

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

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|--|
| 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? |