Provider Interview Sheet

Name of provider: ________________________________________

Address: __________________________________________

Phone: ___________________________________

Use these questions to guide your search for a child care provider. Visits can be as short as 15 minutes and as long as an hour — the more time you can spend, the better.

1. General Questions

- Do you have a written handbook, contract, or other materials? If so, may I see them?
- How long have you been in business? _________________
- Are you registered with the city and/or state? Yes/No
- Do you have a current state license? Yes/No
- Do you have other accreditations? Yes/No. And if so, what are they?

2. Enrollment/Vacancies

- How many children do you enroll at one time? _________________
- Do you have space for my child? yes / no
- If not, can we get on a waiting list, and how long is it?

3. Days and hours

- What are your hours? _________________________________________
- What's your holiday schedule? ________________________________
- On what other days are you closed? __________________________
- How flexible are you with pickup and drop-off times?
  _________________________________________________________

4. Costs

- What are your fees? ________________________________________
- Do you offer scholarships or sibling discounts? Yes/No
- Is there a late-pickup fee? Yes/No
- Do I pay when my child is ill or we're on vacation? Yes/No
- Do I pay when you are ill or on vacation? Yes/No
- How and when would you bill us? ______________________________
5. Supplies

- Do you supply diapers, or is that up to the parent?

- What other supplies would I need to bring for my child?

6. Interacting with parents

- Do you encourage visits from parents? \textbf{Yes/No}
- Do you have an “Open Door” Policy? \textbf{Yes/No}
- What do you expect from me as a parent?

- How do you communicate with parents? Will you give me a daily report or is there another process for informing parents of what children did during the day (naps, bottles, BMs, etc.)?

- Can I bring my child in for a pre-enrollment visit? \textbf{Yes/No}

7. Size

- What is the caregiver-child ratio? _____ to _____
- How many children are currently in your care?

8. Primary caregiver questions

- Do you have any formal early childhood development or childcare training?

- Why do you work with children? What do you like most about caring for them? What do you like least about it?

- How do you discipline children?

- How do you comfort children?
• Do you have emergency training?
  CPR: Yes/No
  First aid: Yes/No

9. Caregiver’s assistants

• Do you have any additional staff or assistants? Yes/No
• If so, what are their credentials?

_______________________________________________________

_______________________________________________________

• Do they get benefits such as paid holidays? yes / no
• Do they get breaks during the day? yes / no
• How long do assistants work for you, on average?

_______________________________________________________

• If you don’t have assistants, who covers for you when you’re not available?

Name: ________________________________________

Phone #: ________________________________

• How do you screen your assistants and backup providers? Do you do background checks on them before hiring?

_______________________________________________________

10. Activities:

• What activities do you like to do with the children?

_______________________________________________________

_______________________________________________________

• Are your toys and activities age-appropriate? Yes/No
• Do you have a comfortable, childproofed indoor play area where babies can safely explore and develop physical skills? Yes/No
• Do you have a safe, enclosed outside play area that encourages large-motor skills (climbing, running, jumping)? Yes/No
• Do you take the children on walks through the neighborhood? Yes/No. What potty-training methods do you use for toddlers?
• What will my child be doing on any given day? May I see the daily schedule/routine?

_______________________________________________________

• How much television do you let the children watch?

11. Health, Hygiene, and Safety

• Must children be immunized in order to attend? Yes/No
• What is your sick-child policy?

_______________________________________________________
• What if my child needs medication during the day?

Do you allow smoking in the house? Yes/No

• Do caregivers wash their hands after changing diapers and before feeding the children? Yes/No
• Are older children taught to wash their hands after using the potty? Yes/No
• How often are the toys cleaned and replaced?

Are indoor and outdoor play areas childproofed and escape-proof? Yes/No
• Are the children ever left unattended? Yes/No
• Do you have a sign-in and sign-out sheet? Are the doors secure so strangers can't just walk in? Yes/No
• What is your release policy? Who may pick up my child?

Do you receive personal visitors (not affiliated with the daycare business) during the day? Yes/No
• What is your disaster plan? Do you have procedures for handling fires, earthquakes, intruders, and other emergencies? Are you and any assistants trained for these situations?

12. Food and Sleep

• Do you provide breakfast, lunch, and/or snack? Yes/No
• If yes, what kind?

If not, what kind of food should I bring for my child? Are there any food restrictions?

Do you have a refrigerator for storing bottles of breast milk or formula? Yes/No
• Do you feed babies on demand or on a schedule? on demand / on a schedule

Where do the children sleep?

• Do you have a nap schedule? yes / no
• Do you place babies on their back to sleep and follow other safe sleeping practices to reduce the risk of SIDS?

Additional considerations: Be sure to take a moment to ask yourself the following questions when you visit.

1. Do the children seem happy and engaged? Yes/No

2. Are crying children responded to immediately? Yes/No
3. Do caregivers cuddle babies? Talk directly to the children? Is their tone friendly and caring? Yes/No
4. Is the place clean and pleasant? Yes/No

4. Is the bathroom a pleasant setting, encouraging children to use it? Yes/No

5. Are appropriate safety measures (fire extinguisher, first aid kit, safety gates, safety plugs for electrical outlets, etc.) in place?
6. During the hours you and your child are apart, will you feel at ease knowing your child is in this setting? **Yes/No**

**References:** Ask each home daycare you’re considering for a list of past and present references — and call them. Ask specific questions: Instead of asking whether they like the daycare, ask what exactly they do and don’t like about it. If their child is no longer there, ask why.

Can you give me the names and numbers of some families I could call for references?

Name _______________________ Phone # _____________________

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