



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 1st. Any applications received after the enrollment period will be considered for the next fiscal 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 completing NAEYC, NAC, or NECPA Accreditation** or Reaccreditation for centers interested in the RISE 4 year plan. A center can participate for a maximum of 2 years for the purpose of assessment and quality improvement.
- Geographical considerations
- Urgency of needs; such as, accreditation deadlines, staff turnover, challenging circumstance, etc...

For assistance please contact Valerie Wyatt at 945-0018 ext. 330 or email vwyatt@ccr-bhm.org

Thank you for considering the RISE Program.

Please send your completed application to:

Attention: Valerie Wyatt
Childcare Resources
244 West Valley Avenue, Suite 200
Birmingham, AL 35209

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244 West Valley Avenue Suite 200
Birmingham, AL 35209
RISE Application



2014 2015 RISE Year

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 a 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 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

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 chil/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

- I certify that my center has not been under corrective action from DHR licensing in the past 12 months.
 - True___ False___ Your signature_____ Date_____
- 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 understand that in order to be considered for RISE, I must make a commitment to complete one of the following national accreditations: NAEYC, NAC or NECPA if I want to be considered for the RISE 4 Year Plan.**

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

