



MIT CENTER FOR WORK, FAMILY & PERSONAL LIFE

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Family Child Care Screening Forms

INITIAL TELEPHONE INTERVIEW

Name of Caregiver: _____

License #: _____ Capacity: _____

Address: _____ Phone: _____

_____ Rate: _____

Hours, months of operation: _____

Training/Experience: _____

Number and age of children now in care: _____

Uses an assistant: _____

Can provide references? yes no

Will provide social security number? yes no

Availability (what hours, starting when...): _____

Additional notes/special features: _____

Visit scheduled for: _____

HOME VISIT CHECKLIST

YES NO

The caregiver:

- | | | |
|---|--------------------------|--------------------------|
| 1. Appears relaxed and loving, and to enjoy children | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Seems able to balance caregiving with her family's needs | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is energetic, healthy, physically able to care | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has emotional and social supports; she's not isolated | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is interested in child development, reads, or has training | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. You met and liked everyone who will be caring for your child | <input type="checkbox"/> | <input type="checkbox"/> |

What happens every day?

- | | | |
|--|--------------------------|--------------------------|
| 1. The caregiver offers each child special attention every day | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. A range of planned, age-appropriate activities are offered | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The caregiver talks with each child often, encouraging them to respond | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. There are plenty of toys, in good shape, organized well enough to find | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. All children go outside each day | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. There is an appropriate daily routine which balances the needs of all ages | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Child care areas are big enough, with space for quiet as well as group play | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. T.V. use is limited and appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My child will come to enjoy this group | <input type="checkbox"/> | <input type="checkbox"/> |

Special provisions for infant care:

- | | | |
|---|--------------------------|--------------------------|
| 1. Babies are allowed to explore freely, not often or long in cribs or playpens | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Babies are fed on their own schedules and are held while being fed | <input type="checkbox"/> | <input type="checkbox"/> |

Discipline:

- | | | |
|---|--------------------------|--------------------------|
| 1. The caregiver's discipline style is positive, and consistent with my own | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Each child seems to be treated fairly | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The caregiver helps children share feelings and learn to resolve conflicts | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Limits appear clear and reasonable | <input type="checkbox"/> | <input type="checkbox"/> |

Safety:

- | | | |
|---|--------------------------|--------------------------|
| 1. The house is clean and in good repair, lead-tested or with no peeling paint | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Heating and electrical systems seem in good repair, properly protected | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. There are two clear exists to the outside | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Dangerous substances are out of reach | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Smoke detectors are in place | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Emergency procedures are written out | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. First aid box and policies are on hand | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The caregiver requests permission if taking children, in car seats, in the car | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The outdoor play area is safe, fenced | <input type="checkbox"/> | <input type="checkbox"/> |

Health and Illness:

- | | | |
|---|--------------------------|--------------------------|
| 1. The caregiver does not smoke | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Parents are notified immediately of illness or injury | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Caregiver washes her hands after diaper changes and before fixing food | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Meals are nutritious and enjoyable | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Medications are given only with parental permission; a record is kept | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Policies reduce the risk of spreading infections | <input type="checkbox"/> | <input type="checkbox"/> |

How does the home run?

- | | | |
|---|--------------------------|--------------------------|
| 1. There are no more than 6 children and no more than 3 under 2 yrs anytime | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Records are kept on each child | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Policies on attendance, fees, etc., are clear | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. A reliable substitute is available | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can visit any time during the day | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The caregiver reports on children's activities and progress each day | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The caregiver is comfortable with my questions, interested in my needs | <input type="checkbox"/> | <input type="checkbox"/> |