

Name: _____

Month/Year: _____

Child Care Resource & Referral Daily Activity Log								PARENT Referral: Parent referrals and consumer education	CCD Information: Child care, parenting and other info or resource materials	PROVIDER Contact: quarterly update, training sign-up/reminder call Consultation: technical assistance, support, information & referral, etc.	DHS Provider recruitment: General ICCP info to providers & potential providers Consultation: TA on DHS Listing, DPU issues, Enhanced rate	COMMUNITY Partner	DHS Contact	Employer Contact	Other	Notes	
Done	Date	Time	Response Attempts		Name	Phone Number											
			OPTIONAL	1st Attempt Date/ Time			2nd Attempt Date/ Time										
Page Total																	
Month Total																	