



LearnERS

Application for LEAs

Congratulations! By applying to participate in LearnERS, you are demonstrating a commitment to quality care and learning for young children. We recognize that early childhood care and education providers are navigating an unprecedented staffing crisis and previous methods of program assessment will need to be modified.

LearnERS, a pilot program managed by BrightStars, will work to meet the changing needs of educators and programs. This will be accomplished through self-paced online modules, journaling prompts and virtual peer learning sessions for participating programs. Peer learning groups will provide support and examples of what quality programming looks like in practice. LearnERS is a collaborative approach to continuous high quality classroom improvement.

INSTRUCTIONS

Please complete all fillable forms in full before submitting your application to LearnERS. Detailed instructions are included; please read these carefully.

NOTE: For districts with multiple locations, each school must apply individually. Districts cannot submit one application for multiple schools, however, multiple applications will be accepted.

SUBMITTING YOUR APPLICATION

Fill out the form using the fillable PDF. Completed forms may be submitted via one of the following methods:



Email: LearnERS@riaeyc.org



Fax: (401) 739-6101



Mail or hand-delivery to: Rhode Island Association for the
Education of Young Children
535 Centerville Road, Suite 301
Warwick, RI 02886

The LearnERS 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 LearnERS@riaeyc.org
- call (401) 739-6100.



PROGRAM OVERVIEW

LEA Name: _____

School Name: _____

Physical location: _____ Phone #: _____

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

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|---------------------------------------|---|
| Primary Contact: _____ (Full name) | Position: _____ |
| Phone #: _____ | Preferred method of communication: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Either/Both |
| Email: _____ | Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ |

| | | | | |
|---|--|--|---|--|
| Do you offer full day General Education for 3-5-year-olds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many classrooms? _____ | Do you offer full day integrated education for 3-5-year olds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many classrooms? _____ | Do you offer half day integrated education for 3-5-year olds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many classrooms? _____ | Do you offer self-contained special education for 3-5-year olds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many classrooms? _____ | Do you offer RI Pre-K? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many classrooms? _____ |
|---|--|--|---|--|

USE OF TECHNOLOGY

- Teachers have a computer, or have regular access to a computer, with a reliable, fairly fast internet connection and working speakers? Yes No
- The accessible computer has common software, like Microsoft Word and PowerPoint? Yes No
- Teachers are able to send and receive emails? Yes No
- Teachers have access to and can use a printer? Yes No
- Teachers have access to the internet and the installed internet browser can play several common multimedia (video and audio) formats? Yes No
- Do all children in the participating classroom(s) have a media release for and not limited to social media platforms and websites associated with participation in LearnERS? Yes No

If no, please specify: _____



CLASSROOM SUMMARY FORM

Use this form to report information about classrooms/groups of children in your program. Only include information about the preschool program. If your program has more than 8 groups, make a copy of this form and continue listing additional groups.

| Group/Classroom Name | Classroom Operating Hours | Type of Group | Age Range | Maximum Group Size |
|----------------------|---------------------------|---------------|-----------|--------------------|
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TEACHER SUMMARY FORM

Use this form to report information about classroom teachers in your program. Only include information about the preschool program. If your program has more than 10 groups, make a copy of this form and continue listing additional groups. Enter one teacher per classroom.

| Group/Classroom Name | Teacher Last Name | Teacher First Name | Highest RIELDS Level Completed | Email Address | Preferred LearnERS Participant? |
|----------------------|-------------------|--------------------|--------------------------------|---------------|---------------------------------|
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LEADERSHIP COMMITMENT FORM

The following should be completed by the District Superintendent .

Successful participation in the Continuous Quality Improvement (CQI) process requires a significant commitment from all levels of leadership to ensure high quality and sustainability. LearnERS expectations, deliverables and timelines are rigorous. To ensure positive child outcomes, quality instruction and reflective leadership, LearnERS grantees agree to the following leadership commitments and program assurances.

- All of the information contained in this application is accurate and true.
- Administrators and districts acknowledge the expectations, supports and systems needed for the success of LearnERS classrooms and are committed to achieving successful outcomes for all children through the life of the grant.
- The district will pursue BrightStars participation in conjunction with participating in LearnERS.
- All participants understand BrightStars Confidentiality Policy: Information submitted as part of your LearnERS application will be shared within the state data system with state agency partners, including and not limited to, the Rhode Island Department of Education (RIDE), the RI Department of Human Services (DHS), and The Center for Early Learning Professionals (CELP) at an aggregate level for the purposes of data reporting. Identifiable and specific information about your program may be shared with state agency representatives for the purposes of record keeping, data analysis and program assessment. The Rhode Island Department of Education has access to all data gathered and stored by BrightStars. Identifying information may be shared with others only with your specific, signed permission.
- LearnERS teaching staff are provided a minimum of 10 hours monthly to professional development, coaching, and planning. These hours should be thoughtfully planned work times designed for productivity and effectiveness.

SOCIAL MEDIA RELEASE

- I understand that I, and/or the participating LearnERS providers at my program, may be asked for pictures and/or quotes to be shared on LearnERS social media accounts during the duration of our participation with LearnERS.
- I authorize LearnERS, in association with BrightStars and RIAEYC, to use any media shared with us on Facebook, Instagram, Twitter, and/or other LearnERS social media accounts for the purpose of advertising our program, and disseminating information about the ERS. I authorize these parties to edit, alter, copy, and/or distribute this media, and I understand that I will not receive any monetary compensation for this.

Print Name

LEA Representing

Signature

Date