

## Child Care Health Linkages Project Advocate Daily Encounter Form (ADEF)

Health Advocate's Name: \_\_\_\_\_

ID #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Today's Date:    /    /                          
m m d d y y y y

Day of Week (please circle one):

Mon Tue Wed Thu Fri Sat Sun

For the columns below:

- (1) List one activity code (H, R, C, I, A, P, O) that corresponds with the activity you did today. Use a separate line for each activity code.
- (2) Write the name of the service site and code the type of facility (H = home, C = center, O = other).
- (3) Choose one or more recipient codes to describe who received your services (C, P, S, I, O).
- (4) Write the number of children age 0-5 served or affected by your activity.
- (5) Indicate how much time, in hours and minutes, you spent performing each activity.
- (6) Choose **one** content code to describe the activity.
- (7) **Optional:** List additional content codes or notes in the "additional" column.

Activity Codes		Recipient Codes		Content Codes			
H = Health Education R = Referral C = Coordination I = Identification A = Administration P = Professional Development O = Other (Explain)		C = Group of Children P = Parent(s) S = Child Care Staff I = Individual Child O = Other (Explain)		1. Child Development 2. Behavioral Health 3. Special Care Needs 4. Health Promotion 5. Inclusion/Exclusion For Illness 6. Health Records 7. Safety 8. Infection Control 9. Childhood Illness 10. Community Resources 11. Environmental Safety 12. Emergency Procedures 13. Injury Prevention 14. Nutrition 15. Oral Health 16. Staff Health 17. Policy Development 18. Other (Explain)			
(1) Activity Code	(2) Service Site Name and Type	(3) Recipient Code	(4) # of Children 0-5 Yrs. Served	(5) Time Spent		(6) Primary Content Code	(7) Additional Content Codes and Comments
				hrs	min		
				hrs	min		
(8)							
<b>Travel Time:</b> Record the time, in hours and minutes, that you spent traveling. If you did not travel today, record 0. Do not leave blank.							