

Staffing and Workload Questionnaire

To help Grantee States in the planning stages of an NBCP program estimate their staffing needs, CNA has devised this questionnaire for operational programs. The data collected from this questionnaire will be used to create a model for estimating staffing needs.

Part 1: Staffing

1a) How many staff persons worked in your program in the second quarter of this year (**April - June, 2013**)? *(If staffing numbers changed during this time period, please report the number of staff working for most of the period. Note that "Staff Working on Determinations" is a subset of all staff.)*

Staff working in Background Check Unit (IT, Administrative) _____

Background Check Unit Staff Working Directly on Determinations (including appeals) _____

1b) How many of these staff are: *(Please enter both the number of staff and the number of hours worked/week. Add more lines if need be.)*

Staff Working in Background Check Unit	Enter No.
Full-time staff (working 40 hours /week)	
Part-time staff (working __ hours/week)	
Part-time staff (working __ hours/week)	
Part-time staff (working __ hours/week)	

Background Check Unit Staff Working Directly on Determinations (including appeals)	Enter No.
Full-time staff (working 40 hours /week)	
Part-time staff (working __ hours/week)	
Part-time staff (working __ hours/week)	
Part-time staff (working __ hours/week)	

Part 2: Tasks completed by determination unit staff (i.e., those staff working on determinations)

2) What tasks are currently assigned to your **determination unit** staff? *(Please check all that apply.)*

- _____ Provider user set up and support
- _____ Data management and reconciliation of data and payments
- _____ Applicant appeals and support
- _____ Review criminal history and make fitness determinations
- _____ Investigate missing dispositions
- _____ Review registry results
- _____ Review rap back results

_____ Sending notifications to providers and/or applicants

_____ Other (*specify*) _____

Part 3: Workload

3a) What part of the **determination unit's** workload is currently automated? (*Check all that apply even if the activity is only partly automated.*)

_____ No hit clearances

_____ Notifications and letters

_____ Payments

_____ State rap back

_____ Other (*specify*) _____

3b) Does your fitness determination unit conduct work for other background check programs (i.e., child care, state employees, etc.)?

_____ Yes

_____ No

If yes, what percent of the fitness determination unit's total workload is for other background check programs (i.e., for child care, state employees, etc.)?

_____ (Estimated) percent

3c) For the **April - June, 2013** period, please report the following for **ALL** programs:

_____ Total number of applications submitted to your background check system (*Count both initial applications and any applications that "connected to" another application.*)

_____ Total number of overall fitness determinations made

_____ (Estimated) percent of applicants with a criminal history record