

Family Assessment Questionnaire – Family Child Care Home Applicants



Instructions: Complete the information below in the **“Applicant Response”** section in consultation with your family. Attach this questionnaire to your application for a family child care home licence. Attach additional sheets if necessary. Your Early Learning and Child Care (ELCC) Consultant will complete the “Family Assessment Visit” section of this document as part of the applicant screening process.

Applicant’s First Name:	Applicant’s Last Name:
Why do you want to become a licensed family child care home provider?	
<i>Applicant’s Response</i>	<i>Family Assessment Visit</i>
What is your work and/or volunteer experience related to early learning and child care? What is your training background in Early Childhood Education?	
<i>Applicant’s Response</i>	<i>Family Assessment Visit</i>

What is your philosophy on discipline? How will you manage children's behaviour? If you have children of your own, how do you manage their behaviour?

Applicant's Response

Family Assessment Visit

What strategies do you use for coping with stress?

Applicant's Response

Family Assessment Visit

How does your household (e.g. spouse/partner, children, family members, etc.) cope with stress?

Applicant's Response

Family Assessment Visit

Running a family child care home can be mentally and physically demanding. Do you have any medical issues that may impact your ability to operate this business? If so, how does this affect your daily activities and how do you manage this condition?

Applicant's Response

Family Assessment Visit

Do any members of your household have health concerns that may impact your ability to provide child care?

Applicant's Response

Family Assessment Visit

Is your household (e.g. spouse/partner, children, etc.) supportive of you operating a family child care home? Please explain. How will members of your household be involved in your family child care home business?

Applicant's Response

Family Assessment Visit

How will a family child care home impact the members of your household (e.g. spouse/partner, children, etc.)? How will you balance their needs with your family child care home business?

Applicant's Response

Family Assessment Visit

What areas of your home do you plan to use for child care?	
<i>Applicant's Response</i>	<i>Family Assessment Visit</i>
Are members of your household willing to share their home with the children you care for? How might you provide private space for your children when they need it?	
<i>Applicant's Response</i>	<i>Family Assessment Visit</i>

What do you enjoy most about being a parent? What do you find most challenging?

Applicant's Response

Family Assessment Visit

What social/recreational/employment activities are you, your spouse/partner, children, and other members of your household involved in (i.e. sports, work, arts, etc.)? How does this impact you? What is your role?

Applicant's Response

Family Assessment Visit

How would you describe your relationship with your spouse/partner? What are some strengths and challenges? How do you handle problems that may arise?

Applicant's Response

Family Assessment Visit

How would you describe your relationship with your extended family? What supports do they require from you?

Applicant's Response

Family Assessment Visit

Becoming a licensed child care provider involves start up costs, and on-going operational costs. How do you plan to manage these costs?

Applicant's Response

Family Assessment Visit

Do you smoke? How is smoking handled in your home?

Applicant's Response

Family Assessment Visit