

A FAMILY DAY CARE HOME – CHECKLIST FOR PARENTS

NAME OF PROVIDER VISITED: _____

DATE VISITED _____

<u>GENERAL ATMOSPHERE</u>	<u>YES</u>	<u>NO</u>	<u>THE PROGRAM</u>	<u>YES</u>	<u>NO</u>
House/Apt. is safe & well Maintained?	<input type="checkbox"/>	<input type="checkbox"/>	Activities are varied & age appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Setting is bright & cheerful?	<input type="checkbox"/>	<input type="checkbox"/>	Child/ren play/go outdoors each day?	<input type="checkbox"/>	<input type="checkbox"/>
Toys are safe & Appropriate for the children?	<input type="checkbox"/>	<input type="checkbox"/>	There is a clear schedule for meals/naps/playtime?	<input type="checkbox"/>	<input type="checkbox"/>
There is good light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<u>PARENT INVOLVEMENT</u>	<u>YES</u>	<u>NO</u>
There are smoke detectors/ fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	Parents are welcome to spend time in the home	<input type="checkbox"/>	<input type="checkbox"/>
Medicines/household products locked away?	<input type="checkbox"/>	<input type="checkbox"/>	Parents meet with caregiver/s on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
<u>THE CAREGIVER/S</u>	<u>YES</u>	<u>NO</u>	<u>BASIC INFORMATION</u>	<u>YES</u>	<u>NO</u>
Caregiver/s seems to enjoy the child/ren	<input type="checkbox"/>	<input type="checkbox"/>	Home is licensed/registerd?	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver/s respond quickly to child/ren's needs?	<input type="checkbox"/>	<input type="checkbox"/>	Hours are suitable?	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver/s plays with child/ren?	<input type="checkbox"/>	<input type="checkbox"/>	Fees are affordable?	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver/s is gentle in handling the child/ren?	<input type="checkbox"/>	<input type="checkbox"/>			