



KQRIS Eligibility Requirements

General Eligibility Requirements:

1. Program must be licensed through KDHE
2. Program must be in good standing with KDHE (free of legal action or pending legal action, NNC corrected, etc.)
3. Program must include all *eligible* classrooms
4. Eligible classrooms are those that serve at least 4 children in each session (except infant classrooms, which must serve a minimum of 3 infants)
 - a. Full day programs must serve at least 4 children for a minimum of 30 hours per week
 - b. Part day programs must serve at least 4 children in each AM and/or PM session
 - c. School-age only classrooms are *not eligible* and should not be included on the application
5. The program must serve at least 2 different families
 - a. Family Child Care providers may not include her/his own family in this number
6. Programs may not be currently participating in another competing quality rating program (this does not include NAEYC or NAFCC accreditation)

Butler County Smart Start funded sites only (BCSS):

1. Program must meet all general eligibility requirements
2. Program must be in Butler County

Capitol Area Smart Start funded sites only (CASS):

1. Program must meet all general eligibility requirements
2. Program must be open for at least 1 full year
3. Program must be in Shawnee County

Kansas Early Learning Collaborative (KELC):

1. Program must meet all general eligibility requirements
2. Program must be in Finney, Saline, Shawnee, Sedgwick or Wyandotte County
3. At least 20% of children must be "at risk" (Use KELC Eligibility Form to determine)

Sedgwick County Smart Start (SCSS):

1. Program must meet all general eligibility requirements
2. Program must be in Sedgwick County

Smart Start of Reno/Rice Counties (SSRR):

1. Program must meet all general eligibility requirements
2. Program must be in Rice or Reno County

Smart Start of Southwest Kansas (SSWK):

1. Program must meet all general eligibility requirements
2. Program must be in SSWK service delivery area

Success by Six funded sites only (SB6):

1. Program must meet all general eligibility requirements
2. All classrooms must be full day
3. Program must be year round
4. Program must be in Douglas County

Tri-County Smart Start (TRI):

1. Program must meet all general eligibility requirements
2. Program must be in Johnson, Leavenworth or Wyandotte County



KQRIS Eligibility Form

THIS BOX FOR OFFICE USE ONLY

Coach Name _____ R&R Name: _____

Funding Source: BCSS CASS KELC SCSS SSRR SSWK SB6 TRI _____ Eligible _____ Ineligible

Date Reviewed: _____ Reviewer Initials: _____

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| 1. Located in an eligible county? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. All classrooms serve at least 4 children, 0-5 years old? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. At least 4 eligible children per session? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. At least 2 different families? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 5. Licensed and in "Good Standing" with KDHE? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 6. Other Quality Rating System (currently)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 7. All classrooms full day (SB6) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 8. Year round (SB6) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 9. Open 1 full year (CASS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 10. 20% of children/families "at risk"? (KELC) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Contact Information

Program Name _____

Contact Person Name _____ Title _____

Street Address _____

City _____ County _____ State _____ Zip _____

Phone # (____) _____ Fax # (____) _____

E-mail Address _____

Program Information

Date Program Opened _____ Capacity _____ Total Enrollment _____

Total Infants (0 – 11 mos.) _____ Total Toddlers (12 – 30 mos.) _____

Total Preschool (31 mos. – 5 yrs.) _____ Total School-age (6+ yrs.) _____

Program Affiliation: (any program that provides governance and/or funding) (check any that apply)

- Independent (not affiliated with any organization)
 Head Start
 Early Head Start
 Public School
 Private School
 Faith based
 Military
 National Chain
 Employer Sponsored
 Other: _____

Business Type:

- For profit
 Non-profit

Program Operation Hours:

(circle all that apply)

_____ AM to _____ PM Mon Tue Wed Thu Fri Sat Sun

Choose one: Year round School year Summer only Before/after school only

Choose one: Part-day Full-day Both part-day & full-day

License Type:

KDHE License # _____

FCC - Choose one:

Licensed Family Child Care Home

Licensed Group Home

Centers- Choose one:

Licensed

License Exempt

Please list any significant changes that the program plans to make in the next 12 months (change of director, opening/closing classrooms, moving locations, major renovation, etc.) _____

Please list any significant changes that take place in the program over the summer (fewer classrooms, additional classrooms, different class groupings, etc.) _____

Program Configuration

Complete only one section below.

Family Child Care Only:

List each child currently enrolled List one child per line by first & last name. Please indicate if any are your own children.	Days of the week child regularly attends:	Age	Total hours the child attends per week		
			Full day	Morning only	Afternoon only

Child Care Center Only:

_____ Total number of classrooms. Do not include School Age ONLY classrooms. *For rooms with multiple sessions list enrollment for all session as 1 total number.

Physical Rooms	Classroom Name	Days	Age Range	Hours of Operation	* Total Children Enrolled
Classroom 1					
Classroom 2					
Classroom 3					
Classroom 4					
Classroom 5					
Classroom 6					
Classroom 7					
Classroom 8					
Classroom 9					
Classroom 10					
Classroom 11					
Classroom 12					



KQRIS Participation Agreement

- I. The QI Coach **cannot**, at any time, be counted in the ratio of children at the program.
- II. The program will fully participate in all KQRIS activities including weekly/monthly on-site visits and support calls; and will attend at least 80% of KQRIS support group meetings.
- III. The program will schedule and keep all on-site coaching appointments. The QI Coach, as well as the director/provider will ensure that s/he can give full attention during the on-site visit.
- IV. The program understands that it must complete a commitment period of 1 year after receiving a Quality Rating. If the program is unable to fulfill the commitment period, all funding/materials/equipment provided by KQRIS for the current commitment period will be returned.
 - i. The program understands that if it drops from or is removed from KQRIS, the program is no longer eligible for KQRIS Grants, Quality Awards, access to Child Care Online and publication of the Quality Rating. Furthermore, staff will no longer be eligible for Education Supports (T.E.A.C.H., or Education Reimbursements) or Compensation Supports (WAGE\$).
- V. The program will comply with all rules and regulations regarding KQRIS Grants, Quality Awards and/or Education/Compensation support funding.
- VI. The program agrees to uphold the coaching contract that it will develop in conjunction with the QI Coach, when it begins a coaching relationship.
- VII. The program understands that Child Care Aware of Kansas® will provide a process to resolve disputes between the rating organization and a participating child care program concerning the Quality Rating.
- VIII. The program understands that in order to maintain eligibility for funding and coaching support, the program must achieve specific and measurable gains in the baseline rating, within twelve months after initially receiving a Quality Rating. See chart below.

Initial Star Rating	Learning Environment Subcategory Points	Measurable Gain Required
1 – 3 Stars		Increase 4 Quality Rating points by next rating
1 – 3 Stars	0 Learning Environment points	2 of the 4 Quality Rating points must be in Learning Environment component
4 – 5 Stars		Maintain overall star level

- IX. The program understands that if it fails to meet the above agreements, it may be removed from KQRIS and all funding/materials/equipment provided by KQRIS will be returned.

Signatures

The information provided on the eligibility form is true and correct to the best of my knowledge.

Authorized Program Signature

Date

I understand and agree to comply with the participation agreement; furthermore, I understand that failure to comply may result in removal from KQRIS and a loss of all benefits therein.

Authorized Program Signature

Date