

NEW JERSEY CARES FOR KIDS CHILDCARE CERTIFICATE PROGRAM
CCAP Application Check List

Income Eligibility Requirements (effective 3/12/21)									
Family size	2	3	4	5	6	7	8	9	10
Maximum Annual Gross Family income	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320	\$98,400	\$107,480

Full-Time Activity Minimum Requirement for Each Applicant and Co-Applicant

Employment

30 Hours per week

School or Training

12 College Credits per Fall or Spring Semester
9 College Credits per Summer Semester
20 Hours per Week of Training Program

The following verification must be submitted with your application:

- Complete all Sections of Application – See detailed instructions on next page
- Proof of Address (lease, license, or utility bill)
- Copies of Children's Birth Certificates
- Copies of Children's Social Security Cards

Proof of Employment, School or Training Program:

- If employed – Paystubs for the most recent four weeks
- If paystubs **do not** indicate hours worked – An original employer letter stating exact hours worked per week (on letterhead, dated, with original signature, and job title of signee)
- If Self-Employed – Federal Income Tax Return **and** Federal Income Tax transcript, with all Schedule W2's, and 1099's. Transcripts available from the IRS at www.irs.gov/inviduals/get-transcript or 1-800-908-9846.
- Half employment and half schooling
- Child support – 6 months of payments
- School or training – Detailed schedule including days and hours attending, class locations, credits, start and end dates of semester, and clearly indicate the names of the school and student.
- If school or training does not provide a detailed schedule – Letter (on letterhead, dated, with original signature, and job title of signee), stating start and end date of program and hours per week attending.



Grow NJ Kids is New Jersey's program to raise the quality of child care and early learning across the state. It offers child care and early learning providers access to training, professional development, grants for equipment and materials, and staff scholarships for continuing education. Professional raters visit the program to review quality standards and then programs receive ratings — up to five stars — by meeting an extensive list of quality benchmarks. Go to GrowNJKids.com to find a participating provider near you.

Social Service Programs with Child Care Components

There are certain social service programs that include child care. To receive child care through one of the programs listed below, you must be participating in that program/service.

- Child Protective Services (CPS)
- Kinship Child Care
- Work First New Jersey (WFNJ) - welfare
- Transitional Child Care (for former WFNJ recipients)
- Post Adoption Child Care

If you are participating in one of these programs and need child care, contact your CCR&R.

Important Information and Community Resources

The New Jersey Department of Human Services, Division of Family Development (DHS/DFD) works in partnership with service providers and other state and municipal agencies throughout the state to help families access quality programs and services that meet their needs. You can find more information by visiting www.ChildCareNJ.com or at www.NJ.gov/humanservices.

How to Apply for a NJ Child Care Subsidy



There is so much to think about when choosing child care. Balancing location, cost, quality and just feeling good about the child care provider can make this important decision challenging. New Jersey's child care program under the Department of Human Services, Division of Family Development can provide you with valuable information to help you make that selection. The state's child care program can support you with information about applying for child care assistance, where to find child care, licensing and complaint data and what makes a quality program.

As so many families know, child care costs can take up a lot of the monthly budget. The Child Care Subsidy Program can help lower-income families who are working, in training or in school, or a combination of these activities to pay a portion of their child care.

If you are thinking about or are applying for a child care subsidy, here's what you need to know.

Applying for a Child Care Subsidy

As an applicant/parent seeking a child care subsidy, you will be required to provide proof of income, training/school hours and household size to help determine eligibility. All required documents must be submitted to be considered for a subsidy.

Applicant(s)/Parents Eligibility Requirements

- Must be a New Jersey resident;
- Must meet income requirements and not have assets that exceed \$1 million;
- Must be working full time (30 hours or more), attending school full time (12 credits or more), or in job training (at least 20 hours a week); and
- Depending on family size and income, may have to contribute to the cost of care (co-pay).

Child Eligibility Requirements

- Up to the age of 13, or less than age 19, if under the NJ Division of Child Protection and Permanency's protective supervision or mentally or physically incapable of self-care;
- Must be a US Citizen or qualified non-citizen; and
- Must reside with parent(s), or individual(s) acting as parent(s) (in loco parentis).

Provider Eligibility Requirements

- Providers must be either a licensed child care provider, a registered family child care provider, or a home or summer camp that is approved by the state; and
- All providers must complete numerous health and safety trainings and required criminal background checks.

Completing and Submitting an Application

To get started, you must first complete, sign and submit an application with the required documents to the Child Care Resource and Referral (CCR&R) agency in your county.

For a complete list of required documents, contact your CCR&R or visit www.ChildCareNJ.com



The CCR&R will review applications within 10 business days of receiving them and a final determination of eligibility will be made within 45 calendar days. You will receive a letter from the CCR&R telling you if you are eligible, not eligible, or if additional information is needed.



You can request an application by visiting or contacting your local CCR&R or printing one at www.ChildCareNJ.com.

Payment

Before payment can start, you must first be approved and sign the Parent/Applicant and Provider Agreement (PAPA) and e-Child Care agreement (ECC).

Parent Co-Payment and Additional Provider Fees

Families eligible to receive a subsidy are required to share the cost of child care; known as a co-pay. The co-payment is based on your family size, gross annual income, hours of care needed and the number of children in care. Co-pays are paid for the first two children only. The co-pay for any child thereafter will be zero.

Selecting a Child Care Program

Once your family has been determined eligible to receive child care assistance, you must choose a provider. To make the process move quickly, it is recommended that you find an eligible, quality provider prior to being approved. That means the provider must be licensed, registered or approved by the state.

If you need help finding a child care provider, the CCR&R can provide a list of providers that meet your family's needs. For a list of CCR&Rs, visit www.ChildCareNJ.com or call the NJ Child Care Hotline 1-800-332-9227.

Finding Quality Child Care

Look for a Grow NJ Kids participating program.

Research shows that children who are in quality child care and early learning programs when they are young are better prepared for kindergarten with better reading skills, more math skills and larger vocabularies.

NJ CHILD CARE SUBSIDY PROGRAM

Documentation Checklist

Below is a list of required documents for each section of the Child Care Subsidy Program Application that must be submitted for eligibility consideration. Please contact the Child Care Resource and Referral Agency (CCR&R) if you have questions or need assistance. You can reach your local CCR&R at 1-800-332-9227 or visit www.ChildCareNJ.com.

IDENTIFICATION

For any applicant/co-applicant, submit one of the following:

- | | |
|--|---|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Passport |
| <input type="checkbox"/> State or employer issued picture ID | <input type="checkbox"/> Permanent Resident Card (Green Card) |

For each dependent, regardless of if they require child care, provide any one of the following to prove relationship to child and verify family size:

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Court decree | <input type="checkbox"/> Medical documentation |
| <input type="checkbox"/> School enforcement showing residence | <input type="checkbox"/> Most recent filed tax forms showing dependency (For dependents age 18+, must provide Filed IRS 1040 Form) |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship | |

ADDRESS

For any applicant/co-applicant, submit one of the following to verify residence*:

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Court decree | <input type="checkbox"/> Medical documentation |
| <input type="checkbox"/> School enforcement showing residence | <input type="checkbox"/> Most recent filed tax forms showing dependency (For dependents age 18+, must provide Filed IRS 1040 Form) |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship | |

**If you or your child are homeless and do not have a fixed address, please contact your CCR&R for assistance.*

INCOME

INCOME FROM EMPLOYMENT:

- ☐ One month's worth of current pay stubs (e.g. 4 weekly, 2 biweekly, etc.)

NEW EMPLOYMENT ONLY:

- ☐ DFD "Verification of Employment" Form; or
☐ Employer letter on company letterhead (signed/dated) containing rate of pay, hours worked per week, employer contact information, and first date of employment. If approved for subsidy, applicant/co-applicant will be required to follow up with pay stubs.

- ☐ **SELF-EMPLOYED ONLY:** Submit IRS Tax Transcript of Form 1040 Schedule C, "Profit or Loss from Business"

- ☐ **UNABLE TO WORK or INCAPACITATED:** DFD "Parent Incapacitation Verification" Form

OTHER INCOME OR BENEFITS TO FAMILY UNIT

Documentation must show the rate and frequency of the income received from the sources below:

- ☐ Unemployment documentation
☐ Pension documentation
☐ Worker's Compensation
☐ Social Security award letter
☐ Retirement/Pension
☐ Spousal Support/Alimony
☐ Veterans/Military Benefits
☐ Disability Benefits
☐ Child support –12 months of Payment/Disbursement History (Note: If child support or alimony is not court ordered, write the amount you receive monthly in Section C of the application)
☐ Any other income required for federal/state tax reporting purposes

SCHOOL/TRAINING

For any applicant/co-applicant, submit one of the following:

- ☐ DFD "Verification of School or Training" Form
☐ **SCHOOL:** Detailed school schedule naming the school and the student, including days and hours attending, credits, start and end date
☐ **TRAINING PROGRAM:** Letter on Program letterhead (signed/dated) indicating name of program, start and end date and weekly schedule

CHILD CITIZENSHIP STATUS

For any child in need of care, submit one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Permanent Resident Card (Green Card) |
| <input type="checkbox"/> Certificate of Citizenship | <input type="checkbox"/> USCIS Form I-551 (Alien Registration Card) or Form I-94 |
| <input type="checkbox"/> U.S. Passport | <input type="checkbox"/> USCIS "Notice of Prima Facie Case" dated within 150 days of application |
| <input type="checkbox"/> Social Security Number | |

NJ CHILD CARE SUBSIDY PROGRAM

Documentation Checklist Continued

CHILD CITIZENSHIP STATUS

For any child in need of care, **submit one** of the following:

- | | |
|---|--|
| <input type="checkbox"/> U.S. Birth Certificate | <input type="checkbox"/> Permanent Resident Card (Green Card) |
| <input type="checkbox"/> Certificate of Citizenship | <input type="checkbox"/> USCIS Form I-551 (Alien Registration Card) |
| <input type="checkbox"/> U.S. Passport or Passport Card | <input type="checkbox"/> Refugee Travel Document (Form I-571) |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> USCIS/INS Form I-94 stamped "Refugee", "Parolee", "Asylee", or "Notice of Action" |

INCOME

INCOME FROM EMPLOYMENT:

- ☐ Must provide current one month's worth of current pay stubs (e.g. 4 weekly, 2 biweekly, etc.)

NEW EMPLOYMENT ONLY: If paystubs are not available

- ☐ Employer letter on company letterhead (signed/dated) Must include rate of pay, hours worked per week, employer contact information, and first date of employment; or
- ☐ DFD "Verification of Employment" Form
If approved for subsidy, applicant/co-applicant will be required to follow up with pay stubs.

- ☐ **SELF-EMPLOYED ONLY:** Submit Current IRS Tax Transcript of Form 1040 Schedule C, "Profit or Loss from Business"

- ☐ **UNABLE TO WORK or INCAPACITATED:** DFD "Parent Incapacitation Verification" Form

OTHER INCOME OR BENEFITS TO FAMILY UNIT:

Documentation must show the rate and frequency of the income received from the sources below:

- ☐ Unemployment documentation
- ☐ Pension documentation
- ☐ Worker's Compensation
- ☐ Social Security award letter
- ☐ Retirement/Pension
- ☐ Spousal Support/Alimony
- ☐ Veterans/Military Benefits
- ☐ Disability Benefits
- ☐ Child Support – minimum of 6 months of Payment/Disbursement History
(Note: If child support or alimony is not court ordered, write the amount you receive monthly in Section C of the application)
- ☐ Any other income required for federal/state tax reporting purposes

SCHOOL/TRAINING

For each applicant/co-applicant, **submit one** of the following:

- ☐ **SCHOOL:** Detailed school schedule naming the school and the student, including days and hours attending, credits, start and end date
- ☐ **TRAINING PROGRAM:** Letter on Program letterhead (signed/dated) indicating name of program, start and end date and weekly schedule

DFD 10-17



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Burlington Community Action Partnership, Inc.
718 Route 130 South
Burlington, NJ 08016
609-835-4329

A Applicant/Co-Applicant Information Please Read Instructions, Print Clearly, Answer All Questions

1. PARENT/APPLICANT NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
_____ (Last) _____ (First) _____ (M.I.) _____	_____ (9 Digit Number)	_____ (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No **SEX:** ☐ Male ☐ Female

Relationship of APPLICANT to children: ☐ Father ☐ Mother ☐ Legally Responsible Adult ☐ Foster Parent ☐ Other: _____

2. PARENT/CO-APPLICANT NAME (If Applicable)	SOCIAL SECURITY NO.	DATE OF BIRTH
_____ (Last) _____ (First) _____ (M.I.) _____	_____ (9 Digit Number)	_____ (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No **SEX:** ☐ Male ☐ Female

3. HOME ADDRESS (Number and Street) _____

City: _____ State: _____ Zip Code: _____

County: _____ School District: _____

4. HOME TELEPHONE: _____

5. NUMBER OF ADULTS IN FAMILY: _____ **NUMBER OF CHILDREN IN FAMILY:** _____ **TOTAL FAMILY SIZE:** _____

Family size includes parent, spouse, children for whom subsidy is requested, other dependent children, or adults claimed on applicant's or co-applicant's IRS 1040. In cases of kinship, family size includes the child for whom subsidy is requested and all dependents claimed on the grandparent's, aunt's or relative's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement shall be counted to determine the size of the family.

B Family Income Information Attach Original Proof of Income - Most Recent Four Consecutive Weeks Information is not required for DYFS-paid caregivers. Payments for DYFS children in out of home placement does not count as income.

For each source, enter income information either by week, bi-weekly, month or year. Include child support and/or alimony. 1. Wages and Salary (gross): 2. Pensions, Retirement: 3. Supplemental/Social Security Benefits: 4. Unemployment, Workmen's Compensation: 5. TANF Cash Assistance: 6. Child Support/Alimony: 7. Other: _____ 8. TOTAL GROSS INCOME:	PARENT/CO-APPLICANT <i>List gross income for current:</i>				PARENT/CO-APPLICANT <i>List gross income for current:</i>			
	WEEK	2 WEEKS	MONTH	YEAR	WEEK	2 WEEKS	MONTH	YEAR

C Work/School/Training Information Proof of Current School Registration Must Be Attached

	PARENT/CO-APPLICANT	PARENT/CO-APPLICANT
Name of PRIMARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): <i>(If applicable, enter "Self-Employed")</i> Telephone Number: () _____ Check One: Enter Starting Date (Mo/Dy/Yr): <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____ Check One and Enter: Number of Hours/ Week and Months/Year for Work/School/Training <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr
Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): Telephone Number: () _____ Check One: Enter Starting Date (Mo/Dy/Yr): <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____ Check One and Enter: Number of Hours/ Week and Months/Year for Work/School/Training <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr

* Incomplete Applications Will Not Be Accepted *

DHS/CC:1 (12/2008)

D YES NO**All Questions Must Be Answered. Incomplete Applications Will Not Be Accepted.
Supporting Documents Must Be Attached For Verification**

- ☐ ☐ 1. Are you currently participating in the Food Stamp Program?
- ☐ ☐ 2. Are you currently receiving/have you received assistance for child care with a Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) grant through the Work First New Jersey (WFNJ) Program within the last two years? If yes, indicate when benefits do/did expire by entering Month, Day and Year ____/____/____ and TANF case number: _____
- ☐ ☐ 3. Is your family an active case with the Division of Youth and Family Services (DYFS) and are the children for whom you are requesting subsidy residing with you? If yes, please give the name of the office: _____
- ☐ ☐ 4. Are you currently receiving a TANF grant? If yes, please indicate the TANF case number: _____
- ☐ ☐ 5. Do you or a member of your family have a chronic medical problem for which child care is recommended as part of a treatment/rehabilitation plan? If yes, indicate the name of the individual/agency authorizing the treatment plan and telephone number:
Agency Name: _____ Telephone #: (____) _____
- ☐ ☐ 6. Are you the head of the household in which you reside?
- ☐ ☐ 7. Are you currently homeless or at risk of becoming homeless?
- ☐ ☐ 8. Are the children for whom you are requesting child care assistance in a DYFS foster home, DYFS para-foster home, or DYFS pre-adoptive home. **If you are employed or participating in a school or training program, proof must be attached for DYFS purposes.**
- ☐ ☐ 9. Do you receive any cash or voucher assistance to specifically pay for housing?
- ☐ ☐ 10. Are you requesting assistance because the County Welfare Agency/Board of Social Services (CWA/BSS) informed you that you are ineligible for the Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) Program?
11. I understand that I am applying to the agency for: ☐ **VOUCHER** payment assistance ☐ **CONTRACTED** services in a community-based center
12. Do all of the children in this family have health insurance benefits? ☐ Yes ☐ No
If NO, do you wish to receive an application for NJ Family Care? ☐ Yes ☐ No

E**Children
Information****Include Each Child Needing Child Care Service and for Whom Assistance Requested.
Use Addendum Form to Provide Information for Additional Children.****FULL NAME OF CHILD NO. 1****SOCIAL SECURITY NO.****DATE OF BIRTH**

(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No **SEX:** ☐ Male ☐ Female

Indicate the hour/days/duration for which child care is needed: _____

Child has a special need: ☐ No ☐ Yes **If yes, state special need and attach verification:** _____

Child is a US citizen or a qualified alien? ☐ No ☐ Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): ☐ Denied ☐ Approved ☐ Waiting List ☐ Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____

Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

FULL NAME OF CHILD NO. 2**SOCIAL SECURITY NO.****DATE OF BIRTH**

(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No **SEX:** ☐ Male ☐ Female

Indicate the hour/days/duration for which child care is needed: _____

Child has a special need: ☐ No ☐ Yes **If yes, state special need and attach verification:** _____

Child is a US citizen or a qualified alien? ☐ No ☐ Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): ☐ Denied ☐ Approved ☐ Waiting List ☐ Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____

Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

FULL NAME OF CHILD NO. 3**SOCIAL SECURITY NO.****DATE OF BIRTH**

(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No **SEX:** ☐ Male ☐ Female

Indicate the hour/days/duration for which child care is needed: _____

Child has a special need: ☐ No ☐ Yes **If yes, state special need and attach verification:** _____

Child is a US citizen or a qualified alien? ☐ No ☐ Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): ☐ Denied ☐ Approved ☐ Waiting List ☐ Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____

Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

**You May Be Required to Provide Additional Proof of Family Size, Income, Citizenship or Residency to Verify Eligibility.
Supporting Documentation Required May Include Most Current IRS Form 1040, Utility Bill or Birth Certificate.**



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Burlington Community Action Partnership, Inc.
718 Route 130 South
Burlington, NJ 08016
609-386-5800

Parent/Applicant Name: _____ Date of Birth: ____/____/____
Social Security Number: _____

Complete for Each Additional Child for Whom You Are Requesting Subsidy

4	FULL NAME OF CHILD NO. 4	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
5	FULL NAME OF CHILD NO. 5	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
6	FULL NAME OF CHILD NO. 6	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
7	FULL NAME OF CHILD NO. 7	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT

NJ CHILD CARE SUBSIDY PROGRAM

Application Addendum

All families receiving a subsidy through the NJ Child Care Subsidy Program must provide the following information:

Are your family assets worth more than \$1,000,000? ☐ No ☐ Yes

Note: Assets may include but are not limited to, personal bank accounts, business accounts, real estate, and personal property.

If the primary language spoken in your home is **not** English, please specify that language: _____

Is the Applicant:

On Full-Time Active Military Duty ☐ No ☐ Yes
In the National Guard/Military Reserve ☐ No ☐ Yes
Self-Employed ☐ No ☐ Yes

Is there a Co-Applicant? ☐ No ☐ Yes

If yes, are they:

On Full-Time Active Military Duty ☐ No ☐ Yes
In the National Guard/Military Reserve ☐ No ☐ Yes
Self-Employed ☐ No ☐ Yes

Are you homeless based on one or more of the following? ☐ No ☐ Yes

- Living in an emergency or transitional shelter.
- Staying in a motel, hotel, trailer park, or campground or sharing housing with other persons due to loss of housing, economic hardship, or similar reason.
- Living in a car, bus/train station, park, abandoned building.
- Living or sleeping in any public or private place that is not normally used as a residence or as a regular sleeping accommodation.
- Living in substandard housing (i.e. no electricity, running water, etc.).

I hereby certify that all of the information provided is true and correct to the best of my knowledge. I also acknowledge that submitting false or misleading information, intentionally omitting information or intentionally causing others to omit or fail to report information is cause for denial or termination from the child care program and I may be subject to all legal and equitable remedies.

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date

DISCRIMINATION

This program prohibits discrimination in determining eligibility for child care assistance.

If you believe you have been discriminated against by the New Jersey Child Care Subsidy Program because of race, color, disability, religion, national origin or another reason, you can contact:
Office of the Director, Division of Family Development, N.J. Department of Human Services, P.O. Box 716, Trenton, New Jersey 08625

Child Care and Early Education Service Eligibility Application Certification

READ CAREFULLY BEFORE SIGNING

I (we) hereby certify that all of the information provided is true and correct to the best of my (our) knowledge. I (we) know that submitting false information about my (our) situation, failing to give the necessary information or causing others to hold back information is against the law and may subject me (us) to prosecution. I (we) also understand that:

- Acceptance of child care financial assistance is not for my (our) personal use or expenses and that federal, state and local public funds are and will be used as payment for costs that are directly associated with services rendered by a child care provider.
- It is unlawful to obtain financial assistance for child care services by providing any false or misleading information, including but not limited to information about my eligibility and/or information that relates to child attendance for provider records, sign-in sheets or voucher payment forms. Examples of unlawful behavior include, but are not limited to:
 - Failing to accurately report all sources of my (our) income. Examples include, but are not limited to not reporting multiple sources of income, or an increase or decrease in wage/salary, child support payments, or alimony, or any other income.
 - Failing to accurately report the amount of my income. Examples include, but are not limited to reporting the accurate amount(s) of income from self-employment; rent from property ownership or changing or altering pay stub information.
 - Failing to accurately report the number of household members. Examples include, but are not limited to failing to report that my spouse or another parent/guardian is living in the household.
 - Pre-signing and dating voucher certification forms, sign-in sheets or other provider records used to track and verify child attendance.
 - Failing to accurately verify child attendance on voucher payment records/forms within the reporting timeframes.
- This information is being given in connection with federal, state and local public funds and will be used through computer matching programs to confirm the accuracy of my (our) statements and verify my (our) income, resources and need for child care assistance, as warranted.
- Providing the requested information, including the Social Security Numbers of Parent(s)/Applicant(s), is voluntary. Agency staff may use my (our) names and Social Security information with federal and state agencies and other sources deemed necessary for official examination. However, copies of birth certificates, social security and qualified alien resident cards, if applicable, are required for all children for whom subsidy services are being requested.
- Failure to provide or deliberate misrepresentation of required information will result in the denial of my (our) application, termination of child care benefits to the family and referral to federal, state or local agencies for criminal or civil court action, garnishment of wages or tax intercept, as well as private claims collection agencies for claims action involving repayment and recovery of funds.
- Providing false or misleading information in connection with my (our) application for child care financial assistance, and/or failing to report within ten days any change in my (our) family size or family income or any other circumstances that might change my (our) eligibility, such as work/school/training status, may result in the termination of my (our) child care subsidy and make me (us) ineligible to apply for and/or receive subsidized child care for a period of six months for the first violation; for a period of 12 months for a second violation; and permanent disqualification for the third violation.
- If I receive financial assistance as a result of false or misleading information, I (we) may be responsible to repay the costs of child care and may be subject to a civil fine and possible criminal prosecution.
- I (we) understand that in order to verify my (our) income and service need, an agency representative may need to contact my (our) employer(s). I (we) hereby authorize my (our) employer(s) to release information regarding my (our) income, pay scale, hours and schedule of work to the agency to which I am applying.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Unsigned applications cannot be processed. A copy of this document will be provided to you for your records.

DYFS USE ONLY

DYFS Case Manager Name and Number: _____ Date: _____

Note: _____

SAR has been completed; voucher payments for DYFS/CPS child care services are approved for the period ____ / ____ / ____ thru ____ / ____ / ____

DYFS Voucher Payment Authorization Signature: _____ Date: _____

CCR&R or CENTER-BASED CONTRACTED (CBC) PROVIDER USE ONLY:

Check One: ☐ Initial Application ☐ Re-determination Certification Date: ____ / ____ / ____

Family Size: _____ Annual Family Income: \$ _____

Family's Total Assessed Co-Payment, if applicable (Enter Amt. and Check One): \$ _____ ☐ WEEK ☐ MONTH

Check One: ☐ DENIED ☐ APPROVED ☐ PENDING

Staff Member Certification: _____ Date: _____

Note: _____

Name of CCR&R or CBC Provider: _____



Burlington Community Action Partnership, Inc.

718 Route 130 South
Burlington, New Jersey 08016

Dr. Ruben Johnson
Executive Director

Child Care Resource & Referral
www.bccap.org

609-386-5800

Work First New Jersey/New Jersey Cares for Kids
CHILD SUPPORT VERIFICATION

Print your name_____

If you DO have a child support case:

- ☐ Please check this box if you have a child support case through the Probation Department/New Jersey Child Support, or out of state agency.

Please attach payment history screens from: njchildsupport.org or from an out of state agency

- ☐ Please check this box if you receive child support through a “mutual agreement” between you and the other parent of your child, and please complete the information below:

I (applicant/parent), receive \$_____ in child support every_____.

If you DO NOT have a child support case:

- ☐ Please check this box if you do not have a child support case or “mutual agreement”.

I hereby certify that all of the above information is true and correct. I understand that the information is being given in connection with federal and state public funds, and the Burlington County Community Action Program may verify information. Deliberate misinformation can result in a denial of a subsidy.

Applicant/Parent Signature

Date



United Way
of Burlington County

In order for us to contact you more efficiently:

Please fill in the following:

Applicant

Name _____

Home Phone _____

Cellular Phone _____

Work Phone _____

E-mail _____

.....

In order for us to contact you more efficiently:

Please fill in the following:

Co- Applicant

Name _____

Home Phone _____

Cellular Phone _____

Work Phone _____

E-mail _____



New Jersey Department of Human Services' Division of Family Development
COVID-19 School-Age Child Care Needs Form

Section 1: Parent and Child Information

Parent Name: _____ Phone Number: _____

Email Address: _____

Child Name: _____ Date of Birth: _____

School District: _____

Section 2: Days of the Week and Hours of Care

Instructions: Please fill in the days and hours that your school-age child needs care due to COVID-19's impact on your school's schedule. If your child's school schedule requires them to attend school on certain days during the week, or requires a certain alternating weekly schedule, please fill in the schedule below accordingly with the hours you will need child care, including the hours during the school day (i.e., 1:00pm – 6:00pm.) For additional children, see the back of this page.

Example: *Week 1: Mon, Tues, Wed Week 2: Thurs, Friday* **OR** *Week 1: Mon, Tues, Wed, Thurs Week 2: Mon, Tues, Wed, Thurs.*

Week 1

☐ Monday From: To:

☐ Tuesday From: To:

☐ Wednesday From: To:

☐ Thursday From: To:

☐ Friday From: To:

☐ Full Remote Learning (5 days a week - full school day)

Week 2

☐ Monday From: To:

☐ Tuesday From: To:

☐ Wednesday From: To:

☐ Thursday From: To:

☐ Friday From: To:

Section 3: Child Care Provider Information

Name of Provider: _____

Type of Provider: ☐ Licensed Center ☐ Family Home Provider ☐ I need help finding a Provider

Section 4: Certification

With my signature below, I certify that:

- All of the information provided above is true and correct;
- Child care is needed because due to the COVID-19 public health emergency my child's school is re-opening with a full or part-time remote learning schedule;
- I understand that the information provided above is in connection with federal, state and local public funds and that it is unlawful to provide any false or misleading information to receive these benefits.
- I understand these funds pay for child care services at a licensed child care center or registered family child care provider **only** through December 30, 2020.
- It is my responsibility to inform the Child Care Resource and Referral Agency (CRR&R) and my child care provider if I no longer need child care services.

Parent Signature: _____ Co-Parent Signature (if applicable): _____

Date: _____

Return this Form To:



New Jersey Department of Human Services' Division of Family Development
COVID-19 School-Age Child Care Needs Form

Section 2 Continuation: Days of the Week and Hours of Care

Example: Week 1: Mon, Tues, Wed **Week 2:** Thurs, Friday **OR** **Week 1:** Mon, Tues, Wed, Thurs **Week 2:** Mon, Tues, Wed, Thurs.

Child Name: _____ **DOB:** _____ **Name of Provider:** _____
Type of Provider: ☐ Licensed Center ☐ Family Home Provider ☐ School District Program ☐ I need help finding a Provider

Week 1

- ☐ Monday From: _____ To: _____
☐ Tuesday From: _____ To: _____
☐ Wednesday From: _____ To: _____
☐ Thursday From: _____ To: _____
☐ Friday From: _____ To: _____
☐ Full Remote Learning (5 days a week - full school day)

Week 2

- ☐ Monday From: _____ To: _____
☐ Tuesday From: _____ To: _____
☐ Wednesday From: _____ To: _____
☐ Thursday From: _____ To: _____
☐ Friday From: _____ To: _____

Child Name: _____ **DOB:** _____ **Name of Provider:** _____
Type of Provider: ☐ Licensed Center ☐ Family Home Provider ☐ School District Program ☐ I need help finding a Provider

Week 1

- ☐ Monday From: _____ To: _____
☐ Tuesday From: _____ To: _____
☐ Wednesday From: _____ To: _____
☐ Thursday From: _____ To: _____
☐ Friday From: _____ To: _____
☐ Full Remote Learning (5 days a week - full school day)

Week 2

- ☐ Monday From: _____ To: _____
☐ Tuesday From: _____ To: _____
☐ Wednesday From: _____ To: _____
☐ Thursday From: _____ To: _____
☐ Friday From: _____ To: _____

Child Name: _____ **DOB:** _____ **Name of Provider:** _____
Type of Provider: ☐ Licensed Center ☐ Family Home Provider ☐ School District Program ☐ I need help finding a Provider

Week 1

- ☐ Monday From: _____ To: _____
☐ Tuesday From: _____ To: _____
☐ Wednesday From: _____ To: _____
☐ Thursday From: _____ To: _____
☐ Friday From: _____ To: _____
☐ Full Remote Learning (5 days a week - full school day)

Week 2

- ☐ Monday From: _____ To: _____
☐ Tuesday From: _____ To: _____
☐ Wednesday From: _____ To: _____
☐ Thursday From: _____ To: _____
☐ Friday From: _____ To: _____

Return this Form To:



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT
CHILD CARE SUBSIDY PROGRAM

Child Verification Form

Part 1: Completed by Parent

Name of Child: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

CONSENT TO RELEASE INFORMATION

I authorize the licensed health professional listed below to share information about my child's condition with the Child Care Resource and Referral Agency (CCR&R). I understand that this form will only be used for verification purposes for the New Jersey Child Care Subsidy Program. I understand that if circumstances regarding my child's condition change, I must immediately notify my CCR&R.

Name of Parent: _____
please print

Parent Signature: _____ Date: ____/____/____

PART 2: Completed by a Licensed Health Professional

INSTRUCTIONS: Please provide the information below to help us determine how we might meet the needs of this family. You may be contacted by the agency listed to verify this information.

Licensed Health Professional Name: _____
please print

Licensed Health Professional Title: _____ License/Credential No: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____ Fax: _____

NOTICE TO LICENSED HEALTH PROFESSIONAL

By signing, I certify that the above named child has a documented medical or physical impairment which reduces his or her ability to function independently. This child requires the personal services of a caretaker to maintain his or her basic level of functioning in an age-appropriate manner. The information provided is true and accurate to the best of my understanding.

List Child Disability: _____

Licensed Health Professional Signature: _____ Date: ____/____/____

CCR&R USE ONLY

CCR&R Name/Address: _____

CCR&R Representative Signature: _____ Date: ____/____/____

Finding Quality Child Care

Finding a Quality Child Care or Early Learning Program

Research shows that children who are in quality child care and early learning programs when they are young are better prepared for kindergarten with better reading skills, more math skills and larger vocabularies.

Grow NJ Kids, New Jersey's Quality Rating Improvement System, is working to raise the quality of child care and early learning across the state of New Jersey.

For parents, it provides information on selecting a quality provider to help them make the most of their kids' early learning opportunities.

For child care and early learning programs, it provides resources that help them raise their quality and continuously improve their program.

There are many types of child care or early learning programs to choose from. Some are in a school, others in a child care center or in someone's home.

Home Based Settings:

Family Child Care

This type of care is provided in someone's home. In New Jersey, a provider can care for no more than five children, plus a maximum of three of their own children. Home providers can choose to be registered, which means they meet the basic safety and programs requirements established by state law. This registration also allows these in-home providers to accept payments from families participating in government-subsidized child care assistance programs.

In-Home Care

In this type of care, a person comes to your home to care for your child. This provider might offer other services such as light housekeeping, starting or making dinner or driving your child to lessons or play dates. Although you may use an agency to find such a provider, they are neither regulated nor licensed by the state and cannot participate in Grow NJ Kids.



Center- and School-Based Settings:

Child Care Centers

Licensed by the state of New Jersey, these facilities are inspected every two years and must meet basic health, safety, program and staffing requirements. They can care for six or more children from the age of 6 weeks to 13 years. There are many types of licensed child care centers, including but not limited to infant/toddler programs, early care and education programs and school-age programs. Licensed centers also may choose to meet more rigorous, research-based or accreditation standards. (There also are license-exempt centers, such as programs that are part of a public school district or private school.)

Head Start & Early Head Start

Head Start and Early Head Start programs support the mental, social and emotional development of children from birth to age 5. In addition to education services, programs provide children and their families with health, nutrition, social and other services.

School District Preschool Programs

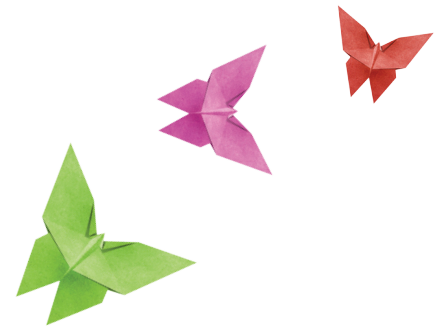
School districts provide research-based preschool programs for 3- and 4-year-olds, that may be located within a school district site, a private provider or a local Head Start agency.

Special Services School Districts

These districts provide options for preschool students with special needs and were developed to address the educational and developmental needs of children ages 3-5. Typically, these districts are comprised of three types of classes: classes that educate 4-year-old students who have special needs in the same classroom as those students who do not have special needs; preschool classes for students with Individualized Educational Programs and the need for smaller groups sizes and more individualized programming; and classes with highly specialized instruction for students with autism and students with hearing impairments.



When visiting a child care or early learning program, there are questions you can ask to help you determine which program is best for your child and family. These questions are based on indicators of quality that are embedded in the Grow NJ Kids standards.



Safe, Healthy Learning Environment

- ☐ Is there regular communication between program staff/teachers and parents? How is the information communicated (email, phone calls, letters sent home with child)?
- ☐ Is the space clean?
- ☐ Do you see staff and children washing their hands before and after meals and diapering? Is the facility safe and secure?
- ☐ Is the outdoor play space safe, clean, free of litter and broken glass?
- ☐ What meals are provided by the program? Are children allowed to bring their own food for religious or dietary reasons?
- ☐ Does the program have an oral health or a tooth brushing policy?
- ☐ Does the program check the children's eyes, hearing, teeth, and growth by providing screenings?
- ☐ Does the program support breastfeeding (breast milk storage/ place to breastfeed)?
- ☐ Are children of different ages cared for together or are they grouped by age?
- ☐ How are children supervised during different situations (sleep or outside play)?

Curriculum and Learning Environment

- ☐ How many children will be in your child's class/group? What are the ages of the children in the classroom/home?
- ☐ Is there a daily schedule?
- ☐ Does the daily schedule incorporate both indoor and outdoor play opportunities?
- ☐ Do you observe positive, warm and nurturing teacher-child interactions and conversations while in the classroom/home?
- ☐ Do you see children interacting with each other?
- ☐ Do the children have access to books and other materials?
- ☐ Are the children read to each day?
- ☐ Does the program use a research-based curriculum (age appropriate for infants and young children)?
- ☐ Are children given "free play" time (For example, are children allowed to choose the book they'd like to read or what activity they'd like to do)?

Family and Community Engagement

- ☐ Does the program have an open door policy? Are parents allowed to visit at any time?
- ☐ Does the program make community resources (events, information regarding services) available to families?
- ☐ Does the program embrace your child's home language in the classroom/home and/or in the materials being used?
- ☐ Does the program share information about activities/lessons being worked on so parents can reinforce at home? For infants, is there a daily log?

- ☐ Does the program have opportunities for parents to volunteer in the classroom/home?
- ☐ Does the program offer parent workshops?
- ☐ Does the program have a parent council or parent group?

Workforce/Professional Development

- ☐ What is the education level of the staff?
- ☐ How long have the staff been employed with the program?
- ☐ What types of trainings do staff attend each year?
- ☐ How many staff have received Cardio Pulmonary Resuscitation (CPR) and First Aid training?
- ☐ If the program uses a research-based curriculum, have the staff had formal curriculum training?

Administration and Management

- ☐ Does the program have a current child care license or family child care registration? (If applicable, as some school district programs are not required to have a child care license.)
- ☐ What is the tuition/cost? Other fees?
- ☐ Does the program have a parent handbook that outlines policies and procedures including child illness/sickness, emergencies, discipline?
- ☐ Is the program director on site during operating hours?
- ☐ What is the daily child check-in and check-out policy when dropping off and picking up your child?
- ☐ Is the program enrolled in Grow NJ Kids?

