

Family Child Care Home Observation Information Sheet

ID Number _____ 01

Name of Provider _____

Name of FCCH if different _____

Address of FCCH _____

Focus Child (first name) _____

Date of Visit _____
mm/dd/yyyy

Name(s) of Observers _____

Observer ID Number(s)

____ City ____ Observer ____

____ City ____ Observer ____

Family Child Care Home Observation Physical Description of Setting

Number of rooms used for children _____

Type of setting:

All space used for child care is dedicated space _____

Some space used for child care is shared in
provider=s apartment/home and some is dedicated _____

All child care space is shared _____

Other (describe) _____

Brief description of FCCH

Family Child Care Home Observation Roster of Children Enrolled and Present

Children Who are NOT Provider=s Own Children				
First Name of Child	Birthdate (mm/dd/yyyy)	Age	Related to Provider? (Y/N)	Present on Day of Visit? (Y/N)
1 (FC)				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
use back of page to list additional children				

Children Living with Provider(s) (younger than 18 years)				
First Name of Child	Birthdate (mm/dd/yyyy)	Age	If younger than 12 years, cared for as part of FCCH? (Y/N)	Present on Day of Visit? (Y/N)
1				
2				
3				
4				
5				
use back of page to list additional children				

Assistants/Helpers in Family Child Care Home				
First Name of Assistant	Approximate # Hours Worked/Week	Age in Years	Related to Provider ? (Y/N)	Present on Day of Visit? (Y/N)
1				
2				
3				
use back of page to list additional assistants				

Additional Children/Assistants

Children Who are NOT Provider=s Own Children				
First Name of Child	Birthdate (mm/dd/yyyy)	Age	Related to Provider? (Y/N)	Present on Day of Visit? (Y/N)
13				
14				
15				
16				
17				
18				
19				
20				

Children Living with Provider(s) (younger than 18 years)				
First Name of Child	Birthdate (mm/dd/yyyy)	Age	If younger than 12 years, cared for as part of FCCH? (Y/N)	Present on Day of Visit ? (Y/N)
6				
7				
8				
9				
10				

Assistants/Helpers in Family Child Care Home				
First Name of Assistant	Approximate # of Hours Worked/Week	Age in Years	Related to Provider?(Y/N)	Present on Day of Visit? (Y/N)
4				
5				
6				