



## New Jersey First Steps

*A Statewide Infant/Toddler Initiative*

### Northern Region

#### Infant/Toddler Initiative Confidential Program Application

**Return this form to be eligible for Free Services to improve your Infant Toddler Program**

Please take a few minutes to complete this questionnaire to help us better understand plan for your needs.

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

Name of Center/Family Child Care: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

PINJ Registry Number of Contact Person: \_\_\_\_\_

1. Does your program presently, or in the near future (3 to 12 months) plan to provide care for infants and toddlers? Yes \_\_\_ No \_\_\_
2. How many infants and toddlers are you currently licensed to serve? \_\_\_ How many infants and toddlers are currently *enrolled* in your program? \_\_\_\_\_
3. How many preschoolers are you licensed to care for? \_\_\_\_\_ How many preschoolers are currently *enrolled* in your program? \_\_\_\_\_
4. What are your hours of operation? \_\_\_ am \_\_\_ pm
5. What is the number of full-time and part-time staff involved with infant/toddler care giving? \_\_\_\_\_ FT \_\_\_\_\_ PT
6. How many in your program receive a child care subsidy? Infants (0-18 months) \_\_\_\_\_ Toddlers (19-35 months) \_\_\_\_\_ and preschoolers (3 -5 years) \_\_\_\_\_
7. Does your program use a research -based nationally known curriculum? Yes \_\_\_ No \_\_\_ If "Yes" which one \_\_\_\_\_.
8. Does your program need technical assistance or training in any of the following areas?

**Please prioritize these needs using the numbers 1-10**

___ Curriculum Development	___ Learning Environments
___ Health and Safety	___ Child Development
___ Nutrition	___ Professionalism
___ Challenging Behaviors	___ Developmental Appropriate Activities
___ Infant/Toddler Mental Health/-Social Emotional Well-Being	
___ Including Parents in your Programming	

9. Does your facility serve children with special needs? Yes, \_\_\_ how many? \_\_\_ No \_\_\_
10. Do you serve dual language learners in your program? Yes, \_\_\_ how many? \_\_\_ No \_\_\_
11. Is any of your staff enrolled in the Infant/Toddler CDA training? If so, how many? \_\_\_\_\_
12. Are you able to host training at your center during the day or in the evenings?  
Yes \_\_\_ No \_\_\_ Do you have adult seating and tables for training? Yes \_\_\_ No \_\_\_  
How many adults can you accommodate at training at your site? \_\_\_\_\_
13. Have you ever borrowed from our Resource Lending Library? Yes \_\_\_ No \_\_\_
14. Have you applied to be a Grow NJ Kids site? Yes \_\_\_ No \_\_\_ If "Yes", have you been accepted?  
Yes \_\_\_ No \_\_\_

Please fax to 973-398-0319 or email to: [cmccleary@CFRMorris.org](mailto:cmccleary@CFRMorris.org)

NJ First Steps at Child & Family Resources 111 Howard Boulevard Suite 104 Mount Arlington, NJ 07856

