

**Childcare Resources  
Application for the RISE Program  
Project 2007-2008**



Date: \_\_\_\_\_

Center Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Director: \_\_\_\_\_ Owner: \_\_\_\_\_

Please provide a response for all of the following questions / statements along with comments:

*This program has been legally operating for at least 2 full years: \_\_\_ yes \_\_\_ no*  
*I have been the owner / director / administrator of this program for at least 2 years: \_\_\_ yes \_\_\_ no*  
*I have a CDA or proof of working towards CDA or a higher level of formal education: \_\_\_ yes \_\_\_ no*  
*I have knowledge of national accreditation for Early Care Programs. \_\_\_ yes \_\_\_ no*  
*I have at least 40 children enrolled in my center. \_\_\_ yes \_\_\_ no*  
*I have at least 2 staff members who have CDAs or can show proof of working toward CDA. \_\_\_ yes \_\_\_ no*  
*I am in compliance with DHR current minimum standards and if licensed, have no licensing violations within the last 12 months. \_\_\_ yes \_\_\_ no. If yes, please explain: \_\_\_\_\_*

*As the director, my job will allow enough flexibility to meet the requirements of the RISE program in a timely manner. \_\_\_ yes \_\_\_ no*  
*I understand that the RISE program involves frequent visits from the consultant and tasks for the director along with visits and tasks for the teachers. \_\_\_ yes \_\_\_ no*

***I certify the above information to be accurate and true. I will inform the RISE consultant within 48 hours of any changes in the above information.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Program is located within (Check One):

- Birmingham City Limits       Jefferson County  
 Shelby County       Walker County  
 Blount County

**Program Description: (Check One):**

- Licensed      Expiration Date: \_\_\_\_\_  
 Licensed-Exempt

Licensed Capacity/ Maximum Number of Children: \_\_\_\_\_

Do you accept State Subsidy Payments: \_\_\_\_\_

Ages Served: \_\_\_\_\_ Current Enrollment: \_\_\_\_\_

Is your program nationally accredited? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_ Accreditation expires: \_\_\_\_\_

**This program is a/an (choose the one that best describes your program):**

Child Care Program  School Age Program (only)

Part-Day MDO/Preschool  Family Child Care Home

Group Home

How long has this program been operating? \_\_\_\_\_ Years \_\_\_\_\_ Months

Number of Infant/Toddler Classrooms: \_\_\_\_\_

Number of Preschool Classrooms: \_\_\_\_\_

Number of School Age Classrooms: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

Have you purchased materials for self study from NAEYC, NSACA, or NAFCC? \_\_\_\_\_

If yes, when? \_\_\_\_\_

- ◆ I certify that my program meets the following current child/staff ratio requirements specified by the Alabama Minimum Standards.

<b>Age</b>	<b>Staff to Child Ratio Effective September 1, 2004</b>
0 up to 12 months	1 to 5
12 months up to 18 months	1 to 5
18 months to 21/2 years	1 to 7
24 months up to 36 months	1 to 8
21/2 years up to 4 years	1 to 11
4 years up to school age	1 to 18
School Age up to 8 years	1 to 21
8 years and older	1 to 22

- ◆ If my center is licensed, it is NOT currently under DHR probation nor have I had any licensing violations within the last 12 months. \_\_\_yes \_\_\_ no If no, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- ◆ I certify that my center has not had any substantiated complaints of child abuse or neglect in the past 12 months. \_\_\_ yes \_\_\_no If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- ◆ I certify that if my program is licensed exempt, the correct procedure for applying for licensing exempt status has been completed with The Department of Human Resources as outlined by DHR's policies. \_\_\_ yes \_\_\_ no
  
- ◆ I certify that I have read and agree to follow all parts of the Childcare Resources' RISE Program Agreement Form (attached). \_\_\_ yes \_\_\_no
  
- ◆ I understand that any consultant who is in my center is **mandated by the Department of Human Resources** to report any licensing deficiencies observed at the time of the visit. If the program is not licensed and the consultant observes any acts that are harmful to the children and / or staff, the consultant will contact the proper authorities. \_\_\_yes \_\_\_ no

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date







**Center/Home:** \_\_\_\_\_

**Part Time Teaching Staff**

Name	Age Groups Taught	Highest Level of Education	Years of Experience	Length of Time @ Your Program

