

QRIS STAR RATING VERIFICATION

center child care



This is an example of the checklist an IdahoSTARS Assessor will use to verify a STAR Rating, the very last step in earning a STAR Rating from the QRIS.

Earning a STAR Rating may take up to 18 months, depending on the schedule a director sets for the facility. After attending an orientation, then working through the system of self-evaluation, planning, implementing plans, and assessment, the facility will request a STAR Rating.

Finally, an assessor will visit the facility to verify the request, using this checklist. Which indicators will be verified on-site? Only those Quality Indicators that cannot be verified by the materials an owner attaches to the *Application for a STAR Rating*. They are indicators related to record keeping, including a system of tracking children’s development and records related to policies and procedures that are written in staff and/or parent handbooks.

The checklist is provided here in case you want to ‘begin with the end in mind’ and use it as a guide. It can help you organize files, records and system, and outlines exactly how each Quality Indicator will be verified when the time comes. Templates for keeping records and tracking information are available on the QRIS webpage.

Date:	Region:
Director or owner name, printed:	
Facility Name:	
Facility Street Address:	
Facility City, State and Zip:	
Number of children: This number is determined using the on-line QRIS Achievement Award calculator to identify the number of FTE children in the facility and the number of records to be pulled for verification.	

<u>Quality Standard</u>	<u>Indicators to be verified</u>	<u>Notes:</u>
INCLUSION	On its <i>Application for a STAR Rating</i> , facility will identify which Quality Indicators should be verified.	
STRENGTHENING FAMILIES		
BUSINESS PRACTICES		

Inclusion Quality Indicators

Request	Tier 1	Verified	Notes
	Posted community resource list specific to serving children with disabilities Posted in a common area, accessible to all parents, such as an entryway		Note location.
	Tier 2		
	Record of serving children with disabilities in the family’s primary language Verify services offered as described in child’s file or on family intake form		Describe record. Identify language. Note the number of children receiving this service. N/A is allowed.
	Record of documenting each child’s developmental growth, strengths and challenges Verify system in place.		Describe system on page 3.
	Tier 3		
	Record for referrals to outside support to address needs and/or concerns Verify referral record		Describe record. Note the number of children referred in the sample.
	Record of one formal parent/teacher conference per year to share child’s development Verify with documentation in child’s file. 90% of sample must include record for credit.		Note date of conference. Note if parent attended, declined to attend, or was expected but didn’t attend.
	Record of documentation used every 3 months Verify system in place.		Use chart provided
	Tier 4		
	Record to document follow-up of any referral outcomes Verify tracking of outcomes. May be on the same form as referrals in a child’s file. 90% of referrals must include follow-up documentation for credit.		Describe record. Note the number of follow-ups to referrals in the sample. 90% of referrals must include follow-up documentation for credit.
	Record of documentation used monthly Verify system in place.		Use chart provided
	Tier 5		
	Record of two formal parent/teacher conferences per year to share child’s development Verify with sign-up sheet and documentation in child’s file. 90% of sample must include record for credit.		Note date. Note date of conference. Note if parent attended, declined to attend, or was expected but didn’t attend.
	Record of documentation used weekly Verify system in place.		Use chart provided

Inclusion Verification Directions:

- Check 100% of files as determined by FTE; this is the *file sample*. To receive credit for the Quality Indicator, 90% of files in the sample must meet the Indicator.
- (A) FTE x (sample size) (B) 90% of FTE = x (number of files in sample that must meet the indicator to receive credit)

Tier 1 (N/A)

Tier 2+ ask: “Describe the methods currently used to document children’s developmental growths, strengths, and challenges

QRIS Inclusion file checklist: Tiers 2-4

		TIER 3	TIER 4
FILE	Date of last entry Last dated example, log entry, etc	One entry in the last three months? Note 3 months prior ✓ if yes	Every month? (Must verify 6 entries in the last 6 months for credit) ✓ if yes
File #1 Note initials		Enter # of entries	Enter # of entries
File #2			
File #3			
File #4			
File #5			
File #6			
File #7			
File #8			
File #9			
File #10			
File #11			
File #12			
File #13			
File #14			
File #15			
File #16			

		TIER 3	TIER 4
FILE	Date of last entry Last dated example, log entry, etc	One entry in the last three months? Note 3 months prior ✓ if yes	Every month? (Must verify 6 entries in the last 6 months for credit) ✓ if yes
File #17 Note initials		Enter # of entries	Enter # of entries
File #18			
File#19			
File #20			
File #21			
File #22			
File #23			
File #24			
File #25			
File #26			
File #27			
File #28			
File #29			
File #30			
File #31			
File #32			
File #33			
File #34			
File #35			
File #36			

Strengthening Families Quality Indicators

Request	Tier 1	Verified	Notes
	Documented Family orientation procedures Verify the written record that new families have been oriented to the policies & procedures of the facility – on intake form is acceptable. 90% of sample must include record for credit.		Note date of enrollment. Note date of orientation. Must include signature of parent.
	Opportunity for parents to meet alone with staff Verify through interview.		Describe how opportunities are communicated to parents and where/when meetings take place.
	Tier 2		
	Posted Community Resource list Posted in a common area, accessible to all parents, such as an entryway		Note location.
	Record of checking in with new families after a few weeks Verify record.		Note record & number of entries. Numbers may vary depending on enrollment dates.
	Tier 3		
	Intake form that includes family goals Verify completed forms. 90% of sample must include record for credit.		90% of files must include completed Intake Form for credit. Note number.
	Tier 4		
	Record of assistance connecting families with services Verify record.		Note date, type of referral, and follow-up. N/A is allowed.
	Tier 5		
	Documented system of emergency support Verify system of emergency support: community agencies, access to food, meals, or transportation, medical referrals, creating an emergency fund available to parents in crisis, maintaining an emergency “food pantry”, etc.		Describe system of emergency support. Note date, type of referral, results. N/A is allowed on referrals.

Ratio:

- A. Total # of classrooms: _____
- B. Number of classrooms meeting QRIS ratios _____
- C. $(B) \div (A)$ _____ = _____%

<input type="checkbox"/> Tier 2 = 25% of classrooms meet QRIS ratio	<input type="checkbox"/> Tier 3 = 50% of classrooms meet QRIS ratio	<input type="checkbox"/> Tier 4 = 75% of classrooms meet QRIS ratio	<input type="checkbox"/> Tier 5 = 100% of classrooms meet QRIS ratio
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Group Size:

- A. Total # of classrooms: _____
- B. Number of classrooms meeting QRIS group sizes _____
- C. $(B) \div (A)$ _____ = _____%

<input type="checkbox"/> Tier 2 = 25% of classrooms meet QRIS group size	<input type="checkbox"/> Tier 3 = 50% of classrooms meet QRIS group size	<input type="checkbox"/> Tier 4 = 75% of classrooms meet QRIS group size	<input type="checkbox"/> Tier 5 = 100% of classrooms meet QRIS group size
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Business Practices Quality Indicators

Request	Tier 1	Verified	Notes
	Record of staff attendance at yearly review in recognizing and responding to signs of child abuse and neglect Verify with record of attendance.		Note date of review, number of attendees, and brief description of content
	Operating budget for current year Verify a financial spreadsheet that identifies projected income and expenses. Facility must break even.		Describe location of spreadsheet. Describe system for updating budget.
	Record of maintaining continuity for children and families, including reasoning, schedule, and proactive reasons for dismissal. Verify a record to track dismissals, to make sure policies and procedures were followed. Must include a record of reasons, timeframe, and action steps for credit.		Note number of dismissals in the past 12 months. Note reasons, length of time between notification and dismissal, and actions taken to avoid dismissal. Indicate 'no dismissals' if applicable.
	Tier 2		
	Individual children's allergy information posted in each classroom. Verify posting. 90% of children's information must be posted where it can be seen for credit.		Note names during sample review. Record on Ratio and verify posting.
	Record tracking meals and snacks served to children Verify on-going written record such as calendars or food program menus.		Describe system. Note date of last entry.
	Record of using staff satisfaction survey from 12 months prior to application Verify with completed surveys or a summary of responses.		Describe survey. Describe how information is used to plan improvements.

Business Practices Quality Indicators

Request	Tier 3	Verified	
	Lead or assistant teacher in each classroom is trained in pediatric CPR & First Aid by a licensed instructor Verify with current <u>pediatric</u> CPR/First Aid card		Use Group Size and Ratio worksheet to record.
	Record of collecting tuition and/or fees in advance of care Verify statements with record of collections. 90% of statements in the sample must be verified for credit.		Verify one statement per family in sample. Explanation allowed for current families.
	Record of charging for irregular or unscheduled care giving Verify that statements reflect irregular or unscheduled care giving. 90% of statements in the sample must be verified for credit.		Verify one statement per family in sample; note number of statements recorded. N/A is allowed.
	Record of parent satisfaction survey from 12 months prior to application Verify with completed surveys or summary of responses		Describe survey. Describe how information is used to plan improvements.
Tier 4			
	Emergency information and field trip authorization readily available <u>in each classroom.</u> Verify completed forms are readily available. 90% of sample must be verified for credit.		Record on classroom checklist.
	Record that parents are given an end-of-the-year statement of all payments received Verify example of financial statement for the total amount of tuition and fees collected by the child care provider from the parent annually.		Indicate number of statements verified.
	Written plan in operating budget for capital improvements, deferred maintenance, and/or other replacement costs Verify line item for physical building improvements to the child care facility. Verify plan to address on-going maintenance.		Describe or copy plan. Credit can be given for scheduled fundraiser. Record goal based on past fundraisers.
Achievement Award Verification			
	Number of ICCP children enrolled. Collect list as indicated in interview.		Note ICCP numbers and/or name and number of children.
	Number of children with disabilities enrolled. Verify documentation for each child		Note documentation and number of children