

Site Name: _____ Teacher Name: _____

FCCERS-R Interview Questions for Provider to Complete

Instructions:

Please answer each question in detail *before* your FCCERS-R Observation.

This questionnaire includes questions specific to your program's policies and includes questions from items that may not be observed during the assessment. Please note that the observer will need to follow-up with you and clarify any responses you provide or if there are questions not answered. Your assigned Assessor will notify you 24-hours before your visit. If you have any questions regarding this questionnaire, please call (707) 524-2658 OR send via email to ehurtado@scoe.org. Thank you.

- Please attach a copy of your daily schedule.

Agency and Site Name: _____

Lead/Head Teacher: _____

Max. # children allowed in classroom at one time: _____

of children currently enrolled: _____

At what approximate time are 50% of enrolled children present? _____

Birth date of oldest child present: _____ Birth date of youngest child present: _____

Number of children with identified disabilities? _____

Check types of disability:

Physical/ Sensory

Cognitive/ Language

Social/ Emotional

Other

Item 8. Nap/rest

Where are the children’s cots or mats stored?

1.1, 3.1: What do you do if a child is tired before naptime?

1.2: Where do the children sleep?

How are the cots/mats arranged?

	YES	NO
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Do you ever swaddle the infants for naptime?		
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Do you use blankets or toys in the infant’s sleeping area?		
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1.3, 3.3, and 5.3: Who supervises naptime?

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?

Item 9. Meals/snacks

1.2, 3.2: What do you do if parents provide insufficient food for their children or if what they provide does not meet children’s nutritional needs?

	YES	NO
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Do any of the children enrolled have allergies or dietary restrictions?		
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(ITEM 9 CONTINUED)

What do you do if children have allergies or families have dietary restrictions?

YES	NO
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Are menus provided for parents?

When?

YES	NO
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7.2: Do you have a chance to talk with parents about their child's nutrition?

What sort of issues do you discuss?

Item 34. Provisions for children with disabilities - (Complete only if a child with disabilities is presently being served)

YES	NO
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1.1, 1.3: Do you have any information from assessments on the children?

How is it used?

YES	NO
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1.2, 3.2, and 5.2: Do you need to do anything special to meet the needs of the children?

Please describe what you do.

YES	NO
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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?

Please describe.

(ITEM 34 CONTINUED)		
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?		
What is your role?		

<u>Item 35. Provisions for parents</u>		
	YES	NO
1.1, 3.1, and 5.2: Is any written information about the program given to parents?		
What is included in this information?		
	YES	NO
Is the written information given to parents provided in their home languages?		
7.3: Do you have formal conferences with parents?		
How often and where?		
	YES	NO
1.2, 3.3, and 5.4: Are there any ways that parents can be involved in their child's program?		
Please give <u>two examples</u> .		
1		
2		
	YES	NO
3.2, 5.3: Do you and the parents share information about the children?		

(ITEM 35 CONTINUED)		
How is this done?		
About how often?		
3.4: What is your relationship with the parents usually like?		
	YES	NO
5.1: Are parents encouraged to visit before their child is enrolled?		
How is this handled?		
	YES	NO
7.1: Do parents take part in evaluating the program?		
How is this done?		
About how often?		
	YES	NO
7.2: Do you ever refer parents for help with the well-being of their child?		
<i>Please provide <u>two examples</u>?</i>		
1		
2		
Do you know of any resource in case a concern comes up?		

Item 36. Balancing personal and caregiving responsibilities		
	YES	NO
1.3, 3.4, and 5.2: Do you ever use substitute providers in your family child care home?		
How are substitutes selected?		
Do they receive any preparation to be able to take over for you? (e.g., visits prior to serving as substitute; knows health, safety, discipline, and other basic policies)		
What is done when lead teacher or assistant is out?		
5.1: How do you manage your family, personal and child care responsibilities?		
	YES	NO
5.3: Do family members interact with the child care group?		
7.1: Do you involve the children in your regular household tasks?		
Please provide <u>two examples</u> ?		
1		
2		

Item 37. Opportunities for professional growth		
	YES	NO
1.1, 3.1, 5.1: Do you attend any professional development activities such as workshop?		
How many do you attend a year?		
	YES	NO
3.2, 5.2: Are child/family related resources accessible in the home?		

(ITEM 37 CONTINUED)

How many?

YES	NO
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7.1: Are you an active member of an early childhood or childcare professional group?

What's the name of the group?

Item 38. Provisions for professional needs

YES	NO
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1.2, 3.2, 5.1, and 7.2: Do you have access to any file space?

1.3, 3.3, and 5.3: Do you set aside time to work on things related to your family child care?

How much time and how often?

YES	NO
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5.2, 7.1: Is there any space that you use for work on program administration and curriculum planning?

5.2, 7.1: Is there any equipment that you use?