

**IdahoSTARS QRIS Facility Background Form**

Facility Name as on License:	
DBA? <input type="checkbox"/> NO <input type="checkbox"/> YES    If yes, name:	
Street Address:	Mailing Address (if different from street):
City/State/Zip:	Facility Phone:
Contact Person:	Full Title:
Director:	Authorized Administrator:
E-mail:	Fax:
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**

1. Hours of operation:	2. License capacity:	
3. Number of enrolled <b>families</b> who receive ICCP:	4. Number of full time employees	
5. 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		
6. In what year was the facility founded?	7. How many <b>employees (total)</b> work in your facility?	8. How many <b>teachers</b> work in your facility?
9. Which best describes your program (check all that apply):		
<input type="checkbox"/> Family Child Care (1-6 children) <input type="checkbox"/> Group Child Care (7-12 children) <input type="checkbox"/> Center-Based (over 12 children)		
<input type="checkbox"/> Head Start full-yr <input type="checkbox"/> Head Start half-day <input type="checkbox"/> Pre-K, Preschool only <input type="checkbox"/> Before/After School		
<input type="checkbox"/> Summer only <input type="checkbox"/> School year only <input type="checkbox"/> Migrant Head Start <input type="checkbox"/> Open Holidays <input type="checkbox"/> Non Profit Status		
10. Is your community:		
<input type="checkbox"/> High poverty <input type="checkbox"/> Mixed income <input type="checkbox"/> Middle income <input type="checkbox"/> Upper income		

**III. Children enrolled in ICCP and/or with an identified disability:**

Indicate the number of children receiving <u>not receiving ICCP</u> and <u>without a special need</u> who attend:			
1-10 hours/week _____	11-20 hours/week _____	21-30 hours/week _____	31-40+ hrs/week _____
Indicate the number of children <u>receiving ICCP</u> who <u>also have a special need</u> who attend:			
1-10 hours/week _____	11-20 hours/week _____	21-30 hours/week _____	31-40+ hrs/week _____
Indicate the number of children <u>receiving ICCP</u> only who attend:			
1-10 hours/week _____	11-20 hours/week _____	21-30 hours/week _____	31-40+ hrs/week _____
Indicate the number of children <u>who have a special need</u> who attend:			
1-10 hours/week _____	11-20 hours/week _____	21-30 hours/week _____	31-40+ hrs/week _____

**IV. Demographics:**

What are the ages of the children enrolled in your facility? Check all that apply.	
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5/kindergarten <input type="checkbox"/> Elementary Grade <input type="checkbox"/> Middle School	
Estimate the % of children your facility serves in each of the following groups annually. <b>Must add up to 100%.</b>	
_____ Indian Sub-Continent	_____ White/Caucasian
_____ Native American/Inuit/Aleut	_____ Hispanic Origin/Latino
_____ Asian or Pacific Islander	_____ Arab/Middle Eastern
_____ Black/African American	_____ African                      Other _____
Have any children or family been dismissed from the facility in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, why? <input type="checkbox"/> nonpayment <input type="checkbox"/> child behavior <input type="checkbox"/> parent behavior <input type="checkbox"/> safety of other children <input type="checkbox"/> health issues	
<input type="checkbox"/> special needs <input type="checkbox"/> issues with hours <input type="checkbox"/> parent reaction            Age(s) of the child/children dismissed: _____	
What languages are spoken at your facility?	
<input type="checkbox"/> Staff	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<input type="checkbox"/> Parents	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<input type="checkbox"/> Children	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
How many years experience do you have you operating a child care facility?	