



Home Child Care Owner/Director Survey

Dear Child Care Business Owner/Director: Please complete this health and safety survey prior to the visit by your Child Care Nurse Consultant. We look forward to working with you to improve the health and safety of children enrolled in your care. Thank you.

Child Care Nurse Consultant name _____ Telephone _____

Names of Owners/ Co- Registrants _____ Today's Date _____

Address _____ City _____ Zip Code _____

Telephone Number _____ Fax Number _____

Email Address _____

What is your level of registration for your child care business?

- Start Up (in business less than 90 days)
- Non-Registered
- Child Development Home: Level: A B C
- Other, please specify _____

Identifying the health and safety needs of your business:

1. How long have you been in business providing child care?
2. What is the largest number of children that may be in your care at any given time?
 How many children are now enrolled in your care?
 How many children (in the age groups below) do you care for?
 Infants ____ Toddlers ____ 3-year olds ____ 4-year olds ____ School-Age ____
3. How many children in your care use the Child Care Assistance Program to pay their child care costs?
 Would you like information about this program? Yes No
4. Do you participate in the Child and Adult Care Food Program (CACFP)? Yes No
 Would you like information about this program? Yes No
5. What is your level of education? (Examples high school, some college, college graduate)
 What is the level of education of your co-registrant?
6. How many hours of health and safety training have you received in the last 2 years?
 None 1-2 hours 3-5 hours More than 5 hours
7. Have you completed any of the following trainings during the last 2 years?

<input type="checkbox"/> Child Net	<input type="checkbox"/> Program for Infant/Toddler Caregivers (PITC)
<input type="checkbox"/> CPR, Cardio-Pulmonary Resuscitation	<input type="checkbox"/> Universal Precautions
<input type="checkbox"/> Every Child Reads	<input type="checkbox"/> Welcome to School-age Care
<input type="checkbox"/> First Aid	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mandatory Child Abuse Reporter Training	
8. Do you know who to call and how to file a child abuse report? Yes No
 Have you ever reported child abuse to the Iowa Department of Human Services? Yes No

Business Name: _____

9. Do you serve children with special health or developmental needs? Yes No
 What types of special needs do the children enrolled in your care have? (Check all that apply)

- Developmental Delays
- Emotional/Behavioral
- Health Problems (Please list) _____

- Sensory (vision or hearing problems)
- Speech / Language Delays
- Other types of special needs (Please list) _____

Physical Delays (problems physically moving about in the child care environment) _____

10. Do you care for children who receive medication on a regular basis? Yes No

11. Do you care for children who speak languages other than English? Yes No
 What other languages do children in your care speak? (Please list the other languages in the space below)

Do you care for children from cultures different than your culture? Yes No
 What other cultures do the children in your care represent? (Please list)

Do you speak languages other than English? Yes No
 What other languages do you speak?

12. How many smoke detectors do you use in your home/facility?
 What types of smoke detector(s) do you use in your home/facility? (Check all that apply.)

- Electric
- Battery -- How often are the batteries in your smoke detector(s) changed? _____
- Combination Electric / Battery

How often do you inspect and test the smoke detector(s)? _____

How many fire extinguishers do you have in your home/facility? _____

How often do you check the gauges on your fire extinguishers? _____

Have you had your fire extinguishers professionally inspected? _____

Have you ever had to use your fire extinguishers? Yes No

13. How often do you inspect and restock the contents of your first aid kit(s)?
 Do you have a list of contents for your first aid kit? Yes No

14. What information do you keep on file for child-related emergencies? Please check all that apply.

- Child's parent/guardian names
- Child's parent/guardian telephone number(s)
 - work
 - home
 - cell phone
- Doctor/clinic name and telephone number
- Dentist name and telephone number
- Hospital name and telephone number
- Child health insurance information

- Child allergies
- Child medications
- Parent/guardian signatures authorizing emergency care
- Parent authorized alternate contact person
- Authorization for an alternate person to pick up child if parent not available
- Other information: _____

How frequently do you update the child emergency information?

15. Are you aware of any environmental health hazards in your home, property or neighborhood? Yes No
 (Examples: lead, radon, exhaust from local factory) Please list any suspected or known hazards.

16. What year was your home/facility built?

Have you remodeled your home/facility? Yes No

Please list any remodeling.

17. Do you use wading pools or swimming pools in your child care business?

Yes No

A. Do you require parents to sign a permission form allowing children to use pools?

Yes No

B. Do you have safety / rescue equipment available?

Yes No

C. Have you and your co-registrant received training in how to use rescue equipment?

Yes No

D. Are you and your co-registrant CPR certified?

Yes No

18. Do you maintain a file of the warranty and manufacturer information for all equipment used in your business? Yes No

19. In the last 6 months, how many children in your care were injured AND required health care from a doctor, clinic, or emergency room?

20. What health and safety concerns would you like to discuss with your child care nurse consultant?

WORK COPY

Child Care Nurse Consultant Plan

For CCNC use:

Business Partnership Agreement Signed: Yes, Date: _____ No

Program nationally accredited: Yes Accrediting entity: _____ No

Provider participating in the Quality Rating System: Yes No

Next Step: Injury Prevention Checklist Child Record Review Health and Safety Assessment
Next Appointment Date:

CCNC Signature¹: _____

Notes:

WORK COPY

¹ The CCNC signature indicates the CCNC reviewed the survey, discussed findings with the child care owner/director, and the survey is ready to be photocopied and submitted to Iowa's Quality Rating System.
In-Home Child Care Owner/Director Survey and Agreement-2006