

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: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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Pre-meeting research done:  Yes  No

If yes: notes -- \_\_\_\_\_

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Post-meeting activities and next steps -- \_\_\_\_\_

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- 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 -- \_\_\_\_\_

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Post-meeting activities and next steps -- \_\_\_\_\_

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- 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: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pre-meeting research done:  Yes  No

If yes: notes -- \_\_\_\_\_

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Post-meeting activities and next steps -- \_\_\_\_\_

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\_\_\_\_\_  
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- 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: \_\_\_\_\_

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Pre-meeting research done:  Yes  No

If yes: notes -- \_\_\_\_\_

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Post-meeting activities and next steps -- \_\_\_\_\_

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- 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: \_\_\_\_\_

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Pre-meeting research done: \_\_\_\_ Yes \_\_\_\_ No

If yes: notes -- \_\_\_\_\_

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\_\_\_\_\_

Post-meeting activities and next steps -- \_\_\_\_\_

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