

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

FCCERS-R Interview Questions for Provider Review

Instructions: It is not required that you complete the interview questions before your scheduled observation. The questions are provided for you to know the questions that may be asked.

Questions labeled “if not observed, ask...” are those that the observer may ask. The observer will always ask Questions #35 through #38. If you would like to respond to these questions in advance, you can and is strongly encouraged.

Complete the chart below:

Center	Additional Materials	How often are materials rotated?	Where are additional materials stored that are not currently in the child care space?
Books and language materials			
Fine Motor			
Dramatic Play			
Math/number			

<u>Item 3. Provision for relaxation and comfort</u>
3.1, 5.1: Which soft furnishings in your home are the children allowed to use?
When are they allowed to use these soft furnishings?

<u>Item 5. Display for children</u>
3.3, 5.3: Please tell me who did the children’s work that is displayed.

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

(ITEM 5 CONTINUED)		
	YES	NO
Are they currently enrolled?		
Is there an AM and PM session?		
<u>If yes, ask:</u> How many children are enrolled between the two sessions?		
	YES	NO
7.3: Do you add to or change what is displayed for children, such as the pictures and posters on the wall?		
<u>If yes, ask:</u> About how often?		

<u>Item 6. Space for privacy</u>	YES	NO
7.2: Do you ever set up activities for just one or two children to offer relief from the pressures of group life?		
<u>If yes, ask:</u> Please give me <u>two examples</u>.		
1		
2		

<u>Item 7. Greeting/departing</u>
Can you describe the typical routine that takes place when children arrive?
What do parents usually do?
What is done to prepare children for departure?

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

(ITEM 8 CONTINUED)
How is supervision handled?
5.1: How are infants/toddlers/children helped to fall asleep?
7.2: What do you do if a child wakes up early from nap?

<u>Item 9. Meals/snacks</u>		
1.2, 3.2: (Ask when children bring own food) What do you do if parents provide insufficient food for their children or if what they provide does not meet children’s nutritional needs?		
1.5, 3.5: (Ask if no evidence of allergies or dietary restrictions are observed)	YES	NO
Do any of the children enrolled have allergies or dietary restrictions?		
<u>If yes, ask:</u> what do you do if children have allergies or families have dietary restrictions?		
5.4: (If not displayed) Are menus provided for parents?	YES	NO
<u>If yes, ask:</u> When?		
7.2: Do you have a chance to talk with parents about their child’s nutrition?	YES	NO
<u>If yes, ask:</u> What sort of issues do you discuss?		

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

--

Item 11. Health practices	YES	NO
1.2: Is smoking allowed in the child care areas, either indoors or outdoors?	<input type="checkbox"/>	<input type="checkbox"/>
3.3: Are extra clothes available for the children, in case they are needed?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes, ask:</u> Can you show me where they are stored?		
	YES	NO
3.4: Do you give any children in your care medications?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes, ask:</u> Are there any requirements that must be met before you agree to administer the medication?		
How is medication administered?		
7.2: (Must ask if program is open for longer than 6 hours and not observed)	YES	NO
Do children brush their teeth?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes, ask:</u> How is this handled? <i>(Ask to see toothbrushes)</i>		
	YES	NO
7.3: Is there a health professional you can contact for health related questions concerning child care?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes, ask:</u> Who?		

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

<u>Item 12. Safety practices</u>	YES	NO
1.2, 3.1, 5.1, and 5.2: Do you ever transport children?		
<u>If yes, ask:</u> How is this handled to ensure their safety?		
<u>Ask only if documentation or items not observed:</u>	YES	NO
3.3: Do you (or anyone else who works in the home) have training in first aid appropriate for all age groups enrolled, including management of a blocked airway (choke-saving) and rescue breathing?		
Is there a first aid kit available for you to use?		
<u>If yes, ask:</u> Can you please show it to me?		
	YES	NO
Is there a telephone accessible you would use to call for help in an emergency?		
5.3: Has your home passed an official fire inspection?		
Do you practice emergency evacuation procedures such as fire drills?		
<u>If yes, ask:</u> How often?		

<u>Item 15. Using books:</u> <i>(Only ask if books with frightening content or graphic violence are observed accessible to children.)</i>
5.4: I see that you have (NAME BOOKS). How do you introduce books with frightening or violent images to children?

<u>Item 17. Art</u>	YES	NO
1.1, 1.2, 3.1, and 3.2: Are art materials used with the children?		
<u>If yes, ask:</u> What materials are used?		

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

(ITEM 17 CONTINUED)		
How often?		
May I see the art supplies?		
<u>Must be asked:</u>	YES	NO
Are edible materials ever used for art?		
<u>If yes, ask:</u> Can you give me some examples?		
	YES	NO
<i><u>If any possible choking hazards mentioned, ask:</u></i> Are they freely accessible to children?		
7.1: Do you ever finger paint with children?		
<u>If yes, ask:</u> What paint do you use for this?		
7.2: How do you choose what art materials to make accessible to the children?		
	YES	NO
7.3: Are three-dimensional art materials such as play dough, clay, or wood for gluing ever used?		
<u>If yes, ask:</u> How often?		

<u>Item 18. Music and movement</u>	YES	NO
1.1, 3.2, and 5.4: Do you use any music with the children?		
<u>If yes, ask:</u> How is it used?		

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

(ITEM 18 CONTINUED)		
How often?		
	YES	NO
3.1, 5.1: Do you have any other musical toys or instruments that the children can use?		
<u>If yes, ask:</u> Could you please show me?		
<u>When</u> are they used?		
7.1: What types of music are used with the children? Can you give me some examples? 1 2 3		
7.3: How is creativity encouraged in children with use of music materials?		

<u>Item 21. Math/Number</u>	YES	NO
7.2: (Only ask if preschoolers and school-agers who attend full day are enrolled) Could you give me some examples of teacher-directed math activities you do with the children in addition to what I've seen today?		
<u>If yes, ask:</u> Can you give me <u>two examples?</u> 1		
2		
How often do you do such activities?		

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

--

Item 22. Nature/science		
3.3, 5.2: How often do children go outdoors?		
Could you describe any experiences they have with nature when they are outdoors?		
1		
2		
	YES	NO
7.3: (Only ask if preschoolers and school-agers who attend full day are enrolled) Can you give me some examples of teacher-directed nature/science activities you do with the children in addition to what I've seen?		
If yes, ask: Can you give me two examples ?		
1		
2		
About how often are these activities done?		

Item 23. Sand and water play		YES	NO
1.1: Do the children ever use sand or water in their play?			
If yes, ask: Could you tell me how sand/water is used?			
3.1, 5.1, and 7.1: How often is sand or water play provided?			

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

(ITEM 23 CONTINUED)		
	YES	NO
3.3, 5.2: (Ask if materials not observed) Are any toys/equipment used for sand and water play?		
<u>If yes, ask:</u> Could you please describe or show them to me?		
	YES	NO
7.2: Are there any other activities or materials used with sand or water in addition to what I saw today?		
<u>If yes, ask:</u> Could you tell me about them?		
1		
2		
3		

<u>Item 24. Promoting acceptance of diversity</u>	YES	NO
7.2: Aside from books, pictures, and materials, are there any special activities used to help children understand and accept diversity?		
<u>If yes, ask:</u> Please give me <u>two examples.</u>		
1.		
2.		
<u>How many</u> times per year do you offer these activities?		

<u>Item 25. Use of TV, video, and/or computer</u>	YES	NO
Are TV, video, computer, or other audiovisual materials used with the children?		
If yes, continue. If NO, stop and continue with the next item.		
1.1, 3.1, and 5.1: How do you choose the materials?		

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

--

(ITEM 25 CONTINUED)

	YES	NO
1.2, 3.2, and 5.2: Are other activities accessible to the children while the TV or videos are used?		

If yes, ask: How many alternative activities available?

1.3, 3.3: How often are TV, video, or computers used with the children?
For what ***length of time*** are these available?
TV/video-

Computer-

Other-

How many times per day?
TV/video-

Computer-

Other-

1.4: Who is allowed to watch TV/videos and/or use computer?

5.3: What do you usually do when children watch TV, video or use the computer?

	YES	NO
7.1: Do any of the materials encourage active involvement by the children?		

If yes, ask: Please give me ***two examples***.

1

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

(ITEM 12 CONTINUED)		
2		
	YES	NO
7.2: Do you ever use TV, video, and computer materials to give information that relates to things that the children are interested in?		
<u>If yes, ask:</u> Can you give an <u>example?</u>		

<u>Item 26. Active physical play</u>	YES	NO
Are any areas used by this group for active physical play, including space indoors and outdoors?		
<u>If yes, and not observed, ask:</u> Could you please show me these areas?		
Are there any additional activities and equipment available when children are using these areas?		
How often are these areas used and for about <u>how long?</u>		
3.1, 3.3: What types of gross motor activities and equipment do you use during bad weather?		
<u>How long</u> do children participate in these activities?		

<u>Item 29. Discipline</u>
1.1: What methods of discipline do you use?

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

(ITEM 29 CONTINUED)		
7.2: How do you handle conflicts between children?		
7.3: Do you seek advice from professionals when you encounter children with challenging behaviors in your care?		
<i>If yes, ask:</i> Can you give me <i>two examples</i> of whom might be asked?		
1		
2		

<u>Item 31. Schedule</u>		
<i>When planned schedule is not available:</i>		
Can you tell me what happens in the morning/afternoon?		
What areas are accessible?		
7.3: Is flexibility possible in the schedule?		
<i>If yes, ask:</i> Can you give me <i>two examples</i> ?		
1		
2		

SFQC ID: _____ Site Name: _____

Review Date: _____ Start Time: _____ End Time: _____

<u>Item 34. Provisions for children with disabilities - (Only if a child with disabilities is presently being served)</u>	YES	NO
1.1, 1.3: Do you have any information from assessments on the children?		
<u>If yes, ask:</u> How is it used? 		
	YES	NO
1.2, 3.2, and 5.2: Do you need to do anything special to meet the needs of the children?		
<u>If yes, ask:</u> Please describe what you do. 		
	YES	NO
1.3, 3.3, and 5.3: Are you and the children's parents involved in helping to decide how to meet the children's needs?		
<u>If yes, ask:</u> Please describe. 		
5.1, 7.1: When and where do professional recommendations or interventions such as therapy take place?		
	YES	NO
7.3: Are you involved in the children's assessments or in the development of intervention plans?		
<u>If yes, ask:</u> What is your role? 		