

# SCHOOL-AGE WORKSHEET

## PART 1 - BASIC PROVIDER INFORMATION

(Portions of this section can be completed during the initial telephone contact.)

Facility name \_\_\_\_\_

Provider's/director's name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Type of care:             Family day care             Center care

Days and hours that service is provided \_\_\_\_\_ Summer program? \_\_\_\_\_

Cost \_\_\_\_\_

Number of infants/children currently in the provider's care \_\_\_\_\_

Number of adults caring for children \_\_\_\_\_

## ADULTS GIVING CARE

Name	Education	Experience
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

What is the maximum number of children provider will care for at any one time? \_\_\_\_\_

Does the provider require you to sign an agreement?             Yes             No  
(Be sure you receive a copy.)

Does the provider have references? Get at least three names and phone numbers:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

## ALL ABOUT CHILD CARE

Is smoking permitted on premises? \_\_\_\_\_ Pets? \_\_\_\_\_

Are there firearms? \_\_\_\_\_ How are they stored? \_\_\_\_\_

\_\_\_\_\_

Does the provider have a backup caregiver in case of emergency or illness? \_\_\_\_\_

\_\_\_\_\_

Name/address/telephone of backup caregiver(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is 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? \_\_\_\_\_

## PART 2 - INTERVIEW QUESTIONS

(We recommend that you discuss these questions during a face-to-face interview.)

What is the provider's experience, education, training with children your child's age? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did the provider choose this work? \_\_\_\_\_

What would a school-age child's day look like in your program? (Are the activities appropriate for school-age children i.e., variety of activities, active and quiet time, etc.)

\_\_\_\_\_

## PART 2 - INTERVIEW QUESTIONS (CONTINUED)

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

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

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How will the provider deal with conflicts between children? \_\_\_\_\_

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

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

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What are the provider's policies on:

- Giving medicine? \_\_\_\_\_
- Discipline? If "time out" is used, how many minutes? \_\_\_\_\_
- Friends visiting? \_\_\_\_\_
- Emergencies/accidents? \_\_\_\_\_
- Sharing/fighting over toys? \_\_\_\_\_
- Extracurricular activities (sports, music)? \_\_\_\_\_
- Meal plans/menus? \_\_\_\_\_
- Emergencies/accidents? \_\_\_\_\_
- Fire drills? \_\_\_\_\_

ALL ABOUT CHILD CARE

- Homework? \_\_\_\_\_
- Children's use of appropriate language? \_\_\_\_\_
- Quantity and content of TV? \_\_\_\_\_
- Illness/vacations? Will she charge you if your child is too ill to go to child care? If your child is on vacation? \_\_\_\_\_

Are these policies in writing?       Yes       No

Additional notes: \_\_\_\_\_  
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### PART 3 – VISUAL INSPECTION

(Complete during your facility tour.)

#### Indoor Space – Checkpoints

- Large, uncluttered play area?  Yes  No
- Free of hazards?  Yes  No
- Clean?  Yes  No
- Easily evacuated in an emergency?  Yes  No
- Heating and ventilation okay?  Yes  No
- Area for homework/quiet time?  Yes  No
- Poisons and medications locked?  Yes  No
- Individual space for child’s coat, back pack, etc.?  Yes  No
- Easily supervised?  Yes  No
- Smoke alarms/detectors?  Yes  No
- Fire extinguishers?  Yes  No
- Easily accessible important telephone numbers for each child and community emergency numbers?  Yes  No

#### Outdoor Space – Checkpoints

- Fenced?  Yes  No
- Easily Supervised?  Yes  No
- Free of hazards?  Yes  No
- Equipment suitable for school-aged children?  Yes  No
- Equipment accessible to children?  Yes  No
- Is there a hot tub? Is the hot tub cover locked?  Yes  No
- Is there a pool? Is it securely fenced?  Yes  No
- Are there animals present?  Yes  No
- Are animals accessible to children?  Yes  No
- Are children protected from animal contamination?  Yes  No
- Area cleared of harmful plants?  Yes  No

**Notes:**

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### PART 3 – VISUAL INSPECTION (CONTINUED)

Are plenty of materials provided for school-age children? Books? Art supplies? Indoor/outdoor games?

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Do the adults appear to be available with the children? \_\_\_\_\_

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

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How are the children greeted and bid good-bye? \_\_\_\_\_

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Do adults listen to the children and respond to them appropriately? \_\_\_\_\_

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Additional observations:

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## 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 \_\_\_\_\_

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Name/phone \_\_\_\_\_

Notes \_\_\_\_\_

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Name/phone \_\_\_\_\_

Notes \_\_\_\_\_

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Name/phone \_\_\_\_\_

Notes \_\_\_\_\_

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