

MAWSECO #938
PCA
Activity Log Time Study

Student Name: Susie Student

PCA Name(s): Sarah Thompson

D.O.B. (MM/DD/YY): 02/14/2004

District: DC #466

Activity: Toileting/Bladder & Bowel Care **Description of Service:** Susie requires bathrooming assistance with getting on and off the toilet, wiping, and changing pull-ups.

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
2/1/18	10:02	10:08	ST	1:48	1:53	ST							11
2/2/18	10:07	10:12	ST	1:32	1:41	ST							14
2/5/18	10:06	10:12	ST	1:40	1:42	ST							8
2/6/18	10:00	10:05	ST	1:41	1:45	ST							9
2/7/18	10:09	10:12	ST	1:41	1:46	ST							8
2/8/18	10:08	10:14	ST	1:43	1:49	ST							12
2/9/18	10:09	10:17	ST	1:35	1:40	ST							13
2/12/18	10:02	10:06	ST	1:33	1:38	ST							9
2/13/18	10:01	10:08	ST	1:39	1:42	ST							10
2/14/18	10:10	10:15	ST	1:40	1:45	ST							10
												Average Minutes:	10.4

Activity: Eating **Description of Service:** Susie needs someone to help her cut food and provide hand over hand assistance with feeding herself

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
2/1/18	12:00	12:30	ST										30
2/2/18	12:00	12:30	ST										30
2/5/18	12:00	12:30	ST										30
2/6/18	12:00	12:30	ST										30
2/7/18	12:00	12:30	ST										30
2/8/18	12:00	12:30	ST										30
2/9/18	12:00	12:30	ST										30
2/12/18	12:00	12:30	ST										30
2/13/18	12:00	12:30	ST										30
2/14/18	12:00	12:30	ST										30
												Average Minutes:	30

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Student Name: Susie Student

Activity: Behavior

Description of Service: Susie requires constant observation and redirection for explosive behaviors that result in self-injury.

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
2/1/18	9:00	10:01	ST	10:09	11:59	ST	12:31	1:47	ST	1:54	3:30	ST	343
2/2/18	9:00	10:06	ST	10:13	11:59	ST	12:31	1:31	ST	1:42	3:30	ST	346
2/5/18	9:00	10:05	ST	10:13	11:59	ST	12:31	2:30	ST	1:43	3:30	ST	352
2/6/18	9:00	9:59	ST	10:06	11:59	ST	12:31	2:30	ST	1:46	3:30	ST	351
2/7/18	9:00	10:08	ST	10:13	11:59	ST	12:31	2:30	ST	1:47	3:30	ST	352
2/8/18	9:00	10:07	ST	10:15	11:59	ST	12:31	2:30	ST	1:50	3:30	ST	348
2/9/18	9:00	10:08	ST	10:18	11:59	ST	12:31	2:30	ST	1:41	3:30	ST	347
2/12/18	9:00	10:01	ST	10:07	11:59	ST	12:31	2:30	ST	1:39	3:30	ST	351
2/13/18	9:00	10:00	SI	10:09	11:59	SI	12:31	2:30	SI	1:43	3:30	SI	350
2/15/18	9:00	10:09	ST	10:16	11:59	ST	12:31	2:30	ST	1:46	3:30	ST	350
Average Minutes:													349

Activity: Select One

Description of Service:

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
Average Minutes:													

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Student Name: Susie Student

Activity: Select One

Description of Service:

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
												Average Minutes:	

Activity: Select One

Description of Service:

Date MM/DD/YY	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Start Time	End Time	Initials	Total Minutes
												Average Minutes:	

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Please complete one "Activity" section for each PCA service provided to the student throughout the school day. Be sure to record the start and end times each activity is completed in a day for a 10-day period. After the time study is complete, please calculate the average minutes provided for each activity per day. *A time study is valid for 2 years, unless the IEP changes sooner.* Please send a copy of the time study to MAWSECO and retain the original on file at the district.

Total average minutes per day of personal care = 390 min/day.

Total minutes per school day = 390.

"It is a federal crime to provide false information on personal care service billings for medical assistance payment."

Provider Name: Sarah Thompson Initials: ST

Provider Name: Initials:

Provider Name: Initials:

