



## **RISE** **Reaching Improvement through Self Evaluation**

### **RISE Application Guide**

The attached RISE application is for centers that would like to be considered for the RISE Program. Each new RISE year begins October 1<sup>st</sup>. Any applications received after September first will be considered for the next program year.

Completing this application in a timely manner will provide us with the most up to date information about your center. If you are not sure if your center is ready for consideration, contact the Childcare Resources RISE Consultant for an initial screening.

#### **The recruitment process includes the following tasks:**

- Initial screening to determine basic eligibility
- Completion and submission of the application
- A tour and general observation of your child care program
- Consultation with your center administrators to determine need and level of interest

#### **Characteristics of a successful RISE center include:**

- A strong commitment by center administrators and teachers to improve center quality and/or work toward national accreditation
- Availability of the director and staff to complete RISE tasks
- An openness to adopting practices that are proven best practices for children
- A commitment to meeting deadlines during the RISE year

#### **Acceptance into the RISE Program involves the following considerations:**

- Timely and accurate completion of the RISE application
- Level of center need and indication of room for improvement
- Interest in achieving NAEYC or NAC Accreditation or Reaccreditation
- Geographical considerations
- Urgency of needs; such as, accreditation deadlines, staff turnover, challenging circumstance, etc...

For assistance please contact Valerie Wyatt at 252-1991 ext. 330 or email [vwyatt@ccr-bhm.org](mailto:vwyatt@ccr-bhm.org)  
Thank you for considering the RISE Program.

#### **Please send your completed application to:**

Attention: Valerie Wyatt  
Childcare Resources  
1904 First Avenue North  
Birmingham, AL 35203



**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



**Childcare Resources  
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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:

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- 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:

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- 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







