

Checklist for Researching & Establishing a Call Center

- Are there Information & Referral (I&Rs) services operating in your geographic region?

If yes, list – _____

Contact person information:

Name: _____

Title: _____

Phone #: _____

Email address: _____

Date meeting scheduled: _____

List of people who will attend meeting: _____

Pre-meeting research done: ____ Yes ____ No

If yes: notes -- _____

Post meeting activities and next steps -- _____

- Are there Child Care Resource & Referral (CCRRs) services operating in your geographic region?

If yes, list – _____

Contact person information:

Name: _____

Title: _____

Phone #: _____

Email address: _____

Date meeting scheduled: _____

List of people who will attend meeting: _____

Pre-meeting research done: ____ Yes ____ No

If yes: notes -- _____

Post meeting activities and next steps -- _____

- Contact information for your state's Child Find system

Name: _____

Title: _____

Phone #: _____

Email address: _____

Date meeting scheduled: _____

List of people who will attend meeting: _____

Pre-meeting research done: ____ Yes ____ No

If yes: notes -- _____

Post meeting activities and next steps -- _____

- Contact information for your state's Birth to Three system

Name: _____

Title: _____

Phone #: _____

Email address: _____

Date meeting scheduled: _____

List of people who will attend meeting: _____

Does your state's Birth to Three system include
at risk children? Yes No

Pre-meeting research done: Yes No

If yes: notes -- _____

Post meeting activities and next steps -- _____

- Contact information for Maternal and Child Health (MCH) programs operating through your state's Department of Health, including Children and Youth with Special Health Care Needs (CYSHCNs) and other programs/services funded through the federal Title V, MCH block grant

Contact person information:

Name: _____

Title: _____

Phone #: _____

Email address: _____

Date meeting scheduled: _____

List of people who will attend meeting: _____

Pre-meeting research done: ____ Yes ____ No

If yes: notes -- _____

Post meeting activities and next steps -- _____

- Are there hospitals and/or universities serving your geographic area that have relevant programs?

If yes, list – _____

Contact person information:

Name: _____

Title: _____

Phone #: _____

Email address: _____

Date meeting scheduled: _____

List of people who will attend meeting: _____

Pre-meeting research done: ____ Yes ____ No

If yes: notes -- _____

Post meeting activities and next steps -- _____

- Are there local community-based foundations in your geographic area that might have an interest in funding a call center?

If yes, list – _____

Contact person information:

Name: _____

Title: _____

Phone #: _____

Email address: _____

Date meeting scheduled: _____

List of people who will attend meeting: _____

Pre-meeting research done: ____ Yes ____ No

If yes: notes -- _____

Post meeting activities and next steps -- _____

