

## ATTACHMENT C5: WEEKLY CASE WORKER ACTIVITY LOG

### Weekly Case Work Activity Log

*[PII caseworkers will be informed in the introduction to the instrument that their log entries will be kept private and will be asked to consent by electronically recording agreement with a statement of informed consent. After consent is obtained, the statement of informed consent will be deleted from the log introduction for that caseworker.]*

The U.S. Department of Health and Human Services has contracted with Westat to evaluate the federal Permanency Innovations Initiative (PII).

PII is designed to build knowledge for policymakers and practitioners about the effectiveness of interventions to decrease long-term foster care.

Your answers will be kept private. Only the research team will have access to this information. Your answers will not be shared with anyone at your program or any other agency. In our research reports, the information you provide will not be attributed to you. If you agree to participate, please electronically record your agreement:

Please complete a log for *each* week of your involvement in the **[PII Site Project]**.

Please complete a log for *each* open **[PII Site Project]** intervention case. After you complete a log for one case, you will be asked to complete the same set of questions for each of your additional **[PII Site Project]** cases.

If you spent time on **[PII Site Project]** cases during the week for which you are reporting, the log should take approximately 24 minutes to complete for all cases.

The collection of information described in this consent is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0408 and it expires **XX/XX/XXXX**.

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## Web-based Case Work Log Home Page

### Options:

1. Weekly Activity Log
2. View report of logs
3. I want to exit and return later

### Select a Case

Please select **[PII Site Project]** case by client name **[or ID]**: (Drop-down menu)

[Weekly Activity Log will load for first client name selected]

For privacy purposes the client's name is not kept on the same file with responses about the client case. This is the last time the client's name will be displayed. Please click on the "Next" button to be transferred to the secure log.

## Weekly Activity Log

Personnel in **[PII Site Project]** case work positions might have other, non-PII responsibilities in their organizations. The questions ask you to consider each week separately and to exclude non-PII activities. You are encouraged to review your schedules and appointment calendars when answering the questions. Note that some weeks will have fewer than five business days. Person-time you expended on PII activities outside normal business hours should be included.

1. Please select the calendar week for which you are completing this log. (Pop-up calendar)

[Calendar Week Appears Across the Header of Each Page]

The next three questions ask about the occurrence and the total amount of your time you devoted to certain **[PII Site Project]** case work activities.

2. During the calendar week for which you are reporting, how many minutes did you spend on this **[PII Site Project]** case?
  - Zero Time on this Case [SKIP BACK TO Select a Case]
  - Fewer than X Minutes on this Case [SKIP BACK TO Select a Case]
  - Greater than X Minutes on this Case

**Burden Statement:** Public reporting burden for this collection of information is estimated to average 24 minutes. This estimate includes the time for reviewing instructions and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0408 and it expires **XX/XX/XXXX**.

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3. Excluding any group activities such as group socializations, multiple family events, and play groups, did you have any in-person or telephone contact with your client during the selected calendar week?

- No [SKIP TO Indirect Client Service, Question 6]  
 Yes

4. Did the contacts involve one or more of the following activities? If so, record the number of times that type of contact occurred.

**[List PII direct client service activities not captured in administration or evaluation data systems]**

- a. NAME OF ACTIVITY/NUMBER OF CONTACTS \_\_\_\_\_  
b. NAME OF ACTIVITY/NUMBER OF CONTACTS \_\_\_\_\_  
c. NAME OF ACTIVITY/NUMBER OF CONTACTS \_\_\_\_\_  
d. NAME OF ACTIVITY/NUMBER OF CONTACTS \_\_\_\_\_  
e. NAME OF ACTIVITY/NUMBER OF CONTACTS \_\_\_\_\_  
f. OTHER ACTIVITY, PLEASE DESCRIBE \_\_\_\_\_  
\_\_\_\_\_  
g. NONE OF OTHER CONTACTS \_\_\_\_\_

5. Excluding any group activities, how many total minutes did you spend on all of the above listed client-involved contacts during the calendar week?

NUMBER OF MINUTES: \_\_\_\_\_

The next three questions ask about activities conducted on behalf of a client child and family, such as case management documentation/MIS data entry, locating resources, advocating without the client, and case worker travel. These are case work activities that do not involve direct contact with the client child or family member.

6. During the calendar week for which you are reporting, did you conduct any activities on behalf of a client child and family, directly related to this [PII Site Project] case?

- No [SKIP TO Management and Administration Activities, Question 9]  
 Yes

7. During the calendar week for which you are reporting, did you conduct one or more of the following types of activities on behalf of the client child and family? If so, record the number of times each type of activity was conducted.

**[List PII indirect client service activities not captured in administration or evaluation data systems.]**

- a. NAME OF ACTIVITY/NUMBER OF INCIDENTS: \_\_\_\_\_  
b. NAME OF ACTIVITY/NUMBER OF INCIDENTS: \_\_\_\_\_  
c. NAME OF ACTIVITY/NUMBER OF INCIDENTS: \_\_\_\_\_  
d. NAME OF ACTIVITY/NUMBER OF INCIDENTS: \_\_\_\_\_  
e. NAME OF ACTIVITY/NUMBER OF INCIDENTS: \_\_\_\_\_  
f. OTHER CASE ACTIVITY, PLEASE DESCRIBE \_\_\_\_\_

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**g.** NUMBER OF OTHER INCIDENTS: \_\_\_\_\_

8. During the calendar week for which you are reporting, how much total time did you spend doing the above listed case work activities on behalf of the client child and family?

TOTAL NUMBER OF MINUTES: \_\_\_\_\_ [SKIP BACK TO Select a Case. After the last case, SKIP TO Management and Administration Activities, Question 9]

The next three questions ask about your use of your time on PII service delivery management and program administration activities; activities that do not involve one of your PII cases. Service delivery management refers to activities that support the delivery of client services, such as working on issues with other **[PII Site Project]** staff members, attending training, and attending team meetings. Program administration refers to activities that foster PII intervention development and maintenance, such as attending grantee organization meetings, serving on committees or work groups, screening candidate referral agencies, outreach and marketing, and grants management.

9. During the calendar week for which you are reporting, were you involved in any service delivery management or program administration activities?

- Yes  
 No [END SURVEY]

10. During the calendar week for which you are reporting, were you involved in one or more of the following types of service delivery management and program administration activities? If so, record the number of times you participated in each type of activity.

**[List PII service delivery management and program administration activities not captured in administration or evaluation data systems.]**

- a. NAME OF ACTIVITY/NUMBER OF TIMES: \_\_\_\_\_  
b. NAME OF ACTIVITY/NUMBER OF TIMES: \_\_\_\_\_  
c. NAME OF ACTIVITY/NUMBER OF TIMES: \_\_\_\_\_  
d. NAME OF ACTIVITY/NUMBER OF TIMES: \_\_\_\_\_  
e. NAME OF ACTIVITY/NUMBER OF TIMES: \_\_\_\_\_  
f. OTHER CASE ACTIVITY, PLEASE DESCRIBE \_\_\_\_\_
- 

**g.** NUMBER OF TIMES (OTHER): \_\_\_\_\_

11. During the calendar week for which you are reporting, how much total time did you spend participating in the above listed service delivery management and program administration activities?

TOTAL NUMBER OF MINUTES: \_\_\_\_\_ [END SURVEY]