

# FAMILY CHILD CARE HOME CHECKLIST (see other side for Child Care Center Checklist)

Name/Address of Family Child Care Home:

Star Rating: \_\_\_\_\_ Cost of Care: Infants \$ \_\_\_\_\_ Toddlers \$ \_\_\_\_\_ Preschool \$ \_\_\_\_\_ School Age \$ \_\_\_\_\_

You should be able to answer **YES** to all or most of these questions.

## Tour the home **INSIDE**

### Required by the State

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is there an emergency procedure plan posted? Are there fire extinguishers and working smoke detectors?   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is the license displayed in a visible location?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is the home free of obvious hazards such as dangerous substances, electrical cords, cleaning chemicals, or medications accessible to the children? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are the toys and materials developmentally appropriate for the different age groups?   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If the provider has pets, are the pets current on their vaccinations?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are the furnishings in the area used for child care in good repair?  |

### Not required by the State

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is your initial reaction upon entering the child care home positive?               |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is there space available for active play and other space available for quiet play? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is the home free of cigarette smoke?   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is a good selection of toys and materials accessible to the children?              |

## Tour the home **OUTSIDE**

### Required by the State

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is the outside area free of litter and obvious hazards such as broken glass? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is the outdoor play equipment sturdy and in good repair?                     |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do the children have an opportunity to play outside each day?                |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are children being supervised by the child care provider while outside?      |

### Not required by the State

- |                          |     |                          |    |   |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is there shade available? Is the outside area fenced?                                     |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are there a variety of outside equipment/toys available and appropriate for various ages? |

## INTERACTIONS between staff/children/parents

### Required by the State

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is there a schedule posted and current?  |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Does the child care provider follow hand washing procedures after diapering/toileting? |

### Not required by the State

- |                          |     |                          |    |   |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is there a daily method of communication between the child care provider and parents? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Does the child care provider seem patient and receptive to the needs of the children? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Does the child care provider handle conflict among the children in a positive manner? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is there a balance of play time, story times, activity time, and naptime?             |

## OPERATION/POLICY

### Required by the State

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Does the child care provider have current CPR and First Aid certification?   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Does the child care provider allow parents to drop in and visit at any time? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Are nutritious meals/snacks provided?  |

### Not required by the State

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is the policy regarding late pick-up fees and charges when my child is out sick or on vacation explained to me?        |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Is transportation offered?   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Does the home participate in the subsidized child care program? Offer sliding scale rates?                             |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Does the child care have a substitute in case of illness or vacation and does this substitute meet state requirements? |

## ADDITIONAL QUESTIONS TO ASK

### Not required by the State

- |  |
|--|
| Does the provider have training in Child Development/Education?  |
| What is the policy for children who are running a fever or showing other signs of being sick?                            |
| Are children allowed to watch TV? If so, is TV time kept to a minimum and have a purpose?                                |
| Will other family members be present during child care hours? What type of interaction will they have with the children? |
| How are nap times handled?   |