

Prospective Provider Questionnaire

Provider Name: _____ Date: _____

Home # _____ Cellphone # _____

Email Address: _____

City: _____

License Number: _____

1. How many children currently under your care between 0-4 are receiving subsidy?
2. Do you currently hold at a minimum an Associate teacher permit? (CTC)
3. Are you currently implementing a curriculum? If so which one?
4. Are you currently using an assessment tool? DRDP?
5. Are you open to use technology to complete assessments?
6. Are you participating in the food program?

7. Do you have any Type A/B cited deficiencies?

8. How did you hear about CCP?

9. Do you have liability insurance coverage? Are you willing to increase coverage to 1,000,000?

10. Are you willing to reduce the capacity of your license while EHS-CCP children are enrolled and in attendance?