

Steps to Quality Family Child Care Initiative
On-Site Technical Assistance Visit Record
Community Child Care Solutions

Name of Provider: _____

Date: _____

Time of Arrival: _____

Time of Departure: _____

Contact Duration: _____

Primary Purpose-

- Relationship Building
- PINJ Registry
- Model practice
- T/A Administer SQ Checklist
- Develop QIAP
- Distribute surveys
- Collect surveys

- Distribute Parent Engagement Materials
- Distribute Creative Curriculum
- Distribute children's learning materials (list below)
- Training
- Materials distributed:
- Other:

Observation and reflection:

What objectives were met?

Was an appointment made for a follow up visit? NO Yes Date/Time:

Next Steps:

Notes:

Provider Signature: _____ Date: _____

ECC Specialist Signature: _____ Date: _____