



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT
PO BOX 716
TRENTON, NJ 08625-0716

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CAROLE JOHNSON
Commissioner

NATASHA JOHNSON
Assistant Commissioner

Family Child Care Stabilization Plan Questionnaire

Registered family child care providers interested in receiving a Stabilization Grant must complete and submit this form. Available funding for this grant : Up to \$2,500.00

Child Care Program Operation Details

Form containing fields for NJCCIS/License ID, County, Program Name, Director Name, Is your Child Care Program Currently Open?, Number of total enrolled children, Number of children enrolled receiving a NJ subsidy, and Number of children receiving NJ subsidy and attending.

COVID-19 Related Changes

Form containing questions: Did your program's capacity change? and Did your enrollment decrease?

Please complete this box to let us know how you plan to use the Coronavirus Relief Funds. Check all that apply.

Table with 2 columns: Expense Category and Projected expense amount. Categories include Personal protection equipment (PPE), Sanitizing/cleaning supplies/services, Additional classroom equipment/supplies/toys, Additional supervision support/staffing costs, Outstanding rent/mortgage/utilities, Classroom modifications/reconfiguration, Air quality/ventilation enhancement, Liability Insurance (COVID-19 specific), and Other COVID-19 expenses.



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## Family Child Care Stabilization Plan Questionnaire

### Certification

- 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, to receive these funds, my facility or home must be open and operating by October 1, 2020.
- I understand I am subject to monitoring and/or audit review of these funds.
- I understand that these funds must be used for costs incurred between September 1, 2020 and December 18, 2020 and must be used for COVID-19 related expenses.
- I understand, to receive these funds, my facility has not received reimbursement and/or funds for the expenses for which it has applied from any other source including, but not limited to, commercial or private insurance, or COVID-19 relief funding, or other another state or federal program for any of the above COVID-19 expenses.

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

Please complete and return this form to the following CCR&R Agency: