

# 2016 Licensed Child Care Center Profile

### Programs Offered:

- Infant/Toddler Care
- School-Age Care (Before/After Care)
- Preschool
- Summer Camp

Program Director (First & Last Name): \_\_\_\_\_

Business Name: \_\_\_\_\_

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

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

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

Primary Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Ext. # \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

License ID #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total Licensed Capacity: \_\_\_\_\_

### Accepted Age Range:

From: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

To: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

Do you provide transportation?  Yes  No

If Yes, to which towns (please list)? \_\_\_\_\_

Are you within walking distance to a public school?  Yes  No

Are you near public transportation?  Yes  No

Languages spoken by staff (other than English): \_\_\_\_\_

Have you received E-Child Care Training?  Yes  No

\*If "No," Child Care Resources is available to set up training and/or a technical assistance session to review E-Child Care with you and your staff. If interested, a Child Care Resources staff member may reach out to you, or for more information you can call, 732-918-9901, Ext. 136 or email info@ccrnj.org\*

**Hours of Operation**

**Please check if your program offers the following:**

- Drop in Care
- Before School Care
- Summer Care
- Snow Days for School-Age Children
- Temporary/Emergency Care
- After School Care
- Summer Camp for School-Age Children**
- Vacation/Holiday Care for School-Age Children

Please fill in only those values applicable to your center

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Rates & Fees**

Please fill in only those values applicable to how your center bills fees

Age Group	Daily Part Time	Daily Full Time	Weekly Part Time	Weekly Full Time	Monthly Part Time	Monthly Full Time
Infants (0-18 Months)	\$	\$	\$	\$	\$	\$
Toddlers (18 Months – 2.5 Years)	\$	\$	\$	\$	\$	\$
Preschool (2.5 – 5 Years)	\$	\$	\$	\$	\$	\$
Kindergarten	\$	\$	\$	\$	\$	\$
School Age (6 – 13 Years)	\$	\$	\$	\$	\$	\$

**Additional Fees (Please check all that apply):**

- Excess Fees
- Late fees
- Transportation Fees
- Extended Hours
- Meals
- Registration Fees
- Amount \$ \_\_\_\_\_
- Security deposit
- Field Trips

**Center Capacity**

Please fill in only those values applicable to your center as of: \_\_\_\_\_ (date)

Age Group	Licensed Capacity	Vacancies
Infants (0-18 Months)		
Toddlers (18 Months – 2.5 Years)		
Preschool (2.5 – 5 Years)		
Kindergarten		
School Age (6 – 13 Years)		

## **Program Attributes**

Please mark all characteristics that apply to your program

### **Environment**

- Fenced Outdoor Area                       Outdoor Play Equipment                       Swimming Pool

### **Meals**

- Breakfast     Morning Snack     Lunch  
 Afternoon Snack     Dinner     Child and Adult Care  
 Child Provides Own Meals    Food Program (CACFP)

**Curriculum used in classrooms:** \_\_\_\_\_

### **Financial Assistance**

- New Jersey Cares for Kids (NJCK) subsidy program                       Sliding Scale  
 Work First New Jersey (WFNJ) subsidy program                       Multi Child Discount  
 Will Accept NJCK/WFNJ as payment in full                       Scholarships  
 DOE Preschool Wraparound Child Care (formerly Abbott)                       Employer Discount  
 Other

### **Additional Safety Measures**

- Password/Passkey Admittance                       Video Monitors                       On-Site Nurse  
 Intercom/Door Buzzer                       Web Camera

### **What special needs children have you had experience in providing care for or currently care for?**

- ADHD/ADD     Asthma/Allergies     Autism  
 Blood-borne diseases     Developmental Delays     Diabetes  
 Emotional/Behavioral conditions                       Hearing     Learning disability  
 Medically Fragile     Monitor     Physical disability  
 Seizures     Speech     Tube Feedings/IV's  
 Visual     Wheelchair/Equipment

**What, if any, special needs have been considered, that could not be accommodated by your program?**

### **Head Teacher Education/Training**

- Advanced Degree     Bachelor's Degree     Associate Degree  
 Special Education Degree     High School Diploma     CDA  
 CPR Certified     First Aid Certified     RN/LPN  
 Early Childhood Education Degree or Training

**Staff Education/Training**

- Advanced Degree
- Bachelor's Degree
- Associate Degree
- Special Education Degree
- High School Diploma
- CDA
- CPR Certified
- First Aid Certified
- RN/LPN
- Early Childhood Education Degree or Training

**Please check if your program is accredited by any of the following organizations:**

- ACA (American Camp Association)
- NAEYC (National Association for the Education of Young Children)
- NECPA (National Early Childhood Program Accreditation)

**If accredited, please send us a copy of your accreditation certification. Please indicate your accreditation expiration date: \_\_\_\_\_**

**Is your program participating in Grow NJ Kids?  Yes  No**

\*If "No," would you like Child Care Resources' Quality Improvement Specialist to give you more information about participating in Grow NJ Kids?  Yes  No

**Years of Operation**

- Less than one
- One to three
- Three to five
- Five to ten
- Over ten

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Licensed Child Care Center Community Needs Assessment

Have you experienced the need to seek outside funding to balance your budget (including but not limited to, borrowing funds, fundraising)?  Yes  No

Would you be willing to expand or begin Infant and Toddler care if,

- Startup funds were available?  Yes  No
- Subsidy reimbursement rates were raised?  Yes  No

Child Care Resources is considering undertaking a disposable diaper drive.

Do you think this would be beneficial to parents and child care providers?  Yes  No

If not, what do you think a greater need would be? \_\_\_\_\_

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Does your program currently have a **waiting list**?  Yes  No

If yes, for which programs:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Infant/Toddler Care                 | <input type="checkbox"/> Preschool   |
| <input type="checkbox"/> School-Age Care (Before/After Care) | <input type="checkbox"/> Summer Camp |

Currently, how long is your **waiting list**? \_\_\_\_\_