classroom/program/child level data reports		<input type="checkbox"/> Evidence demonstrating aggregated data used 2x in a 10 month program from 50% of classrooms File Name:	
4.5.1	Agency Training Plans			<input type="checkbox"/> Evidence of agency training plans 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 File Name:
5.3.1; 5.4.1; 5.5.1	Self-Assessed PAS <i>*N/A – District &amp; Head Start Programs*</i>	<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	Comprehensive written program improvement plan	<input type="checkbox"/> Comprehensive written program improvement plan File Name:		

GNJK Criteria #	Evidence/Documentation Required	☆☆☆	☆☆☆☆	☆☆☆☆☆
5.3.7	Evidence of internal communication strategies	<input type="checkbox"/> Samples from at least 3 types of strategies currently utilized within 3 years File Name:		
5.3.8; 5.5.2	Benefit policy describing the benefit(s) employees receive ( <i>Employee Handbook</i> )	<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/Sign-In Sheets from 6 months 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		<input type="checkbox"/> Written description of system File Name:	
5.4.5	Annual report with financial system information		<input type="checkbox"/> Copy of annual report File Name:	
5.4.6	Quarterly accounting review report		<input type="checkbox"/> Copy of quarterly accounting review report 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:	






GNJK Criteria #	Evidence/Documentation Required	☆☆☆	☆☆☆☆	☆☆☆☆☆
<b>5.5.3</b>	Documentation of ongoing reflective practice opportunities/ Head Start Programs: Practice-Based Coaching Document			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 <i>(whichever is greater)</i> <input type="checkbox"/> File Name:
<b>5.5.4</b>	Documentation of professional development plans; incentive programs			<input type="checkbox"/> Minutes from Professional Learning Community within 6 months and evidence of incentive program File Name:

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### PINJ Documentation

The following documentation will be electronically reviewed through PINJ by the NJCQR. In order to meet requirements for standards, please note expectations for each star rating. If seeking a 4 or 5 star rating, all evidence for a 3 star rating will be reviewed in addition to evidence for the 4 and/or 5 star rating.

GNJK Criteria #	Evidence on PINJ			
<b>1.4.3;</b> <b>1.5.2</b>	First Aid & CPR		<input type="checkbox"/> 50% of all teaching staff have a Pediatric First Aid & CPR Certificate File Name:	<input type="checkbox"/> All adults identified as <i>staff</i> have a Pediatric First Aid & CPR Certificate File Name:
<b>4.3.1</b>	Curriculum Training	<input type="checkbox"/> All teaching staff, administrators/directors have received formal training in the curriculum File Name:		
<b>4.3.2;</b> <b>4.3.7</b>	Performance-Based Assessment Training/Professional Development; Training in Administration of Adopted Performance-Based Assessment	<input type="checkbox"/> All teaching staff have received professional development in the selected performance-based assessment File Name: <input type="checkbox"/> All teachers have received training in the <i>administration</i> of the adopted performance-based assessment File Name:		
<b>4.3.3</b>	Training in evaluation/observation instruments	<input type="checkbox"/> Documentation (PD certificate) that Directors/supervisors have received training in evaluating and observing teachers both formally and informally (with walkthrough instruments), (e.g.; using structured observation instruments) File Name:		

GNJK Criteria #	Evidence on PINJ	☆☆☆	☆☆☆☆	☆☆☆☆☆
4.3.5	Training in working with special dietary needs	<input type="checkbox"/> Staff is trained to work with children with special diets, allergies and specialized feeding issues File Name:		
4.3.6	Developmental Screening Training	<input type="checkbox"/> All teachers have received training in the administration of the adopted developmental screening File Name:		
4.4.1	Professional Development on Children with Special Needs		<input type="checkbox"/> All teaching staff has professional development or college level course work that prepares them to work with young children with special needs File Name:	
4.4.3	Professional Development offered to Staff on listed topics		<input type="checkbox"/> Professional Development on: Pyramid Model, Social and Emotional Development, and Infant Early Childhood Mental Health File Name:	
4.4.4	Professional Development is offered to Staff on listed topics		<input type="checkbox"/> 60 hours of Professional Development obtained in 3 years on: Special needs, supporting teacher-child interactions, supporting English Language Learners (ELL), cultural competence, transition, and the Strengthening Families Protective Factors File Name:	

GNJK Criteria #	Evidence on PINJ	☆☆☆	☆☆☆☆	☆☆☆☆☆
<b>4.3.8; 4.4.2; 4.5.3</b>	Teaching Staff with CDA's	<input type="checkbox"/> 20% of teaching staff have minimum of a CDA or equivalent, or higher degrees, credentials or licenses File Name:	<input type="checkbox"/> 35% of teaching staff have minimum of a CDA or equivalent, or higher degrees, credentials or licenses File Name:	<input type="checkbox"/> 50% of teaching staff have a minimum of a CDA or equivalent, or higher degrees, credentials or licenses File Name:
<b>4.3.9</b>	Supervisor with CDA	<input type="checkbox"/> Minimum of CDA or equivalent of nine credits in ECE in the age group that the program serves File Name:		

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*Last updated 7-2-15*



I have identified the star rating my program is seeking and worked with my Quality Improvement Specialist to successfully prepare my center/school prior to and during the rating visit as required for the star rating I am seeking. I have noted all documentation on the Readiness Checklist that has been submitted electronically and the on-site documentation to be reviewed and considered towards the final rating decision.

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**Signature of Primary Contact**

**Date**

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**Signature of Quality Improvement Specialist**

**Date**