

## Telephone Interview for Child Care

*(licensing requires an interview with parents at least a day before admission by phone or in person)*

Name, Phone Number, and Address of caller: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Child's name, sex, date of birth: \_\_\_\_\_

3. Parent's employer location and work hours: \_\_\_\_\_

4. What hours/days is child care needed? Is this likely to change? \_\_\_\_\_

5. What date do you need child care to begin? \_\_\_\_\_

6. What type of program do you desire (preschool, part time, small group, etc.)? \_\_\_\_\_

7. What are you current child care arrangements? \_\_\_\_\_

8. What is your reason for needing child care? \_\_\_\_\_

9. Interview date and time scheduled:

Date: \_\_\_\_\_

Time: \_\_\_\_\_ a.m. p.m.

### Provider/Parent Interview

Questions for the provider to ask the parent

1. How did you hear about me? \_\_\_\_\_

2. Has your child been in child care before? If so where and when? Why did you leave? \_\_\_\_\_

3. What do you expect from child care and from me? \_\_\_\_\_

4. What is your parenting philosophy? How do you discipline? \_\_\_\_\_

5. Tell me about your home structure - one parent family, two? \_\_\_\_\_

6. What is your TV policy/computer policy at home? \_\_\_\_\_

7. How long have you been in your present job? \_\_\_\_\_ months years

8. May I have references and your social security number? \_\_\_\_\_

9. How long will you be in the area? \_\_\_\_\_ Are you looking for temporary \_\_\_ or long-term \_\_\_ care?

10. Are you on a waiting list for another child care/preschool/center? \_\_\_Yes \_\_\_No

11. Do you have a reliable backup provider for times I need to close due to illness or vacation or a holiday?

\_\_\_Yes \_\_\_No If not, will you take off work or arrange same vacations? \_\_\_Yes \_\_\_No

12. What will you do if your child becomes ill? \_\_\_\_\_

13. Tell me about your child's habits and likes and dislikes: \_\_\_\_\_

14. For school-agers: What does your child like and dislike about school? \_\_\_\_\_

15. For preschoolers: How does your child react to strangers and to other children? \_\_\_\_\_

16. For infants: How does your baby behave around strangers and what is his/her average day like?

17. Describe your child's eating habits. \_\_\_\_\_

18. Does your child have any known allergies? \_\_\_Yes \_\_\_No

18. May I take your child in my car on routine trips and/or field trips? \_\_\_Yes \_\_\_No