

Interviewing for a Babysitter

Here is a list of questions you might ask a potential babysitter:

- Have you ever worked as a babysitter? Describe your experience. How old were the kids? How long did you babysit for them?
- Have you ever babysat for a child with a health condition?
- Why do you enjoy working with children? What age groups do you most enjoy/least enjoy? Why?

Which age group are you most comfortable with? Do you prefer to work with boys or girls? Why?

- Have you taken any of the babysitter training courses, such as the American Red Cross Babysitter's Training course, the Child care and Babysitting Safety (CABS) course, the Safe Sitter® program, or the 4-H Babysitting course? What other type of training do you have in child care?
- Are you certified in CPR/basic first aid?
- Have you ever been in an emergency situation while babysitting? How did you handle it?
- Under what type of situation would you call me? At what point would you call the pediatrician or **911**?
- Do you live nearby? Can you provide your own transportation? Are you familiar with the city/neighborhood?
- Do you have any health restrictions that could affect your ability to babysit?
- Is there an adult or family member nearby in the event of an emergency whom you could contact?
- Do you know how to change a diaper?
- Have you ever administered medicine to a child you were babysitting?
- Are you comfortable being in my home at night or for an extended period?
- Do you know how to prepare a simple meal?
- Do you know how to feed an infant? A toddler? Do you know what to do if a child is choking?
- How do you handle discipline? What will you do if my child will not listen or exhibits bad behavior?
- How comfortable are you with pets? Do you have any fear of pets?
- How do you feel about naps, candy/snacks, TV/computers/videos?
- Are you prompt?
- What sort of activities do you normally do with children my child's age?
- Do you smoke?
- What hours and days of the week are you available to babysit?
- Do you have other obligations that will impact your hours/daily availability?
- What are your rates?
- Do you have a list of references?



Babysitting Information

Child's name: _____ DOB: _____; Weight: _____ lb.
mm/dd/yyyy

Brief diagnosis: _____

Child's name: _____ DOB: _____; Weight: _____ lb.
mm/dd/yyyy

Brief diagnosis: _____

Child's name: _____ DOB: _____; Weight: _____ lb.
mm/dd/yyyy

Brief diagnosis: _____

PARENTS

First and last names: _____

Father's cell: (_____) Mother's cell: (_____)

NEIGHBORS

First and last names: _____

Phone number: (_____) Address: _____

(Location in relation to house)

First and last names: _____

Phone number: (_____) Address: _____

(Location in relation to house)

WHERE MOTHER WILL BE

Location name	address	phone number
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WHERE FATHER WILL BE

Location name	address	phone number
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DOCTOR INFORMATION

Pediatrician: _____	address	phone number
First and last name		

Hematologist: _____	address	phone number
First and last name		

Hemophilia Treatment Center (HTC): _____	address	phone number
Name		

PREFERRED HOSPITAL

Name	address	phone number
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CHILD'S MEDICAL INFORMATION

Full diagnosis: _____

Instructions in the event of an injury: _____
(eg, call mother/father, call HTC)

Child's medication and specific instructions: _____
(eg, dosage, time to be given)

Current conditions: _____
(eg, target bleed areas, current bleeds/bruising)

Other pertinent medical information: _____

DAILY ROUTINE (Can be specific or general)

CLOTHING

Clothing instructions: _____

Clothing suggestions: _____

FEEDING

Special food instructions: _____

Food preferences: _____

Meal Instructions: _____

Meal Suggestions: _____

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

NAPS/BEDTIME INSTRUCTIONS

Routine: _____

Bed/nap time: _____
hh/mm am/pm

Snack: _____

Special instructions: _____

DIAPERS/POTTY

Location: _____

Disposal of: _____

Special instructions: _____

GENERAL INSTRUCTIONS (eg, TV time, play time, pets, expected deliveries, etc)

ITEMS LEFT FOR SITTER

Item name: _____
(eg, keys, money, etc)

Location: _____



EMERGENCY INFORMATION

OUR NAMES		
Our address		
Directions to our house		
Nearest crossroad		
OUR PHONE (home)		
Mom's phone (work)		
Mom's mobile		
Dad's phone (work)		
Dad's mobile		
POLICE	911	
Neighborhood watch		
Our alarm company		
Code for alarm system	Arm:	Disarm:
Password		
FIRE	911	
Location of fire extinguisher		
Ladder location		
Designated outdoor meeting place		
AMBULANCE	911	
Location of our first aid kit		
Location of first aid books		
Hospital preferred		
Location of hospital permission forms		
INSURANCE		
Company name		
Phone number		
Group number		
Policy number		
POISON CONTROL CENTER		
Location of our poison control kit		

PEOPLE TO CONTACT IF NEEDED**NEIGHBORS/RELATIVES TO CALL**

Name	Phone	Relationship

CHILDREN'S SCHOOL/PRESCHOOL/CHILD CARE

Name	Phone	For Child

PEDIATRICIAN

Practice/hospital	
Phone	

DENTIST

Phone: ()

OTHER MEDICAL CARE

Practitioner/specialty	
Phone	
Practitioner/specialty	
Phone	

PHARMACY

Phone: ()

ANIMAL CARE

Veterinarian	
Practice/hospital	
Phone	

POWER OUTAGE

	Location	Special Instructions
Fuse box or breakers		
Extra fuses		
Flashlight and batteries		
Candles/matches		

GAS LEAK

	Location	Special Instructions
Shut-off valve		

**WATER LEAK/
FLOODING/SPILLS**

	Location	Special Instructions
Shut-off valve		
Mop/broom		
Rags/towels		
Vacuum cleaner		



HOSPITAL RELEASE NOTE

Permission to Treat: _____
(child's name)

In the case of emergency I give _____ permission to seek treatment
(childcare provider's name)
 for _____ . I authorize emergency medical personnel to perform all
(child's name)
 necessary procedures for the well-being of my child.

CRITICAL INFORMATION ABOUT MY CHILD

Name: _____		
<small>(First)</small>	<small>(Middle)</small>	<small>(Last)</small>
SSN: _____	DOB: _____	
<small>XXX-XX-XXXX</small>	<small>mm/dd/yyyy</small>	

MEDICAL INFORMATION

Physician: _____	
Practice: _____	Phone: () _____

HEALTH INSURANCE INFORMATION

Provider: _____	
Address: _____	
Group#: _____	Subscriber #: _____

CRITICAL INFORMATION

Blood type: _____
Known allergies: _____
Regularly taken medications: _____

PREFERRED HOSPITAL

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Signed: _____

Print mother's first and last name _____ relationship _____

Print father's first and last name _____ relationship _____

DENTAL HISTORY

Age/Date	Procedure Completed	Special Notes

Date:

- Fluoride _____
- X-rays _____
- Cavities _____
- Braces _____



APPLIANCE INSTRUCTIONS

KITCHEN	
Disposal	
How to operate	
Location of switch	
Does the water need to be running?	
Do not put in	
Special instructions	
Microwave	
How to operate	
Settings to use	
Do not put in	
Stove/Oven	
How to operate	
Settings to use	
Special instructions	
Dishwasher	
How to operate	
How much soap	
Location of soap	
Special instructions	
Trash	
Location of trash	
Location of bags	
Where it goes outside	
When it is picked up	
Other	
Recyclables	
What can be recycled	
Special instructions (eg, cleaning/removing labels)	
Where to put recyclables	
When they are picked up	
Other	

LIVING ROOM**VCR**

Directions on how to use

Other

DVD

Directions on how to use

Other

Remote Controls

Where they are kept

Programming directions

Other

TV

How to use TV/TV components

Other

LAUNDRY**Washing Machine**

Settings to use

Amount of detergent

When to use bleach

Sorting instructions

Other

Dryer

Settings to use

Use of static control

How to remove lint

Other

HEATING AND AIR CONDITIONER**Heating System**

Thermostat setting/program

What to do if heat does not work

Emergency contact

Other

Air Conditioning

Settings

What to do if air conditioning does not work

Emergency contact

Other

ALARM SYSTEM

Location	
How to operate	
Service/contact information	
Panic button instructions	
Password if alarm goes off (confidential)	
Other	

ADDITIONAL INFORMATION

Indoors
Outdoors

INFORMATION ABOUT KEYS AND LOCKS

Where to find extra keys (confidential)	
Other	

R.I.C.E.

A general treatment for bleeds and other painful injuries is R.I.C.E. — Rest, Ice, Compress, Elevate

REST

- Stop using the injured area; continued activity may cause further injury, more discomfort, and possible bleeding into tissues or joint
- Rest the injured area for 24 to 48 hours
- Resume activity gradually to prevent hurting or re-injuring the area
- Use a supportive device such as a sling, if needed, to rest an upper extremity; a cane or crutches can help avoid putting weight on an affected leg or foot

ICE

- Use ice to reduce pain and help to constrict blood vessels and limit bleeding
- Apply ice to the affected area for 20 minutes at a time for 48 to 72 hours
- Don't place ice directly on the skin; put the ice in a plastic bag and wrap it in a towel or cloth

COMPRESS

- Wrap the affected area with an elastic bandage to help reduce swelling and limit bleeding; the bandage should be snug but should not cut off circulation

ELEVATE

- Keep the injury extremity (the leg or arm) elevated as much as possible; this helps reduce swelling
- Depending on the bleed site, you may have to limit your activities for a few days follow a bleeding episode



Questions To Ask The Child Care Center

You can make visits to day care centers and talk to their staff before you make a final decision on which center is best for your child. Below is a list of questions that you can use to begin a conversation. Think about the other things that are important to you. Make a list of your questions. Plan what you want to ask before you go.

- How many of your staff are trained in CPR and first aid?
- Is the center licensed? Is the staff licensed? By whom?
- How are substitutes hired and used in case of staff illness? Do they have the same type and amount of training as your regular staff?
- Do you have experience in working with children with health issues? What types of health issues do you have experience with?
- What ages do you serve? What ages are placed together?
- What is the procedure for dealing with illness or accidents involving children?
- Is your facility handicap accessible? What do you do if my child needs to use crutches, a wheelchair, or has mobility issues?
- What is the procedure for reporting unusual marks on my child?
- Does your staff carry emergency phones when taking children to activities outside the center's facilities?
- Do you have a regular schedule for each day?
- What is the napping policy/procedure?
- What regular communication plan is in place for your reporting on my child's day-to-day activities? Does it include health- and diet-related information?
- What kinds of meals are served? What provisions are made for special dietary needs, including allergies? Is there a menu?
- Do you have a parent handbook?
- What is your policy on parent visits?
- Does your center hold meetings for parents?
- What are the hours of operation? For what holidays is the center closed? What is the policy on late or early pick up or drop off?
- What are the emergency preparedness plans in case the facility needs to be evacuated? How will you contact parents? Where does the center evacuate in an emergency?
- Are you willing to keep my child's medication (called clotting factor) in the refrigerator for use in an emergency?
- Will my child be allowed to take medication or infuse while at the center?



Questions to Ask the Parent of a Child in Your Care

- What do I need to know about your child's health condition?
- Does your child have any food allergies, require any special medications, or have any other special needs?
- What signs should I look for in your child that might signal a bleed?
- What should I do if a bleed occurs?
- Where will you be going and how can I reach you? What are your cell phone numbers? When do you think you'll be back?
- Can you give me the names, numbers, and addresses of a couple of friends, neighbors, or relatives nearby to contact in case I cannot reach you?
- What is the name and contact information of your child's doctor and Hemophilia Treatment Center?
- Under what circumstances should I contact you?
- When should I call **911** first before calling you?
- What is your insurance company and who is the policyholder in case of emergency?
- Are there any activities that your child cannot do or games your child shouldn't play because of the bleeding disorder? What kinds of play are okay?
- If I need to administer medication, can you provide written instructions and show me what I'll need to do?