

Use the following documentation to help you complete the application.

If you have any issues, contact ECSC Database Services at:

(505) 277-0469 (855) 633-2821 (NMDATA1)

Or, send an email to: ecscdata@unm.edu

Welcome to the New Mexico Tiered Quality Rating Improvement System (NMTQRIS), from this page you can begin your application to enroll your program in FOCUS. Before you begin, check the list next to the red outlined box below and ensure that you have all the information you need. If you have everything, click on the **Begin your application** button to start the process.



The FOCUS application has seven sections which you an exit from at any time by using the **Save and Resume Later** button located at the bottom of the application screen. You can use the **Previous** and **Next** buttons to move forward and backward through the sections. The sections are as follows: Program Info, FOCUS Info, Profile, Enrollment, Staff, Staff Education, Finish Application. In the pages that follow each of these sections is illustrated for you.

| | NIMICRIS | | | | |
|--|--|--|--|--|---|
| | TOCUS Application >> My Application | | | | |
| | • FOCUS Application Wizard | | | | |
| Use the Program Name on your CYFD License. | Program Info. FOCUS Info. Profile Enrollment Staff Staff-Education Finish Application All fields marked with a red asterisk (*) are required Basic Information | | | Alternate Program name or any other name your program is known by. | Name of the company that owns your program, if applicable |
| | Licensed Program Name: * As listed on your issued license Program Licensed Name | Other Program Name: Alternate Program Nam | ne | Corporate/Contractor Name: * If you are not sure what to select here, please choose "Not Listed" Select | |
| | Program License Number: * | License Date: * 🛗 yyyy-mm-dd | License Expiration Date: * | License Capacity: * | |
| | Primary Phone: * (999)999-9999 | Primary Ext: Fax Num Ext (999)99 | ber: 19-9999 | Primary Email: * Primary Email | |
| | Secondary Phone: (999)999-9999 | Secondary Ext: | | Secondary Email: Secondary Email | Check box if your program's mailing |
| address of your program. | Primary address Street Address: * | A | Address Mailing address Mailing Address: * | Same as primary address: | the physical address. |
| | Street Address Street Address Line 2: | | Street Address Mailing Address Line 2: | | |
| | Street Address Line 2 | | Street Address Line 2 | | |
| | City: * | State: * Zipcode: * New Mexico * Zipcode | City: * | State: * Zipcode: * * New Mexico Zipcode | |
| | Previous | Save a | nd Resume Later | Next | Ð |

This page is a finished example of the **Program Info** page. Click **Save and Resume Later** or **Next** to move to the next section.

| FOCUS Application 📎 My Applicatio | on | | | | | |
|-----------------------------------|-------------------------|------------------|--------------------------|--------------------------------|--------------------------|-----------------|
| FOCUS Application Wizard | | | | | | |
| Program Info. FOCUS Info. F | Profile Enrollment Staf | f Staff-Educa | ation Finish Application | | | |
| | | Basic II | nformation | | | |
| Licensed Program Name: * | Other Pr | rogram Name: | | Corporate/C | ontractor Name: * | |
| As listed on your issued license | Alterna | ate Program Name | e | If you are not "Not Listed" | sure what to select here | , please choose |
| The Test Program | | | | Not Listed | | |
| Program License Number: * | License Date: * 🗰 | | License Expiration Date: | • # | License Capacity: * | |
| 123456 | 2016-07-01 | | 2018-07-01 | | License Capacity | |
| Primary Phone: * | Primary Ext: | Fax Numb | er: | Primary Ema | il: * | |
| (505)555-1212 | Ext | (505)555 | 5-5555 | test_email@ | ≬nomail.com | |
| Secondary Phone: | Seconda | ry Ext: | | Secondary E | mail: | |
| (505)555-1212 | Ext | | | Secondary | Email | |
| | | A | ldress | | | |
| | | | | Same as | primary address: | |
| rimary address | | | Mailing address | in Sources | printing address. | |
| Street Address: * | | | Mailing Address: * | | | |
| 1313 Mockingbird Lane | | | P.O. Box 0000 | | | |
| Street Address Line 2: | | | Mailing Address Line 2: | | | |
| | | | Street Address Line 2 | | | |
| Street Address Line 2 | | | | | | |
| Street Address Line 2 | State: * Z | Zipcode: * | City: * | | State: * | Zipcode: * |

If you clicked **Save and Resume Later**, you will receive this screen which offers a link to paste into your web browser (Chrome, Internet Explorer, etc.,) which allows you to return to your application. You can also fill in your email address and have this link mailed to you. At a later time, if you click on the link you will be put right back into the application to finish it.



This page contains the **FOCUS Info** needed to complete the application.

| NMIERIS | | | |
|--|---|--------------------------------------|---|
| FOCUS Application » My Application | | | |
| FOCUS Application Wizard Program Info. FOCUS Info. Profile Enrollment Stafe All fields marked with a red asterisk (*) are required | f Staff-Education Finis | Application Type th re pers | in the name of the person who will be the primary contact for everything elated to FOCUS. This will be the son who will meet with the FOCUS consultant. |
| First Name: * First Name | FOCUS Designee Middle Name: Middle Name | Last Name: * | |
| Phone: * (999)999-9999 | Email: * Email | Yo prog | ou only need to add a director is your gram has a director who is not acting as the FOCUS/designee |
| Same as FOCUS Designee: First Name: * First Name | Middle Name: Middle Name | Last Name: * | |
| Phone: * Email: * (999)999-9999 Email | | | |
| Previous | Save and Resume Late | D | Next |

Here is an example of a completed **FOCUS Info** screen that has both a FOCUS Designee and a Director.

| FOCUS Application Wizard | | | |
|--|---------------------|-----------------|------|
| Program Info. FOCUS Info. Profile Enrollment Staff | Staff-Education Fin | ish Application | |
| All fields marked with a red asterisk (*) are required | FOCUS Designee | | |
| First Name: * | Middle Name: | Last Name: * | |
| Hatley | Middle Name | Paine | |
| Phone: * | Email: * | | |
| (505)555-1211 | hatpai | ne@nomail.com | |
| | Director | | |
| Same as FOCUS Designee: | | | |
| First Name: * | Middle Name: | Last Name: * | |
| Fairchild | Middle Name | Larkham | |
| Phone: * Email: * | | | |
| (505)111-1234 flarkham@ | nomail.com | | |
| | | | |
| Previous | Save and Resume Lat | er | Next |

The FOCUS **Profile** section is shown below:

| ucation Finish Application |
|---|
| |
| Select |
| Service Type: |
| Head Start Participant |
| New Mexico PreK |
| Service Out Of School Time |
| e 🕞 Faith Based |
| Tribal |
| Have you recently received a Class A, B, or C license deficiency? * |
| Select |
| |

| NINTORIS | |
|--|---|
| FOCUS Application >> My Application | |
| FOCUS Application Wizard | |
| Program Info. FOCUS Info. Profile Enrollment Staff Staff-Educ | ation Finish Application |
| All fields marked with a red asterisk (*) are required | |
| Program Type: " | Business Type: " |
| Cinid care center | |
| Current Star Level: * | Service Type: |
| Unknown | 🖉 Head Start Participant |
| Primary Language spoken at Program: | New Mexico PreK |
| English and Spanish 💌 | Service Out Of School Time |
| | Faith Based |
| | Tribal |
| | |
| Are you currently under a "Conditions of Operation" due to non-compliance with | Have you recently received a Class A, B, or C license deficiency? * |
| licensing regulations? " | No * |
| No | |
| | |
| Is your Program Currently accredited? * | |
| Yes * | |
| Accrediting Organization: Accredita | ation License: * Start Date: 🗃 Renewal Date: 🖬 |
| NECPA - National Early Childhood Program Accreditation * 123321 | 2016-05-10 2018-06-01 |
| | |
| Previous Save a | nd Resume Later Next |

The example show below is of a completed **Enrollment** section.

| FOCUS Application » My Application | | |
|--|-----------------------|--|
| FOCUS Application Wizard | | |
| Program Info. FOCUS Info. Profile Enrollment Staff Staff-Educati | on Finish Application | Use a zero in the fields if needed. Do not leave the field blank. |
| Il fields marked with a red asterisk (`) are required | iment | |
| Number of Children ó weeks to 12 months Enrolled: * | 0 | |
| Number of Children 12 months to 24 months Enrolled: * | 5 | |
| Number of Children 24 months to 36 months Enrolled: * | 10 | |
| Number of Children 3-5 years Enrolled: * | 20 | |
| Number of Children ö+years Enrolled: * | 0 | |
| Number of Enrolled Children Recieving Child Care Subsidy: * | 7 | |
| Class | ooms | |
| Number of Mixed Age Classrooms: * | 4 | |
| Number of Infant Classrooms: * | 0 | |
| Number of Toddler Classrooms: * | 2 | |
| Number of Preschool Classrooms: * | 2 | |
| Number of School-Age Classrooms: * | 0 | |
| Lane | Jages | |
| Number of Dual Language Learners - 6 weeks to 12 months: * | 0 | |
| Number of Dual Language Learners - 12 to 24 months: | 0 | |
| Number of Dual Language Learners - 24 to 26 months: | δ | |
| Number of Dual Language Learners - 3 to 5 years: * | 3 | |
| | | |

Staff Section – Fill out each section completely. Use a zero (0) if you don't have staff in a particular category. The system counts your staff members and will reconcile them with the categories on the **Staff Education** page.

| FOCUS Application >> My Application | | | |
|--|---|---|-----------|
| FOCUS Application Wizard | | | |
| Program Info. FOCUS Info. Profile Enrollin | nent Staff Staff-Education Finish Application | Use a zero in the fields if neede leave the field blank. | ed. Do no |
| Il fields marked with a red asterisk (*) are required | Full Time (20+ hours/week) | Part Time (Less than 20 bours (week) | |
| ow many lead Educators are in your program?* | Full-time | Part-time | |
| ow many Assistant Educators are in your program?* | Full-time | Part-time | |
| ow many educators work with childrens, but are not signed to a specific classroom? (e.g. admin staff, paters, substitutes, kitchen staff, drivers, etc)" | Full-time | Part-time | |
| tal Educators | Total Full-time | Total Part-time | |
| uring the past 12 months, how many educators were | Full-time | Part-time | |
| red to work in your program?* | | | |

The example below shows a completed **Staff** page.

| NIMITORIS | | |
|---|--|-------------------------------------|
| FOCUS Application >> My Application | | |
| • FOCUS Application Wizard | | |
| Program Info. FOCUS Info. Profile Enrollm | ent Staff Staff-Education Finish Application | |
| All fields marked with a red asterisk (*) are required | | |
| | Full Time (20+ hours/week) | Part Time (Less than 20 hours/week) |
| How many lead Educators are in your program?* | 4 | 3 |
| How many Assistant Educators are in your program?* | 2 | 2 |
| How many educators work with childrens, but are not assigned to a specific classroom? (e.g. admin staff, floaters, substitutes, kitchen staff, drivers, etc)* | 1 | 2 |
| Total Educators | 7 | 7 |
| During the past 12 months, how many educators were hired to work in your program?* | 4 | 0 |
| During the past 12 months, how many educators have left your program for any reason?* | 0 | 0 |
| Previous | Save and Resume Later | Next |

On the **Staff Education** page, fill out all the field completely. The Total Educators number at the bottom should match the Total Educators from the previous page.

| FOCUS Application >> My Application | | |
|---|------------------------|---|
| FOCUS Application Wizard | | |
| Program Info. FOCUS Info. Profile Enrollment Staff Staff-Educat | ion Finish Application | Use a zero in the fields if needed. Do not leave the field blank. |
| All fields marked with a red asterisk (*) are required | | |
| Number of Educators with no high school diploma or GED: * | 0 | |
| Number of Educators with a high school diploma or GED: * | 0 | |
| Number of Educators with a CDA (Child Development Associate): * | 1 | |
| Number of Educators with some Early Childhood Education: * | ó | |
| Number of Educators with a NM Child Development Certificate: * | 2 | |
| Number of Educators with AA Degree in ECE or related field: * | 1 | |
| Number of Educators with BA Degree in ECE or related field: * | 2 | |
| Number of Educators with MA Degree in ECE or related field: * | 2 | |
| Number of Educators with PhD Degree in ECE or related field: * | o | * |
| Total Educators | 14 | |
| *The Total Educators from the Staff Tab (listed here), should match the Total Educators on this tab: | 14 | These numbers need to match |
| Previous Save and | Resume Later | Next |

Finish Application – Use the **Previous** button to move through the pages and check your work for missing data fields. When complete, click on **Finish** to submit your application.





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