



Department of Human Services • Division of Family Development
Child Care Program Profile

TYPE OF CARE		
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> School Age Child Care	<input type="checkbox"/> Youth Camp
<input type="checkbox"/> Registered Family Child Care Provider		
<input type="checkbox"/> Approved Home (In-Home Provider)		
<input type="checkbox"/> Approved Home Family, Friend & Neighbor (FFN)		
<input type="checkbox"/> Parent Linking Program		

PROGRAM TYPE(S)
If Applicable to your program, please check:
<input type="checkbox"/> Head Start
<input type="checkbox"/> Early Head Start
<input type="checkbox"/> Preschool Expansion

REFERRALS <i>(Not for Approved or In-Home Providers)</i>
Can we refer your program to families seeking child care? <input type="checkbox"/> Y <input type="checkbox"/> N
Can we list your program in our online referral system? <input type="checkbox"/> Y <input type="checkbox"/> N
Can we list your programs rates? <input type="checkbox"/> Y <input type="checkbox"/> N

CHILD CARE PROGRAM INFORMATION
Date Profile Completed: _____
Child Care Program/Provider Name: _____ NJCCIS ID: _____ <small>Please use full business name</small>
Program Owner/Sponsor Name: _____ Taxpayer ID/SSN/EIN: _____
Address: _____
City: _____ State: _____ Zip: _____
Mailing address (if different): _____
City: _____ State: _____ Zip: _____
Phone: _____ e-Child Care Phone Number: _____
Fax: _____ Email: _____
Website: _____

HOURS OF OPERATION <i>(Please check the days care is provided and indicate hours)</i>		
	Start Time	End Time
<input type="checkbox"/> Monday	_____ to _____	_____ to _____
<input type="checkbox"/> Tuesday	_____ to _____	_____ to _____
<input type="checkbox"/> Wednesday	_____ to _____	_____ to _____
<input type="checkbox"/> Thursday	_____ to _____	_____ to _____
<input type="checkbox"/> Friday	_____ to _____	_____ to _____
<input type="checkbox"/> Saturday	_____ to _____	_____ to _____
<input type="checkbox"/> Sunday	_____ to _____	_____ to _____

ADDITIONAL SERVICES:	
Check any additional services you provide:	
<input type="checkbox"/> Drop In	<input type="checkbox"/> Before Care
<input type="checkbox"/> Holidays	<input type="checkbox"/> After Care
<input type="checkbox"/> 24-Hour Care	<input type="checkbox"/> Temporary Care
<input type="checkbox"/> Weekends	<input type="checkbox"/> Overnight Care
<input type="checkbox"/> Other: _____	

SHIFT GENERAL INFORMATION:

ACCEPTS CHILDREN:

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Drop-On
<input type="checkbox"/> Rotating Shifts	<input type="checkbox"/> Before-Care	<input type="checkbox"/> After-Care
<input type="checkbox"/> Emergency Care	<input type="checkbox"/> Evening Care	<input type="checkbox"/> Overnight Care
<input type="checkbox"/> Night Care (after 7PM)	<input type="checkbox"/> Weekend Care	<input type="checkbox"/> Sick Care
<input type="checkbox"/> Temporary Care	<input type="checkbox"/> Intermittent Care	<input type="checkbox"/> Special Needs Care

SESSION OPERATED:

<input type="checkbox"/> Half-Day (less than 3 hours)	<input type="checkbox"/> Half-Day (more than 3 hours)	<input type="checkbox"/> Full Day
<input type="checkbox"/> Before School	<input type="checkbox"/> After School	<input type="checkbox"/> School Holidays/Vacation
<input type="checkbox"/> Remote Learning		

Maintenance of Children Daily Attendance Recording: Please identify the method(s) your program utilizes to track and record child care time and attendance?

<input type="checkbox"/> Manual Process
<input type="checkbox"/> Online - Please identify software/time and attendance application? _____
<input type="checkbox"/> Automated – Please identify software/time and attendance application? _____
<input type="checkbox"/> Other _____

ENVIRONMENT (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Outdoor Play Equipment	<input type="checkbox"/> No air conditioning	<input type="checkbox"/> No diapering Facilities
<input type="checkbox"/> Indoor Pets	<input type="checkbox"/> No Pets	<input type="checkbox"/> Outdoor Pets	<input type="checkbox"/> Own children in care
<input type="checkbox"/> Wading pool	<input type="checkbox"/> Swimming pool	<input type="checkbox"/> Separate Child care area	<input type="checkbox"/> Smoke-free

MEALS

<input type="checkbox"/> Breakfast	<input type="checkbox"/> Morning snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> Afternoon snack
<input type="checkbox"/> Dinner	<input type="checkbox"/> CCFP	<input type="checkbox"/> Special Diet	<input type="checkbox"/> Child provides own meal

TRANSPORTATION

<input type="checkbox"/> On school transportation	<input type="checkbox"/> Near public transportation	<input type="checkbox"/> Program transportation provided
Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply: <input type="checkbox"/> To and from school <input type="checkbox"/> To activities <input type="checkbox"/> Other		

LANGUAGES

Please check any languages spoken by your or your staff:

<input type="checkbox"/> English	<input type="checkbox"/> Spanish
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hebrew
<input type="checkbox"/> French and/or French Creole	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Italian	<input type="checkbox"/> German
<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian
<input type="checkbox"/> Other:	

RATES AND FEES (or please attach your tuition rates):

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)						

Check all additional fees that apply:

<input type="checkbox"/> Late Fees: _____	<input type="checkbox"/> Meals: _____
<input type="checkbox"/> Transportation Fees: _____	<input type="checkbox"/> Registration Fee Amount: _____
<input type="checkbox"/> Security Deposit: _____	<input type="checkbox"/> Material Fees: _____
<input type="checkbox"/> Extended Care Fee: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Waitlist Fee: _____	
<input type="checkbox"/> Activities Fee: _____	
<input type="checkbox"/> Field Trip Fees: _____	

*Please complete the "MONTHLY" rate portion of the tuition rate even if you charge tuition at a different rate.
Please calculate what your "monthly" tuition rate would be if you charged monthly. This is imperative for federal & state data collection purposes.

My child care center uses a **Sliding Scale Model for tuition** (please check if this is a model you use within your organization)

HOW DO YOU DEFINE THE AGES WITHIN YOUR ORGANIZATION:

Infants: _____ months/weeks to _____ years
Toddlers: _____ months/years to _____ years
Preschool: _____ years to _____ years

Duration: Full Year
 School Year
 Summer Only

FINANCIAL ASSISTANCE / DISCOUNTS AVAILABLE

Please check the financial assistance you offer to families:

<input type="checkbox"/> NJ Child Care Assistance Program (NJCK, WFNJ, etc.)	<input type="checkbox"/> Multi-child discount
<input type="checkbox"/> Accepts CCAP as full payment	<input type="checkbox"/> Scholarships
<input type="checkbox"/> Employer discount	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sliding Scale	
<input type="checkbox"/> Military Discount	

Child Care Resources of Monmouth County
PO Box 1234
3301C Route 66
Neptune, NJ 07754

QUALITY INITIATIVES AND ACCREDITATION PARTICIPATION *(Not for Approved or In-Home Providers)*

Is your program enrolled in Grow NJ Kids? Y N

If yes and your program has been rated, what is your Grow NJ Kids rating?

  

Grow NJ Kids Rating

Expiration: _____

Please check any accreditations:

- ACA – American Camp Association
- NAEYC – National Association Education of Young Children
- NAFCC – National Association for Family Child Care
- NECPA – National Early Childhood Program Accreditation
- NSACCA – National School Age Child Care Association
- NAC – National Accreditation Commission
- CITE
- COA
- Other:

Accreditation Issued

Accreditation Expires

Accreditation Issued	Accreditation Expires
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If applicable

If accredited, please send us a copy of your accreditation certificate.

The NJ Child Care Assistance Program is managed by the CCR&R in your county:

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