

<b>Critical Questions</b>	<b>Provider #1</b>	<b>Provider #2</b>	<b>Provider #3</b>
	<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
	<b>Phone:</b>	<b>Phone:</b>	<b>Phone:</b>
1. Do you have a day care license and the required liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have the required training and education? What additional day care experience or qualifications do you have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What are your hours of operation and fees for basic and any additional services? Do you provide a child care contract and receipts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What are the ages and number of children that you care for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you explain your Disaster Evacuation Plan and is it practiced and posted along with appropriate phone numbers, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you encourage unannounced parent visits and what type of complaints have you ever had from parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you provide parents the telephone numbers of other parents along with the required information on child abuse, complaint procedures, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are children safe from lighters/matches, medications, swimming pools, stairs, electrical outlets, and sharp objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there clean changing and sleeping areas, safe toys and cribs, good feeding, bottle and potty procedures, working smoke detectors, and a recently charged fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. what help or assistance is available in case the care-giver is ill or has an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. What are the arrangements for sick children, holidays, and parents vacations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the caregiver respond to all children individually in a positive, warm, and understanding way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>