CCA-1200A FORFF (4-16) ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Child Care Administration

**BEST OF CARE**

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

**Instructions:** This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child’s first day of attendance. If additional space is needed, attach a separate sheet of paper.

| CHILD’S NAME | | DATE OF BIRTH |
| --- | --- | --- |
|  | |  |
| PARENT/GUARDIAN COMPLETING THIS FORM | WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION? | |
|  |  | |
| PROVIDER/CENTER NAME | | |
|  | | |
| Has your child attended child care in the past?  Yes  No  *If yes, what type of setting(s) was your child in?* *(Family child care, group care, etc.)* | | |
| What did you like most about your child’s previous child care setting?  What did you like least?  Other comments: | | |
| What is important to you about your child’s care?  Who is important to your child? | | |
| Does your child prefer to play alone or with other children?  Alone  Other children | | |
| Does your child have a favorite toy or comfort object?  Yes  No  *If yes, what?* | | |
| What is your child’s current sleep schedule?  Does your child fall asleep easily?  Yes  No  What is his/her mood upon waking? | | |
| What does your child like?  What does your child dislike? | | |

See reverse for EOE/ADA/LEP/GINA disclosures

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| CHILD’S NAME |
| --- |
|  |
| Special things you say or do to comfort your child are? |
| How do you know when your child is:  *Happy?*  *Sad?*  *Mad?*  *Tired?*  *Other?* |
| How does your child react when:  *Something unexpected happens?*  *Something happens he/she doesn’t like?*  *He/She is scared?*  *Other?* |
| Does your child have any health issues?  Yes  No  *If yes, please explain:* |
| Does your child have any other special needs?   Yes  No  *If yes, please explain:* |
| Events at home often influence a child’s behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care  that your child needs. |
| Has anything happened recently in your child’s life that might have an effect on him/her?  Yes  No  *If yes, please explain:* |
| Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child? |

Parent/Guardian declined to complete

| Parent/Guardian Signature |  | Date |
| --- | --- | --- |

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