

Appendix A: Instrument 1 – Safety

Introduction

Thank you for engaging with Project SPARK (Supporting Partnerships to Advance Research and Knowledge) to help your agency adapt to disruptions brought on by the COVID-19 pandemic. The goal of Project SPARK generally is to equip state and local TANF programs with tools and skills to be better users and producers of evidence. We are conducting a series of short surveys designed to: (1) get your feedback about the usefulness of technical assistance you have received through Project SPARK around program operations during COVID-19, and (2) learn about how your agency has adapted to address challenges for both staff and customers during this public health crisis. This is the first of seven planned surveys. Each survey begins with the same four background questions, followed by a unique set of themed questions. The average response time for this collection of information is 10 minutes.

Providing information is voluntary, and all individual responses collected will be kept private and confidential to the extent permitted by law. Responses will help us improve the technical assistance we provide to programs—both the type of information we provide and the way we provide it—so please be candid. Should you have any questions about this survey or about Project SPARK generally, please contact Michelle Derr, Project SPARK director, at 202-484-4830 or mderr@mathematica-mpr.com with any questions.

Paperwork Reduction Act Statement: 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 0970-0531 and it expires 5/31/2021.

The following four questions ask for background information about yourself.

1. In what state or territory are you located?
2. How would you describe your organization? (select one)
 - a. Government agency (for example, human services, workforce, vocational rehabilitation)
 - b. Educational institution (for example, adult basic education, vocational education, community college)
 - c. Quasi-governmental (for example, workforce investment board)
 - d. Nonprofit provider
 - e. For-profit provider or employer
 - f. Other (please specify)
3. What is your position within your organization? (select one)
 - a. Program manager
 - b. Supervisor/lead worker
 - c. Program analyst/data specialist
 - d. Direct services staff

- e. Other (please specify)
4. How would you describe the community in which your organization operates? (check all that apply)
- a. Urban
 - b. Suburban
 - c. Rural

[NEXT PAGE]

The remaining questions relate to the topic of safety.

5. What steps is your organization taking to promote safety in the office right now? (check all that apply)
- a. Providing personal protective equipment (PPE) to employees
 - b. Providing extra cleaning supplies
 - c. Providing extra cleaning services
 - d. Providing hand sanitizer and masks
 - e. Rotating staff between working in the office and working from home
 - f. Requiring staff and customers to wear a mask
 - g. Requiring customers to set an appointment
 - h. Limiting the number of people in the building at any given time
 - i. Limiting or discontinuing in-person services with customers
 - j. Other (please specify)
6. Have you observed heightened emotion among staff or customers during the pandemic? (check all that apply)
- a. Yes, among staff
 - b. Yes, among customers
 - c. Yes, among staff and customers in their direct interactions with one another
 - d. No
7. If yes, what was the situation related to?
- a. Being asked to practice safety precautions such as wearing a mask
 - b. Problems with accessing public benefits or services (including unemployment insurance)
 - c. Other (please describe)
 - d. Don't know

8. How is your organization’s plan for promoting safety being communicated within your organization?
(check all that apply)
- a. Written document circulated among staff
 - b. Regular email updates to staff
 - c. Signs throughout the building
 - d. Shared verbally during staff meetings
 - e. Written and/or electronic notification sent to customers
 - f. I am not aware of any safety plans specifically related to COVID-19 within my organization
 - g. Other (please specify)
9. How well do you understand your organization’s safety plan related to COVID-19?
- a. Well
 - b. Somewhat well
 - c. Not very well
 - d. I don’t understand it
 - e. My organization doesn’t have a safety plan specifically for COVID-19 (or I am not aware of it)
10. What efforts did your organization make to gather input from staff regarding their safety at work?
(check all that apply)
- a. Held informal conversations with staff
 - b. Discussed during a regular staff meeting among other topics
 - c. Held one or more staff meetings specifically focused on gathering input about office safety
 - d. Surveyed staff
 - e. Other (please specify)
11. Were you involved with writing/creating a safety plan?
- a. Yes [IF YES, GO TO QUESTION 8]
 - b. No [IF NO, SKIP TO QUESTION 9]
12. How helpful were each of the following resources in creating your organization’s safety plan?

Resource	Very helpful	Somewhat helpful	Not helpful	Did not consult/ don’t know
Guidelines from federal agencies (such as the Centers for Disease Control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resource	Very helpful	Somewhat helpful	Not helpful	Did not consult/ don't know
State health department guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local health department guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaders within your organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input from staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How confident are you that your organization can provide a relatively safe environment for staff and customers?

- a. Very confident
- b. Confident
- c. Somewhat confident
- d. Not confident

14. What additional steps could be taken to improve safety within your organization? [OPEN ENDED RESPONSE]