

## QRIS: Rating Review Form

**Instructions:** Form should be submitted no later than **10 working days** after receipt of your QRIS Validation Report. The form can be downloaded and/or send to QRIS Coordinator via email, fax or mail: [Jennifer.L.Martinez@first5sf.org](mailto:Jennifer.L.Martinez@first5sf.org) or fax: 415-565-0494 or mail: Quality Rating Improvement Systems Coordinator at 1390 Market Street, Suite 318 San Francisco, CA 94102.

Program Information										
Program Name:	Date Submitted:									
Agency Name (If applicable):										
Person Completing Rating Review Form:										
Program Mailing Address:										
City, State, Zip:										
Date of QRIS Site Visit:	Phone Number:	Email Address:								
Check one for the reason of this review: <input type="checkbox"/> Appeal <input type="checkbox"/> Re-rate <input type="checkbox"/> Others										
Which Element/s is the Program Requesting to Review?										
Please select Elements that are applicable: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Element One: Child Observation</td> <td><input type="checkbox"/> Element Two: Developmental &amp; Health Screenings</td> </tr> <tr> <td><input type="checkbox"/> Element Three: Teacher Qualifications</td> <td><input type="checkbox"/> Element Four: Effective Teacher-Child Interactions</td> </tr> <tr> <td><input type="checkbox"/> Element Five: Ratios &amp; Group Size (Centers only)</td> <td><input type="checkbox"/> Element Six: Program Environment Rating Scale</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Element Seven: Director Qualifications (Centers only)</td> </tr> </table>			<input type="checkbox"/> Element One: Child Observation	<input type="checkbox"/> Element Two: Developmental & Health Screenings	<input type="checkbox"/> Element Three: Teacher Qualifications	<input type="checkbox"/> Element Four: Effective Teacher-Child Interactions	<input type="checkbox"/> Element Five: Ratios & Group Size (Centers only)	<input type="checkbox"/> Element Six: Program Environment Rating Scale	<input type="checkbox"/> Element Seven: Director Qualifications (Centers only)	
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Please describe your program’s rationale for each element the program is requesting to review:										

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**F5 Office use only:**

Review Request Received (Date)	QRIS Rating Review Phone Call Scheduled (Date)	Rating Review Site visit (Date)
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