

## 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.

	NIMIORIS				
	FOCUS Application » My Application				
	• FOCUS Application Wizard				
Use the Program Name on your CYFD License.	Program Info. FOCUS Info. Prof	required	cation Finish Application	Alternate Program name or any other name your program is known by.	Name of the company that owns your program, if applicable
License.	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: *		
	Primary Phone: * (999)999-9999	Primary Ext: Fax Num Ext (999)95	ber: 19-9999	Primary Email: * Primary Email	
the physical	Secondary Phone: (999)999-9999	Secondary Ext:		Secondary Email: Secondary Email	Check box if your program's mailing address is the same as
address of your program.	Primary address		Address Mailing address Mailing Address: *	Same as primary address:	the physical address.
	Street Address		Street Address		
	Street Address Line 2:		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	

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

CULU						
FOCUS Application » My Applicatio	n -					
FOCUS Application Wizard						
Program Info. FOCUS Info. F	Profile Enrollment Staff	f Staff-Educa	tion Finish Application			
		Basic II	nformation			
Licensed Program Name: *	Other Pr	ogram Name:		Corporate/C	ontractor Name: *	
As listed on your issued license	Alterna	te Program Name		If you are not "Not Listed"	sure what to select here	, please choose
The Test Program				Not Listed		
Program License Number: *	License Date: * 簡		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	-5555	test_email@	)nomail.com	
Secondary Phone:	Secondar	ry Ext:		Secondary Er	nail:	
(505)555-1212	Ext			Secondary F	Email	
		A	Idress			
Primary address			Mailing address	Same as	primary address:	
rimary address			Mailing address		p	
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			
City: *	State: Z	lipcode: *	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 Staff     All fields marked with a red asterisk (*) are required	f Staff-Education Finis	h Application	ype in the name of the person who will be the primary contact for everything related to FOCUS. This will be the person 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 Director		You only need to add a director is your program has a director who is not acting as the FOCUS/designee
<ul> <li>Same as FOCUS Designee:</li> <li>First Name: *</li> <li>First Name</li> </ul>	Middle Name: Middle Name	Last Name: *	
Phone: * Email: * (999)999-9999 Email			
Previous	Save and Resume Late	Ð	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	sh 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		
	Save and Resume Lat		Next

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

lucation Finish Application
Business Type: *
Service Type:
<ul> <li>Head Start Participant</li> </ul>
New Mexico PreK
Service Out Of School Time
🔲 Faith Based
Tribal
Have you recently received a Class A, B, or C license deficiency? *
Select

NINTERIS	
TOCUS Application >> My Application	
FOCUS Application Wizard	
Program Info. FOCUS Info. Profile Enrollment Staff Staff-Educa	ation Finish Application
All fields marked with a red asterisk (*) are required	
Program Type: * Child Care Center	Business Type: * Non-Profit
Child 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
	<ul> <li>Tribal</li> </ul>
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: Accreditat	ion License: * Start Date: 🖬 Renewal Date: 🖬
NECPA - National Early Childhood Program Accreditation *	2016-05-10 2018-06-01
Previous Save and	d 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	lment	
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	
Lang	19065	
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:	ó	
Number of Dual Language Learners - 3 to 5 years: *	3	
	0	

**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 needed. leave the field blank.	Do no
All fields marked with a red asterisk (*) are required	Full Time (20+ hours/week)	Part Time (Less than 20 hours/week)	
iow 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 ssigned to a specific classroom? (e.g. admin staff, oaters, substitutes, kitchen staff, drivers, etc)'	Full-time	Part-time	
otal Educators	Total Full-time	Total Part-time	
	Full-time	Part-time	
uring the past 12 months, how many educators were 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: *	6	
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: $^{\ast}$	2	
Number of Educators with PhD Degree in ECE or related field: *	0	+
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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