



## ECELS Child Care Service Encounter Form Tips

These suggestions are to improve documentation consistency and simplify the recording process. Here are some tips to consider when completing following the form.

Please use **one** Encounter Form for each encounter.

**Date Service Requested** date the request was taken    **Date of Service** date the service is performed  
**Contact Person Name** \_\_\_\_\_ **Child Care Facility** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_  
**Telephone** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_@\_\_\_\_\_  
 If you frequently see the same provider, fill in all the above information except the dates and photocopy the form.

**1-20. 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 encounter:** - please specify only the topic, no need for full sentences (e.g. hand washing, lice, TB testing, lead poisoning, first aid training, etc.)

1. The location does not need to be at the child care facility. You may provide a workshop for Early Education and Child Care providers at a location other than the child care site.
2. Every encounter should be identified by either circling either **#1. (On-Site)** or **#2. (Telephone)**
3. Should usually be circled.
4. This is self-explanatory.
5. This is self-explanatory.
6. Should usually be circled.
7. As related to health and safety issues.
8. Be specific using a single word or phrases. (e.g. 3 year old - skin lesion, 4 month old - flaky scalp, possible cradle cap, etc.).
9. This is self-explanatory. It is not necessary to specify type of screening, examination, or the number of children.
10. This is self-explanatory. It is not necessary to specify the policy or procedure.
11. This may include reviewing Child Health Assessment Forms (CY 51), interpreting a note from a health care provider, prescriptions, special care plan, immunization records, etc.
12. This may include communicable diseases, stress management, ergonomics, staff immunizations, pregnancy-related information, etc.
13. This may include, explaining Early Intervention Services or developing / interpreting a special care plan.
14. This is self-explanatory.
15. Enter a whole number, not a range. Topics for health education for children may include-hand washing, fire safety, poison prevention, pedestrian safety, etc. The topic(s) should be listed under **"Specify all topics addressed during this encounter."**
16. Should usually be circled. Enter a whole number, not a range for staff with whom you interacted during the Encounter. You may have provided health education for staff on a one-to-one basis or to a group. The topic(s) should be listed under **"Specify all topics addressed during this encounter."**

17. Enter a whole #; not a range. You may have provided health education for parents / guardians on a one-to-one basis or to a group. The topic(s) should be listed under "**Specify all topics addressed during this encounter.**"
18. Please **circle** print or audiovisual (AV) materials or *both*. There is no need to specify the titles of the materials.
19. Select if Early Education and Child Care providers request other print or AV materials from ECELS. Remember to tell them about ECELS web site at [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)
20. Rarely used.

**Circle all the topics addressed during this encounter -**

You may select any or all of these topics-**A, B, C, D, & E**

- A. Infectious Disease, B. Injury, C. Health Promotion,** (Should usually be circled)  
**D. Special Health Needs, E. Other (specify)** rarely used.

Suggestions on how to record Topics:

<i>Asthma</i> - C & D	<i>Head Lice</i> - A & C	<i>First Aid</i> - A, B, C & D
<i>Immunizations</i> - A & C	<i>Lead Poison</i> - B & C	<i>Poison Prevention</i> - B & C
<i>Safety (Winter, Holiday)</i> - B & C		

**Problems** - use a single word or phrase.

**Follow up or additional resource needed** - use a single word or phrase.

**Number of children enrolled in facility by age range**

Please obtain this information for each phone or on-site consultation encounter.

Please use a whole number, not a range for each age group.

You may choose to record the actual number of children enrolled or give the specific number of children present for day of your encounter.

**Number of caregivers/teachers employed in facility**

Please obtain this information for all each phone or on-site consultation encounter.

Please use a whole number not a range.

You may choose to record the actual number of caregivers / teachers or give the specific number of caregivers / teachers present for day of encounter.

**Estimate Total Time Required for the Service \_\_\_\_\_ # hours \_\_\_\_\_ # minutes**

On-Site Consultation - Pre / post preparation time for upcoming visit including time used during On-Site Child Care Health Consultation visit.

Technical assistance by phone - document time in minutes of actual phone conversation.

*Driving time should not be included.*

**Health Consultant Signature** – please write legibly.

**Agency**- please do not use abbreviations.

**Phone Number** - please include your area code.