

State child nutrition agency activity	Activity description
The following are examples of topics to include (final topics will be tailored to specific agency roles, based on discussions with each agency)	
Initial implementation costs	
State and local data matching	
Planning and staff training	
Data cleaning	
Systems upgrades	
Coordinating with other agencies	
Other initial implementation costs	
Ongoing implementation costs	
State and local data matching	
Staff training	
Data cleaning	
Systems upgrades	
Coordinating with other agencies	
Other ongoing implementation costs	

Thank you for completing this form. Your responses will help us understand the costs you incur and the various types of activities you perform when implementing the SNAP child support cooperation requirement. We understand that this task requires the investment of your time and we greatly appreciate your participation. Although we have tried to make these forms flexible and straightforward, we would appreciate any suggestions for improvements. Please contact your liaison with the study team with any questions.

Evaluation of Child Support Enforcement Cooperation Requirements
Time Tracking Log
[STATE NAME] Child Nutrition Agency Version ([FIRST MONTH]-[LAST MONTH] [YEAR])

Name of agency/division:

Staffing position	Activity (select from list)	Total hours spent during month			Notes
		Month 1	Month 2	Month xx	
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
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	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				

Use this form to keep track of staff hours by month spent implementing the SNAP child support cooperation requirement. Additional months or activities can be added by inserting columns or rows. Please record activities separately by staffing position (e.g., if two staff of different positions jointly perform an activity, record this activity on two different rows). Do not include staff names. Record the number of hours spent on each activity by each staffing position in the "total hours spent during month" columns.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 up to 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reducing this burden, to the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 1320 Braddock Place, Alexandria, VA 22314, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

