

Please return this survey to Programs for Parents, 500 Bloomfield Avenue, Montclair, NJ 07042

**CHILD CARE RESOURCE AND REFERRAL SURVEY**

**CHILD CARE CENTER**

**DIRECTOR INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Center: \_\_\_\_\_  
(as it appears on the license issued by the Office of Licensing)

**LOCATION**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **NJ** Zip Code: \_\_\_\_\_

**PROVIDER SUB TYPE (Type of Center)**

Please check the appropriate box.

Summer Camp  Abbott  Headstart  School Age Summer Camp

CCVC  Special Needs  Corporate  Summer Enrichment Program

No Subsidy Clients  Early Headstart

**MAILING INFORMATION**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **NJ** Zip Code: \_\_\_\_\_

Name of contact person(s) for this location: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**LICENSE INFORMATION**

Licensed  Licensed Exempt  (If licensed exempt please submit copy of exemption letter)

EIN (Tax ID Number): \_\_\_\_\_

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

**CAPACITY**

Total License Capacity: \_\_\_\_\_ Total Desired Capacity: \_\_\_\_\_

Total Vacancies: \_\_\_\_\_ as of \_\_\_\_\_

Accepted Age Range: (check all those that apply to this location)

0 to 18 months  18 months to 2 ½ years  2 ½ years to 4 years  4 to 5 years

Kindergarten  Before care  After care  Before and after care

**NOTE:** Please make sure to fill out license information, capacity, and the accepted age range.

**TRANSPORTATION**

Please check all that applies to this center location.

Transportation Provided  Walking Distance to School  Near Public Transportation

**LANGUAGES**

English  Spanish  American Sign Language  French  Italian  German

Japanese  Vietnamese  Chinese  Hebrew  Russian

Other  \_\_\_\_\_

**HOURS OF OPERATION**

<b><u>Day</u></b>	<b><u>Start Time</u></b>	<b><u>End Time</u></b>	<b><u>Shift General Information</u></b>
<input type="checkbox"/> Monday	_____	_____	Please check all that applies to this center location.
<input type="checkbox"/> Tuesday	_____	_____	Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight <input type="checkbox"/> Weekend <input type="checkbox"/>
<input type="checkbox"/> Wednesday	_____	_____	Summer <input type="checkbox"/> Drop In <input type="checkbox"/> Temp/Emergency <input type="checkbox"/>
<input type="checkbox"/> Thursday	_____	_____	24-Hour <input type="checkbox"/> Open Holidays <input type="checkbox"/>
<input type="checkbox"/> Friday	_____	_____	
<input type="checkbox"/> Saturday	_____	_____	
<input type="checkbox"/> Sunday	_____	_____	

**RATES**

Please indicate all that applies to this center location.

<b>Age Group</b>	<b>Daily Full Time</b>	<b>Daily Part Time</b>	<b>Weekly Full Time</b>	<b>Weekly Part Time</b>	<b>Monthly Full Time</b>	<b>Monthly Part Time</b>
<b>0 to 18 mons.</b>						
<b>18 mons to 2 ½ yrs.</b>						
<b>2 ½ yrs to 4 yrs.</b>						
<b>4 yrs to 5 yrs.</b>						
<b>Kindergarten</b>						
<b>Before Care</b>						
<b>After Care</b>						
<b>Before &amp; After Care</b>						
<b>Summer Care</b>						
<b>Registration</b>						

**POPULATION INFORMATION**

<b>Age Group</b>	<b>Desired Capacity</b>	<b>License Capacity</b>	<b>Full Time Vacancy</b>	<b>Part Time Vacancy</b>	<b>Enroll</b>	<b>Group Size</b>
<b>0 to 18 mons.</b>						
<b>18 mons. to 2 ½ yrs.</b>						
<b>2 ½ yrs to 4 yrs.</b>						
<b>4 yrs. to 5 yrs.</b>						
<b>Kindergarten</b>						

**POPULATION INFORMATION (continued)**

<b>Age Group</b>	<b>Desired Capacity</b>	<b>License Capacity</b>	<b>Full Time Vacancy</b>	<b>Part Time Vacancy</b>	<b>Enroll</b>	<b>Group Size</b>
<b>Before Care</b>						
<b>After Care</b>						
<b>Before &amp; After Care</b>						
<b>Summer Care</b>						
<b>Registration</b>						

**ADDITIONAL FEES**

Please check all boxes that apply to this center location.

Extended hours  Field Trips  Late fees  Registration fees  Security Deposit

Transportation fees  Kindergarten fees  Summer Camp fees

**SLOTS**

Number of Summer Camp Slots  CCVC Slots  Infant Slots

**ENVIRONMENT**

Please check all boxes that apply to this center location.

Fenced yard  Indoor pets  No air conditioning  No diapering facilities

No pets  Outdoor pets  Outdoor play equipment  Own children in care

Separate child care area  Smoke free  Swimming pool  Wading pool

**MEALS**

Please check all boxes that apply to this center location.

Breakfast  AM Snack  Lunch  PM Snack  Dinner

Child and Adult Food Program (CACFP)  Child provides with own meals

Special diet

**PHILOSOPHY**

Developmental  Emergent curriculum  Mixed age  Religious

Other  \_\_\_\_\_

**FINANCIAL ASSISTANCE**

Center Based Care Contract (CBC)  Employer discount  Multi child discount

New Jersey Care for Kids (NJCK)  Work First New Jersey (WFNJ)

Other  \_\_\_\_\_

**POLICIES**

Child absences allowance  Late Fee  Liability/accident insurance

Provider absence allowance  Written Contract  Written parent handbook

**SAFETY**

Fire extinguisher  On-site nurse  Password/passkey admittance

Video monitors  Web cam

**SPECIAL NEEDS**

Please check all the appropriate boxes for this center location. This refers to the type of care your center staff can provide regarding the below listed categories.

ADHD/ADD  Asthma/Allergies  Autism  Blood-borne diseases

Developmental delay  Diabetes  Emotional/Behavioral  Hearing

Learning disability  Medically fragile  Monitor  Physical disability

Seizures  Speech  Tube feeding/TVs  Visual

EPI Pen  Wheelchair/Equipment

**TRAINING**

Please check appropriate boxed for training center staff has attended.

Child Development Associate  CPR  ECE (Early Childhood Education)

First Aid

**EDUCATION**

Please check appropriate boxes for education levels achieved for center staff. This information is important for statistical purposes, such as advocacy for higher center rates.

High School Diploma       Some college credits       Associate Degree

Bachelor's Degree       Master's Degree       RN/LPN

**EXPERIENCE**

Please check appropriate boxes regarding related experience in the field to the best of your knowledge.

Under 1 year experience     1-3 years experience     4-9 years experience

10-20 years experience     21 years+ experience     Family Child Care experience

Child Care Center Experience

**ACCREDITATION**

ACA (American Camp Association)     NAEYC

NECPA (National Early Childhood Program Accreditation)

NSACCA (National School Age Child Care Alliance)

Other(s)  \_\_\_\_\_

**AFFILIATION**

NAEYC (National Association for the Education of Young Children)

Other(s)  \_\_\_\_\_

**TYPE OF PROGRAM**

Co-op     Kindergarten     Montessori     Religious

Other  \_\_\_\_\_

**ADDITIONAL CARE SERVICES**

Nontraditional hours (after 6:30PM)  Overnight  Weekend

Vacation/Holiday  Mildly Ill/Sick  Snow days

**YEARS OF OPERATION**

Less than 1 year  One to three  Three to five  Five to ten

Over ten

Thank you for completing this very important survey. As part of our child care resource and referral services, giving clients accurate information is one of our most important service. If there is anything else that we should know about your program, please inform us in the comments section below.

**COMMENTS:**

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***THANK YOU!***