



Department of Human Services • Division of Family Development

Child Care Program Profile

Date Profile Completed: _____

PROGRAM INFORMATION

☐ **Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.**

Child Care Program/Provider Name: _____ NJCCIS Facility ID: _____
Please use your full business name

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: _____

EMERGENCY CONTACT INFORMATION

Provide contact information that can be used in the event of an emergency evacuation.

☐ **Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.**

Emergency Contact: _____ Cell Phone: _____

Secondary Emergency Contact: _____ Cell Phone: _____

Walking Distance Meet-Up Location Address: _____

City: _____ State: _____ Zip: _____

Driving Distance Meet-Up Location Address: _____

City: _____ State: _____ Zip: _____

TYPE OF CARE

☐ **Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.**

Select from the following:

☐ **Approved Home (In-Home Provider)**

☐ **Approved Home (Family, Friend and Neighbor Provider)**

☐ **Registered Family Child Care Provider**

☐ **Parent Linking Program**

☐ **Licensed Child Care Center**

☐ **Before and After Care (School Age Child Care)**

☐ **Summer Youth Camp**

☐ **Special Needs (50% of children classified as special needs)**

If you have questions or need help, contact your Child Care Resource and Referral (CCR&R) agency:



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FUNDING SOURCE

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Select one or more of the following:

- | | |
|---|---|
| <input type="checkbox"/> Former Abbott | <input type="checkbox"/> Department of Education (DOE)/Part B |
| <input type="checkbox"/> Publicly Funded Preschool Program | <input type="checkbox"/> Municipal or County Rec./Park |
| <input type="checkbox"/> Private | <input type="checkbox"/> State Contract |
| <input type="checkbox"/> Child Care Development Fund (CCDF) | <input type="checkbox"/> Federal Agency Other Than Head Start |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> School District |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Other State Agency |
| <input type="checkbox"/> DOE Funded | <input type="checkbox"/> No Parental Fees SACC |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

SESSION OPERATED

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Select one of the following:

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Full Year | <input type="checkbox"/> School Year | <input type="checkbox"/> Seasonal/Short Term |
|------------------------------------|--------------------------------------|--|

Select one or more of the following:

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

Select any of the offered special schedules:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Evening | <input type="checkbox"/> Sick Care | <input type="checkbox"/> Emergency Care |
| <input type="checkbox"/> Overnight | <input type="checkbox"/> Drop-In Care | <input type="checkbox"/> Intermittent Care |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Night care (after 7 p.m.) | <input type="checkbox"/> Rotating Shifts |
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Temporary Care | |

HOURS OF OPERATION

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Standard Hours			Before Care			After Care		
	Start	End		Start	End		Start	End
<input type="checkbox"/> Monday	_____	to _____	<input type="checkbox"/> Monday	_____	to _____		_____	to _____
<input type="checkbox"/> Tuesday	_____	to _____	<input type="checkbox"/> Tuesday	_____	to _____		_____	to _____
<input type="checkbox"/> Wednesday	_____	to _____	<input type="checkbox"/> Wednesday	_____	to _____		_____	to _____
<input type="checkbox"/> Thursday	_____	to _____	<input type="checkbox"/> Thursday	_____	to _____		_____	to _____
<input type="checkbox"/> Friday	_____	to _____	<input type="checkbox"/> Friday	_____	to _____		_____	to _____
<input type="checkbox"/> Saturday	_____	to _____	<input type="checkbox"/> Saturday	_____	to _____		_____	to _____
<input type="checkbox"/> Sunday	_____	to _____	<input type="checkbox"/> Sunday	_____	to _____		_____	to _____



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DAILY ATTENDANCE RECORDING

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Please identify the method(s) your program utilizes to track and record child care time and attendance:

☐ **Manual Process**

☐ **Online** (list name of software or time and attendance application): _____

☐ **Automated** (list name of software or time and attendance application): _____

☐ **Other:** _____

ENVIRONMENTAL FEATURES

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Select one or more of the following:

☐ **Handicap accessible** ☐ **Separate play areas** ☐ **Indoor pets (please list: _____)**

☐ **Smoke-free environment** ☐ **Outdoor play equipment** ☐ **Outdoor pets (please list: _____)**

☐ **Own children in care** ☐ **Swimming pool** ☐ **No air conditioning**

☐ **Fenced-in play area** ☐ **Wading pool** ☐ **No diapering facilities**

MEAL OPTIONS

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Types of meals available to children:

☐ **Breakfast** ☐ **Morning snack** ☐ **Child provides own meals**

☐ **Lunch** ☐ **Afternoon snack** ☐ **Special diet**

☐ **Dinner** ☐ **Child and Adult Care Food Program (CACFP)**

TRANSPORTATION OPTIONS

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Do you offer transportation? ☐ **Yes** ☐ **No**

Do you use contracted transportation services? ☐ **Yes** ☐ **No**

Do you maintain your own fleet? ☐ **Yes** ☐ **No**

What types of transportation are offered? ☐ **To and from school** ☐ **To activities** ☐ **Other:** _____

Select one or more of the following:

☐ **On school transportation route** ☐ **Near public transportation** ☐ **Program transportation provided**



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SPOKEN LANGUAGES

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Please check any languages spoken by you or your staff:

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Laotian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Haitian/Creole | <input type="checkbox"/> Mon-Khmer, Cambodian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Navajo | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Persian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> German | <input type="checkbox"/> Japanese | <input type="checkbox"/> Scandinavian languages | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Korean | <input type="checkbox"/> Serbo-Croatian | <input type="checkbox"/> Other: _____ |

TUITION RATES (enter below or attach your tuition rate chart by age group)

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

*Monthly rates are **required** for federal and state data collection purposes. This will also indicate which ages you serve.

	Monthly Part Time*	Monthly Full Time*	Weekly Part Time	Weekly Full Time	Daily Part Time	Daily Full Time
Infants (0 – 18 months)						
Toddlers (18 months – 2.5 years)						
Preschool (2.5 – 5 years)						
Kindergarten						
School Age (6 –13 years)						

☐ My child care center uses a Sliding Fee Scale (cost is adjusted depending on your income) model for tuition.

ADDITIONAL DEPOSITS AND FEES

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Select one or more of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Registration fee: \$ _____ | <input type="checkbox"/> Materials fee: \$ _____ | <input type="checkbox"/> Security Deposit: \$ _____ |
| <input type="checkbox"/> Late Fee: \$ _____ | <input type="checkbox"/> Activities Fee: \$ _____ | <input type="checkbox"/> Meals: \$ _____ |
| <input type="checkbox"/> Extended care fee: \$ _____ | <input type="checkbox"/> Excess fee: \$ _____ | <input type="checkbox"/> Field trips: \$ _____ |
| <input type="checkbox"/> Waitlist Fee: \$ _____ | <input type="checkbox"/> Transportation Fee: \$ _____ | |
| <input type="checkbox"/> Other (please list reason and fee amount): _____ Fee \$: _____ | | |



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DISCOUNTS AVAILABLE

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Select one or more of the following:

- | | |
|--|--|
| <input type="checkbox"/> Discount provided for siblings | <input type="checkbox"/> Discounts provided for employees |
| <input type="checkbox"/> Discounts provided on a sliding scale | <input type="checkbox"/> Discounts provided for parents in military service |
| <input type="checkbox"/> NJ Child Care Assistance Program (CCAP, WFNJ, etc.) | <input type="checkbox"/> Fees negotiable |
| <input type="checkbox"/> Sliding Scale | <input type="checkbox"/> Accepts Child Care Assistance Program as full payment |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Scholarships |

GROW NJ KIDS

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

Is your program enrolled in Grow NJ Kids? ☐ Yes ☐ No

If yes and your program has been rated, what is your rating? ☐ ★★★★★ ☐ ★★★★★★ ☐ ★★★★★★★★

Grow NJ Kids rating expiration: _____

ACCREDITATIONS

☐ Check if any of the information entered in this section is new or updated from what is currently in NJCCIS.

	Start Date	End Date
<input type="checkbox"/> American Camp Association (ACA)	_____	_____
<input type="checkbox"/> Center for Integrated Training & Education (CITE)	_____	_____
<input type="checkbox"/> Children of America (COA)	_____	_____
<input type="checkbox"/> National Accreditation Commission (NAC)	_____	_____
<input type="checkbox"/> National Association for Family Child Care (NAFCC)	_____	_____
<input type="checkbox"/> National Association for the Education of Young Children (NAEYC)	_____	_____
<input type="checkbox"/> National Early Childhood Program Accreditation (NECPA)	_____	_____
<input type="checkbox"/> National School Age Child Care Association (NSACCA)	_____	_____
<input type="checkbox"/> Other: _____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

If accredited by any of the above, provide your CCR&R a copy of your accreditation certificate.