

Alabama Department of Human Resources
Child Care Services Division

EARLY HEAD START CHILD CARE PARTNERS ASSESSMENT FORM

Date: _____

Name: _____

Address: _____

Landmark: _____

Telephone: _____ Cell: _____

First Visit	Second Visit	Third Visit (if necessary)
Date:	Date:	Date:
Staff Present:	Staff Present:	Staff Present:
Education Coordinator		
HS-EHS Program Director		
EHS Coordinator		
Other:		

Comments _____

CHECKLIST

Licensed: Yes No If no, what is your status?

Handicap accessible? Yes No

What are your hours of operation? _____

Capacity : _____

Number of children currently enrolled: _____

What is your child to caregiver/provider ratio? _____

Are your children grouped by ages? Yes No If no, explain: _____

Describe the caregiver/provider's demeanor and tone of voice. Does the caregiver/provider appear to be pleasant?

Education: _____ CDA _____ HS Diploma _____ Degree

Other:

Number of Cots: _____ Number of Cribs _____

Condition: _____

Is the home or center child friendly? Beyond safety, does the home have a comfortable atmosphere that encourages children to relax?

First Aid Kit: stocked and under lock and key if medicine is to be administered?

Yes No

Fire Extinguisher and Smoke Alarms: Yes No

Fire Extinguisher expiration date:

There must be no evidence of Smoke on the Premises!

Smoke Free Environment – Does the home or center have a pleasant odor? Is there evidence of smoking in the home or center or on their grounds?

Evacuation and Emergency Plans posted? Yes No

CPR and First Aid Training: Yes No If yes, how many? _____

Expiration date: _____

Does the child care provider or the infant and toddler caregiver appear to be physically fit to participate in the children's activities? Is the provider or caregiver willing to provide a copy of a medical consent form allowing them to work with children?

Are you on the USDA Nutrition Program?

Yes No

Have you applied for the USDA Nutrition Program?

Yes No

How will you prepare and serve your meals?

How will you feed infants?

Is kitchen clean and sanitary?

Proper ventilation, clean walls, ceiling fans above stove, refrigerator, etc.

Sample menus available and proper food storage available?

Are you familiar with family style meals?

How is food and formula provided for infants and toddler?

<p>Are you familiar with the Creative Curriculum?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>What are your previous child care training experiences? How do you feel about attending training/school during day/evening/weekends?</p>	
<p>How many years have you been working in Child Care?</p>	
<p>What are your child care plans for children? (if applicable)</p>	
<p>Do you have any specialized training or experiences in working with Infants and Toddlers?</p>	
<p>Do you actually provide child care or do you employ others to care for the children?</p>	
<p>What are your feelings about caring for children from other countries/cultures/ Some of these children and families have limited English proficiency, have a different diet, and/or religion. Have you had any of these experiences? Does anyone have strong feelings about this subject?</p>	

OPERATIONS

<p>What are your current record keeping methods?</p>	
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