AGENCY FIDELITY/COST WEB-BASED DATA ENTRY

DATA COLLECTION INSTRUMENT FOR LOCAL SITES

REPORTING ENTITY: LOCATIONS [DATA CAN BE ENTERED INTO THE SYSTEM BY THE GRANTEE OR IMPLEMENTING AGENCY, BUT REPORTING SHOULD BE AT THE LOCATION LEVEL]

FREQUENCY OF REPORTING: NOTED THROUGHOUT

This document is intended to provide information about reporting expectations for the fidelity and cost domains. This is not intended to be a data collection instrument. All data will be collection via a web-based data collection instrument. The instrument consists of the following sections:

I. LOCATION-LEVEL INFORMATION

Purpose: Gather general information about the location implementing the EBHV program including certification date, funding sources and cost information, staffing, and program capacity and referrals. For locations implementing more than one EBHV model, data will be collected by model.

II. HOME VISITOR AND HOME VISITOR SUPERVISOR INFORMATION

Purpose: Gather information about each EBHV home visitor and home visitor supervisor including demographic characteristics, experiences, and workload. For locations implementing more than one EBHV model, data will be collected by model.

III. FAMILY/CHILD INFORMATION

Purpose: Gather information about each family that is referred to and eligible for the EBHV program including demographic characteristics.

IV. HOME VISIT INFORMATION

Purpose: Gather information about the services each family enrolled in the EBHV program receives.

**I. LOCATION LEVEL INFORMATION**

**PROGRAMS AND CERTIFICATION**

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| --- | --- | --- | --- | --- |
| **Q#** | **Question** | **Response Type** | **Response Categories** | **Frequency of Reporting** |
| L.1 | Location name | Pre-populated | [Pre-populated with information provided by grantees] | Baseline only |
| L.2a | According to our records, the following EBHV models are being/will be implemented in this location. | Pre-populated | [Pre-populated with information provided by grantees]  Will be one or more of the following:  Nurse Family Partnership  Healthy Families America  Parents as Teachers  Safe Care  Positive Parenting Program  Family Connections | Baseline only |
| L.2b | For each model, is this EBHV model currently being implemented or planned to be implemented? | Check Box | Currently implemented  Implementation planned | Baseline; updated as information changes |
| L.2c | For each model, please describe any enhancements you are making to this EBHV model. | Open field |  | Baseline; updated as information changes |
| L.3a | For each model, has implementation of this EBHV model at this location been certified by the national model developer? | Check Box | Yes/No | Baseline; updated as information changes |
| L.3b | If yes, please provide the date the model was certified. | Open date field | [mm/dd/yy] | Baseline; updated as information changes |

**PROGRAM CAPACITY**

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| --- | --- | --- | --- | --- |
|  | Question | Response Type | Response Categories | Frequency of Reporting |
| L.4 | For this model, how many slots are currently funded? | Open number field | \_\_, \_\_ \_\_ \_\_ (# of families) | Baseline |
| L.5a | Has the number of families that can be enrolled when this EBHV model is at full capacity changed? | Check box | Yes  No | Monthly |
| L.5b | If yes, how many families can now be enrolled? | Open number field | \_\_, \_\_ \_\_ \_\_ (# of families) | Monthly |
| L.6a | Between mm/dd/yyyy and mm/dd/yyyy, what is the total number of families that were newly referred for services through this EBHV model? | Open number field | \_\_, \_\_ \_\_ \_\_ (# of families) | Monthly |
| L.6b | Of all families referred between mm/dd/yyyy and mm/dd/yyyy, how many met the criteria for participation in the EBHV program? | Open number field | \_\_, \_\_ \_\_ \_\_ (# of families) | Monthly |

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| --- | --- | --- | --- | --- |
|  | **Question** | **Response Type** | **Response Categories** | **Frequency of Reporting** |
| L.7 | Please list each funding source for implementation of the EBHV program. Provide amount and funding, start date, and end date. | Open field | Source:\_\_\_\_\_\_\_\_\_\_  Amount: $\_\_\_\_\_\_\_\_\_  Funding start date: [mm/dd/yy]  Funding end date: [mm/dd/yy] | Annual (January) |
| L.8 | Describe any in-kind/non monetary donations that you have received in support of the EBHV program. Please include both materials and volunteer labor. Please provide an estimate of the monetary value of the donation. | Open field | Brief description of in-kind donation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimated monetary value: $\_\_\_\_\_\_\_\_\_  Date of receipt: [mm/dd/yy] | Annual (January) |

**FUNDING SOURCES**

**II. HOME VISITOR AND HOME VISITOR SUPERVISOR INFORMATION**

**DEMOGRAPHIC CHARACTERISTICS:**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Question** | **Response Type** | | | **Response Categories** | **Frequency of Reporting** |
| L.9a | Name | Open field | | | [First] [Middle Initial] [Last]  \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Baseline only |
| L.9b | Unique ID | [Generated by web-based system] | | |  | Baseline only |
| L.10 | Gender | Check Box | | | Male  Female | Baseline only |
| L.11 | Age | Check Box | | | Under 20 years  20-29 years  30-39 years  40-49 years  50-59 years  60 or older | Baseline only |
| L.12 | Race/ethnicity | Check Box | | | Check all that apply:  Black/African-American  Asian/Pacific Islander  White, non-Hispanic  American Indian/Native American  Hispanic/Latina  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_ | Baseline only |
| L.13a | Has this home visitor/supervisor completed high school or a GED? | | Check box | Yes, completed high school  Yes, completed GED  No | | Baseline only |
| L.13b | Has the home visitor/supervisor completed education or vocational training other than high school/GED? | | Check box | Yes  No | | Baseline only |
| L.13c | If yes, highest degree obtained | Check Box | | | Vocational/technical training program  Some college, no degree  Associate degree  Bachelors degree  Masters degree (MA, MS, MSW, MFT, etc.)  Professional degree (for example: LLB, LD, MD, DDS)  Doctorate degree (for example: PhD, EdD | Baseline only |
| L.13d | If associate’s degree or higher, field of study | Check Box | | | Child development  Early childhood education/education  Nursing  Social work/Social welfare  Psychology  Other (specify): | Baseline only |
| L.14 | Is the home visitor/supervisor currently enrolled in any kind of school, vocational or educational program? | Check Box | | | Yes  No | Baseline only |
| L14a | If the home visitor/supervisor is currently enrolled in any kind of school, vocational or educational program, please indicate the degree/credential sought and the field of study. |  | | | Degree/Credential Sought:  Vocational/technical training program  Some college, no degree  Associate degree  Bachelors degree  Masters degree (MA, MS, MSW, MFT, etc.)  Professional degree (for example: LLB, LD, MD, DDS)  Doctorate degree (for example: PhD, EdD  Field of Study:  Child development  Early childhood education/education  Nursing  Social work/Social welfare  Psychology  Other (specify): |  |
| L.15 | Has this home visitor/supervisor ever been the primary caregiver for a child? | Check Box | | | Yes  No | Baseline only |

**EMPLOYMENT CHARACTERISTICS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Question** | **Response Type** | **Response Categories** | **Frequency of Reporting** |
| L.16 | Date on which home visitor/supervisor began working in this EBHV model | Open date field | [mm/dd/yy] | Baseline only |
| L.17 | Role in the EBHV model | Check Box | Home visitor  Supervisor  Both  Other | Baseline only |
| L.18a | Does this home visitor/supervisor usually work more than 35 hours per week? If no, please include number of hours worked in a typical week. | Check Box | Yes  No  If no, # of hours worked: | Baseline only |
| L.18b | If checked yes above, of the hours that this home visitor/supervisor usually works, what percentage are allocated to home visiting and what percentage are allocated to supervision in a typical week. If this home visitor/supervisor does only one activity (home visiting or supervising), enter 100% for that activity. | Open field | Percent allocated to home visiting: \_\_ \_ \_\_ %  Percent allocated to supervising: \_\_ \_\_ \_\_% | Baseline only |
| L.19a | Has this home visitor/supervisor completed model-specific training? | Check Box | Yes  No | Baseline; update as information changes |
| L.19b | If yes, date of certification or completion of model-specific training | Open date field | [mm/dd/yy] | Enrollment only |
| L.19c | If no, is this home visitor currently participating in a model-specific training or certification process? | Check Box | Yes  No |  |
| L.20 | Does this home visitor/supervisor have prior experience delivering home-based interventions to families? | Check Box | Yes  No | Enrollment only |
| L.21 | Is this home visitor/supervisor fluent in any of the following languages, to the extent that they can conduct home visits in that language? | Check Box | Check all that apply:  English  Spanish  Other (specify): | Enrollment only |
| L.22a | If no longer working at this location in this EBHV model, date home visitor/supervisor stopped working. | Open date field | [mm/dd/yy] | As information changes |
| L.22b | Why is home visitor/supervisor no longer working in this EBHV model? Please select the primary reason. | Check box | Left the field  Relocated/moved out of area  Took a position with greater salary and/or responsibility  Position eliminated  Involuntarily separated (for example fired or let go)  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | As information changes |

**EMPLOYMENT CHARACTERISTICS—MONTHLY UPDATES**

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| --- | --- | --- | --- | --- |
|  | **Question** | **Response Type** | **Response Categories** | **Frequency of Reporting** |
| L.23 | If a home visitor, what is his/her current caseload of families served through this EBHV model, as of xx/xx/xxxx? | Open field | \_\_ \_\_ \_\_ (# of families) | Monthly |
| L.24 | If a supervisor:  L.24a. Number of home visitors in this EBHV model supervised by this staff person, as of xx/xx/xxxx.  L.24b. Average hours of one-to-one supervision provided to each home visitor in this EBHV model between xx/xx/xxxx and xx/xx/xxxx. | Open field | a. \_\_ \_\_ \_\_ (#)  b. \_\_ \_\_ (hours) | Monthly |

**III. FAMILY/CHILD INFORMATION**

**REFERRAL INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Question** | **Response Type** | **Response Categories** | **Frequency of Reporting** |
| L.25a | Name of client (primary caregiver) | Open field | [First] [Middle Initial] [Last]  \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enrollment only |
| L.25b | Unique ID | [Generated by web-based system] |  | Enrollment only |
| L.26 | Relationship to the target child | Check Box | Birth parent, adoptive parent or step parent  Foster parent  Grandparent  Other relative  Other nonrelative | Enrollment only |
| L.27 | Initial referral date to EBHV model: | Open date field | [mm/dd/yy] | Enrollment only |
| L.28 | Primary referral source | Check Box | WIC  Friend or family  Child welfare agency  Other home visiting program  Health care provider/clinic  Medicaid  School/child care provider  Other (specify): | Enrollment only |

**DEMOGRAPHIC CHARACTERISTICS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Question** | **Response Type** | **Response Categories** | **Frequency of Reporting** |
| L.29 | Gender | Check Box | Male  Female | Enrollment only |
| L.30 | Age | Open field | [mm/dd/yy] | Enrollment only |
| L.31 | Race/ethnicity | Check Box | Check all that apply:  Black/African-American  Asian/Pacific Islander  White, non-Hispanic  American Indian/Native American  Hispanic/Latina  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enrollment only |
| L.32 | Primary language spoken in the home | Check Box | English  Spanish  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enrollment only |
| L.33a | Was the client born in the United States? | Check Box | Yes  No | Enrollment only |
| L.33b | If no, what country was the client born in? | Open field |  | Enrollment only |
| L.33c | If no, how many years has the client lived in the United States? | Check Box/open field | One year or less  More than one year: \_\_ \_\_ (number of years) | Enrollment only |
| L.34 | Marital status | Check Box | Married  Single, never married  Widowed  Divorced  Separated | Enrollment only |
| L.35 | Is the client currently working in a job for pay? | Check box | Yes, full-time (usually 35+ hours per week)  Yes, part-time (usually less than 35 hours per week)  No | Enrollment only |
| L.36a | Has the client completed high school or a GED? | Check box | Yes, completed high school  Yes, completed GED  No | Enrollment only |
| L.36b | If no, what was the last grade the client completed? | Open field | \_\_ \_\_ | Enrollment only |
| L.37a | Has the client completed education or vocational training other than high school/GED? | Check box | Yes  No | Enrollment only |
| L.37b | If yes, highest level of education obtained | Check box | Vocational/technical training program  Some college, no degree  Associate degree  Bachelors degree  Masters degree (MS, MA, MSW, MFT, etc)  Professional degree (for example: LLB, LD, MD, DDS)  Doctorate degree (for example: PhD, EdD | Enrollment only |
| L.38 | Is the client currently enrolled in any kind of school, vocational or educational program? | Check Box | Yes  No | Enrollment only |
| L.39 | Is the client currently receiving any of the following public assistance services? | Check Box | No  If yes, check all that apply:  TANF/Welfare  Medicaid – mother  Medicaid – child  Food stamps  Social security administration (SSA)  Unemployment insurance benefits  State Children’s Health Insurance Program (SCHIP)  WIC  Government subsidized child care  Other (specify)\_\_\_\_\_\_\_\_\_ | Enrollment only |
| L.40 | Which of the following categories best describes the client’s total yearly household income before taxes? Please include all sources of income from which she benefits. | Check box | Less than or equal to $3,000  $3,001 - $6,000  $6,001 - $9,000  $9,001 - $12,000  $12,001 - $15,000  $15,001 - $20,000  $20,001 - $30,000  $30,001 - $40,000  Over $40,000  Don’t know | Enrollment only |

**PREGNANCY HISTORY AND INFORMATION ON CHILDREN:**

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| --- | --- | --- | --- | --- |
|  | **Question** | **Response Type** | **Response Categories** | **Frequency of Reporting** |
| L.41a | Is the client currently pregnant? | Check box | Yes  No/don’t know | Enrollment only |
| L.41b | If yes, estimated due date | Open date field | [mm/dd/yy] | Enrollment only |
| L.42 | How many times has she been pregnant? If client is currently pregnant, do not count the current pregnancy. | Open field | \_\_ \_\_ | Enrollment only |
| L.43 | How many live births has the client had? | Open field | \_\_ \_\_ | Enrollment only |
| L.44 | How old was the client at the time of her first child’s birth? | Open field | \_\_ \_\_ years | Enrollment only |
| L.45 | Target child’s date of birth | Open date field | [mm/dd/yy] | Enrollment; update after child is born if client is pregnant with child at enrollment |
| L.46a | Do any other children under age 18 live in the home? Please only include children whose primary caregiver is the client. | Check Box | Yes  No | Enrollment only |
| L.46b | If yes, please provide date of birth of each additional child living in the home. | Open date field | [mm/dd/yy]  [mm/dd/yy]  [mm/dd/yy]  [mm/dd/yy]  [mm/dd/yy] | Enrollment only |

**PROGRAM EXIT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Question** | **Response Type** | **Response Categories** | **Frequency of Reporting** |
| L.47a | If client is no longer receiving services through the EBHV program, what date did services end? | Open date field | [mm/dd/yy] | Program exit only |
| L.47b | Date of last home visit | Open date field | [mm/dd/yy] | Program exit only |
| L.47c | Primary reason services ended | Check Box | Declined further participation (check primary reason below):   * Returned to work * Returned to school * Receiving services from another program * Pressure from family members * Refused new home visitor * Dissatisfied with the program * Client feels she has received what she needs from the program * Incarcerated or other out of home placement for the mother * Other (specify):   Miscarried/ fetal death/infant death: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (date)  Moved out of service area  Unable to locate  Excessive missed appointments/attempted visits  Child no longer in family’s custody (parental rights terminated)  Maternal death  Infant(s) delivered | Program exit only |

**IV. HOME VISIT INFORMATION**

**HOME VISITS**

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| --- | --- | --- | --- | --- |
|  | **Question** | **Response Type** | **Response Categories** | **Frequency of Reporting** |
| L.48 | Primary home visitor ID | Drop Down List | [Generated from home visitors identified in section II] | Enrollment/first home visit; update if any changes occur |
| L.49a | Date home visit scheduled | Open date field | [mm/dd/yy] | Visit by visit basis |
| L.49b | Was this visit completed | Check Box | Yes  No | Visit by visit basis |
| L.50 | Duration of visit | Open field | \_\_ \_\_ \_\_ minutes | Visit by visit basis |
| L.51 | Location of visit | Check Box | Participant’s home  Other location | Visit by visit basis |
| L.52 | Module being provided | Check Box | Health  Home safety  Parent-child interactions or parent-infant interactions  Problem solving and counseling | Visit by visit basis |
| L.53 | Please indicate the percent of time during the visit covering each of the following topics/activities: | Open field | **Triple P**  Assessment activities\_\_\_\_\_%  Listening and processing parent’s concerns and input \_\_\_\_%  Explaining or demonstrating a parenting strategy, principle, or procedure \_\_\_\_%  Parental practice and implementation of strategies \_\_\_\_%  Providing feedback or prompting self-evaluation by parent \_\_\_%  Unplanned or emergency event not part of the actual intervention \_\_\_%  **Safe Care**  Assessing parent (baseline or end of module)\_\_\_%  Describing target behaviors\_\_\_%  Explaining rationale/reason for behaviors\_\_\_%  Modeling alternative behaviors\_\_\_%  Observing parent practice skills and providing feedback\_\_\_\_\_%  Rapport building conversation(s)\_\_\_\_\_%  Unplanned or emergency event not part of the actual intervention \_\_\_%  **Family Connections**  Conducting structured assessment\_\_\_\_%  Developing service plan \_\_\_%  Providing participant specific advocacy and referral \_\_\_\_%  Providing therapeutic intervention \_\_\_%  Unplanned or emergency event not part of the actual intervention \_\_\_%    **PAT**  Formal assessment and screening tasks \_\_\_%  Presenting and conducting parent-child activity \_\_\_%  Book reading time \_\_\_%  Ongoing assessment of parent status and needs \_\_\_\_%  Unplanned activities (addressing immediate needs/referrals) \_\_\_%  **HFA**  Child development related activities \_\_\_%  Parent-child interaction related activities \_\_\_%  Health care related activities \_\_\_%  Activities related to family functioning \_\_\_%  Addressing family’s environmental needs \_\_\_%  Administrative activities \_\_\_%  Unplanned or emergency event not part of the actual intervention \_\_\_% | Visit by visit basis |
| L.54 | Total percentage of all planned content covered during the visit | Open field | \_\_ \_\_ % | Visit by visit basis |