



# KQRS

## 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 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

### City of Salina funded sites only (COS):

1. Program must meet all general eligibility requirements
2. Program must be in Salina city limits

### Early Childhood Block Grant funded sites only (ECBG):

1. Program must meet all general eligibility requirements
2. Program must have a current SRS agreement
3. Program must be in Finney, Saline, Shawnee, Sedgwick or Wyandotte County
4. Program must meet **at least one** of the following:
  - a. 20% of current enrollment is SRS children
  - b. Center-based programs: 20% of currently enrolled children must qualify for CACFP free/reduced lunch program
  - c. Family Child Care programs: Provider must qualify for CACFP free/reduced lunch at Tier 1 or Tier 2 level

### 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

### SRS funded sites only (SRS):

1. Program must meet all general eligibility requirements
2. Program must have a current SRS agreement
3. Program must at least 1 SRS child enrolled
4. Program must be in Saline or Sedgwick County

### 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



# KQRS Eligibility Form

## THIS BOX FOR OFFICE USE ONLY

Coach Name \_\_\_\_\_ R&R Name: \_\_\_\_\_

**Funding Source:**

BCSS CASS COS ECBG SCSS SSRR SSWK SRS SB6 TRI

**Status:**

\_\_\_\_\_ Eligible \_\_\_\_\_ Ineligible

Date Reviewed: \_\_\_\_\_ Reviewer Initials: \_\_\_\_\_

- |   |                              |                             |                             |
|---|------------------------------|-----------------------------|-----------------------------|
| 1. Located in 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 clsrms 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. Current SRS agreement?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| # SRS Children _____ (SRS, ECBG)                            |                              |                             |                             |
| 11. Centers: % children free/reduced lunch _____ (ECGB)     |                              |                             |                             |
| FCC: Free/Reduced Tier: _____ (ECBG)                        |                              |                             |                             |

### 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 \_\_\_\_\_

Current SRS Provider Agreement?  Yes  No Total SRS children \_\_\_\_\_

**If Center-based:** Total children on CACFP free/reduced lunch \_\_\_\_\_

**If Family Child Care:** CACFP Tier \_\_\_\_\_

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:**

Choose one:  Center  Family Child Care Home

Choose one:  Licensed  Lic. Exempt  Registered  Group Home

**KDHE License #** \_\_\_\_\_

**Description of classrooms**

\_\_\_\_\_ Total number of classrooms\* (Family child care programs: enter total # of children)

\*Note: If the same teacher has both AM/PM sessions and the children are the same age range (up to 29 months or over 30 months) in both sessions, count that classroom only one time.

Classroom Name <small>(Family child care programs: list children by first &amp; last name and indicate if any are your own children)</small>	Days of week session meets	Age	# of children enrolled per session		
			# Full day	# Morning only	# Afternoon only

**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.)

\_\_\_\_\_  
\_\_\_\_\_

**Is the program currently receiving a Quality Rating from another organization other than KACCRRRA?**

Yes  No

If "yes", please list the name of the agency who conducted the Rating, date of the Rating and the Rating results: \_\_\_\_\_

\_\_\_\_\_