



ECELS CHILD CARE SERVICE ENCOUNTER FORM

Date Service Requested _____ Date of Service _____
Contact Person Name _____ Child Care Facility _____
Street Address _____
City _____ Zip _____ County _____
Telephone (_____) _____ FAX (_____) _____ Email _____ @ _____

From the items below, circle or fill in the appropriate numbers, letters and blanks which best describes the Child Care Health Consultant's technical assistance during this encounter:

Specify all topics addressed during this encounter: (e.g. hand washing, lice, TB testing, lead, first aid training, etc.)

- 1. Provided on-site consultation at the facility of the child care provider
2. Provided technical assistance by telephone
3. Helped facility with compliance with state regulations and national standards (e.g. health record review)
4. Linked child care provider with other community resources
5. Assist child care provider with helping families obtain health insurance (CHIP, Medicaid)
6. Addressed the environment of the child care facility
7. Addressed the performance of child care staff in the facility
8. Observed individual children to assess their needs (specify) _____
9. Provided "hands-on" screening or examination services
10. Developed health policies/procedures
11. Helped interpret clinical information about children for child care staff
12. Addressed staff health issues
13. Helped accommodate children or families with special health needs
14. Facilitated linkage for families with a medical home to provide child health services
15-17. Provided health education for: # _____ children # _____ staff # _____ parents / guardians
18. Provided materials: print audio-visual (AV) (circle which or both)
19. Referred child care provider to ECELS
20. Other (specify) _____

Circle every category addressed during this encounter:

- A. Infectious Disease
B. Injury
C. Health Promotion
D. Special Health Needs
E. Other (specify) _____

Problems: (Use brief one word descriptions or short phrases.)

Follow-up or additional resources needed:

Number of children enrolled in facility by age range: (Give specific number in each age group, do not give a range.)

Infants (0-12 months of age) _____ Toddlers (13-35 months of age) _____
Preschool-age (3-5 years of age) _____ School-age children _____

Number of caregivers / teachers employed in facility: _____ (Give specific number, do not give a range).

Estimated Total Time Required for Service: _____ # hours _____ # minutes

Health Consultant Signature _____ Agency _____ Phone (_____) _____