



QRS Application Complete Provider Approval

To: Quality Contract Administrator
Iowa Department of Human Services
Division of ACFS
Hoover Bldg - 5th Floor
1305 E Walnut
Des Moines, IA 50319-0114

RE: Quality Rating System (QRS) Application Complete

My QRS application has been reviewed by Child Care Resource & Referral (CCR&R). They have informed me there are parts of my application that may not meet Department of Human Services (DHS) expectations and may not qualify for QRS points. I have received their recommendations and am choosing to submit the application as is. I understand DHS will score the application as it is received and certain sections I have submitted for points may not be counted. No one from DHS or CCR&R will contact me clarifying any further sections of this application and any additional questions and/or concerns I have in regards to this application will be directed to my assigned CCR&R Child Care Consultant. I understand the rating I receive will be good for two years unless I submit another application for a higher rating after one year.

Contact Name: _____

Business Name: _____

Date: _____

