ATTACHMENT V.1  
  
STAFF TIME-USE SURVEY



Cost Study of

SNAP E&T Pilot Projects

Staff Time Use Survey

[Date]

DRAFT

OMB No.: 0584-xxxx

Exp. Date: xx/xx/20xx

**INTRODUCTION**

The Food and Nutrition Service (FNS) within the U.S. Department of Agriculture has contracted with Mathematica Policy Research, an independent research organization, and its partners MDRC, Insight Policy Research, Kone Consulting, and Decision Information Resources to conduct the evaluation of the impacts, participation effects, implementation, and costs and benefits of the Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) pilots.

As part of the Evaluation’s cost study, we are conducting this survey to learn how staff members in organizations that provide SNAP E&T pilot services spend their time working with SNAP E&T pilot clients [specify treatment/control as appropriate]. This information will be used to gain a better understanding of the costs of specific services or activities of each of the pilot programs for the evaluation’s cost-benefit analysis.

**Who Should Complete the Questionnaire.** [Selected] staff members who spend any time delivering services to SNAP E&T pilot clients [specify treatment/control as appropriate] should complete this questionnaire. This might include staff with responsibility for providing client orientations, case management services, and workshops.

**How to Complete the Questionnaire.** Most questions in Section A can be answered by simply placing a check mark or entering a number in the appropriate box. For some questions, you will be asked to write a brief text response. In Section B, you will be asked to enter the number of hours you spent on specific activities in an average or typical week during the past month. For some questions, you might also be asked to estimate the number of sessions or services provided in a typical week.

If you are unsure how to answer a question, please give the best answer you can, rather than leaving it blank.

**Voluntary Participation.** Your participation in this survey is important and will help us understand the resources needed to offer SNAP E&T pilot services. Information you provide will be treated as private, and the evaluation will not identify individuals in any of its reports. No personal data will be maintained in the system.

Please complete this questionnaire **within the next 5 days**. It will take approximately 20 minutes to complete. If you have any questions, please contact [assigned cost study liaison] at Mathematica Policy Research at [email] or [phone].

Thank you for your cooperation in completing this questionnaire.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-xxxx. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate to the Office of Policy Support, Food and Nutrition Service, USDA, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302.

Q.1. I have read the introduction and agree that the information I provide in this survey may be used for the Evaluation of the SNAP E&T Pilots.

🔾 Yes 1

🔾 No 0

END SURVEY

|  |
| --- |
| SOFT CHECK: IF Q.1 = 0, **Your consent is required to access the survey. Please answer Yes to continue.** |

|  |
| --- |
| PROGRAMMER NOTES  model: PREFILL FROM XXXX  FOR QUESTIONS THAT REQUIRE A NUMERIC RESPONSE, IF RESPONDENT ENTERS NON-NUMERIC CHARACTERS, DISPLAY ERROR MESSAGE: **Please provide a numeric response for this question. You may enter numbers with decimal points, up to one place after the decimal.** |

|  |
| --- |
| SECTION A: YOUR POSITION AND WORKING HOURS |

|  |
| --- |
| QN 1 = 1 |

A1. What is the name of your employer?

EMPLOYER NAME

(STRING 120)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A1 = BLANK, **Your response is important for this survey. Please provide an answer for this question to continue the survey.** |

|  |
| --- |
| ALL |

A2. What is your primary job title?

JOB TITLE

(STRING 120)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A2 = BLANK, **Your response is important for this survey. Please provide an answer for this question to continue the survey.** |

|  |
| --- |
| ALL |

|  |
| --- |
| PROGRAMMER NOTE:  allow responses to include decimal point and up to one number after point |

A3. How many hours are you scheduled to work for your employer in a typical or average week?

HOURS PER WEEK

(RANGE 1 – 99)

|  |
| --- |
| HARD CHECK: IF A3 = BLANK, **Your response is important for this survey. Please provide an answer for this question to continue the survey.** |

|  |
| --- |
| ALL |
| TEXTFILL: PREFILLED WITH ANSWER FROM A1 |

A4. Sometimes program staff members spend more time working than they are scheduled or paid to work. How many hours did you actually work for [TEXTFILL] in a typical or average week within the past month?

HOURS PER WEEK

(RANGE 1 – 99)

|  |
| --- |
| HARD CHECK:  IF A4 = BLANK, **Your response is important for this survey. Please provide an answer for this question to continue the survey.** |

A5. How many of these actual hours in a typical or average week did you usually work on the [SNAP E&T] pilot program?

HOURS PER WEEK

(RANGE 1 – 99)

|  |
| --- |
| HARD CHECK: IF A5 = BLANK, **Your response is important for this survey. Please provide an answer for this question to continue the survey.** |

|  |
| --- |
| HARD CHECK: IF A5 > A4. **You have indicated that you work more hours on the [SNAP E&T] pilot program than the total number of actual hours you work in a typical week. Please check your responses.** |

|  |
| --- |
| ALL |

|  |
| --- |
| SECTION B: TIME ALLOCATION |

The table below lists 8 activities commonly performed when working [specify: with treatment/control clients, as appropriate] in a SNAP E&T pilot program. Most of these are direct service activities—that is, the services that you provide directly to your clients.

Please follow these instructions to respond to questions B2a through B2i.

1. Review the activities and definitions listed in the table; you may need to scroll down to view all activities.

2. Think about how you used your time during a ***typical or average week within the past month***.

3. Enter the number of hours you estimate that you spent on each activity per week.

If you did not spend time on an activity during a ***typical or average week*** in the past month, enter 0. Not all activities are applicable to all staff roles.

If you spent time on an activity in some weeks but not others during the past month, enter your best estimate of the average hours per week.

4. Check that the total hours you entered equals the number of actual hours you spent working in a ***typical or average week***.

|  |
| --- |
| PROGRAMMER note  All lines In this table should appear on one page. usE scroll bar if necessary  b1numfill: make it READ-ONLY  b3numfill: make it sum values as respondent enters them in b2 |

|  |
| --- |
| ALL |
| B1NUMFILL = A4 |
| B3NUMFILL = SUM (B2a THROUGH B2j) |
| RANGE FOR VALUES IN EACH ROW (B2a, B2b, …, B2j) IS 0 – 198 |

|  |  |
| --- | --- |
|  | **HOURS PER WEEK** |
| B1. **Total hours worked in a typical week** **within the past month** (Reported in A4) | [B1NUMFILL] |
| **ACTIVITIES** | |
| B2a. **SNAP E&T Pilot [Treatment/Control]** **Outreach and Recruitment Activities**  Communicating with other agencies and people, including potential participants, to inform them about services available through the SNAP E&T pilot program. |  |
| B2b. **SNAP E&T Pilot [Treatment/Control] Client Orientation and Enrollment Activities: preparing for and delivering**  Presenting information to clients about the available program services and expectations for clients’ participation. Enrolling clients into the program. **Do not include** time spent discussing the evaluation and processing evaluation-related paperwork because evaluation-related hours are captured in item B2h below. |  |
| B2c. **One-on-One Meetings with SNAP E&T Pilot [Treatment/Control] Clients: preparing for, conducting meeting, and completing follow-up activities**  These could include meetings to provide career counseling or case management services, review assessment results and develop an individual employment plan, discuss employment and life challenges and provide appropriate referrals and supportive services, discuss job search strategies and opportunities for training and employment. Include time preparing for the meetings and any follow-up activities, such as paperwork, data entry, and referrals to other services. |  |
| B2d. **Formal Assessments for E&T Pilot [Treatment/Control] Clients: preparing for, delivering, and completing follow-up activities**  Preparing for and providing clients with formal assessments of their job skills and assessments. Include any time processing assessment results but not the time discussing the results with clients. |  |
| If B2d does not equal 0:  About how many customers do you provide assessments to in an average week? (include all customers even if administered in a group setting) |  |
| B2e. **Structured Group Activities with SNAP E&T Pilot [Treatment/Control] Clients: preparing for, delivering, and completing follow-up activities**  Group activities can include workshops that cover topics such as those related to job search, interviewing for jobs, and soft job and life skills. They can also include job clubs and other types of group activities. Include time for preparing materials for the group activity, presenting the activity, and any follow-up activities, such as paperwork and data entry on clients’ participation. |  |
| If B2e does not equal 0:  About how many group activities in an average week?  About how many customers per group activity? |  |
| B2f. **SNAP E&T Pilot** **Staff Meetings & Development: providing or attending staff training, meeting with partners**  Providing or attending staff training on topics related to delivery of services or program operations. Attending staff meetings with partners’ staff to collaborate on the delivery of services or program operations. |  |
| B2g. **SNAP E&T Pilot** **Supervision and Management Responsibilities**  Providing supervision of staff on delivery of services or program operations and conducting any other management responsibilities (e.g. recruiting and hiring new staff). |  |
| B2h. **SNAP E&T Pilot** **Evaluation-Related Activities**  Any time allocated to evaluation-related activities, such as explaining the evaluation to clients, meeting with members of the evaluation team, and processing evaluation-related materials. |  |
| B2i. **Other SNAP E&T Pilot Activities**  Any other [SNAP E&T] pilot activities not captured above. |  |
| Please describe the other SNAP E&T Pilot activities: |  |
| B2j. **All Other Activities - Non-Pilot**  Any other regular activities not captured above. |  |
| Please describe the other activities: |  |
| B3. **Total Hours Entered** (The survey automatically calculates this total.) | [B3NUMFILL] |
| B4. **Total SNAP E&T Pilot Hours Entered** (The survey automatically calculates this total as the sum of B2a through B2j.) | [B4NUMFILL] |

|  |
| --- |
| SOFT CHECK: IF B2a or B2b or … or B2j=BLANK, **You must enter a response for each activity. If you did not perform the activity in *a typical or average week in the past month*, or if it is not an activity that is applicable to your role, please enter 0.** |

|  |
| --- |
| PROGRAMMER note  IF B1 DOES nOT EQUAL B3, DISPLAY ERROR MESSAGE: **The sum of hours entered in B2a through B2j should equal the total number of hours worked shown in B1. Please check your numbers again.** |

SOFT CHECK: IF B4 DOES NOT EQUAL A5, DISPLAY ERROR MESSAGE: **The sum of SNAP E&T hours reported in B2a through B2j should equal the total number of hours reported in A5. Please check your numbers again.**

**END. You have completed the survey. Thank you.**