

ATTACHMENT C7: MONTHLY MANAGEMENT AND ADMINISTRATION ACTIVITY LOG

Monthly Management and Administration Activity Log

[PII managers/administrators 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 manager/administrator.]

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 **[PII site project]** or any other agency. The information you provide will not be attributed to you in our research reports. If you agree to participate, please electronically record your agreement:

Please complete a log for *each* month of your involvement in the PII Project **[use local name]**.

If you spent time on **[PII Site Project]** management or administration activities during the past month, the log should take approximately 30 minutes to complete.

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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Personnel in [PII Site Project] management and administration positions might have other, non-PII responsibilities in their organizations. The questions ask you to consider each week of the reporting month 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 Site Project] management and administration activities outside normal business hours should be included.

1. Please select the calendar month for which you are completing this log. [pop-up monthly calendar]
2. Please select the week in that calendar month for which you are completing this log. [pop-up weekly calendar]

The next three questions ask about your use of person-time on PII service delivery management and project administration activities; activities that do not directly involve work on PII cases and supervision of PII case workers. Service delivery management refers to activities that support the delivery of client services, such as working on issues with other PII 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.

3. During the calendar week for which you are reporting, which response best describes the number of minutes you spent on service delivery management or program administration activities?
 - Zero [SKIP BACK TO Select Week After last week, END SURVEY]
 - Fewer than X minutes [SKIP BACK TO Select Week After last week, END SURVEY]
 - X minutes or greater
4. During the calendar week for which you are reporting, did you spend your time on 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.

Burden Statement: Public reporting burden for this collection of information is estimated to average 30 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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[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): _____

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

TOTAL NUMBER OF MINUTES: _____ [END SURVEY]