



IdahoSTARS QRIS Facility Background Form

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

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 operating a child care facility?
9. Number of enrolled families who receive ICCP:	10. Number of enrolled children who receive ICCP:



11. 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: _____	
12. Estimate the % of children your facility serves in each of the following groups annually: _____ Indian Sub-Continent _____ White/Caucasian _____ Native American/Inuit/Aleut _____ Hispanic Origin/Latino _____ Asian or Pacific Islander _____ Arab/Middle Eastern _____ Black/African American _____ African Other _____	
13. What languages are spoken at your facility? Indicate languages spoken by staff, parents and children <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 _____	
14. Is your facility accredited? <input type="checkbox"/> No <input type="checkbox"/> YES If so, what organization issues the accreditation? Date of the most recent accreditation _____ (NAYEC, NAFCC, NACPA, etc)	
15. List the zip codes of families enrolled in your facility	
16. Is your community: <input type="checkbox"/> High poverty <input type="checkbox"/> Mixed income <input type="checkbox"/> Middle income <input type="checkbox"/> Upper income	
17. What are the ages of the children enrolled in your facility? Check all that apply. <input type="checkbox"/> 0 to1 <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	
18. How many employees (total) work in your facility? Include bus drivers, cooks, janitorial staff, etc	19. How many teachers work in your facility? Include lead and assistant teachers, floaters and aids who work in any classroom
20. 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	
21. How many employees are employed full time?	22. Is your facility: <input type="checkbox"/> For Profit <input type="checkbox"/> 501(C)3