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:				
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Describe the caregiver/provider's demeanor and tone of voice. Does the caregiver/provider appear to be pleasant?				
Education:CDAHS DiplomaDegree				
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 No Have you applied for the USDA Nutrition Program?					
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?					

Are you familiar with the Creative Curriculum? Yes No	
What are your previous child care training experiences? How do you feel about attending training/school during day/evening/weekends?	
How many years have you been working in Child Care?	
What are your child care plans for children? (if applicable)	
Do you have any specialized training or experiences in working with Infants and Toddlers?	
Do you actually provide child care or do you employ others to care for the children?	
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?	

OPERATIONS

What are your current record keeping methods?	
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OBSERVATION NOTES:

Day Care or Family Home Environment: (Comment on equipment, room arrangements, room temperature, cots, lighting, materials, and supplies. Are these items feasible and adequate to serve Early Head Start Infants and Toddlers? Include pictures)



Information shared with the potential provider during 1st or 2nd screening:

- Record keeping will change and may increase to comply with Early Head Start and/or DHR regulations.
- Explain the DHR EHSCCP Program's monitoring policy and expectations for compliance with the Performance Standards.
- Describe the Child Care Partnership Agreement and how the provider will maintain their independent contractor's status.
- Explain the process of enrolling and placing the children.
- Explain to the provider the DHR EHSCCP Program's policy on after school and drop in children.
- If the provider has an assistant, discuss the assistant's relationship with the Head Start-Early Head Start Program
- Discuss how long has the assistant been working with the provider and what are their hours?

This intake form along with the health and safety check and the outdoor safety checks are used to make the following recommendations to the director.

Recommendations to Director:

Signature:	Education Coordinator	Date:	
Signature:	EHS Coordinator	Date:	
Signature:	Other	Date:	