



Phone Pre-Screening Tool

Name of Center or Family Home Provider:	Phone Number:	Address:
What are your hours?		
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How many children are currently in your care?		
What are the ages of children in your care?		
What are the ages of shinaren in your sare.		
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 current with your first aid and CPR certification?		
Are you certified to give medications?		
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?		
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What is a typical day like? What activities would my child		
experience?		
How do you handle discipline? Is there a writte	n policy?	
How will you accommodate my child with speci	ial needs?	
Thew will you decemmedate my office with specif	iai riccas:	
What meals or snacks do you provide?		
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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 progra	am?	
The there office languages spoken at the progre	uiii:	
What is your level within the state's Elevate sys	stem for child care?	
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