

## OneNet T/TA Activity Form

You are logged in as Western and Pacific CW Implementation Center (WPIC)

**WPIC T/TA Case Number: TA856**

OMB Number: (0970-0377)

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**Request Title:** test

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The OneNet T/TA Activity Form captures substantial T/TA. "Substantial T/TA" describes services that are tailored to the specific needs of the State/Tribe in response to a request or application for T/TA. Substantial T/TA is expected to build the requestor's capacity. For the purposes of OneNet entry, substantial T/TA involves at least one hour of either direct TA (in person or remote communication between the provider and the T/TA recipient) or indirect TA (efforts by the provider to prepare tailored products, content, or feedback in lieu or support of direct consultation) in a single business day. Substantial T/TA can be provided either during an onsite visit at a State/Tribal jurisdiction or when a provider is off-site. OneNet records substantial T/TA in two ways. First, it capture the hours of direct contact received by the recipient. Second, it captures the total hours of direct and indirect effort involved in the delivery of the substantial T/TA.

Items with an asterisk after the label are required.

**Is this an assessment activity?** Yes

**State/Tribe/Territory participating in T/TA Activity\*\*:**

Select State/Tribes

|            |                          |   |  |
|------------|--------------------------|---|--|
| Alabama    | <input type="checkbox"/> | <input type="button" value="Click to ADD &gt;&gt;"/><br><input type="button" value="&lt;&lt; Click to REMOVE"/> | Added State/Tribes<br><input type="text"/> |
| Alaska     |                          |   |  |
| Arizona    |                          |   |  |
| Arkansas   |                          |   |  |
| California |                          |   |  |

**Primary Recipient of T/TA:**

If other than the State/Tribe child welfare agency, specify the primary recipient (e.g, county or local jurisdiction, court, private agencies operating on behalf of the state, etc.)

**Activity Entered By\*:**

**Members of the T/TA Network involved in T/TA Activity**

**Lead NRC/IC\*\*:**

Select Network Member(s)

|   |                          |   |   |
|---|--------------------------|---|---|
| AdoptUsKids   | <input type="checkbox"/> | <input type="button" value="Click to ADD &gt;&gt;"/><br><input type="button" value="&lt;&lt; Click to REMOVE"/> | Added Network Member(s)<br><input type="text"/> |
| NRC for Adoption (NRCA)                                   |                          |   |   |
| NRC for Child Protective Services (NRCCPS)                |                          |   |   |
| NRC for Child Welfare Data and Technology (NRC-CWDT)      |                          |   |   |
| NRC for Community-Based Child Abuse Prevention (NRC CBCA) |                          |   |   |

"Multi-day activity" should only be selected to report either 1) consecutive days of in-person, on-site activity OR 2) hours of effort exclusively focused on indirect TA that occurred in a single calendar week. Any other instances of direct and/or indirect T/TA should be entered as a "single day activity".

Type of Entry\*\*:

Date(s) of T/TA Activity\*\*: Start:  End:

Does this T/TA activity involve only indirect TA?\*  Yes  No

If multi-day, # of consecutive, in-person, on-site days\*:  days (recorded by 1/2 day)

Enter the number of hours of direct contact received by the recipients during this substantial T/TA activity.

Hours of direct contact received\*: Day 1 Day 2 Day 3 Day 4 Day 5   
 (recorded by 1/2 hour)

Hours of direct contact delivered in collaboration with Network members\*:  (Round to nearest 1/2 hour)

**Modes(s) of direct Contact\*\*:**

Select Modes(s) of Contact

- In person on-site work at jurisdiction served
- In-person, off-site T/TA (e.g., at conference or other sit
- Teleconference/telephone calls
- Videoconference
- Webinar/Webcast

Added Modes(s) of Contact

- 

Other (Specify):

**Type(s) of direct T/TA\*:**

Select Type(s) of T/TA

- Training
- Coaching
- Training of Trainers
- Dissemination of information
- Consultation/problem solving/discussion

Added Type(s) of T/TA

- 

Other (Specify):

**To which mode was the most time devoted?\***

Select One

Other (Specify):

**Which type of T/TA was most important to the primary mode of contact?\***

Select One

Other (Specify):

**T/TA Direct Recipient\*:**

Select T/TA Direct Recipient(s)

- Agency: Administrative Leadership (director/deputies)
- Agency: Middle Managers (program/division heads)
- Agency: Training Department/Division
- Agency: Supervisors
- Agency: Case Workers/ Direct Practice Workers

Added T/TA Direct Recipient(s)

- 

Other (Specify):

**Step in Change Process\*:**

Select Step in Change Process

- Internal Stakeholder Engagement/Buy-in
- Outreach & External Stakeholder Engagement
- Stakeholder Involvement/Building Consensus
- Problem Identification/Needs Assessment
- Implementation/Readiness Assessment

Added Step in Change Process

- 

Other (Specify):

**Practice Area(s)\*:**

Select Practice Area(s)

- General
- Secondary CA/N Prevention
- CPS Referral and Intake
- Assessment of Safety and Risk
- Comprehensive Family Assessment

Added Practice Area(s)

- 

Other (Specify):

**Organizational/Systemic Area(s)\*:**

Select Organizational/Systemic Area(s)

- Practice Model
- Mission/Vision/Principles
- Policies & Procedures
- Management/Administrative Decision-making/Practice
- Supervisory Decision-making/Practice

Click to ADD >>  
 << Click to REMOVE

Added Organizational/Systemic Area(s)

Other (Specify):

**IC Specific Category:**

Choose IC:

Select Category

Click to ADD >>  
 << Click to REMOVE

Added Category

Other (Specify):

Did any peers (e.g, other States, Tribes, local jurisdictions) participate as providers in this activity?\*  Yes  No

Peer T/TA Providers:

**Narrative Description of this Activity\*\*:**

0 characters (2000 max)

**State/Tribe info for this activity\*:**

Name\*:

Email\*:

Phone\*:

Extension:   
(XXX-XXX-XXXX)

**Contact Person at T/TA Provider\*\*:**

Name\*\*:

Email\*\*:

Phone\*\*:

Extension:   
(XXX-XXX-XXXX)

**Effort Summary:**

Enter the total number of direct and indirect hours of effort spent carrying out this substantial T/TA activity.

Hours of direct TA effort: Day 1 Day 2 Day 3 Day 4 Day 5 Add A Day  
(recorded by 1/2 hour)

Hours of indirect TA effort\*\*^: Day 1 Day 2 Day 3 Day 4 Day 5 Add A Day  
(recorded by 1/2 hour)

**Type(s) of Indirect TA\*\*^:**

Select Type(s) of Indirect TA

- Case Review
- Consultation Preparation
- Data Analysis
- Document Review (including Policy & Procedures)
- Information Collection

Click to ADD >>  
 << Click to REMOVE

Added Type(s) of Indirect TA

Other (Specify):

**Description of Indirect TA\*\*^:**

0 characters (2000 max)

Activity Tab Entered By\*:

Optional Field:

Optional Field:

Cancel Save

\*\* required before saving the form and moving on.

\* required before closeout.

^ required if involves indirect TA only