

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 families 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 employees (total) work in your facility?	8. How many teachers 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 <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. Must add up to 100%.	
_____ 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?	