| Preschooler's Worksheet   |   |  |                               |  |  |
|---|---|--|-------------------------------|--|--|
| Part 1 – Basic Prov   | ider Information  | n  |                               |  |  |
| (Portions of this section can be  | completed during the ini  | tial telephone contact                                 | )                             |  |  |
| Facility name   |   |  |                               |  |  |
| Provider's/director's name  |   | Telephone  |                               |  |  |
| Address   |   |  |                               |  |  |
| Type of care: O Fam   | ily day care O  | Center care  |                               |  |  |
| Days and hours that service is  | provided  | Summer program   | 2                             |  |  |
| Cost  |   |  |                               |  |  |
|   |   |  |                               |  |  |
| Number of infants/children cur  | rently in the provider's ca   | are  |                               |  |  |
|   |   |  |                               |  |  |
| Number of infants/children cur<br>Number of adults caring for ch  |   |  |                               |  |  |
| Number of adults caring for ch<br>Adults Giving Care  | ildren  |  |                               |  |  |
| Number of adults caring for ch<br>Adults Giving Care<br>Name  | ildren<br>Education   |  |                               |  |  |
| Number of adults caring for ch<br>Adults Giving Care<br>Name<br>1)  | ildren<br>Education   |  | Experience                    |  |  |
| Number of adults caring for ch<br>Adults Giving Care<br>Name<br>1)<br>2)  | ildren<br>Education   |  | Experience                    |  |  |
| Number of adults caring for ch<br>Adults Giving Care<br>Name<br>1)<br>2)<br>3)  | ildrenEducation   |  | Experience                    |  |  |
| Number of adults caring for ch<br>Adults Giving Care<br>Name<br>1)<br>2)<br>3)  | ildrenEducation   |  | Experience                    |  |  |
| Number of adults caring for ch Adults Giving Care Name 1) 2) 3) What is the maximum number Does the provider require you t  | Education   |  | Experience                    |  |  |
| Number of adults caring for ch Adults Giving Care Name 1) 2) 3) What is the maximum number Does the provider require you t (Be sure you receive a copy.)                                  | Education<br>of children the provider of<br>to sign an agreement?   | will care for at any or<br>O Yes                       | Experience                    |  |  |
| Number of adults caring for ch<br>Adults Giving Care<br>Name<br>1)<br>2)  | Education<br>Education<br>of children the provider v<br>to sign an agreement?<br>ces? Get at least three name | will care for at any or<br>O Yes<br>mes and phone numb | Experience ne time? O No ers: |  |  |
| Number of adults caring for ch Adults Giving Care Name 1) 2) 3) What is the maximum number Does the provider require you t (Be sure you receive a copy.) Does the provider have reference | Education<br>Education<br>of children the provider v<br>to sign an agreement?<br>ces? Get at least three nat  | will care for at any or<br>O Yes<br>mes and phone numb | Experience ne time? O No ers: |  |  |

|  | All About Child Care  |
|--|---|
|  |   |
| s smoking permitted on premises?   | Pets?   |
| Are there firearms?  | How are they stored?  |
| Does the provider have a backup caregiv  | er in case of emergency or illness?   |
| Name/address/telephone of backup careg   | (iver(s)  |
| s the provider licensed or registered?   |   |
| How long has provider been giving care   | in your state?Elsewhere?  |
| Does the provider transport children?  | How often?  |
| Where?   |   |
|  |   |
| Who supplies the car seats?<br><b>Part 2 – Interview Questi</b> e<br>We recommend that you discuss these q   | <b>ONS</b><br>uestions during a face-to-face interview.)  |
| Who supplies the car seats?<br>Part 2 – Interview Questie<br>We recommend that you discuss these q<br>What is the provider's experience, educar  | <b>ONS</b><br>uestions during a face-to-face interview.)<br>tion, training with children your child's age?  |
| Who supplies the car seats?<br>Part 2 – Interview Questie<br>We recommend that you discuss these q<br>What is the provider's experience, educar  | <b>ONS</b><br>uestions during a face-to-face interview.)  |
| Who supplies the car seats?<br>Part 2 – Interview Questie<br>We recommend that you discuss these q<br>What is the provider's experience, educat<br>is a CPR-trained caregiver present at all t   | ONS<br>uestions during a face-to-face interview.)<br>tion, training with children your child's age?         |
| Who supplies the car seats?<br><b>Part 2 – Interview Questie</b><br>We recommend that you discuss these q<br>What is the provider's experience, educat<br>is a CPR-trained caregiver present at all the<br>Why did the provider choose this work?  | ONS uestions during a face-to-face interview.) tion, training with children your child's age? times? times? |
| Who supplies the car seats?<br><b>Part 2 – Interview Questie</b><br>We recommend that you discuss these q<br>What is the provider's experience, educat<br>a CPR-trained caregiver present at all the<br>Why did the provider choose this work?<br>What would a preschooler's day look like | ONS uestions during a face-to-face interview.) tion, training with children your child's age? times? times? |
| Who supplies the car seats?<br><b>Part 2 – Interview Questie</b><br>We recommend that you discuss these q<br>What is the provider's experience, educat<br>a CPR-trained caregiver present at all the<br>Why did the provider choose this work?<br>What would a preschooler's day look like | ONS uestions during a face-to-face interview.) tion, training with children your child's age? times? times? |

#### Part 2 - Interview Questions (continued)

How will the provider communicate with you about your child's progress? A combination of written and verbal communication is best.

Will the provider/facility ask you to participate in special events such as field trips, parties, guest speak ers, etc. if needed and/or are you free to volunteer your time?

Does the provider have an "open door" policy? Are you welcome to visit at any time?

How long will the caregiver let a preschooler cry before intervening?

How does the provider monitor children when some are outdoors playing and some are indoors?

Are small group activities planned? Do preschoolers get some individual attention during the day?

How does the provider deal with a child who refuses to cooperate?

What are the provider's policies on:

- Giving medicine? \_\_\_\_\_\_
- Emergencies/accidents?\_\_\_\_\_
- Firedrills?\_\_\_\_\_
- Naps/sleeping?\_\_\_\_\_
- Biting/hitting?\_\_\_\_\_
- Illness/vacations? Will she charge you if your child is too ill to go to child care? If your child is on vacation?\_\_\_\_\_\_

### All About Child Care

| • Discipline? If "time out" is used | l, how many minu | ites? |  |
|-------------------------------------|------------------|-------|--|
| Sharing/fighting over toys?         |                  |       |  |
| • Child saying "no" when asked t    | o do something?_ |       |  |
| • Toileting?                        |                  |       |  |
| Meal plans/menus?                   |                  |       |  |
| • Child's possessions at daycare?   |                  |       |  |
| • Is TV monitored? How?             |                  |       |  |
| Are these policies in writing?      | O Yes            | O No  |  |
| Additional notes:                   |                  |       |  |
|                                     |                  |       |  |
|                                     |                  |       |  |
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|                                     |                  |       |  |
|                                     |                  |       |  |
|                                     |                  |       |  |

# Part 3 – Visual Inspection

(Complete during your facility tour.)

## Indoor Space – Checkpoints

## **Outdoor Space – Checkpoints**

| Large, uncluttered play area?  | O Yes O No | Fenced? O Yes O No  |
|--|------------|---|
| Free of hazards?   | O Yes O No | Easily Supervised? O Yes O No                                       |
| Outlets covered?   | O Yes O No | Free of hazards? O Yes O No   |
| Electric cords out of reach?   | O Yes O No | Equipment suitable for preshoolers? O Yes O No                      |
| Easily evacuated in an emergency?  | O Yes O No | Equipment in good repair? O Yes O No                                |
| Heating and ventilation okay?  | O Yes O No | Is there a hot tub? Is the hot tub O Yes O No                       |
| Toys and furniture suitable for infants?   | O Yes O No | cover locked?<br>Is there a pool? Is it securely fenced? O Yes O No |
| Toilet area clean and organized?   | O Yes O No | Are there animals present? O Yes O No                               |
| Accesible sinks near toileting area?   | O Yes O No | Are animals accessible to O Yes O No                                |
| Poisons and medications locked?  | O Yes O No | children?   |
| Hazardous areas (stairs, fireplaces, etc.) inaccessible?   | O Yes O No | Are children protected from animal •• Yes •• No contamination?      |
| Area easily supervised?  | O Yes O No | Area cleared of harmful plants? ••• O Yes O No                      |
| Smoke alarms/detectors?  | O Yes O No | Notes:  |
| Fire extinguishers?  | O Yes O No |   |
| Kitchen clean?   | O Yes O No |   |
| Easily accessible important<br>telephone numbers for each<br>child and community<br>emergency numbers? | O Yes O No |   |
| Notes:   |            |   |
|  |            |   |
|  |            |   |
|  |            |   |
|  |            |   |
|  |            |   |
|  |            |   |
|  |            |   |

#### Part 3 – Visual Inspection (continued)

Is there adequate equipment for all the children? Adequate space so that cribs, high chairs, play pens, rocking chairs, low tables, etc. do not take up all the available space? Has enough protected space beer planned for floor play?

Do the adults appear to be patient with the children?

What is the noise level?\_\_\_\_\_

How quickly are the children's needs met?

Do caregivers routinely talk to the infants? Do they respond to the infant's sounds?

Are children kept clean? Are their noses wiped?\_\_\_\_\_

Are diapers changed regularly? Do caregivers routinely wash their own hands after diaper-changing and before touching another child?

Additional observations:

## Part 4 – Questions to Ask References

Ask open-ended questions that will encourage the reference to talk. Very specific questions tend to yield yes or no answers. Here are some typical open-ended questions:

- How did you hear about the provider?
- How old were your children while they were in care with this provider? Are they still there?
- What did you like most and least about using this child care?
- Was the provider reliable?
- Would you use the provider again?

| Name/phone |      |      |  |
|------------|------|------|--|
| Notes —    | <br> | <br> |  |
|            |      |      |  |
|            |      |      |  |
|            |      |      |  |
| Name/phone |      |      |  |
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| Name/phone | <br> |      |  |
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| Name/phone |      |      |  |
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