

The purpose of the form is to document your ongoing contact with providers during a state of emergency when in-person visits are not possible, and to track providers' needs during this crisis. This information will empower your site to share critical data about your extraordinary efforts with community partners and funders. Documenting the support rendered to providers during a disaster of this magnitude will help our partners see the tremendous value of your work and encourage current and future funding.

Date: _____ **Provider's Name:** _____

Communication method (phone call, text, FaceTime, WhatsApp, Zoom, etc.)

Provider's Status: _____ **actively caring for children** _____ **not caring for children**

What concerns were voiced by the provider?

What are the provider's current needs? How can the agency help this provider connect to resources? What, if any, referrals were made during the check-in?

If a provider is still caring for children, what does their enrollment look like? (E.g. same children, different children, fewer children, more children, etc.)

Are you conducting virtual visits or regular check-in calls with the provider? If so, which, and on what schedule?