



State of New Jersey

PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

## State/Federal Declared Emergency and/or Disaster Child Care Programs and Family Child Care Provider Status Notification

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

County: \_\_\_\_\_

Township: \_\_\_\_\_

The purpose of this survey is to help inform the State of the child care impact and potential capacity in respond to COVID-19. We understand that individual providers will make choices appropriate to their circumstances. Your response to this survey is very important and needed to help the State determine how to best meet the needs of families and child care providers during this emergency.

### Program Details:

Program Name:

Contact Name :

Hours of Operation:

Licensed Center

Family Child Care Provider

License #:

Registration# :

Total License Capacity:

Age Group Licensed to Serve:

My child care program will remain open

As a result of the state-declared emergency my child care program will be closed as follows:

**I currently have the capacity to serve:**

# of Infants \_\_\_\_\_

Short Term Closure (no more than 3 days)

# of Toddlers \_\_\_\_\_

Long Term Closure (more than 3 days)

# of Pre-School Age \_\_\_\_\_

**Indicate Anticipated Closure Dates:**

# of School Age Children: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Do your program participate in USDA food program?  Yes or  No

If no, does your program provide meals?  Yes or  No

Are you interested in extending your operating hours during this emergency?

Yes or  No

If yes what days/times would you extend to:

From : \_\_\_\_\_

To: \_\_\_\_\_

What additional resources are needed to help you remain open?