



KQRIS Application Instructions for 3, 4 or 5 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 – C. Only programs applying a KQRIS Quality Rating through an Alternative Pathway will complete Section D. If not applying through an Alternative Pathway, skip section D and continue on to complete sections F – L. 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 KDHE 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.
 - KQRIS uses this number to calculate how many Family Questionnaires need to be returned. **If this number is inaccurate, it could negatively affect your rating.**
- 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: Alternative Pathway *(only complete this section if the program is applying for 3, 4 or 5 Stars through an Alternative Pathway)*

- Select one of the 3 choices for the Alternative Pathway.
- Complete the appropriate section and attach the required documentation.



Stop here if the program is applying for 3, 4 or 5 Stars through an Alternative Pathway. Otherwise, continue with the application.



Section E: 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.
- Along with the Classroom Form, include a copy of the classroom schedule and a birthday list for the children enrolled in the classroom.
- 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.
 - The age of children enrolled in the classroom is one way we determine which Environment Rating Scale to be conducted. Please be sure to select one or more of the age groups, if applicable.
- Enter the number of Family Questionnaires needed, both in English and in Spanish; this number is used to determine how many Family Partnership Questionnaires should be distributed. This total should match the total given in Section A #16.
- 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 7a.
 - 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 7b.
 - If the classroom is a part day class with two sessions (AM and PM), enter those hours in Section 7b, under Session 1 and Session 2.
- Enter the names of the teachers in the classroom.
- Enter the time the observer should arrive. This should be the time when the majority of the children arrive.
- Select whether this classroom is an infant/toddler classroom (ITERS-R[®]: serving children ages birth to 2.5 years old) or a preschool aged classroom (ECERS-R[®]: serving children 2.5 to 5 years old).
 - If there are dates when the lead teacher will be absent or when the program is planning a field trip or special guest, please put these dates in the "No Observation Dates" section.

Section F: Family Partnership Documentation

- Complete each section of the Family Partnership Documentation.
- Gather and attach the required documentation ***in the order listed on the document.***
- Check all boxes that apply and for which there is documentation.
 - Acceptable forms of documentation can include photos of libraries or areas in the program (if the materials are easily visible), copies of documents, screen shots of web-pages, copies of handouts or handbooks, flyers, or brochures.
 - All copies, brochures, flyers, etc. must have the appropriate section clearly marked and highlighted so there is no confusion as to the page and/or section to be reviewed for the specific indicator.

Section G: Family Partnership Survey

- See specific instructions in Section G.

Section H: Staff Education Form

- Complete this form for each person working in the program as an administrator*, family child care provider, teacher, or specialty teacher**. Only staff that is counted in the ratios should complete a form. Family service workers should only complete a form if they spend time in the classroom working DIRECTLY with children or if they have administrative duties
 - * Administrators are staff, both on and off site, who supervise teaching staff or who are responsible for curriculum support and implementation. Please note that off-site administrators that oversee multiple sites must determine a proportion of the time that they work in the program being rated (e.g. it is not acceptable to work 40 hours each week at multiple programs).
 - **Specialty teachers include staff that provides instruction or services (within the classroom) in areas such as art, music, or drama. They could also include speech, occupational, or physical therapists if they work with most children within the classroom (not pull-out services).
- Be sure that your name is entered and spelled correctly.
- All teachers must provide the name of the classroom in which they work. Administrators, FCC Providers or Specialty Teachers do **not** enter a classroom name.

- Select the position held:
 - Two positions may be selected if the staff member is both a teacher and an administrator. Two teaching positions or two administrator positions cannot be selected.
- If the staff member is a **teacher/provider only**, enter the teaching experience only. This should include **all** teaching experience, not just at this program.
- If the staff member is an **administrator only**, enter the administrative experience only. This should include **all** administrative experience, not just at this program.
- If the staff member works as a teacher and as an administrator, enter both administration and teaching experience.
- Enter the hours worked each week in an administrative position.
- Enter the hours worked in the classroom each week in a teaching position.
- If this not the first KQRIS Quality Rating for the program, please contact the Child Care Aware® of Kansas office (877-850-3343) to receive a list of the training and education we have on file for staff who participated in the last KQRIS Quality Rating.
- If the staff member's highest level of education is in-service training (not formal college coursework), training certificates must be resubmitted each year.
- If staff members have taken additional ECE coursework or have completed a degree in any field since the last KQRIS Quality Rating, please submit formal transcripts.
 - Transcripts must show a field of study
 - Transcripts must show the date the degree was earned (if applicable).
- Degrees/college coursework earned OUTSIDE the U.S. must be:
 - Translated into English (if applicable)
 - Converted into a U.S. degree equivalency
- If a staff member leaves employment after the application is submitted or during the observation period, a form must still be completed and submitted. Mark the box indicating the termination date.

Section I: Release of Information

- Release of Information.

Section J: Conflict of Interest

- Complete the Conflict of Interest form to ensure that the Assessor(s) who is assigned to complete your observation poses no conflict of interest for your program.

Section K: 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>

Section L: Verification of ERS Self-Study

- 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.
- 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 **OR**
 - If program can demonstrate having met this criterion in another way, this will serve in place of the Self-assessment. Acceptable examples include:
 - Previously received an ERS observation by KQRIS in the past 2 years. This will be verified internally by Child Care Aware® of Kansas.
 - Another reliable source such as Head Start, local CCR&R, etc. This will be subject to review on a case-by-case basis. Attach copies of the most recent ERS score sheets for all classrooms.



**Kansas QRIS Application
for 3, 4 or 5 Star Applicants**

Circle the star
you are applying
for.

3 4 5

A

General Information

PLEASE PRINT CLEARLY!

1. Program Name:

2. Physical Address:

Mailing Address (if different than physical address):

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City: State: Zip:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. County:

Attn to:

7. Program Phone Number:

8. Program Fax Number:

9. E-mail Address:

10. Contact Person:

11. Title:

12. Agency Affiliation: *(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"/>

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**Alternative Pathway** (complete this section *ONLY* if applying through an Alternative Pathway)

3 Stars: Kansas Preschool Program (KPP)

Is your program participating in the Kansas Preschool Program through the Kansas State Department of Education?

- No
- Yes
 - If yes, please attach documentation of current participation to demonstrate compliance and fidelity to the KPP model.

4 Stars: Head Start/Early Head Start

Is your program a Head Start or Early Head Start program?

- No
- Yes
 - If yes, please attach documentation to demonstrate compliance and fidelity to the Head Start / Early Head Start model.

5 Stars: National Accreditation

Is your program nationally accredited?

- No
- Yes

If "Yes", then what agency accredited your program?

- NAEYC
- ACSI
- AdvancED
- NAFCC
- The Council on Quality and Leadership for People with Disabilities
- If yes, please attach a copy of the accreditation certificate and, if applicable, the most recent annual report results to demonstrate compliance and fidelity to the accreditation standards.



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. Number of Family Questionnaires needed in English:

6. Number of Family Questionnaires needed in Spanish:

7. 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 type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>

AM to AM
PM to PM

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

Day	Session 1	Session 2
Monday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM to PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM to PM
Tuesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM to PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM to PM
Wednesday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM to PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM to PM
Thursday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM to PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM to PM
Friday	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM to PM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM PM to PM

8. Type of Curriculum:

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

9. Class Schedule included? Attach to this sheet

10. Birthday List included? Attach to this sheet

Classroom Form continued...

Teachers

First Name

Last Name

First Name

Last Name

First Name

Last Name

First Name

Last Name

First Name

Last Name

Observation

Time the Assessor should arrive: (to see majority of children arriving)

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	AM PM
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Scale	<input type="radio"/> ECERS-R
	<input type="radio"/> ITERS-R

“No Observation” dates (field trips, special guests, vacation, teacher training, etc.)

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Criterion	Required Documentation	Notes																
<p>1. New families receive written information on program philosophy, policies, and procedures.</p>	<p>Provide documentation that is given to families.</p> <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Initial Enrollment Packet</p> <p><input type="checkbox"/> Parent Handbook</p> <p><input type="checkbox"/> Other: _____</p> <p>Documentation must show all 3 of the following in order to receive points:</p> <p><input type="checkbox"/> Program Philosophy</p> <p><input type="checkbox"/> Policies</p> <p><input type="checkbox"/> Procedures</p>	<ul style="list-style-type: none"> • Include examples of all forms of documentation that have been “checked” • When submitting documentation, clearly mark the pages and highlight the sections that include the 3 types of information required 																
<p>2. The program offers information or suggestions on parenting practices and child development.</p>	<p>Provide documentation of how information is shared.</p> <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Video or audio tapes</p> <p><input type="checkbox"/> Workshops</p> <p><input type="checkbox"/> Books or parent library</p> <p><input type="checkbox"/> Newsletters</p> <p><input type="checkbox"/> Flier or brochures</p> <p><input type="checkbox"/> Other: _____</p>	<ul style="list-style-type: none"> • Documentation of this can include photos of a parent “library”, copies of newsletters, fliers, or brochures, etc. • One example of each “checked” item is required. • 1 point is awarded for 2 delivery methods. 2 points is awarded for 3 or more. 																
<p>3. The program provides information and activities to families to extend children’s learning experiences to the home</p>	<p>Provide documentation of how information is shared.</p> <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Books</p> <p><input type="checkbox"/> Video or audio tapes</p> <p><input type="checkbox"/> Activity Packets</p> <p><input type="checkbox"/> Toy lending library</p> <p><input type="checkbox"/> Activities in Newsletters, Handouts, and/or Flyers</p> <p><input type="checkbox"/> Workshops</p> <p><input type="checkbox"/> Other: _____</p>	<ul style="list-style-type: none"> • Documentation of this can include photos of a parent “library”, copies of newsletters, fliers, or brochures, newsletters, etc. • One example of each “checked” item is required. • 1 point is awarded for 2 delivery methods. 2 points is awarded for 3 or more. 																
<p>4. The program provides information to families on community resources.</p>	<p>Provide documentation of how information is shared and what types of information is shared.</p> <table border="0"> <tr> <td>Method Used:</td> <td>Resources Identified:</td> </tr> <tr> <td><input type="checkbox"/> Bulletin Boards</td> <td><input type="checkbox"/> Cultural Events</td> </tr> <tr> <td><input type="checkbox"/> Brochures or flyers</td> <td><input type="checkbox"/> Community Fairs</td> </tr> <tr> <td><input type="checkbox"/> Calendar of events</td> <td><input type="checkbox"/> Job Opportunities</td> </tr> <tr> <td><input type="checkbox"/> Job Fair</td> <td><input type="checkbox"/> Music/Theater for children</td> </tr> <tr> <td><input type="checkbox"/> Workshops</td> <td><input type="checkbox"/> Story Hour</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Adult Education</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <p>One method of providing information is required to receive points.</p> <p>Two different resources is required to receive points.</p>	Method Used:	Resources Identified:	<input type="checkbox"/> Bulletin Boards	<input type="checkbox"/> Cultural Events	<input type="checkbox"/> Brochures or flyers	<input type="checkbox"/> Community Fairs	<input type="checkbox"/> Calendar of events	<input type="checkbox"/> Job Opportunities	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Music/Theater for children	<input type="checkbox"/> Workshops	<input type="checkbox"/> Story Hour	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Adult Education		<input type="checkbox"/> Other: _____	<ul style="list-style-type: none"> • Documentation of this can include photos of bulletin boards, screenshots of program website, copies of newsletters, fliers, or brochures, newsletters, etc.
Method Used:	Resources Identified:																	
<input type="checkbox"/> Bulletin Boards	<input type="checkbox"/> Cultural Events																	
<input type="checkbox"/> Brochures or flyers	<input type="checkbox"/> Community Fairs																	
<input type="checkbox"/> Calendar of events	<input type="checkbox"/> Job Opportunities																	
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<input type="checkbox"/> Workshops	<input type="checkbox"/> Story Hour																	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Adult Education																	
	<input type="checkbox"/> Other: _____																	

<p>5. The program provides opportunities for staff and families to get to know one another.</p>	<p>Provide documentation of events.</p> <p><i>Indicate the number of times per year that each of the activities takes place:</i></p> <p>Parent Meetings _____ times per year Social Gatherings _____ times per year Educational Workshops _____ times per year Other: _____ times per year</p>	<ul style="list-style-type: none">• Documentation can include copies of documents, sign in sheets, notices to parents, screenshots of program's website, photos of events, etc.• A total of 4 examples is required for 1 point.• A total of 12 examples is required for 2 points.
<p>6. Families receive information on their child's progress on a regular basis using a formal mechanism such as a report or a parent conference.</p>	<p>Provide documentation on how information is shared.</p> <p><i>Indicate the number of times per year that each of the activities takes place:</i></p> <p>Written Reports _____ times per year Notes to parents _____ times per year Parent Conferences _____ times per year Home Visits _____ times per year Other: _____ times per year</p>	<ul style="list-style-type: none">• Documentation can include copies of documents, sign in sheets, notices to parents, screenshots of program's website, photos of events, etc.• A total of 2 examples is required for 1 point.• A total of 4 examples is required for 2 points.
<p>7. Family members are included in planning and decision-making for the program.</p>	<p>Provide documentation on how families are involved in planning and decision making. (e.g. meeting minutes or notices)</p> <p><i>Check all opportunities offered:</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Parent meetings or conferences<input type="checkbox"/> Program and/or curriculum planning<input type="checkbox"/> Advisory committee<input type="checkbox"/> Interviewing for new staff<input type="checkbox"/> Other: _____ <p>At least two opportunities are required to receive points.</p>	<ul style="list-style-type: none">• Documentation can include copies of documents, sign in sheets, notices to parents, screenshots of program's website, photos of events, etc.
<p>8. Families are asked to evaluate the program at least annually, in addition to the KQRIS Family Questionnaire.</p>	<p>Provide copy of evaluation form.</p> <p>In the space below, describe how information is gathered:</p> <p>A copy of the evaluation that is used must be attached in order to receive points.</p>	<ul style="list-style-type: none">• Attach a copy of the evaluation that is used.
<p>9. The program has a plan for supporting family partnerships that has stated goals, a description of activities, and a timeline.</p>	<p>Provide copy of written plan that includes the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Goals<input type="checkbox"/> Description of activities<input type="checkbox"/> Timeline <p>To receive points, plan must include all 3 items listed above.</p>	<ul style="list-style-type: none">• Attach a copy of the written plan for family partnerships.

G**Family Partnership Surveys**

The following pages contain the Family Partnership Survey letter to families, as well as the survey itself. The letter and the survey are provided in both English and Spanish.

Instructions:

- Make as many copies of each cover letter and survey needed in order to ensure that each enrolled family completes one survey.
 - Families with multiple children may complete only one survey.
- Sign and attach the cover letter to each survey.
- Designate a collection area with an envelope gather the completed surveys.
- Instruct families to return the survey in a sealed envelope.
 - Ensure that there are not more surveys than the number of families reported.
 - Ensure that there are enough required surveys returned:
 - Center-based programs: 60% required return rate
 - Family Child Care programs: 75% required return rate
- Mark the name of the program on the outside of the envelope.
- Return the envelope with the rest of the application.

Complete this section:

Total number of families enrolled _____

Total number of surveys included _____

We Want Your Opinion!

Dear Parent:

We are participating in an assessment of our program's quality by Kansas Quality Rating and Improvement System (KQRIS), a statewide system working to insure that all children have access to high quality early learning experiences. We want to do the best job we can to provide your child/children with a safe, loving, environment that offers many opportunities for learning. The Kansas Quality Rating and Improvement System process will help us to accomplish this goal.

As part of the assessment of our program's quality, KQRIS asks all parents to fill out the attached survey about how we work with parents. After the surveys are tabulated, KQRIS will summarize and share the results with us in order to help us make this program better fit your needs.

If you have more than one child receiving care at our center, please complete only one survey form. When you have completed the survey, please return it in a sealed envelope. We will have a large envelope in which you can place the survey to maintain confidentiality.

Parents are asked to complete a KQRIS survey each time our program participates in a KQRIS Quality Rating. Thank you for your help!

Congratulations on placing your child in a program that strives for quality. All surveys are due by:

Sincerely,

KQRIS Family Survey

How many months has your child attended this program?

These questions ask about if and how your child's program offers certain information and activities to families. Please answer these questions to the best of your ability even if you personally do not expect or want these services from your program.

1. When my child first started the program:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1a. The daily schedule was clearly explained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. The daily activities were clearly explained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. The program philosophy was clearly explained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. My child's program provides helpful information to support my parenting skills (for example: advice on bedtime routines, resources on toilet training or help with behavioral issues).

	Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child's program provides me with helpful activities for working with my child at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. My child's program offers information about local community activities and/or services for families with young children.

	Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How often does your child's program offer opportunities for you to meet other families in the program and get to know staff?

	At least 12 times per year	At least 4 times a year	At least once a year	Never
Year Round Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. My child's program keeps me updated on my child's daily activities, interests, and behaviors.

	Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How often does your child's program share formal information with you about how your child is developing and what your child is learning, either in writing or at a parent conference?

Year Round Programs	At least 4 times a year	At least twice a year	At least once a year	Never
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. There are opportunities for families to have a voice in program decision-making and planning.

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How often does someone from your child's program ask you about your child's activities, interests, and behaviors at home?

At least once a month	At least 3-4 times a year	At least once a year	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. The program offers a variety of opportunities for me to participate in the program.

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. My child's program takes the time to understand the goals I have for my child (for example: cooperation skills or toilet training).

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. It has been explained to me how the program works with my child to support his/her development and learning.

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If I make a suggestion or raise a concern, it is taken seriously.

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. I am kept informed of changes in my child's program.

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. There is good, open communication between my child's program and me.

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. I feel confident that my child is safe and well-cared for in child care.

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. I feel welcome at my child's program at all times.

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. There is an easy way for me to express a concern or make a suggestion.

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. All staff within the program communicate well with each other about my child's needs.

Very Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU FOR YOUR TIME!

Additional Comments:

Estimados padres de familia:

Con la finalidad de asegurar que todos los niños del estado de Kansas tengan acceso a un aprendizaje de alta calidad, nuestro centro esta participando en una evaluación llevada a cabo por Kansas Quality Rating and Improvement System(KQRIS) sobre la calidad de servicios de nuestro programa. Queremos hacer todo lo posible para proporcionar a su hijo(s) con un ambiente seguro, y calido y que brinde diversas oportunidades de aprendizaje. El proceso de evaluación de Kansas Quality Rating and Improvement System nos ayudara a logras dichas metas.

Como parte de la evaluación sobre la calidad de servicios de nuestro programa, KQRIS solicita que todos los padres de familia llenen el cuestionario adjunto para saber como trabajamos con ustedes. Una vez que los cuestionarios se hayan llenado, KQRIS nos proporcionara un informe sobre los resultados para así ayudarnos a planificar un programa que mejor satisfaga sus necesidades.

Si usted tiene más de un niño recibiendo cuidado en nuestro centro, usted puede llenar un cuestionario por cada uno de ellos, si usted así lo desea. Cuando usted haya llenado el cuestionario, por favor entréguelo a la oficina del programa. Ellos tendrán un sobre grande en donde usted podrá colocar su cuestionario y así mantener su confidencialidad.

Anualmente les pedimos a los padres de familia que llenen un cuestionario de KQRIS para que nos mantenga al día acerca de sus opiniones. Gracias por su ayuda.

Todos los cuestionarios deben ser entregados antes de:

Felicitaciones por tener a su hijo en un programa que esta trabajando por hacer mejoras en la calidad de sus servicios.

Sinceramente,

Evaluación de la asociación familiar

Questionario para los padres

Cuantos meses hace que su hijo asiste a este programa?

Estas preguntas se refieren a que si el programa le ofrece cierta información y actividades para las familias, y si lo hace como lo hace. Por favor responda a las siguientes preguntas lo mejor que usted pueda aun y cuando usted no desea o requiera estos servicios de parte del programa.

1. Cuando mi niño empezó el programa por vez primera:

	En Total Acuerdo	De Acuerdo	En Desacuerdo	En Total Desacuerdo
El horario diario fue explicado claramente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Las actividades diarias fueron explicadas claramente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La filosofía del programa fue explicada claramente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. El programa de mi niño proporciona información útil para apoyar mis habilidades de cuidado de los niños (por ejemplo: consejos en rutinas a la hora de acostarse, recursos en entrenamiento de control de esfínteres o ayuda con problemas de conducta).

Totalmente de Acuerdo	De Acuerdo	En Desacuerdo	Totalmente en Desacuerdo
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. El programa de mi niño me proporciona actividades útiles para trabajar con él en mi casa.

Totalmente de Acuerdo	De Acuerdo	En Desacuerdo	Totalmente en Desacuerdo
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. El programa del niño ofrece información acerca de actividades del vecindario y/o servicios para familias con niños pequeños.

Totalmente de Acuerdo	De Acuerdo	En Desacuerdo	Totalmente en Desacuerdo
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. ¿Con qué frecuencia el programa de su niño ofrece oportunidades para que usted conozca a otras familias y al personal?

Programas de todo el año	Por lo menos 12 veces al año	Por lo menos 4 veces al año	Por lo menos una vez al año	Nunca
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. El programa de mi niño me mantiene actualizado en relación a las actividades diarias de mi niño, sus intereses y su conducta.

Totalmente de Acuerdo	De Acuerdo	En Desacuerdo	Totalmente en Desacuerdo
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. ¿Con qué frecuencia el programa de su niño comparte con usted información formal acerca de cómo su niño se desarrolla y lo que su niño aprende, bien sea por escrito o a través de una conferencia de padres?

- | | | | |
|-------------------------------------|------------------------------------|------------------------------------|-----------------------|
| Por lo menos 12 veces al año | Por lo menos 4 veces al año | Por lo menos una vez al año | Nunca |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Hay oportunidades para que las familias tengan una voz en la toma de decisiones y la planificación del programa.

- | | | | |
|------------------------------|-----------------------|-----------------------|---------------------------------|
| Totalmente de Acuerdo | De Acuerdo | En Desacuerdo | Totalmente en Desacuerdo |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. ¿Con qué frecuencia alguien que trabaja en el programa de su niño le pregunta acerca de las actividades, intereses, y conductas de su niño en su casa?

- | | | | |
|------------------------------------|--------------------------------------|------------------------------------|-----------------------|
| Por lo menos una vez al mes | Por lo menos 3-4 veces al año | Por lo menos una vez al año | Nunca |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. El programa ofrece una variedad de oportunidades para que yo pueda participar.

- | | | | |
|------------------------------|-----------------------|-----------------------|---------------------------------|
| Totalmente de Acuerdo | De Acuerdo | En Desacuerdo | Totalmente en Desacuerdo |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. El programa se toma el tiempo para entender las metas que tengo para mi niño (por ejemplo: las habilidades de cooperación o el entrenamiento del control de esfínteres).

- | | | | |
|------------------------------|-----------------------|-----------------------|---------------------------------|
| Totalmente de Acuerdo | De Acuerdo | En Desacuerdo | Totalmente en Desacuerdo |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

12. Me han explicado cómo trabaja el programa con mi niño/niña para apoyar su desarrollo y aprendizaje.

- | | | | |
|------------------------------|-----------------------|-----------------------|---------------------------------|
| Totalmente de Acuerdo | De Acuerdo | En Desacuerdo | Totalmente en Desacuerdo |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. Si hago una sugerencia o tengo una preocupación, se me toma muy en serio.

- | | | | |
|------------------------------|-----------------------|-----------------------|---------------------------------|
| Totalmente de Acuerdo | De Acuerdo | En Desacuerdo | Totalmente en Desacuerdo |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. Se me mantiene informado de los cambios en el programa de mi hijo.

- | | | | |
|------------------------------|-----------------------|-----------------------|---------------------------------|
| Totalmente de Acuerdo | De Acuerdo | En Desacuerdo | Totalmente en Desacuerdo |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Existe una buena y abierta comunicación entre el programa de mi hijo y yo.

- | | | | |
|------------------------------|-----------------------|-----------------------|---------------------------------|
| Totalmente de Acuerdo | De Acuerdo | En Desacuerdo | Totalmente en Desacuerdo |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. Me siento confiado(a) de que mi niño(a) está seguro y bien cuidado en la guardería.

Totalmente de Acuerdo	De Acuerdo	En Desacuerdo	Totalmente en Desacuerdo
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Me siento bienvenido(a) en el programa todo el tiempo.

Totalmente de Acuerdo	De Acuerdo	En Desacuerdo	Totalmente en Desacuerdo
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Hay una manera fácil para expresar mis preocupaciones o hacer una sugerencia.

Totalmente de Acuerdo	De Acuerdo	En Desacuerdo	Totalmente en Desacuerdo
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Todo el personal del programa se comunican bien entre si acerca de las necesidades de mi niño(o).

Totalmente de Acuerdo	De Acuerdo	En Desacuerdo	Totalmente en Desacuerdo
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¡Gracias por su tiempo!

Comentarios Adicionales:

MAKE ADDITIONAL COPIES IF NEEDED.

H

Staff Training and Education

--Complete one form for each staff member

Staff Member First Name

Staff Member Last Name

NOTE: If this person has left employment, please fill in the termination date:

Classroom

Position (check all that apply):

- FCC Provider
 Director
 Asst. Director
 Teacher
 Asst. Teacher
 Specialty Teacher

Work History

Years of full time early childhood **teaching/provider** experience

Years

Months

Years of full time early childhood education **administrative** experience

Years

Months

Hours

Hours worked per week as a **teacher/provider**:

Hours

Hours worked per week as an **administrator**:

Hours

FOR OFFICE USE ONLY PLEASE DO NOT FILL OUT THIS SECTION

Education Level

- 0-44 training hours in the past 3 years
 45 or more training hours in the past 3 years, or 3 ECE credits
 CDA **Expiration Date:** _____
 6 - 14 credits in ECE (formal college course)
 Montessori certificate
 15 - 23 credits in ECE (formal college coursework)
 24+ credits in ECE (formal college coursework)
 Associates Degree
 Bachelors Degree
 Masters Degree
 Ph.D.

Points awarded:

Individual points: _____ Weighted points: _____

Education Type

- ECE, Child Development, or ECE Special Ed.
 Other (please specify):

ECE Credits:

Last Year: _____ This Year: _____

Specialty Field Credits:

Last Year: _____ This Year: _____

NA

"No Data" available for this staff member

Person verifying/completing this form:



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

J**Conflict of Interest**

In order to minimize potential conflicts of interest among Assessors and KQRIS clients and to ensure objective observation results, we ask that you take a few moments to let us know if a conflict of interest exists with any of our Assessors.

- We **do not** believe any conflicts of interest exist
- We **do** believe a conflict of interest exist (if yes, please complete the remainder of this form)

Please indicate the Assessor(s) with whom the conflict of interest exists. (Check any boxes that apply)

- Kelly Cain-Swart
- Rachel Jury
- Other:_____

Please indicate the conflict of interest: (if more than one QR Specialist from above is checked, please put the name next to the appropriate item)

- Is a relative
- Is a personal friend
- Has served as a coach, mentor or provided other on-site technical assistance in the past three years
- Has been employed by the program in the past three years
- Other: _____

Please indicate the staff member with whom the conflict of interest exists. (Check all that apply)

- Program Administrator
- Classroom Teacher Classroom Name:_____
- Other staff member Describe:_____

K**Attachments**

- Attach copy of current KDHE license
- Attach copy of most current KDHE Survey of Findings



Verification of ERS Orientation & Self-Assessment

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

Attachments Required:

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

attached

Note: DO NOT include self-assessments for school-age only classrooms

For Office Use Only

KQRIS Scoring Matrix for 3, 4 and 5 Star Applications

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

Alternative Pathway

3 Star

- Documentation to show compliance & fidelity to KPP
- 3 Star awarded
- No; continue to figure with points if sufficient documentation is provided

4 Star

- Documentation to show compliance & fidelity to HS / EHS
- 4 Star awarded
- No; continue to figure with points if sufficient documentation is provided

5 Star

- Documentation to show compliance & fidelity to national accreditation
- 5 Star awarded
- No; continue to figure with points if sufficient documentation is provided

ERS Orientation & Self Assessment

- Not applicable (Alternative Pathway applicants only)
- 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

Total KQRIS Points Awarded _____

Stars Awarded _____

Name of Lead Rater competing this form

Date application was received

Date of application review