

***APPENDIX B-2: MAXIMUS SURVEY
QUESTIONNAIRE – SUPERVISOR SURVEY***

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MAXIMUS is in the process of conducting a review of the State of Nevada's Child Support Enforcement program. In an effort to gain input, insight, comments and suggestions from all IV-D staff, we are providing you with this opportunity to respond to questions that we have about your view of the IV-D program operations in Nevada, as well as an opportunity to give us your suggestions, comments, best practices that you feel would help increase Nevada's performance.

All responses to this questionnaire will be kept confidential and will be used in our analysis of the IV-D program and development of potential recommendations to be proposed to the Legislative Counsel Bureau.

We thank you for your taking the time to complete this survey questionnaire.

Date of Completion: _____

Your Office (County) Location: _____

- District Attorney
- State Central Office
- State PAO

Your Title/Position: _____

If you have any questions, please feel free to contact me. My email address and contact phone number is given below.

Please return your completed Survey Questionnaire to:

Ruth Hara
MAXIMUS Project Manager
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1. How long have you had the responsibility for supervision or management?
 - Less than one year
 - One year to five years
 - More than five years
2. How many employees do you manage?
 - Between 3 – 6 employees, inclusive
 - Between 6 – 10 employees, inclusive
 - More than 10 employees
3. Did you receive written job responsibilities and expectations when you became a supervisor/manager?
 - Yes
 - No
 - Not Sure
4. Did you receive any supervisory or management training when you were placed into your position of supervisor?
 - Yes
 - No
5. Do you currently receive any refresher or continual training to assist you with your supervisory or management skills?
 - Yes
 - No
6. How often are you provided with an opportunity for additional supervisory or management training?
 - Monthly
 - Semi-Monthly
 - Annually
 - When I request it
 - Never

Please explain:

7. How is the work in your office organized?
 - By functional area
 - TANF vs. Non-TANF
 - Alphabetically by NCP Last Name
 - Alphabetically by CP Last Name
 - Other _____

8. Do you feel that the current organization of work or business work flow in your office assists your in achieving high office performance?

- Yes
- No
- Don't Know

Please explain why:

9. What type of training opportunities to you offer to your employees?

- _____
- _____
- _____

10. How do you inform your employees of new or changed policies and/or procedures? (Please check all that apply.)

- Unit meeting
- Email notification
- Through the Division's website
- Updated page replacements to the Policy manual
- Memorandum
- Other _____

11. How do you inform your employees of new functionality or changes in NOMADS? (Please check all that apply)

- Unit meeting
- Email notification
- Through the Division's website
- Updated page replacements to the Policy manual
- Memorandum
- Other _____

12. How clear do you feel the policies and procedures are that you receive from the State Division of Welfare and Supportive Services (DWSS)?

- Very clear
- Somewhat clear
- Unclear
- Don't know

Please explain why:

13. To what extent do you feel that NOMADS provides the necessary assistance to your employees performance of their job responsibilities?

- Very helpful
- Somewhat helpful
- Not very helpful
- Useless

Please explain why:

14. Do you feel that you are given adequate advance notice of upcoming changes in policy and/or procedures in order to prepare and/or inform your staff prior to implementation?

- Yes
- No
- At times
- Don't know

Please explain why:

15. How often do you delegate responsibilities for special tasks or projects to your employees?

- Frequently to any of my employees
- Frequently to certain employees
- Somewhat frequently, depending on what it is
- Never, I prefer to do IT MYSELF

Please explain why:

16. What measurements or criteria do you use to evaluate an employees performance? (Please provide as many measurements as you can)

- _____
- _____
- _____
- _____
- _____

17. How often do you provide feedback to the employees whom you manage regarding their performance?

- Monthly
- Semi-Annually
- Annually
- When necessary

Please explain why:

18. Is an employee's performance tied to a standard Employee Evaluation used to evaluate everyone?

- Yes
- No

19. Is your evaluation of an employee's performance objective, subjective or a combination of both?

- Subjective
- Objective
- Combination of both
- Don't know

Please explain:

20. Do you feel that providing your employees with regular feedback on their performance of their job responsibilities assists them in improving their performance?

- Yes
- No
- Don't know

Please explain why:

21. What are the consequences when an employee does not meet the established performance expectations?

- _____
- _____
- _____
- _____

22. How do you assist a low performing employee with improving his or her performance? (Check all that apply)

- Additional training
- Mentoring
- Spot Checking their work on a regular basis
- Closely monitoring or auditing their work
- Other _____
- Other _____

23. How responsive do you feel the State Central Office is to your questions, policy interpretation requests and clarifications?

- Very responsive
- Somewhat Responsive
- Unresponsive

Please explain why:

24. What do you feel should be done to improve their responsiveness to field staff?

25. Do you feel that an increase in the number of full-time employees in your office would assist in improving your office's performance

- Yes
- No
- Don't know

Please explain why:

26. What innovative techniques or best practices are used in your office to assist your employees with their performance?

27. Do you feel that the newly implemented Management Evaluation Reviews will help your office improve its performance?

- Yes
- No

Please explain why:

28. If corrective action is warranted, do you give all of your employees an opportunity to provide input into the development of your office Corrective Action Plan?

Yes

No

Please explain:

29. What types of changes would you like to see made in order to help both you and your staff operate in a more efficient and effective manner?

30. Please provide us with any comments and suggestions you have regarding your office performance.

31. Please provide us with any comments and suggestions you have regarding Nevada's IV-D performance: