Name:_____ Month/Year:_____

Child Care Resource & Referral
Daily Activity Log

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