

GOODHUE COUNTY
HEALTH AND HUMAN SERVICES
PARENT EVALUATION OF FAMILY
CHILD CARE SERVICES

Licensed family child care homes are visited only once every two years. Parents who are in the home regularly are often in a better position to evaluate the quality of care being provided. Thank you for taking the time to fill out this form. **PLEASE RETURN IT TODAY.** Summary comments may be shared with the provider, though your name and identifying information is confidential.

Provider Name: _____

Please state the days of the week and the hours your child(ren) are in this child care: _____

How long have you used this home? _____

How old is/are your child(ren)? _____

Have you visited the child care unannounced during regular scheduled child care hours? _____

Check either Yes, No or NA:

1. Is a nutritious meal, as well as 1-2 snacks, offered when your child is there a full day? Yes No NA
2. Does your child seem to like the provider and family? Yes No NA
3. Does the family seem to like your child? Yes No NA
4. Are there recreational and learning activities in the home - - crafts, games, story hour, creative play, singing, etc? Yes No NA
5. In your opinion, is the amount of time spent watching TV and videos appropriate? Yes No NA
6. Do the children play outside regularly (weather permitting)? Yes No NA
7. To your knowledge, is the provider outside with the children? Yes No NA
8. Do you feel the children are properly supervised indoors & outdoors at all times? Yes No NA
9. Do you feel you usually know how your child is getting along in the day care? Yes No NA
10. Do you believe the provider consistently gives praise and positive reinforcement to your child? Yes No NA
11. Has your child ever been physically disciplined (hit, spanked) or verbally abused in this child care home? Yes No NA
12. Is this home...
 - A. Safe for your child(ren)? Yes No NA
 - B. Clean and reasonably uncluttered? Yes No NA
 - C. Using a safe outdoor play area? Yes No NA
 - D. Supplied with plenty of age-appropriate equipment for your child(ren)? Yes No NA
13. Are you satisfied with the provider's ability and willingness to communicate with you about your child(ren)'s progress? Yes No NA
14. Does your provider transport children in appropriate car seats? Yes No NA
15. What areas of the home are used for child care purposes? Basement 2nd Floor
 1st Floor Above

16. Explain how the provider handles limit setting and discipline:

ANSWER QUESTIONS 17 THROUGH 22 AS THEY APPLY TO THE AGES OF YOUR CHILD(REN)

17. Is your infant held, rocked, cuddled and played with in the child care home? Yes No NA
18. Is your infant placed on his/her back to sleep with nothing in the crib except a pacifier? Yes No NA
19. Are diapers changed as frequently as needed? Yes No NA
20. Is the provider willing to work with parents on toilet training? Yes No NA
21. Does your child(ren) appear to be thoroughly washed before and after meals and play? Yes No NA
22. Are noses wiped as needed by the provider? Yes No NA

Do you have suggestions as to how this child care could be improved?

Please tell us what you would most like us to know about this home:

Your Name

Your Address

Phone Number

Date

THANK YOU FOR FILLING OUT THIS EVALUATION!

RETURN TO:

Send regular mail to:

Chris Reich

Goodhue County Health & Human Services

Social Services Division

426 West Ave

Red Wing, MN 55066

Phone: 651-385-2052

FAX to:

651-267-4877

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