INSTRUCTIONS

Below are steps to complete the Staff Time Study Sheet

Step 1:	Fill in your name next to "Employee Name"
Step 2:	Fill in your Position Title next to "Position Title"
Step 3:	Fill in your Local agency name next to "Local agency"
Step 4:	Fill in your Site Location next to "Site Location"
NOTE:	All cells that are shaded in gray contain formulas. If you are completing this sheet electronically, you will not need to enter data into the gray shaded cells. Upon entering the date in the "Week 1- Sunday" space, the spreadsheet will generate the other dates needed in the Time and Effort Record.
Step 5:	Enter the number of hours worked on each category per day for the entire month. If an employee is off work put zeros in fields.
NOTE:	Hours worked should be rounded to the nearest quarter hour (15 minutes) example: 4 hours would be **4.0**, 4 and half hours would be **4.5**, 4 hours and fifteen minutes would be **4.25** and 4 hours and 45 minutes would be **4.75**.
Step 6:	Obtain the appropriate signatures
Step 7:	Send signed copies to Local agency coordinators for review. Coordinators are to then send documents to State Agency.

Below are steps to complete the Local Agency Site Summary

Step 1:	Fill in each employee name under "Name"
Step 2:	Fill in each employee title and position under "Title"
Step 3:	Fill in your Local agency name next to "Local agency"
Step 4:	Fill in the total Breastfeeding hours worked under "total Breastfeeding hours"
Step 5:	Fill in the total Nutrition Education hours worked under "total Nutrition Education hours"
Step 6:	Fill in the total Program Management hours worked under "total Program Management hours"
Step 7:	Fill in the total Client Serviceshours worked under "total Client Serviceshours"
Step 8:	Fill in the Total hours worked under "Total Hours Worked"
NOTE:	All cells that are shaded in gray contain formulas. If you are completing this sheet electronically, you will not need to enter data into the gray shaded cells.
Step 9:	Divide column E (Total Nutrition Education hours) by column H (Total hours worked) this will give you the Nutrition Education Percentage, which goes in column I
Step 10:	Send signed copies to Local agency coordinators for review. Coordinators are to then send documents to State Agency.

Below are steps to complete the Local Agency Summary	
Step 1:	Fill in the name of each local agency site under "Local Agency Name"
Step 2:	Fill in the total Breastfeeding hours worked under "total Breastfeeding hours"
Step 3:	Fill in the total Nutrition Education hours worked under "total Nutrition Education hours"
Step 4:	Fill in the total Program Management hours worked under "total Program Management hours"
Step 5:	Fill in the total Client Serviceshours worked under "total Client Serviceshours"
Step 6:	Fill in the Total hours worked under "Total Hours Worked"
NOTE:	All cells that are shaded in gray contain formulas. If you are completing this sheet electronically, you will not need to enter data into the gray shaded cells.
Step 7:	Divide column D (Total Nutrition Education hours) by column G (Total hours worked) this will give you the Nutrition Education Percentage, which goes in column H
Step 8:	Send to State agency for review.

Client Services

Time spent performing nutritional assessments, including, but not limited to:
• Taking dietary recalls or instructing clients on how to fill out recall forms
• Performing blood work tests
• Performing anthropometric measurements and plotting on the growth charts
• Evaluating medical/nutritional data (to include determining nutritional risk and priorities) for initial certification
• Evaluating medical/nutritional data for subsequent certifications
• Prescribing food packages
• Review of medical history information
• Writing and typing letters
• Pulling and filing charts, files, certification forms, turnaround documents, vouchers, etc.
• Calling participants/receiving calls (questions, compliments, complaints, etc.)
• Copying
• Mailing notices

Program Management

Time spent performing administrative activities, including, but not limited to:
• New certification and re-certifications – completing certification forms
• New certification and re-certifications – explaining vouchers and food packages
• Issuing vouchers and ID cards
• Scheduling WIC appointments
• Attending State Agency administrative meetings (non-nutrition)
• Attending other administrative meetings
• Procurement of administrative items
• Analyzing ADP reports
• Completing State Agency reports
• Completing local agency reports
• Filling out notices (i.e. terminations, missed check pick-up, program violations, etc.)
• Performing transfers
• Conducting or participating in trainings on administrative procedures
• Processing voided and unclaimed vouchers
• Replacing/processing paper work on lost/stolen vouchers and ID cards
• Internal reports
• Calling ADP Company or State Agency
• Monitoring staff activities
• Reviewing forms completed by the nutrition assistants or interns
• Preparing batch control
• Outreach
• Setting up for the day – getting vouchers, stamps, machines, video set-up, etc.
• Closing down – putting away supplies, materials, vouchers, etc.

Nutrition Education

Time spent performing nutrition education activities, including, but not limited to:
• Individual Counseling – provision of nutrition education/counseling on a one-to-one-basis
• Group Counseling – planning and conducting nutrition education/counseling to an audience of 2 or more clients
• Planning – developing or reviewing the annual nutrition plan or a nutrition education activity
• Developing – developing and producing nutrition education materials, or in reviewing nutrition education materials developed by others
• Training – training educators, nutritionists, paraprofessionals, clerks and conducting workshops for staff members; attending training programs on nutrition subject areas
• Procurement – acquiring or purchasing nutrition education materials
• Monitoring – monitoring nutrition education (e.g. Coordinator monitors provision of nutrition education to clients by her nutrition staff)
• Travel – travel to nutrition education training
• Food Demonstration or Taste Testing – planning, preparing and conducting food demonstration or taste testing that relate to nutrition education
• Reports/Review of Documents – reviewing professional activities, nutrition education procedures and instructions, and completing the Quarterly Nutrition Education Report
• Document and Filing – completing Field #44 on Certification Form, Nutrition Education Batch Control Form, Care Plan or other nutrition education forms, and filing of those forms
• Developing Nutrition Education Sections for Annual Plan – writing the Nutrition Education sections of the Local Agency Annual Plan of Program Operations
• Phone Calls – for the purpose of providing nutrition education
• Data Collection – collecting and compiling data on participant views regarding nutrition education
• Evaluation – collecting and analyzing data to assess the effectiveness of nutrition education

Breastfeeding (Non-Peer Counselors)

Time spent performing breastfeeding promotion and support activities, including, but not limited to:
• Breastfeeding counseling
• Use of lactation consultants
• Breastfeeding peer counselor activities

Breastfeeding Peer Counselor

Time spent performing breastfeeding promotion and support activities including:
• Screens Pregnant and breastfeeding women for eligibility.
• Counsels pregnant and breastfeeding women in WIC clinics.
• Counsels WIC pregnant and breastfeeding mothers by telephone at scheduled intervals determined by the State Agency.
•Receives a caseload of WIC participants and makes routine periodic contacts with all participants assigned.
•Documenting Contacts
•Attending Peer Counselor meetings and breastfeeding trainings
•Complete Pump Logs
•Attending outreach events as a Peer Counselor

Non-WIC

•Time spent performing any activities that are **not related to WIC**.

Lunch/Break

•Time spent for lunch and other breaks, including coffee and bathroom breaks.

DISTRICT OF COLUMBIA GOVERNMENT

STAFF TIME STUDY SHEET

AUGUST 2018

Employee Name: _____ *Position Title* _____

Local Agency _____ *Site Location* _____

	WEEK 1							WEEK 2								
	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	
DATE				8/1/2018	8/2/2018	8/3/2018	8/4/2018	8/5/2018	8/6/2018	8/7/2018	8/8/2018	8/9/2018	8/10/2018	8/11/2018		
Category															#	%
NON-WIC															**0.00**	**#DIV/0!**
Nutrition Education															**0.00**	**#DIV/0!**
Breastfeeding															**0.00**	**#DIV/0!**
Breastfeeding ***Peer Counselors***															**0.00**	**#DIV/0!**
Client Services															**0.00**	**#DIV/0!**
Program Management															**0.00**	**#DIV/0!**
Other_____															**0.00**	**#DIV/0!**
Other_____															**0.00**	**#DIV/0!**
TOTAL HOURS				**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	

	WEEK 3							WEEK 4								
	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	
DATE	8/12/2018	8/13/2018	8/14/2018	8/15/2018	8/16/2018	8/17/2018	8/18/2018	8/19/2018	8/20/2018	8/21/2018	8/22/2018	8/23/2018	8/24/2018	8/25/2018		
Category															#	%
NON-WIC															**0.00**	**#DIV/0!**
Nutrition Education															**0.00**	**#DIV/0!**
Breastfeeding															**0.00**	**#DIV/0!**
Breastfeeding ***Peer Counselors***															**0.00**	**#DIV/0!**
Client Services															**0.00**	**#DIV/0!**
Program Management															**0.00**	**#DIV/0!**
Other_____															**0.00**	**#DIV/0!**
Other_____															**0.00**	**#DIV/0!**
TOTAL HOURS	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	

	WEEK 5															
	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	
DATE	8/26/2018	8/27/2018	8/28/2018	8/29/2018	8/30/2018	8/31/2018										
Category															#	%
NON-WIC															**0.00**	**#DIV/0!**
Nutrition Education															**0.00**	**#DIV/0!**
Breastfeeding															**0.00**	**#DIV/0!**
Breastfeeding ***Peer Counselors***															**0.00**	**#DIV/0!**
Client Services															**0.00**	**#DIV/0!**
Program Management															**0.00**	**#DIV/0!**
Other_____															**0.00**	**#DIV/0!**
Other_____															**0.00**	**#DIV/0!**
TOTAL HOURS	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**								**0.00**	

Employee's Signature & Date

Supervisor's Signature & Date

Summary by Category	
NON-WIC	**0.00**
Nutrition Education	**0.00**
Breastfeeding	**0.00**
Breastfeeding ***Peer Counselors***	**0.00**
Client Services	**0.00**
Program Management	**0.00**
Other_____	**0.00**

Total **0.00**

DISTRICT OF COLUMBIA GOVERNMENT

TIME AND EFFORT RECORD- FEDERAL FUNDS

MONTH/YEAR **AUGUST 2018**

LOCAL SITE AGENCY_____

A	B	C		D	E	F	G	H
	Name	**Title**	**Hourly Rate Per Person**	**Total Breastfeeding Hours**	**Total Breastfeeding Peer Counselors Hours**	**Total Nutrition Education Hours**	**Total Program Management**	**Total Client Services**
1								
2				-	-	-	-	-
3				-	-	-	-	-
4				-	-	-	-	-
5				-	-	-	-	-
6				-	-	-	-	-
7				-	-	-	-	-
8				-	-	-	-	-
9				-	-	-	-	-
10				-	-	-	-	-
11				-	-	-	-	-
12				-	-	-	-	-
13				-	-	-	-	-
14				-	-	-	-	-
15				-	-	-	-	-
16				-	-	-	-	-
17				-	-	-	-	-
18				-	-	-	-	-
19				-	-	-	-	-
20				-	-	-	-	-
21				-	-	-	-	-
22				-	-	-	-	-
23				-	-	-	-	-
24				-	-	-	-	-
25				-	-	-	-	-
26				-	-	-	-	-
27				-	-	-	-	-
28				-	-	-	-	-
29				-	-	-	-	-
30				-	-	-	-	-

Total	-	-	-	-	-

I	J
Total Hours Worked	**Nutrition Education Percentage**
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-	#DIV/0!
-	#DIV/0!
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DISTRICT OF COLUMBIA GOVERNMENT

TIME AND EFFORT RECORD- FEDERAL FUNDS

MONTH/YEAR **AUGUST 2018**

LOCAL AGENCY_____

A	B	C	D	E	F	G
	Local Agency Site Name	**Total Breastfeeding Hours**	**Total Breastfeeding Peer Counselors Hours**	**Total Nutrition Education Hours**	**Total Program Management**	**Total Client Services**
1		-	-	-	-	-
2		-	-	-	-	-
3		-	-	-	-	-
4		-	-	-	-	-
5		-	-	-	-	-
6		-	-	-	-	-
7		-	-	-	-	-
8		-	-	-	-	-
9		-	-	-	-	-
10		-	-	-	-	-
11		-	-	-	-	-
12		-	-	-	-	-
13		-	-	-	-	-
14		-	-	-	-	-
15		-	-	-	-	-
16		-	-	-	-	-
17		-	-	-	-	-
18		-	-	-	-	-
19		-	-	-	-	-
20		-	-	-	-	-

Total	**-**	**-**	**-**	**-**	**-**

H	I
Total Hours Worked	**Nutrition Education Percentage**
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