Voluntary Agency Time Study Report: page 1 **Agency Name:** _____

Worker Name (print): _____

Signature: _____ **Date:** _____

Title: _____

Phone: _____

Work Address: _____

Regular Work Day (from/to): _____
(e.g., 9:00am to 5:00pm)

Do you have an assigned case load? Yes ☐ No ☐

If not, which best describes your assignment?
☐ Home Approval ☐ Other: _____

In which type of program do you work?

☐ Instit. / Group Residence ☐ Foster Home

☐ Group Home / ABH ☐ Adoption

☐ Case, irrespective of child's level of care/facility placement

	ACTIVITY CODES
37	Case Planning
38	Participation in Judicial Proceedings for Case Plan
39	Placement of Child or Youth
40	Work with Investigative Agencies not for Case Plan
41	Case Supervision / Monitoring
42C	Provision of Services to Individuals (Clinical)
42N	Provision of Services to Individuals (Non-Clinical)
44C	Referral for Services (Clinical)
44N	Referral for Services (Non-Clinical)
48C	Provision of Group Services (Clinical)
48N	Provision of Group Services (Non-Clinical)
49	Fair Hearings and Appeals
51	Activities Not Funded as Foster Care
53	Recruitment / Licensing Foster Homes
54	Homefinding for Adoption
	INDIRECT / ADMINISTRATION
60	Training
61	Meetings
62	Authorized Leave
63	Lunch/Dinner Break
64	Misc/Other
65	Non-Case-Specific Facility or Program-Related Activities

Starting Time: * _____ **Total Boxes Completed**
Ending Time: * _____ **Day 1** ☐ **Day 1 date:** mo. ☐ day ☐ yr. ☐ ***Check if not a work day*** ☐

12am	12:15	12:30	12:45	1am	1:15	1:30	1:45	2am	2:15	2:30	2:45	3am	3:15	3:30	3:45	4am	4:15	4:30	4:45	5am	5:15	5:30	5:45
12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30	5:45	6am
6am	6:15	6:30	6:45	7am	7:15	7:30	7:45	8am	8:15	8:30	8:45	9am	9:15	9:30	9:45	10am	10:15	10:30	10:45	11am	11:15	11:30	11:45
6:15	6:30	6:45	7:00	7:15	7:30	7:45	8:00	8:15	8:30	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12pm
12pm	12:15	12:30	12:45	1pm	1:15	1:30	1:45	2pm	2:15	2:30	2:45	3pm	3:15	3:30	3:45	4pm	4:15	4:30	4:45	5pm	5:15	5:30	5:45
12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30	5:45	6pm
6pm	6:15	6:30	6:45	7pm	7:15	7:30	7:45	8pm	8:15	8:30	8:45	9pm	9:15	9:30	9:45	10pm	10:15	10:30	10:45	11pm	11:15	11:30	11:45
6:15	6:30	6:45	7:00	7:15	7:30	7:45	8:00	8:15	8:30	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12am

Starting Time: * _____ **Total Boxes Completed**
Ending Time: * _____ **Day 2** ☐ **Day 2 date:** mo. ☐ day ☐ yr. ☐ ***Check if not a work day*** ☐

12am	12:15	12:30	12:45	1am	1:15	1:30	1:45	2am	2:15	2:30	2:45	3am	3:15	3:30	3:45	4am	4:15	4:30	4:45	5am	5:15	5:30	5:45
12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30	5:45	6am
6am	6:15	6:30	6:45	7am	7:15	7:30	7:45	8am	8:15	8:30	8:45	9am	9:15	9:30	9:45	10am	10:15	10:30	10:45	11am	11:15	11:30	11:45
6:15	6:30	6:45	7:00	7:15	7:30	7:45	8:00	8:15	8:30	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12pm
12pm	12:15	12:30	12:45	1pm	1:15	1:30	1:45	2pm	2:15	2:30	2:45	3pm	3:15	3:30	3:45	4pm	4:15	4:30	4:45	5pm	5:15	5:30	5:45
12:15	12:30	12:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30	3:45	4:00	4:15	4:30	4:45	5:00	5:15	5:30	5:45	6pm
6pm	6:15	6:30	6:45	7pm	7:15	7:30	7:45	8pm	8:15	8:30	8:45	9pm	9:15	9:30	9:45	10pm	10:15	10:30	10:45	11pm	11:15	11:30	11:45
6:15	6:30	6:45	7:00	7:15	7:30	7:45	8:00	8:15	8:30	8:45	9:00	9:15	9:30	9:45	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12am

Time Study Activity Report: page 2

Agency Name: _____

Worker Name: _____

Starting Time: *					**Total Boxes Completed**											mo.	day	yr.		***Check if not***			
Ending Time: *									**Day 3**				**Day 3 date:**							***a work day***			
12am	**12:15**	**12:30**	**12:45**	**1am**	**1:15**	**1:30**	**1:45**	**2am**	**2:15**	**2:30**	**2:45**	**3am**	**3:15**	**3:30**	**3:45**	**4am**	**4:15**	**4:30**	**4:45**	**5am**	**5:15**	**5:30**	**5:45**
12:15	**12:30**	**12:45**	**1:00**	**1:15**	**1:30**	**1:45**	**2:00**	**2:15**	**2:30**	**2:45**	**3:00**	**3:15**	**3:30**	**3:45**	**4:00**	**4:15**	**4:30**	**4:45**	**5:00**	**5:15**	**5:30**	**5:45**	**6am**
6am	**6:15**	**6:30**	**6:45**	**7am**	**7:15**	**7:30**	**7:45**	**8am**	**8:15**	**8:30**	**8:45**	**9am**	**9:15**	**9:30**	**9:45**	**10am**	**10:15**	**10:30**	**10:45**	**11am**	**11:15**	**11:30**	**11:45**
6:15	**6:30**	**6:45**	**7:00**	**7:15**	**7:30**	**7:45**	**8:00**	**8:15**	**8:30**	**8:45**	**9:00**	**9:15**	**9:30**	**9:45**	**10:00**	**10:15**	**10:30**	**10:45**	**11:00**	**11:15**	**11:30**	**11:45**	**12pm**
12pm	**12:15**	**12:30**	**12:45**	**1pm**	**1:15**	**1:30**	**1:45**	**2pm**	**2:15**	**2:30**	**2:45**	**3pm**	**3:15**	**3:30**	**3:45**	**4pm**	**4:15**	**4:30**	**4:45**	**5pm**	**5:15**	**5:30**	**5:45**
12:15	**12:30**	**12:45**	**1:00**	**1:15**	**1:30**	**1:45**	**2:00**	**2:15**	**2:30**	**2:45**	**3:00**	**3:15**	**3:30**	**3:45**	**4:00**	**4:15**	**4:30**	**4:45**	**5:00**	**5:15**	**5:30**	**5:45**	**6pm**
6pm	**6:15**	**6:30**	**6:45**	**7pm**	**7:15**	**7:30**	**7:45**	**8pm**	**8:15**	**8:30**	**8:45**	**9pm**	**9:15**	**9:30**	**9:45**	**10pm**	**10:15**	**10:30**	**10:45**	**11pm**	**11:15**	**11:30**	**11:45**
6:15	**6:30**	**6:45**	**7:00**	**7:15**	**7:30**	**7:45**	**8:00**	**8:15**	**8:30**	**8:45**	**9:00**	**9:15**	**9:30**	**9:45**	**10:00**	**10:15**	**10:30**	**10:45**	**11:00**	**11:15**	**11:30**	**11:45**	**12am**

* Times Provided ***MUST*** match the times in the boxes completed

Time Study Activity Summary

	ACTIVITY CODES	Day 1	Day 2	Day 3	Totals
37	Case Planning				
38	Participation in Judicial Proceedings for Case Plan				
39	Placement of Child or Youth				
40	Work with Investigative Agencies not for Case Plan				
41	Case Supervision / Monitoring				
42C	Provision of Services to Individuals (Clinical)				
42N	Provision of Services to Individuals (Non-Clinical)				
44C	Referral for Services (Clinical)				
44N	Referral for Services (Non-Clinical)				
48C	Provision of Group Services (Clinical)				
48N	Provision of Group Services (Non-Clinical)				
49	Fair Hearings and Appeals				
51	Activities Not Funded as Foster Care				
53	Recruitment / Licensing Foster Homes				
54	Homefinding for Adoption				
60	Training				
61	Meetings				
62	Authorized Leave				
63	Lunch Break				
64	Misc/Other				
65	Non-Case-Specific Facility or Program-Related Activities				
	Totals				

If submitting this form as an update to a prior submission, enter date below.

Date of Revision_____