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

OSC	On-Site Consultation
OSO	On-Site Consultation, Other
TLC	Telephone Consultation
TLO	Telephone Consultation, Other
IEC	Internet/Email Consultation
IEO	Internet/Email Consultation, Other

Must have Activity Status, Service Site ID # & Primary NHS Code

HED	Health Education
TRC	Training-Contact Time
TRO	Training, Other

May have Activity Status and/or Service Site ID # **May** have Primary NHS Code

CDV	Community Development
PDV	Professional Development
POR	Portfolio
RFI	Requests for Information
ADC	Administrative-Child Care
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						
	N C						
	N C						
	N C						
	N C						
	N C						
	N C						
	N C						
Total travel time for the day					Record the time, in hours and minutes, you spent physically traveling for child care health consultation purposes. If you did not travel today for child care health consultation purpos please record 0. Do not leave blank.		

Developed by California Child Care Health Program, adm. By UCSF School of Nursing. modified NCDHHS's Quality Enhancement Project DEF