



Kansas QRIS Application Instructions for 1 or 2 Star Applicants

Congratulations on applying for the Kansas Quality Rating and Improvement System. Read the entire application thoroughly before beginning. All programs must complete sections A–F. Only programs applying for 2 Stars will complete Sections G& H. Before mailing the application, ensure that all attachments are included. Please read and follow the instructions carefully. Incomplete applications or applications with missing information will be rejected. If rejected, the program must wait until the next review cycle to resubmit the application.

Mail the completed application to

Child Care Aware® of Kansas
P.O. Box 2294
Salina, KS 67402-2294
Attn: KQRIS Program Assistant

Section A: General Information

- Be sure that your program name appears as you would like to see it on the Quality Performance Profile as well as on your certificate. This should also match your KDHE license name.
- The physical address must contain the address where the program is physically located. If there is a different mailing address, please enter it in the mailing address section.
- Be sure to enter the name and position of the person that would be best to contact regarding the KQRIS Rating. This person's name will also appear on various forms as the contact person.
- Be sure your license number is correct, as this is the way of distinguishing your program from others with similar names.
- Be sure that the program hours and the days of operation are correct.
 - Enter the correct number of families that the program serves.
- Select the Funding Source that is funding the KQRIS program. If you are not sure, ask your KQRIS Coach for this information.

Section B: Program Administrators / FCC Providers

- Enter the names of Administrators or Family Child Care Providers.
 - Administrators are any on-site or off-site staff who provide supervision to teachers and/or who provide curriculum implementation support.
 - FCC Providers are owners/operators or assistants in family child care or group child care programs.

Section C: Specialty Teachers *(ONLY applies to center-based programs)*

- Enter the names of specialty teachers.
- Specialty teachers include, but are not limited to, teachers who provide music, art or drama programming to children. They may also include speech, occupational or physical therapists. Specialty teachers work directly in the classroom with all children in the classroom.

Section D: Classroom Form

- You will complete a Classroom Form for each classroom in the program. School-age classrooms are not included in the KQRIS Rating, so please DO NOT fill out a Classroom Form for any school-age classrooms.
- One copy of the Classroom Form is provided with your application. If you need more Classroom Forms, make as many copies as needed.
- Enter the name of the classroom.

- Enter the number of children enrolled.
- Select the ages of the children enrolled in the classroom.
- Select the days that the classroom is in operation.
- Enter the hours that the classroom is in operation.
 - If the classroom is a full day class, open 7 consecutive hours a day, enter the hours that the classroom is in operation in Section 5a.
 - If the classroom is a part day class, open less than 7 consecutive hours a day, enter the hours that the classroom is in operation in Section 5b.
 - If the classroom is a part day class with two sessions (AM and PM), enter those hours in Section 5b, under Session 1 and Session 2.
- Enter the names of the teachers in the classroom.

Section E: Release of Information

- Release of Information.

Section F: Attachments

- Include a current copy of the KDHE license.
- Include a copy of the most recent KDHE Survey of Findings.
- Completed IRS form W-9 (Request for Taxpayer Identification Number and Certification).
 - Consult with your KQRIS Coach to determine if this form is needed
 - This form can be obtained from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>



Stop here if the program is applying for 1 Star

Section G: Complete this section ONLY if the program is applying for 2 Stars

- Enter the date the program completed the Orientation to the Environment Rating Scale and the names of attendees.
- Obtain the signature of the KQRIS Coach who completed the Orientation to the Environment Rating Scale.

Section H: Complete this section ONLY if the program is applying for 2 Stars

- Attach the ERS Self-Assessment (ITERS-R, ECERS-R or FCCERS-R) for each classroom (excluding school-age only classrooms). Staple or clip each classroom individually.
- Attach training certificates for ALL staff counted in the ratio as well program administrators. Staple or clip each staff individually.



Kansas QRIS Application for 1 or 2 Star Applicants

Circle the star
you are applying
for. 1 2

A General Information

PLEASE PRINT CLEARLY!

1. Program Name:

2. Physical Address:

3. City: 4. State: 5. Zip:

6. County:

7. Program Phone Number:

Mailing Address (if different than physical address):

City: State: Zip:

Attn to:

8. Program Fax Number:

9. E-mail Address:

10. Contact Person:

11. Title:

12. Agency Affiliation: (i.e. Head Start, Early Head Start, KPP, 4-year old at risk, etc.)

13. License Number:

14. Program hours of operation: _____AM/PM to _____AM/PM

15. Days Program is in operation (circle): M T W TH F

16. Total number of families served: Excluding families with ONLY school-age children

17. Age of children for which program is licensed (months): to

18. Program Type: Center-based Family Child Care

19. Business Type: For Profit Not-for-Profit

20. Funding Source: Success by 6 Coalition of Douglas County Kansas Children's Cabinet & Trust Fund

B Program Administrators / FCC Providers

First Name	Last Name
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>

C Specialty Teachers *(This section ONLY applies to center-based programs.)*

First Name	Last Name
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>

D Classroom Form --Complete all sections for each classroom. MAKE ADDITIONAL COPIES IF NEEDED.

1. Classroom Name:

2. Number of children enrolled:

3. Licensed Capacity:

4. Ages of children enrolled: *Select ALL that Apply*

0-11 months
 12-17 months
 18-23 months
 24-35 months
 36-47 months
 48-71 months
 72+ months
 OR
 30-71 for a classroom with a "mixed age group"

5. Classroom Days and Hours of Operation: (choose either option a OR option b)

a. Full Day Classroom: (open 7 hours or more each day with only one session in operation)

Circle each day the classroom is in operation.	Monday	Tuesday	Wednesday	Thursday	Friday
Fill in the hours the classroom is in operation.	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/>	to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/>
			AM PM	to	AM PM

b. Part Day Classroom: (open less than 7 hours each day)

Day	Session 1	Session 2
Monday	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM
Tuesday	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM
Wednesday	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM
Thursday	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM
Friday	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM	<input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM to <input style="width: 30px; height: 25px;" type="text"/> : <input style="width: 30px; height: 25px;" type="text"/> AM PM

6. Type of Curriculum:

- Montessori
 High Scope
 Reggio Emilia
 Other (specify):
 Creative Curriculum
 Storybook Journey

Teachers

--Include all staff counted in ratios

First Name

Last Name

First Name

Last Name

First Name

Last Name

First Name

Last Name

First Name

Last Name



Release of Information

Program Name:

Address:

City: State: Zip:

I hereby consent to the release and/or exchange of information for the purpose of reporting quantitative and/or qualitative data for the Kansas Quality Rating and Improvement System (KQRIS). Information will be used for demographic data, project planning and evaluation, statistical analysis and state/federal reporting.

I understand that my rating will not be shared with the general public for child care search / marketing purposes until a *Consent to Publish* form is completed.

Signature

Date

F Attachments

- Attach copy of current KDHE license. Originals will **not** be accepted.
- Attach copy of most current KDHE Survey of Findings. Originals will **not** be accepted.
- IRS form W-9 (If required)



Stop here if the program is applying for 1 Star





Complete this section ONLY if the program is applying for 2 Stars



G

Verification of ERS Orientation

Completed Orientation to the Environment Rating Scale Yes No

Date Completed

Individual(s) who attended:

Name

Title/Position

Name

Title/Position

Name

Title/Position

Name

Title/Position

Name

Title/Position

Name of Coach who delivered the Orientation

Name of CCR&R for whom Coach works

As the KQRIS Coach for this program, I verify that I have completed an Orientation to the Environment Rating Scale and that the information provided above is correct.

Coach Signature

H

Additional Attachments

Attach one completed COPY of the ERS self-assessment (ERS score sheet) for each individual classroom.

attached

Attach COPIES of training certificates of all staff counted in ratios as well as program administrators. Staple or clip each staff member separately.

Note: Originals of the above listed attachments will not be accepted.

For Office Use Only

KQRIS Scoring Matrix for 1 or 2 Star Applications

1 Star Application

Application is complete

- Yes; continue with scoring
 - KDHE License
 - W-9 (If required)
- No; application is rejected
 - Program is notified of rejected application and reason for return

KDHE licensing verification

- CLARIS check completed

Scoring

- 1 Star awarded

2 Star Application

Application is complete

- Yes; continue with scoring
 - KDHE License
 - KDHE Survey of Findings
 - W-9 (If required)
 - ERS score sheet for each classroom
 - Staff Training Documents
- No; application is rejected
 - Program is notified of rejected application and reason for return

KDHE licensing verification

- CLARIS check completed
- No current/pending enforcements
- No Letters or Notices of non-compliance in past 12 months
- In operation for 12 months

Training and Education

- 100% of staff have completed KDHE required training hours. Verify through receipt of training documents.

ERS Orientation & Self Assessment

- Verification form is completed and signed by KQRIS Coach
- Completed Self-Assessment(s) attached for each classroom OR
 - Program has met other criteria and can bypass the Self-Assessment

Scoring

- 2 Stars awarded

Name of Lead Rater competing this form

Date application was received

Date of application review