

NJ CHILD CARE SUBSIDY PROGRAM

Documentation Checklist

Below is a **general list** of required documents for each section of the Child Care Subsidy Program Application that must be submitted for **initial** eligibility consideration. Additional documents may also be required based on program requirements. Please contact and check with 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 by visiting www.ChildCareNJ.gov.

IDENTIFICATION

For each applicant/co-applicant, **submit one** of the documents from **Column A**. If you are unable to provide from **Column A**, you may **submit two** documents from **Column B**:

COLUMN A (PRIMARY DOCUMENTATION)

Submit one:

- ☐ Driver's License
- ☐ Government Issued Photo ID Card
- ☐ Military Photo ID Card
- ☐ Employer Issued Photo ID
- ☐ School Photo ID
- ☐ Passport
- ☐ Permanent Resident Card (Green Card)

OR

COLUMN B (SECONDARY DOCUMENTATION)

Submit two:

- ☐ High School Diploma, GED, or College Diploma
- ☐ Health Insurance Card or Prescription Card
- ☐ Printed Paystub
- ☐ Birth Certificate (applicant/co-applicant or child's)
- ☐ Social Security Card

ADDRESS

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

- | | |
|--|---|
| <input type="checkbox"/> Current Rental/Lease Agreement or Mortgage Bill | <input type="checkbox"/> Home utility bills |
| <input type="checkbox"/> Court decree (if applicable) | <input type="checkbox"/> Medical documentation |
| <input type="checkbox"/> School records showing residence | <input type="checkbox"/> Vehicle Registration or Title or NJ Driver's License |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship | <input type="checkbox"/> Most recent filed tax forms showing dependency
(For dependents 18+, must provide filed IRS 1040 Form) |

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

RELATIONSHIP AND HOUSEHOLD SIZE

For **any child in need of child care services**, submit the following to prove relationship:

- ☐ Child's Birth Certificate
- ☐ Court decree (if applicable)
- ☐ Custody Agreement or other court documents for guardianship (if applicable)

For each **dependent residing in the home** and included in the family size, **submit one** of the following to verify family size:

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

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:

- | |
|---|
| <input type="checkbox"/> Unemployment documentation |
| <input type="checkbox"/> Pension documentation |
| <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Social Security award letter |
| <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> Spousal Support/Alimony |
| <input type="checkbox"/> Veterans/Military Benefits |
| <input type="checkbox"/> Disability Benefits |
| <input type="checkbox"/> Child Support – minimum of 6 months of Payment/Disbursement History
<i>(Note: If child support or alimony is not court ordered, write the amount you receive monthly in Section C of the application)</i> |
| <input type="checkbox"/> 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



Eff.: 3/1/23

State of New Jersey
DEPARTMENT OF HUMAN SERVICES

2023-2024

**INCOME ELIGIBILITY SCHEDULES
FOR PUBLICLY SUBSIDIZED
CHILD CARE ASSISTANCE or SERVICES**

Family Size	Federal Head Start Program*	Income Eligibility for the Child Care Assistance Program and Other Selected Child Care Programs Including Preschool Wrap Around Child Care Administered through the New Jersey Department of Human Services					State Funded Kinship Child Care Services	
	Maximum Allowable Annual Family Gross Income	Maximum Allowable Annual Gross Family Income for <i>Entry Level and/or Initial Eligibility</i>			Maximum Allowable Annual Gross Family Income <i>At Redetermination</i>	Maximum Allowable Annual Gross Family Income <i>Prior to Exit</i>	Maximum Allowable Annual Gross Family Income for <i>Eligibility for Clients Under Age 60</i>	Maximum Allowable Annual Gross Family Income for <i>Eligibility for Clients Over Age 60</i>
	Represents 100% of the 2023 Federal Poverty Index	<i>TIER A</i> Represents 150% of the 2023 Federal Poverty Index	<i>TIER B</i> Represents 175% of the 2023 Federal Poverty Index	<i>TIER C</i> Represents 200% of the 2023 Federal Poverty Index	<i>TIER D</i> Represents 250% of the 2023 Federal Poverty Index	<i>TIER E*</i> Represents 85% of the 2023 New Jersey State Median Income	Represents 350% of the 2023 Federal Poverty Index	Represents 500% of the 2023 Federal Poverty Index
1	\$14,580	\$21,870	\$25,515	\$29,160	\$36,450	\$64,023	\$51,030	\$72,900
2	\$19,720	\$29,580	\$34,510	\$39,440	\$49,300	\$78,769	\$69,020	\$98,600
3	\$24,860	\$37,290	\$43,505	\$49,720	\$62,150	\$100,042	\$87,010	\$124,300
4	\$30,000	\$45,000	\$52,500	\$60,000	\$75,000	\$119,558	\$105,000	\$150,000
5	\$35,140	\$52,710	\$61,495	\$70,280	\$87,850	\$127,973	\$122,990	\$175,700
6	\$40,280	\$60,420	\$70,490	\$80,560	\$100,700	\$136,388	\$140,980	\$201,400
7	\$45,420	\$68,130	\$79,485	\$90,840	\$113,550	\$144,803	\$158,970	\$227,100
8	\$50,560	\$75,840	\$88,480	\$101,120	\$126,400	\$153,218	\$176,960	\$252,800
9	\$55,700	\$83,550	\$97,475	\$111,400	\$139,250	\$161,633	\$194,950	\$278,500
10	\$60,840	\$91,260	\$106,470	\$121,680	\$152,100	\$170,048	\$212,940	\$304,200
11	\$65,980	\$98,970	\$115,465	\$131,960	\$164,950	\$178,463	\$230,930	\$329,900
12	\$71,120	\$106,680	\$124,460	\$142,240	\$177,800	\$186,878	\$248,920	\$355,600
For each additional family member add:	\$5,140	\$7,710	\$8,995	\$10,280	\$12,850	\$8,415	\$17,990	\$25,700

Note: Tier E represents the one-time Graduated Phase-Out period of child care assistance that may be utilized for one year.

Source : Annual Update of the HHS Poverty Guidelines, *Federal Register*, Vol. 88, No. 12, Friday, January 19, 2023, Page 3424

Source : Census Bureau Median Family Income by Family Size, Department of Justice, Cases Filed as of May 15, 2022, <https://www.justice.gov/>



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES



Applicant Instructions for Completing the Child Care Eligibility Form

The following instructions are keyed to the various sections of this form. Please read carefully.

► INSTRUCTIONS FOR COMPLETING SECTION A

1. Enter your full name (last, first, middle initial), social security number and date of birth (month/date/year). Check one or more of the appropriate boxes provided to indicate your race. Check the appropriate box to indicate your ethnicity and sex. Check the appropriate box to indicate the relationship of the parent/applicant to the child(ren) for which you are making an application for assistance. If you are not an immediate relative (mother/father), please indicate whether you are another legally responsible person, a foster parent or other. If other, please specify.
2. If applicable (resides in household), enter the full name of your spouse or co-applicant, social security number and date of birth (month/date/year). Check the appropriate boxes provided to indicate the race, ethnicity and sex of the co-applicant/spouse.
3. Enter your home address and county in which you reside. Enter the school district which the child(ren) attends.
4. Enter your home telephone number.
5. Enter the "family size" meaning the number of adults (persons 18 years or older who are legally responsible for the children) and dependent adults (persons 18 years or older) who are in your immediate family unit, and the number of dependent children (persons under age 18).

Examples: In a single parent family with two children state: "# of Adults: 1, # of Children: 2."

In a two parent family with a dependent adult (grandparent) and two children state: "# of Adults: 3, # of Children: 2."

Note: If as a single parent, you and your child(ren) live with your mother and father, you would **NOT** include the grandparents in the family size.

► INSTRUCTIONS FOR COMPLETING SECTION B

Provide Income Information Based on the Current Year. Fill In All Blanks. List Gross Figures Unless Otherwise Indicated. If You Receive None in a Certain Category, Write "0."

For each adult (applicant co-applicant or other dependent adult) residing in the household unit, list all current income information. Columns are provided to enter income information either by week, every two weeks, month or year. For separated or divorced spouses, include only that income (i.e., child support or alimony) which is available to the custodial family.

1. List all gross income due to wages and salary.
2. List all benefit income received from pensions and retirement.
3. List all benefit income received from Supplemental Security Income (SSI).
4. List all benefit income received from unemployment and workmen's compensation.
5. List all benefit income received from public assistance (TANF).

6. List income received from an absent parent for child support or alimony.
7. Include any other income received which is required to be listed for federal and state tax reporting purposes.
8. Indicate the annual total of all sources of income.

► INSTRUCTIONS FOR COMPLETING SECTION C

Provide Information of Current Work, School and/or Training Activity for Applicant and Co-Applicant (if applicable).

1. Enter the name, complete address and telephone number of Primary Work/School/Training Site.
2. Check the appropriate box to indicate if activity is work, school or training.
3. Enter your starting date (month/date/year).
4. Check the appropriate box to indicate if Work/School/Training activity is full time, part time or seasonal. Enter the number of hours per week and months per year spent at site.
5. Include the information for your Secondary Work/School/Training activity (if applicable).

► INSTRUCTIONS FOR COMPLETING SECTION D

Questions 1-9. Check the appropriate box (either "Yes" or "No") for each question. If you answer "Yes" to any of questions 2-5, provide the requested information.

Questions 10. Check the appropriate box to indicate if you are applying for assistance because you are ineligible for the TANF or TCC programs.

Questions 11. Check whether you understand you are applying for voucher or contracted child care services.

Questions 12. Check whether all of the children in your family have health insurance and if you wish to receive an application for NJ Family Care.

► INSTRUCTIONS FOR COMPLETING SECTION E

1-2. Enter full name (last, first, middle initial), social security number and date of birth (month/date/year) for each child for whom assistance is requested. Check the appropriate boxes provided to indicate race, ethnicity and sex of child(ren). Indicate the hours, days and duration for which child care is needed. Check the appropriate box to indicate if the child(ren) has a special need, if yes, state the need. Check the appropriate box to indicate if the child is a US citizen. If yes, attach a copy of the child's birth certificate and social security card. Proof of the child's citizenship is not required for Abbott, Child Protective Services, Kinship or Post-Adoption subsidies.

► INSTRUCTIONS FOR COMPLETING SECTION F

After reading the certification, applicant and co-applicant (if applicable) sign on the appropriate line and include the date.



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

4CS of Passaic County
2 Market Street Suite 300
Paterson NJ 07501

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.)
<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		
Relationship of APPLICANT to children: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legally Responsible Adult <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____		

2. PARENT/CO-APPLICANT NAME (If Applicable)	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		

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 List gross income for current:				PARENT/CO-APPLICANT List gross income for current:			
WEEK	2 WEEKS	MONTH	YEAR	WEEK	2 WEEKS	MONTH	YEAR

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

Name of PRIMARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): (If applicable, enter "Self-Employed") 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 ____ # Hrs/Wk ____ # Mos/Yr	PARENT/CO-APPLICANT <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	PARENT/CO-APPLICANT <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 ____ # Hrs/Wk ____ # Mos/Yr	PARENT/CO-APPLICANT <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	PARENT/CO-APPLICANT <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:

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

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: ____/____/____		

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:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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: _____



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

AUTHORIZATION TO COMMUNICATE VIA INTERNET

By entering your email address below and then a second time to verify its accuracy, you are granting permission to 4CS of Passaic County, Inc. (4CS) and confirming that you are aware that you will be receiving confidential, time sensitive information and other program and agency information from 4CS regarding your child care subsidy and general correspondence. Make sure that you check your email regularly to ensure that you are receiving all the documents issued to you from 4CS. Please take note that if you do not respond in a timely manner, there may be a disruption in your child care subsidy. So, please be consistent in checking your email. Critical times to look for emails from 4CS are but not limited to the following:

- Change in Child Care Provider
- Change in Employment
- 45 days prior to your Annual Redetermination (every 12 months)

Applicant's email address

Applicant's email address verification

Co-applicant's email address

Co-applicant's email address
verification

Please print and sign your name below confirming your permission and authorization.

Applicant Print Name

Date

X_____
(Applicant's Signature)

Co-applicant Print Name

Date

X_____
(Co-applicant's Signature)



4CS OF PASSAIC COUNTY, INC.

Two Market Street, Paterson, NJ 07501 • Phone (973) 684-1904 • Fax (973) 684-0468

Child Care and Early Education Service Eligibility Parent Documentation and Verification Certification

Employer's Letter

_____ Employer's letter was provided by employer

Family Income Information

_____ I reported and submitted all the income information that I receive. This includes SSI, Supplemental, Child Support, or any unearned income

Family Household Size

_____ My family size unit only includes the number of adults and children as stated on my application

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:

- Failing to accurately report all sources of my (our) income. Examples include, but are not limited to no 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.

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.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment and may be terminated by the child care subsidy program.

Print Applicant's Name

Print Co-applicant's Name

Signature

Signature

Date: _____



4CS OF PASSAIC COUNTY, INC.

Two Market Street, Paterson, NJ 07501 • Phone (973) 684-1904 • Fax (973) 684-0468

1. Is your child a citizen?

Yes _____ or No _____

2. Does your child have health insurance?

Yes _____ or No _____

I understand that I must report any changes that may occur in my household within 10 days of that change or I may be responsible for repaying any money the 4CS paid for the care of my children.

Print Name: _____ Telephone #: _____

Signature: _____ Date: _____

Email Address:

☐ @hotmail.com ☐ @gmail.com ☐ @yahoo.com ☐ @aol.com ☐ @outlook.com

☐ @optimum.net ☐ @icloud.com ☐ @other _____

1. Es su hijo/a ciudadano de este país?

Si _____ o No _____

Tiene su niño (s) seguro médico?

Si _____ o No _____

Yo entiendo que cualquier cambio que pueda ocurrir en mi hogar, yo les notificaré dentro de 10 días. De no ser así yo podría ser responsable de pagar el dinero que la agencia de 4CS ha pagado por el cuidado de mi(s) hijo(s).

Nombre: _____ Número de teléfono: _____

Firma: _____ Fecha: _____

Correo electrónico:

☐ @hotmail.com ☐ @gmail.com ☐ @yahoo.com ☐ @aol.com ☐ @outlook.com

☐ @optimum.net ☐ @icloud.com ☐ @other _____



4CS OF PASSAIC COUNTY, INC.

Two Market Street, Paterson, NJ 07501 • Phone (973) 684-1904 • Fax (973) 684-0468

ACKNOWLEDGEMENT OF CHILD CARE POLICY REGARDING
DISQUALIFICATION OF SERVICES FOR PARENTS

I acknowledge receipt of the State of New Jersey Child Care Policy for Disqualification of Services for Parents dated 7/7/14 DFDI 14/07/01 from 4CS of Passaic County Inc. I have read the Disqualification Policy and understand my rights and responsibilities for the subsidy programs I am participating in.

Parent Signature

Date

Parent Signature

Date

Print Name

Print Name

Return signed acknowledgement to 4CS with completed Subsidy application.

CHILD CARE POLICY REGARDING DISQUALIFICATION OF SERVICES FOR PARENTS- STATE OF NJ INSTRUCTION DATED 07/07/14

Parents/applicants are required, at all times, to comply with New Jersey's subsidized child care program regulations and policies.

Any type of program violation will subject a parent/applicant to penalties that may include disqualification, termination, denial at time of application or reapplication, criminal investigation and/or recoupment of payment, if the parent/applicant is found by the CCR&R or DHS/DFD to be in violation of New Jersey's subsidized child care program regulations and policies.

DISQUALIFICATION PROCESS

A case of program violation can be brought to the Department of Human Services, Division of Family Development's (DFD) and/or CCR&R's attention through a variety of means, such as a phone call, letter, e-mail, newspaper article, television news broadcast, personal knowledge, or state databases used during the normal applicant eligibility determination and redetermination process. The CCR&R will then conduct an investigation to determine whether or not the program violation is substantiated. The CCR&R shall seek DFD guidance on cases in which clarification is required.

A substantiated case of program violation will result in the suspension or disqualification of child care subsidy and make the parent/applicant ineligible to apply/reapply for and/or receive subsidized child care for a specified period of time depending upon the number and type of violations. A parent or applicant may appeal the decision to suspend or terminate the child care subsidy.

The steps to take to suspend or disqualify a parent/applicant child care subsidy for various violations are outlined below.

General program violations that may result in suspension or disqualification include but are not limited to the following:

- (1) Failure to report within ten (10) calendar days any change in family size/composition, family income or any other **circumstances that change eligibility**, such as work/school/training status or income that exceeds program specific Federal Poverty Level (FPL) requirements, etc.
- (2) Failure to accurately report all sources of income. Examples include, but are not limited to, not reporting multiple sources of income (multiple employers), or an increase or decrease in wage/salary, child support payments, or alimony, unemployment, workman's compensation, pension, supplemental security income (SSI), social security disability income (SSDI), survivor benefits or any other income.
- (3) Failure to accurately report the amount of income. Examples include, but are not limited to, not reporting the accurate amount(s) of income from self-employment, rent from property ownership, or changing or altering pay stub information.
- (4) Failure to accurately report the number of household members who are required to be counted to determine family or household composition. Examples include, but are not limited to, failing to report that a spouse or another parent/guardian is living in the household.

ECC – Program Violation

Failure to comply with the E-Child Care Parent/Provider Responsibilities and Agreement may result in a warning notice, suspension or disqualification.

PENALTIES/PROCEDURES

Warning Notice

Upon evidence of an E-Child Care program violation, the CCR&R has seven (7) calendar days to send a warning letter (see attached) to the parents and offer training. CCR&Rs are required to provide written notification of parental warning to providers. For WFNJ cases, copies of all notices must also be sent to the County Welfare Agency (CWA). The parent/applicant will have up to two weeks (14 days) from the date of the warning letter to attend training and remedy the action by demonstrating consistent use of ECC. To document compliance or noncompliance, the CCR&Rs must print out the transaction report for that two-week period once the 14-day back swipe period has closed.

General Program and ECC Violations Penalties

Warning Notice

Upon evidence and/or notification of a program violation, the CCR&R has seven (7) calendar days to send a warning letter (see attached) to the parents/guardians. CCR&Rs are responsible for taking the necessary action to determine if the parent/guardian remains eligible and if repayment of funds is required.

First Violation (except fraud) – One (1) month disqualification

Upon completion of the one month disqualification, if the case is eligible, redetermination rules will apply. The eligibility threshold is 250% of the Federal Poverty Level (FPL) or below (350%-500% FPL for Kinship). WFNJ cases will require written notice to the CWA and verification that the CWA was informed of the disqualification.

Second Violation (except fraud) –Three (3) months disqualification

Upon completion of the three month disqualification, if the case is eligible, redetermination rules will apply. The redetermination eligibility threshold is 250% FPL or below (350%-500% FPL for Kinship). WFNJ cases will require written notice to the CWA and verification that the CWA was informed of the disqualification.

Third Violation and/or Fraud – Termination for up to twelve (12) months and/or permanent disqualification

If the violation has not resulted in permanent disqualification, parent could be subject to up to a twelve (12) month termination, after which the parent/applicant must reapply with the eligibility threshold being at 200% FPL or below.

Fraud or program violations that may be subject to up to a twelve (12) month termination include the following:

- (1) Failure to provide, or provision of, false or misleading or deliberate misrepresentation of, required information in connection with a new application or current child care subsidy case. (This may also result in the denial of any subsidy, 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.)
- (2) Reporting child(ren) present in attendance when child(ren) were not in attendance.
- (3) Repeated misuse of the ECC card resulting in multiple violations.
- (4) Repeated general program violation resulting in multiple violations.

WFNJ cases will require written notice to the CWA and verification that the CWA was informed of the termination for up to twelve (12) months.

Appeal Procedures:

It is the right of every parent who receives a disqualification notice from the CCR&R to request a review of his/her case by the CCR&R and/or DFD. The CCR&R must inform the parent of his/her right to request a review. A timely request must be made within ten (10) days of the date of the disqualification notice. See information on appeal rights below:

CHILD CARE PROGRAM APPEAL RIGHTS**1. Case review conducted by the county CCR&R Agency**

In the event you wish to have the action or amount in question reviewed by the county CCR&R responsible for the decision, you must make this request in writing within ten (10) days of the effective date of the adverse decision. Requests should be addressed to the agency on the front side of this notice.

You will be notified of the date and time of the review and you may appear with or without legal representation or may be represented by a friend or other spokesperson. Only those persons directly involved with the issue will be permitted to attend any review proceedings. You will also be given an opportunity to view all pertinent documents prior to the review date.

2. Administrative review conducted by the Division of Family Development

You may also have an adverse decision reviewed by the Division of Family Development (DFD) in place of, or in addition to, the case review conducted by the county CCR&R. A request for an administrative review from DFD may be made by calling the Bureau of Administrative Review and Appeals (BARA) at 1-800-792-9774.

You will be required to submit the following to BARA:

- A written statement indicating the request for a review and the reason for your disagreement;
- All documents verifying eligibility and justifying your case;
- Any other relevant documents which you believe the county CCR&R or child care provider may not have considered.

This DFD review must be requested within 90 days of the date of the original notice of adverse action. All materials should be mailed to BARA at:

Bureau of Administrative Review and Appeals
Division of Family Development
P.O. Box 716
Trenton, NJ 08625-0716

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

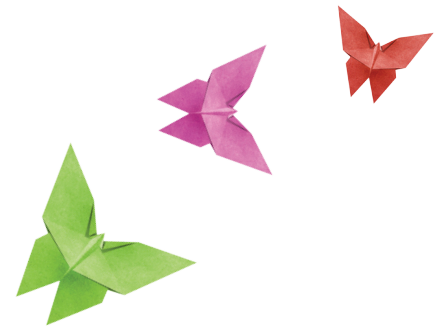
School districts provide research-based preschool programs for 3- and 4-year-olds, that may be located within a school district site, a private provider or a local Head Start agency.

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?

