

CHILD CARE REFERENCE QUESTIONNAIRE

NAME OF CHILD CARE PROVIDER:	
NAME OF REFERENCE:	
PHONE NUMBER:	
DATE OF INTERVIEW:	

How many of your children are cared for by this provider?	
How old are your children?	
For how many hours, days each week is your child in care with this provider?	
How long have you employed this provider?	
How did you locate this provider?	
Why did you decide to use this provider?	
What has pleased you most about this provider?	
What would you like to change?	
To your knowledge, has the provider ever had to respond to an emergency?	
If so, how was the situation handled?	
Have you or anyone you know experienced any conflict with this provider?	

<p>How does the provider respond to conflicts with parents or to parents' suggestions?</p>	
<p>Do you find the provider's contracts and procedures clear and fair?</p>	
<p>To your knowledge, have there been any complaints filed against this provider?</p>	
<p>How does your child respond to this provider's care?</p>	
<p>How long do you think you will continue to use this provider?</p>	
<p>Do you have any reservations about recommending this provider to other parents?</p>	
<p>What other information would you like parents to know about this provider?</p>	
<p>Other questions:</p>	