



IdahoSTARS QRIS Facility Background Form

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| Facility Name: Name of business as listed on license | |
| Street Address: | Mailing Address (if different from street): Address where mail is received |
| City/State/Zip: | E-mail: Email where director/owner can be reached during business hours |
| Facility Phone: Include area code | Fax: |
| Contact Person: Person to contact with questions regarding QRIS application | Full Title: Title of contact person (manager, director, owner, supervisor, etc) |
| Authorized Administrator: The person responsible for instituting and approving increases in staff wages and approved to accept money on behalf of the facility in case of grant award | List any grant funds received in the last 5 years: <input type="checkbox"/> IdahoSTARS Enhancement Grant <input type="checkbox"/> IdahoSTARS Accreditation Grant <input type="checkbox"/> QRIS Pilot Grant <input type="checkbox"/> Other: Funding source & name of grant: |

II. Basic Facility Information

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| 1.. License #: Number on child care license | 2. License capacity: Maximum number of children allowed by the license |
| 3. Indicate the number of children receiving ICCP who attend: 1-10 hours/week _____ 11-20 hours/week _____ 21-30 hours/week _____ 31-40+ hrs/week _____ | |
| 4. Indicate the number of children <u>not</u> receiving ICCP who attend: 1-10 hours/week _____ 11-20 hours/week _____ 21-30 hours/week _____ 31-40+ hrs/week _____ | |
| 5. Hours of operation: | |
| 6. Days of operations: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday | |
| 7. In what year was the facility founded? Year the facility opened for business | 8. How many years experience do you have directing a child care facility? Record current director's experience in ECE management |
| 9. Number of enrolled families who receive ICCP: | 10. Number of enrolled children who receive ICCP: |

