



Phone Pre-Screening Tool

Center/Home Provider: _____

Phone Number: (_____) _____ -- _____

Address: _____

What are your hours?	
How many children are currently in your care?	
What are the ages of children in your care?	
How much do you charge?	
What is your policy on payment during the holidays, vacations and sick days?	
What do you do when a child is sick?	
Are you certified to give medications?	
Are you current with your first aid and CPR certification?	
How long have you been in the child care field?	
How long do you continue to be in the child care field?	
What is your experience/education? What is the experience/education of your staff?	
How many caregivers will my child be in contact with daily?	
What is a typical day like?	
What activities would my child experience?	
How do you handle discipline? Is there a written policy?	
How will you accommodate my child with special needs?	
What meals or snacks do you provide?	
Do you provide transportation or go on field trips? If yes, do you provide car seats? Do you have insurance?	
What school districts do you serve?	
Are there other languages spoken at the program?	