

---

**FAMILY CHILD CARE (FCC) RISK ASSESSMENT TOOL OBSERVATION SUMMARY**

---

For use of this form, see AR 608-10; the proponent agency is DCS, G-1.

*SEE DA FORM 5761-R FOR PRIVACY ACT STATEMENT*

---

Please use this form to summarize the risk level in each category of the observation instrument. Rank each observation question, then give an overall ranking and briefly summarize the provider's strengths and areas of risk for each risk category.

---

NAME OF PROVIDER

---

---

**SECTION I - PROVIDER**

---

	Rating for each question				
1. Describe what happens when you first arrive.	1	2	3	4	5
2. Who is in the house when you arrive?	1	2	3	4	5
3. Describe how the provider handles interruptions.	1	2	3	4	5
4. How does the provider handle crises, emergencies, the unexpected?	1	2	3	4	5
5. Describe the husband's presence/involvement in the day-to-day operations of the FCC home.	1	2	3	4	5
6. How are the provider's own children involved in the FCC program?	1	2	3	4	5
<b>Provider Summary and Ranking</b>	1	2	3	4	5

---

**SECTION II - PROVIDER-CHILD INTERACTIONS**

---

7. How do the children behave around the provider and her family?	1	2	3	4	5
8. How does the provider care for children of differing ages, abilities and interests?	1	2	3	4	5
9. How does the provider react when a child breaks the rules?	1	2	3	4	5
10. How does the provider speak to a child who is misbehaving?	1	2	3	4	5
11. What type of physical contact does the provider have with a child who is misbehaving?	1	2	3	4	5
12. How does the provider react to a child who is crying?	1	2	3	4	5
13. Describe what happens at meal time.	1	2	3	4	5
14. How does the provider react to a child who has a toileting accident?	1	2	3	4	5
15. Describe the provider's diapering procedures?	1	2	3	4	5
16. Describe any instances of children who display behavior problems.	1	2	3	4	5
<b>Provider-Child Interaction Summary and Ranking</b>	1	2	3	4	5

---

**SECTION III - SUPERVISION**

---

17. Where are the children during your visit?	1	2	3	4	5
18. Describe the type of indoor activities you see.	1	2	3	4	5
19. Describe the type of outdoor activities you see.	1	2	3	4	5
20. How does the provider use TV with the children, and for herself?	1	2	3	4	5
21. How does the provider keep children away from dangerous things and/or personal possessions?	1	2	3	4	5
22. How are older children involved in the care and supervision of younger children?	1	2	3	4	5
23. Describe what happens at nap time.	1	2	3	4	5
<b>Supervision Summary and Rating</b>	1	2	3	4	5

---

**FAMILY CHILD CARE (FCC) RISK ASSESSMENT TOOL OBSERVATION SUMMARY (CONT'D)**

**SECTION IV - ENVIRONMENT**

	Rating for each question				
24. Describe the condition and appearance of the house.	1	2	3	4	5
25. What type of space is provided for the children?	1	2	3	4	5
26. Could <u>unknown</u> adults and adolescents have access to children because of problems with the facility?	1	2	3	4	5
27. Could <u>unknown</u> adults and adolescents have access to children because of lack of supervision?	1	2	3	4	5
28. Could adults and adolescents <u>known</u> to the provider have an opportunity to abuse children because of the choice of substitutes or helpers?	1	2	3	4	5
29. Could adults and adolescents known to the provider have an opportunity to abuse children because of lack of supervision?	1	2	3	4	5
<b>Environment Summary and Rating</b>	1	2	3	4	5

**SECTION V - PROVIDER-PARENT INTERACTIONS**

30. What type of communication does the provider have with the parents of the children in her care?	1	2	3	4	5
31. What type of contracts does the provider have between herself and the parents of the children in her care?	1	2	3	4	5
32. How does the provider react when a parent is late to pick up his/her child?	1	2	3	4	5
33. How does the provider handle fee disputes with parents?	1	2	3	4	5
34. Describe the provider's methods for keeping daily attendance records.	1	2	3	4	5
<b>Provider-Parent Interaction Summary and Rating</b>	1	2	3	4	5

**SECTION VI - ADMINISTRATIVE INTERACTIONS**

Ask the provider to show you the following administrative forms, and evaluate each for comprehensiveness.

35. Emergency/contingency plan.	1	2	3	4	5
36. Discipline policy.	1	2	3	4	5
37. Parental authorization regarding which other adults may pick up children.	1	2	3	4	5
38. Sick Child/Health Policy.	1	2	3	4	5
39. How would you describe the provider's relationship with her outreach worker?	1	2	3	4	5
<b>Administrative Interaction Summary and Ratings</b>	1	2	3	4	5

COMMENTS

NAME OF FCC DIRECTOR/OUTREACH WORKER/EPS

SIGNATURE OF FCC DIRECTOR/OUTREACH WORKER/EPS

DATE