



**Childcare Resources
RISE Application
2010-2011**

Application Date: _____ Date Submitted: _____

Center Name: _____

Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Director: _____ Owner: _____

Please provide a response to the following statements:

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 at least CDA or can show proof of working toward a CDA. 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 a CDA or can show proof of working toward a CDA. yes no

I am in compliance with DHR minimum standards and if licensed, I have not had any licensing violations within the last 12 months. yes no

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

Program Location (check one):

Blount County Shelby County

Jefferson County (outside Birmingham City limits) Walker County

Jefferson County (within Birmingham City limits)

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

Child Care Program School Age Program (only) Group Home

Part-Day MDO/Preschool Family Child Care Home



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Program Description: (check one):

Licensed Expiration Date: _____

Licensed-Exempt

Licensed Capacity/Maximum Number of Children: _____

Ages Served: _____ Current Enrollment: _____

How long has this program been operating? _____

Number of Infant/Toddler Classrooms: _____

Number of Preschool Classrooms: _____

Number of School Age Classrooms: _____

Hours of Operation: _____

Does your program accept state subsidy payments? _____

Is your program nationally accredited? Yes No

If yes, by whom? _____ Accreditation expires: _____

If no, are you considering national accreditation? Yes No

If yes, which accreditation? _____

What steps have you taken to begin the accreditation process? _____

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

Age	Staff to Child Ratio Effective July 8, 2005
0 up to 18 months	1 to 5
18 months up to 2 ½ years	1 to 7
24 months up to 36 months	1 to 8
2 ½ 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



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- I certify that my center has not been under corrective action from DHR licensing in the past 12 months. If your center has been under corrective action, please explain:

- I certify that my center or home has not had any substantiated complaints of child abuse or neglect in the past 12 months. If your center has had substantiated complaints, please explain:

- If licensed exempt, I certify that the correct procedure to apply for license exempt status has been completed with The Department of Human Resources and all exemption documents are current.

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 or possible child abuse and neglect observed at the time of the visit.

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

Print Name

