

## PROVIDER VISIT REPORT - TRSP

Provider Name	Type of Facility (use code)	
Address (Street, City, State, Zip)		
Provider Representative	Date of Visit	Agreement ID No.

**1. Purpose of Visit:**

- Orientation/Information - Prospective TRSP
- Technical Assistance Visit
  - Current Provider
  - Prospective Provider
  - Follow-up Visit
- eVision Training
- Renewal of Provider's Agreement
- Observation Visit
  - Student/Child
  - Class/Activity
  - Teacher/Caregiver
  - Parent Advisory Group (PAG)
- TRSP Certification/Monitor
  - 1 Year       2 Year       3 Year

**2. Findings of Visit: (attach supporting tool pages as needed)**

Evaluation of the availability and condition of supplies, equipment, and materials:

Assessment of qualifications of new provider staff:

Appraisal of changes in scheduling, curriculum or program activities:

Review of training documentation:

Review of any additional areas of concern:

Provision of technical assistance as requested or as needed:

**3. Plans for Next Visit or Follow-ups (list date of next planned visit):**

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Signature - CCS Authorized Representative

\_\_\_\_\_

Date

## PROVIDER VISIT REPORT

Provider Name	Type of Facility (use code)	
Address (Street, City, State, Zip)		
Provider Representative	Date of Visit	Agreement ID No.

**1. Purpose of Visit:**

- Orientation/Information - Prospective Provider
- 1 - Month Visit (After placement of first CCS referred child)
- eVision Training
- Technical Assistance Visit
  - Current Provider
  - Prospective Provider
  - Follow-up Visit
- Renewal of Provider's Agreement/Annual Visit
- Observation Visit
  - Student/Child
  - Class/Activity
  - Teacher/Caregiver

**2. Finding of Visit:**

**3. Plans for Next Visit or Follow-up:**

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Signature - CCS Authorized Representative

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Date