



4990 East State Street Rockford, IL 61108
Phone: 815.484.9448 Fax: 815.484.9456
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Evening/Overnight Child Care Checklist

According to the Illinois licensing standards for family child care homes, providers need to comply with special requirements when receiving children for night care. Meals and snacks should be provided to meet the daily nutritional requirements of the child for the time that the child is in care (i.e., evening meal, bedtime snack, morning meal).

Regarding sleeping arrangements; each child will be provided a bed, crib or cot and individual linens that are clean and comfortable. There are three exceptions to this rule:

1. Two toilet-trained children of the same sex can share a full size bed.
2. When using a crib, the mattress cannot allow for more than 1 ½ inches of space between the mattress and the bed frame.
3. Rubber sheets should be used when necessary.

For personal hygiene, each child should be provided individual toilet articles such as a comb, toothbrush, towel and washcloth. If needed, a child should be bathed and no child under the age of five should be left unattended while in the bathtub. Upon establishing a bedtime and rising routine, brushing teeth and hair should be incorporated into the routine.

This information, along with the questions listed on the checklist, should be beneficial to you when evaluating a child care program.

Basic Information

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the hours and fees suitable? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are meals and/or snacks served in the evening and/or morning? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are they licensed for evening care? If so, for how many? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the provider have policies for sick/vacation time? What are those policies? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a set bath time? |

Place

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the child have access to an individual bed or cot in a private supervised space? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is bedding provided? How often is it changed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are other family members in the home during this time? Who are they? |



Serving Winnebago, Boone, Stephenson, and Jo Daviess Counties



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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a bedtime routine that is structured and consistent? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are sanitation and safety procedures followed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are outlets protected? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are smoke alarms visible? How often are they tested? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are exits easily accessible in case of a fire? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are cabinets child proofed? |

Provider

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the provider have knowledge of and experience with children? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the provider have basic training in First Aid and CPR? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the provider responsive and supportive of the child's needs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the provider's discipline procedure correspond with your own values? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you able to obtain references? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any restrictions regarding parent involvement? |

Program

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are activities planned? What kind of activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the toys and activities age-appropriate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the toys, books, games and puzzles easily accessible to the child? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there enough toys and materials to keep the child interested? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a formal policy for contacting the parent in case of an emergency? What is it? |



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