

# TELEPHONE INTERVIEW FORM

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

1. Do you now have or will you have openings on \_\_\_\_\_  
(date you will need care)

for my child(ren)? \_\_\_\_\_  
(ages of children)

2. Are you available to keep my child(ren) on \_\_\_\_\_  
(days of the week you need care)

from? \_\_\_\_\_  
(hours needed)

3. What would be the cost for this care? \_\_\_\_\_

4. What does this include? \_\_\_\_\_

5. Are there any other costs? \_\_\_\_\_

6. What is the total number of children for whom you currently provide care? \_\_\_\_\_

7. What are the ages and genders of the children who would be in my child(ren)'s classroom(s) or in care in the home?

\_\_\_\_\_  
\_\_\_\_\_  
(age) (gender)

8. Do you or any person in the child care setting smoke? Yes  No

9. Do you have any pets? Yes  No

10. If yes, what are the types of animals and where are they during the hours you care for children?  
\_\_\_\_\_  
\_\_\_\_\_  
(# of animals) (location during care)

11. What would be the routine and the types of activities for my child(ren)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. What are your discipline practices? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Are you licensed, registered, or exempt from licensure? \_\_\_\_\_

My impression of the provider: \_\_\_\_\_

Note: If your child requires special care, you should inquire about whether the provider is willing and capable of providing the necessary special care.

