

## ATTACHMENT C6: WEEKLY SUPERVISOR ACTIVITY LOG

### Weekly Supervisor Activity Log

*[PII supervisors 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 supervisor.]*

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* **[PII Site Project]** intervention case worker under your supervision. After you complete a log for one case worker, you will be asked to complete the same set of questions for any additional **[PII Site Project]** case workers.

If you spent time on supervision of one or more **[PII Site Project]** case workers during the past week, the log should take approximately **24** minutes to complete for per case worker.

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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### Weekly Activity Log

Personnel in PII Project supervisory 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.

Please select the name of **[PII Site Project]** case worker for which you are reporting **[or ID]**. (Drop-down menu)

[Weekly Activity Log will load for the first case worker name selected]

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

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

[Calendar Week Appears Across the Header of Each Page]

1. During the calendar week for which you are reporting, how many minutes did you spend with this **[PII Site Project]** case worker?

- Zero Time with this Case Worker [SKIP BACK TO Select a Case]
- Fewer than X Minutes this Case Worker [SKIP BACK TO Select a Case Worker]
- Greater than X Minutes with this Case Worker

Supervisors often conduct individual activities with their assigned case workers. Individual supervision refers to activities conducted with a single case worker, such as case status review meetings, coaching sessions, and individualized training. Please answer the following questions about your individual supervision activities.

2. During the calendar week for which you are reporting, did you conduct individual supervision with this **[PII Site Project]** case worker?

- No [SKIP TO Question 6]
- Yes

3. During the calendar week for which you are reporting, did your supervision of this **[PII Site Project]** case worker involve one or more of the following activities? If so, record the number of times each type of activity was occurred.

**[List PII individual supervision activities not captured in administration or evaluation data systems.]**

**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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- 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 ACTIVITY, PLEASE DESCRIBE \_\_\_\_\_  
\_\_\_\_\_

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

4. During the calendar week for which you are reporting, how many total minutes did you spend with this **[PII Site Project]** case worker on all of the above listed individual supervision activities?

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

Supervisors often conduct group meetings with their case workers. Group supervision refers to activities conducted with multiple case workers, such as team meetings or group training. Please answer the following questions about group supervision.

5. During the calendar week for which you are reporting, did you participate or lead any group activities with your **[PII Site Project]** case workers?

- No [SKIP BACK TO Select a Case Worker. After the last case worker, SKIP TO Management and Administration Activities, Question 9]
- Yes

6. During the calendar week for which you are reporting, did you conduct one or more of the following types of group supervision activities? If so, record the number of times each type of activity occurred.

**[List PII group supervision 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 ACTIVITY, PLEASE DESCRIBE \_\_\_\_\_  
\_\_\_\_\_

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

7. During the calendar week for which you are reporting, how many total minutes did you spend on group supervision activities that involved your **[PII Site Project]** case workers?

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

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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 individual or group 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 Project staff members, attending training, and attending team meetings. Project 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.

8. During the calendar week for which you are reporting, did you spend time on any service delivery management or program administration activities?

- No [END SURVEY]  
 Yes

9. 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): \_\_\_\_\_

10. 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]