

**Dakota County Social Services Child Care Licensing
Parent Evaluation of Family Child Care Home**

Child Care Provider Name: _____ Date: _____

Child Care Provider City: _____

1. Do you currently have child(ren) enrolled in this home? Yes No
2. Ages of child(ren): _____
3. How long have you used/or did you use this home? _____
4. Is your provider's license posted? Yes No
5. How many children is your provider licensed to care for at one time? _____

Please Rate Your Provider Using the Following Scale					
5. Strongly Agree	4. Agree	3. Neither Agree or Disagree	2. Disagree	1. Strongly Disagree	N/A – Not Applicable

The Provider:

1. Supports each child as an individual, providing focused and individual attention.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
2. Provides a daily routine of recreational and learning activities for all age groups of children in care (e.g., story time, games, music, projects, exercise, and creative play).	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
3. Provides an adequate supply of age-appropriate materials/activities, books, toys, and equipment.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
4. Takes children outdoors on a daily basis (weather permitting).	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
5. Offers a variety of healthy meals and snacks.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
6. Supervises children at all times, both indoors and outdoors. (Within sight or hearing of infants, toddlers, and preschoolers so that the caregiver is capable of intervening. For school-age children, the caregiver is available for assistance so that the child's health and safety is protected.)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
7. Provides each child in care with their own clean, safe, and comfortable sleep space. (Infants must sleep in an approved crib or port-a-crib, toddlers/preschoolers are provided with a mat, crib, cot, bed, sofa, blanket or sleeping bag for nap/quiet time.)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
8. Guides behavior in a constructive, age-appropriate manner through intervention, guidance, and redirection.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
9. Is able to adequately care for the number and age distribution of the children in his/her care.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
10. I am satisfied with the condition of the toys and equipment used for the children	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
11. I am satisfied with the diaper changing area, process, and frequency.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
12. I am satisfied with communication with the provider.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
13. I am satisfied with the overall quality, consistency, and stability of care provided.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
14. I am satisfied with the overall environment, safety, and hygiene practices of my provider.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A

15. If you are no longer using this home, what was the main reason you left?

16. Describe the provider's strong points and/or assets in the care they provide:

17. Do you have any concerns regarding the physical or emotional health and well-being of your provider that impacts his/her ability to care for children?

18. Are there any aspects of this child care home you feel could be improved or enhanced?

Additional comments

Is there anything else you would like our agency to be aware of regarding this provider or the home?

By checking this box, you are signing this form electronically.

Your Name

Date

Phone Number

Email this evaluation to:

childcare@co.dakota.mn.us

Be sure to enter the provider's city in the "Subject" line

Or

Mail this form to:

Dakota County Child Care Licensing
14955 Galaxie Avenue
Apple Valley, MN 55124

Thank you for completing this evaluation. If you would like to talk directly with a licensor in our agency about this provider, please call: 952-891-7400.

Please note: Licensing staff are required by state statute to follow up on any information provided which may constitute a licensing violation.