Child Care Health Consultation
Daily Encounter Form Version 7/10/2002

Consultant's Name: _____ Consultant's ID #: __ __ - __ __ __ __

Today's Date: __ __/__ __/__ __ __ __ (m m d d y y y y)

Day of Week:
Mon Tue Wed Thu Fri Sat Sun

In the designated spaces below, please
(a) list each of the activities you performed today using the Activity Codes provided,
(b) indicate whether the activity was a new (N) or a continuation (C) of a previous consultation (Activity Status),
(c) indicate the ID number of the program, facility, or service site,
(d) indicate how much time, in hours and minutes, you spent performing each activity, and
(e) list the NHS Code(s) applicable to each activity (as many under Additional as apply).

Activity Codes

Must have Activity Status, Service Site ID# & Primary NHS Code		**Must** have Activity Status, Service Site ID # & Primary NHS Code		**May** have Activity Status and/or Service Site ID # **May** have Primary NHS Code	
OSC	On-Site Consultation	HED	Health Education	CDV	Community Development
OSO	On-Site Consultation, Other	TRC	Training-Contact Time	PDV	Professional Development
TLC	Telephone Consultation	TRO	Training, Other	POR	Portfolio
TLO	Telephone Consultation, Other			RFI	Requests for Information
IEC	Internet/Email Consultation			ADC	Administrative-Child Care
IEO	Internet/Email Consultation, Other			NOT	Non Child Care, Other
				DHS	Direct Health Services

Activity Code	**Activity Status**	**Service Site ID #**	**Time Spent**		**# Children 0 – 5 yrs @ service site**	**National Health and Safety Codes** NHS codebook you used: ☐ 1992 ☐ 2002	
			Hrs	**Min**		**Primary**	**Additional**
	N C						
	N C						
	N C						
	N C						
	N C						
	N C						
	N C						
	N C						
	N C						
	N C						
	N C						
	N C						
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