Expanding Quality in Infant Toddler Care: EQ RELATE Coaching Log

Coach's Name: _____ **Early Childhood Council:** _____

Total Hours Reported on this Log: _____ **Total Mileage Reported on this Log:** _____

Date of Visit	Child Care Provider's Name	Name of Center or Family Child Care Home	Phone Number	Time & Length of Visit	Starting Point to Child Care Site	Round Trip Mileage PER VISIT