OMB Control No:
Expiration Date:
Length of time for instrument: 1.25 hours

ATTACHMENT 14: MIHOPE SUPERVISOR SURVEY_ 12 MONTH

5/29/2012

OMB Control No:	
Expiration Date:	

SUPERVISOR SURVEY - 12 MONTH

The U.S. Department of Health and Human Services has contracted with MDRC to evaluate the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV).

The Mother and Infant Home Visiting Program Evaluation (MIHOPE) is designed to build knowledge for policymakers and practitioners about the effectiveness of MIECHV.

Your answers will be kept confidential. Only the research team will have access to this information. Your answers will not be shared with anyone at your program or any other agencies. In our research reports, the information you provide will not be attributed by name to you or your individual program.

One objective of MIHOPE is to learn about the role of supervisors in home visiting programs.

We are requesting that you complete this survey because you are a supervisor in one of the home visiting programs participating in MIHOPE. Your answers will help us to understand your role in the home visiting program and your perspective on the home visiting program.

- It will take about 1 hour and 15 minutes to complete this survey.
- If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.
- We would appreciate your response by MM/DD/YYYY.
- If you have questions at any time during the study, please call Alexander Vazquez at MDRC tollfree at 1-877-311-6372 or email Alexander.vazquez@mdrc.org.
- To thank you for your time, we will be sending you a gift card for \$30.

OMB Control No:	
Expiration Date:	

Supervisor Survey_12 Month

A. CURRENT POSITION

1.	How m	any hours do you work in a typical week?		
		HOURS:		
2.	In a typ	oical week, how do these [Q1 ANSWER] hou	urs break down across these activit	ies?
		Activities	Number of Hours	
		Providing one-on-one supervision		
		Providing group supervision		
		Observation of home visits		
		Home visiting (including first visits)		
		Recruiting families		
		Preparing for home visits		
		Travel to home visits		
		Transporting families		
		Initial assessments		
		Time spent on the phone		
		Group meetings		
		Manual paperwork		
		Data entry into computer		
		Receiving supervision		
		Training		
		Other (specify):		
	3.	How likely are you to leave your present j	ob in the next 12 months?	
		□ Very unlikely□ Somewhat unlikely□ Somewhat likely□ Very likely		
	4.	Do you supervise home visitors in any oth	ner home visiting programs?	
		☐ No [SKIP TO SECTION B] ☐ Yes		
	5.	What model do these other home visiting	g programs use? CHECK ALL THAT A	PPLY

			 □ Nurse Family Partnership □ Parents as Teachers □ Healthy Families America □ Early Head Start □ Other (specify):
В.	SE	RVICE	S PROVIDED
		1.	Do you yourself have a family caseload?
			☐ No [SKIP TO SECTION C] ☐ Yes
		2. THAT A	In what language(s) are you fluent enough to provide home visiting services? CHECK ALL PPLY.
			☐ English ☐ Spanish ☐ Other (specify):
	3.	How m	any families are in your current caseload?
	4.	Please	rate the size of your current caseload:
			□ Lighter than you are able to handle□ About right□ Heavier than you are able to handle
	5.	-	past 6 months, how often have you had a caseload that was more than what you could effectively?
			 Never Rarely Sometimes Often Nearly always Always
	6.	include	required to prepare home visit plans in advance of each visit? A home visit plan generally es written documentation of planned visit content, focus areas, and discussion points with documentation of handouts, materials, or resources to be provided.
			 ☐ Yes ☐ Not required, and I do not prepare home visit plans [SKIP TO 9] ☐ Not required, but I do prepare home visit plans

	OMB Control No: Expiration Date:
7. About how often do you prepare home visit plans in advanc	e of visits?
 □ Always □ Nearly always □ Often □ Sometimes □ Rarely □ Never 	
8. Do you use a curriculum to prepare your home visit plans?	
\Box Yes, what is the name of the curriculum? \Box No	
9. Do you informally observe parents interacting with their ch☐ No [SKIP TO 14]☐ Yes	ild throughout the home visit?
10. How often do you informally observe parents interacting w visit?	vith their child throughout the home
 □ Almost every visit □ Most visits □ About half of visits □ Some visits □ Few visits 	
 11. What types of feedback does your [HV PROGRAM SITE] ex his/her interaction with the child to manage problem behation. Explore reasons for negative parenting behavior. Suggest alternative approaches to parenting. Reinforce positive parenting behaviors. Not expected to give feedback. 	aviors? CHECK ALL THAT APPLY.
12. What types of feedback does your [HV PROGRAM SITE] ex his/her interaction with the child to promote cognitive and APPLY.	
 □ Explore reasons for negative parenting behavio □ Suggest alternative approaches to parenting □ Reinforce positive parenting behaviors □ Not expected to give feedback 	rs

	OMB Control No: Expiration Date:
13.	What types of feedback does your [HV PROGRAM SITE] expect you to give the parent about his/her interaction with the child to promote social emotional development? CHECK ALL THAT APPLY.
	 □ Explore reasons for negative parenting behaviors □ Suggest alternative approaches to parenting □ Reinforce positive parenting behaviors □ Not expected to give feedback
14.	Do you formally observe parents interacting with their child as a specific part of the home visit?
	☐ No [SKIP TO SECTION C] ☐ Yes
15.	How often do you formally observe parents interacting with their child as a specific part of the home visit?
	 □ Almost every visit □ Most visits □ About half of visits □ Some visits □ Few visits
16.	In formal observation, do you use any specific tool(s) to assess the quality of parent-child interaction?
	\square Yes, what is the name of the tool(s)?
17.	Do you use video recording when formally observing parents interacting with their children?
	☐ Yes ☐ No [SKIP TO 19]
18.	Do you review the video recording with the family?
	☐ Yes ☐ No
19.	What types of feedback does your [HV PROGRAM SITE] expect you to give the parent about his/her interaction with the child to manage problem behaviors? CHECK ALL THAT APPLY.
	 □ Explore reasons for negative parenting behaviors □ Suggest alternative approaches to parenting □ Reinforce positive parenting behaviors □ Not expected to give feedback

	ŀ	What types of feedback does your [HV PROGRAM SITE] expect you to give the parent about his/her interaction with the child to promote cognitive and language skills? CHECK ALL THAT APPLY.
		 □ Explore reasons for negative parenting behaviors □ Suggest alternative approaches to parenting □ Reinforce positive parenting behaviors □ Not expected to give feedback
	ŀ	What types of feedback does your [HV PROGRAM SITE] expect you to give the parent about his/her interaction with the child to promote social emotional development? CHECK ALL THAT APPLY.
		 □ Explore reasons for negative parenting behaviors □ Suggest alternative approaches to parenting □ Reinforce positive parenting behaviors □ Not expected to give feedback
C.	SUF	PERVISION
	1. Ho	ow many home visitors do you supervise?
	2. Pl	ease rate the size of your current supervisor to home visitor ratio:
		☐ Lighter than you are able to handle☐ About right☐ Heavier than you are able to handle
		the past 6 months, how often have you had a supervisor to home visitor ratio that was more than what you could handle effectively?
		 □ Never □ Rarely □ Sometimes □ Often □ Always
		o you have one-on-one supervision meetings with home visitors? Supervision meetings are meetings in which you provide feedback or guidance on their home visiting caseload. □ Yes □ No [SKIP TO 8]

5.	About how often, on average, do you have scheduled one-on-one supervision meetings with each home visitor?
	☐ Weekly or more frequently☐ Every two weeks
	☐ Every three weeks
	☐ Monthly
	☐ Once every 1-3 months
	☐ Once every 4-6 months
	\square Once a year
	□ Never
6.	Do you use a form to guide one-on-one supervision? '
	☐ Yes
	□ No [SKIP TO 8]
7.	If so, how often do you use this form?
	\square All of the time (100%)
	\square Nearly all of the time (85%-99%)
	\square Most of the time (61%-84%)
	☐ About half of the time (40%-60%)
	☐ Some of the time (15%-39%)
	☐ Nearly none of the time (1-14%)
	\square None of the time (0%)
8.	Do you have group supervision meetings with home visitors?
	☐ Yes
	□ No [SKIP TO 10]
9.	About how often, on average, do you have group supervision meetings?
	☐ Weekly or more frequently
	☐ Every two weeks
	☐ Every three weeks
	☐ Monthly
	\square Once every 1-3 months
	☐ Once every 4-6 months
	☐ Once a year
	☐ Never

	10. How do you monitor home visitor performance? CHECK ALL THAT APPLY Review my supervision notes Review specific cases in paper records Review specific cases in management information system Review reports I generate Review reports that are routinely generated by our program Other (specify):
D.	SUPERVISION OBSERVATION
	1. Do you ever observe home visitors in actual visits or by reviewing video-recordings of their visits as part of supervision?
	 □ No [SKIP TO SECTION E] □ Views video recordings only □ Observes in person only □ Views video recordings and observes in person
	2. Do you observe all home visitors or only under certain conditions? CHECK ALL THAT APPLY.
	 □ Observes all home visitors □ Observes home visitors who are newly hired □ Observes home visitors who request to be observed □ Observes home visitors who need extra help □ Observes home visitors under other conditions (specify):
	3. For each home visitor, about how many times do you observe a home visit?
	□ Less than one time per year □ One time per year □ Two times per year □ Three times per year □ Four times per year □ Five times per year □ Six to ten times per year □ Eleven or more times per year
	4. Do you use any specific tool(s) for observing home visits?
	☐ Yes, what is the name of the tool(s)?☐ No

	5.	When you observe a home visit, how often do you give the home visitor feedback, either right after the visit or sometime later?
		 □ Always □ Usually □ Sometimes □ Rarely □ Never
	6.	How helpful do you believe your feedback is to improving home visitor performance?
		 □ Extremely helpful □ Very helpful □ Somewhat helpful □ Not very helpful □ Not at all helpful
Ε.	TE	CHNOLOGY RESOURCES
	1.	Do you have laptops/tablets/iPads for use during observation of home visits?
		☐ Yes ☐ No
	2.	Do you have an appropriate, private space to conduct one-on-one supervision?
		☐ Yes ☐ No
	3.	Do you have access to a computer at your office?
		☐ Yes, I have access to my own computer at the office☐ Yes, I have access to a shared computer at the office☐ No
	4.	Does your center/office have Internet access available to you?
		 ☐ Yes, I have reliable Internet access at the office ☐ Yes, I have Internet access at the office, but it is sometimes unreliable ☐ No, I do not have Internet access at the office
	5.	How do you document your notes from supervision sessions with home visitors? CHECK ALL THAT APPLY.
		 □ In writing on paper forms □ Electronically on laptops/tablets/iPads □ Electronically when I am at an office computer □ I do not document notes from supervision sessions [SKIP TO SECTION F] □ Other (specify):

	-
6.	How easy is it for you to document your notes from supervision sessions with home visitors?
	☐ Very easy in all respects
	☐ Easy in most respects
	\square Easy in some respects
	☐ Not at all easy
7.	Are any of your notes from supervision sessions entered into your program's management information session?
	☐ Yes
	□ No

F. WELL-BEING

<u>Instructions</u>: Thinking about your relationships in <u>general</u>, please indicate the extent to which you agree or disagree with each of the twenty-nine statements. The scale ranges from 1 (totally disagree) to 6 (totally agree). Please select only one response for each statement. There are no wrong or right answers; please select the answer that most generally applies to you.

		Totally Disagre e	Strongly Disagre e	Disagre e	Agre e	Strongl y Agree	Totall y Agree
1.	I feel confident that other people will be there for me when I need them.						
2.	I prefer to depend on myself rather than other people.						
3.	I prefer to keep to myself.						
4.	Achieving things is more important than building relationships.						
5.	Doing your best is more important than getting on with others.						
6.	If you've got a job to do, you should do it no matter who gets hurt.						
7.	It's important to me that others like me.						
8.	I find it hard to make a decision unless I know what other people think.						
9.	My relationships with others are generally superficial.						
10	Sometimes I think I am no good at all.						

OMB Control No:	_
Expiration Date:	

		Totally Disagre e	Strongly Disagre e	Disagre e	Agre e	Strongl y Agree	Totall y Agree
11	I find it hard to trust other people.						
12	I find it difficult to depend on others.						
13	I find that others are reluctant to get as close as I would like.						
14	I find it relatively easy to get close to other people.						
15	I find easy to trust others.						
16	I feel comfortable depending on other people.						
17	I worry that others won't care about me as much as I care about them.						
18	I worry about people getting too close.						
19	I worry that I won't measure up to other people.						
20	I have mixed feelings about being close to others.						
21	I wonder why people would want to be involved with me.						
22	I worry a lot about my relationships.						
23	I wonder how I would cope without someone to love me.						
24	I feel confident about relating to others.						
25	I often feel left out or alone.						

					OMP	OHLIOHHO	ງ:
						ion Date:	
		Totally Disagre e	Strongly Disagre e	Disagre e	Agre e	Strongl y Agree	Totall y Agree
26	I often worry that I do not really fit with other people.						
27	Other people have their own problems, so don't bother them with mine.	I 🗆					
28	If something is bothering me, others are generally aware and concerned.						
29	I am confident that other people will like and respect me.						
oast	uctions: For each statement, please choose week: Rarely or none of the time; some or a of the time (5-7 days).			-		_	
		Rarely or None of the Time	Some of Little of Time (1-2 da	the Od	ccasionall y 3-4 days)	Most o	ne
30	I felt depressed.						
3	I I felt that everything I did was an effort.						
3:	2 My sleep was restless.						
3:	3 I was happy.						
3.	4 I felt lonely.						
3:	5 People were unfriendly.						
3.	6 I enjoyed life.						

. I felt sad.

37

				OMB Control No: Expiration Date:				
		Rarely or None of the Time	Some or a Little of the Time (1-2 days)	Occasionall y (3-4 days)	Most of the Time (5-7 days)			
	38							
	. I felt that people disliked me.							
	39 . I could not get going.							
G	. ORGANIZATIONAL SOCIAL CONTEX	KT MEASUR	RE					
	This is a copyrighted measure. © The Unive Research Center, 2006. Organizational Social express written consent of the Children's Me	Context (OSC). The scale ma	ay not be use				
Н	. PROGRAM OUTCOMES							
in	structions: In this section, we would like to lear tended outcomes. In general, a program outcomes cample, some programs might see the improve	me is a benefit	t to a child, pa	rent, or famil	y. For			
al th	elow is a list of possible outcomes for home visi I of these benefits for your families. However, ink your program believes may be more impor at best represents what you think your progran	we would like tant than other	to get a sense ers. We would	e of which out d like you to c	comes you			
sι	o help you decide on an outcome's rank, think spervision. Think about what staff in your age est describes your program's ranking of this ou	ncy are told a		-	_			
	Considering all of the outcomes your program pood prenatal health, such as diet, exercise, rest,			of a priority i	s promoting			

5

Moderate

Priority

2

1

0

Not a

Priority

at All

3

4

6

7

8

9

10

Highest

Priority

									OMB Control No: Expiration Date:			
	_		-		am aims to acl nd low birth v		w much	of a priori	ty is prev	enting/		
□ 0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	□ 10 Highest Priority		
3. Conside breastfee	_	of the out	tcomes yo	our progra	am aims to acl	nieve, ho	w much	of a priori	ty is proi	moting		
0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	☐ 10 Highest Priority		
	_		-		ram aims to ac ,, such as good			-		moting		
O Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	□ 10 Highest Priority		

								OMB Control No: Expiration Date:				
5. Conside family pla				our progr	ram aims to ac	hieve, ho	ow much (of a priori	ty is pro	moting		
O Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	☐ 10 Highest Priority		
6. Conside			tcomes yc	our progr	ram aims to acl	hieve, ho	ow much (of a priori	ty is pre	venting		
O Not a Priority at All	1	2	3	4	□ 5 Moderate Priority	6	7	8	9	☐ 10 Highest Priority		
					ram aims to acl se problems?	hieve, ho	w much o	of a priori	ty is pre	venting		
O Not a Priority at All	1	2	3	4	5 Moderate Priority	6	□ 7	8	9	□ 10 Highest Priority		
8. Considerand reduced				our progr	ram aims to ac	hieve, ho	ow much o	of a priori	ty is pre	venting		
O Not a Priority at All	1	2	3	4	□ 5 Moderate Priority	6	7	8	9	☐ 10 Highest Priority		
	_				ram aims to act thing goals for			-		moting		
□ 0 Not a	□ 1	□ 2	□ 3	□ 4	□ 5 Moderate	□ 6	□ 7	8	9	□ 10 Highest		

MIHOPE Supervisor Survey – 12 Month: Page 14

Priority

Priority

Priority

								OMB Control No: Expiration Date:			
at All											
child prev	entive c	are, such	as having	all recon	ram aims to a nmended well of their home t	-child vis	its, being	up-to-dat		omoting	
0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	10 Highest Priority	
	arenting	behavior	s, such as		ram aims to a			-	-	_	
0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	☐ 10 Highest Priority	
12. Considerated and reduced to the contract of the contract o	_		-		ram aims to a	chieve, h	ow much	of a prio	rity is pro	eventing	
0 Not a Priority at All	1	2	3	4	5 Moderate Priority	6	7	8	9	10 Highest Priority	
					ram aims to a d social- emot			of a prior	rity is pro	omoting	
□ 0 Not a Priority	1	2	3	□ 4	5 Moderate Priority	6	7	8	9	□ 10 Highest Priority	

I. IMPACTS

at All

OMB Control No:	_
Expiration Date:	_

Please express your agreement or disagreement with the statements below. We are interested in knowing your thoughts about families who are currently receiving services or who have completed the program.

I fee	l that as a result of the					Slightly		Strongly
serv	ices my program site has	Strongly		Slightly		Disagre	Disagre	Disagre
prov	vided	Agree	Agree	Agree	Neutral	e	e	e
1.	Expectant women are more likely to get adequate prenatal care.							
2.	More expectant women have healthy nutrition and exercise habits while pregnant.							
3.	More babies are born full- term and normal weight.							
4.	More mothers have healthy eating and exercise habits outside of pregnancy.							
5.	Mothers are more likely to space their births.							
6.	Fewer mothers use tobacco.							
7.	Fewer mothers have problem alcohol and other drug use.							
8.	Mothers are better able to recognize and address mental health issues.							
9.	Fewer mothers are depressed.							
10.	Fewer mothers have high parenting stress.							
11.	Mothers are better able to recognize and address partner violence.							
12.	More mothers develop relationships with people they can count on.							
13.	More mothers get the public benefits for which they qualify.							
14.	More families become economically self sufficient.							
15.	Mothers are more likely to start and continue breastfeeding.							
16.	More mothers use positive child behavior management							

OMB Control No:	_
Expiration Date:	_

serv	l that as a result of the ices my program site has vided	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
	techniques.							
17.	More mothers support their children's cognitive and language development.							
18.	More mothers support their children's social-emotional development.							
19.	Children have better cognitive and language development.							
20.	More children are securely attached.							
21.	Fewer children are abused or neglected.							
22.	Fewer homes have safety hazards.							
23.	More children are up to date on their shots and well child care.							
24.	Fewer children have injuries requiring medical care.							

J. EXPECTATIONS

Think about the expectations that you have for the home visitors you supervise. Please express your agreement or disagreement with the statements below.

	pect home visitors to help thers	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
1.	Have a healthy lifestyle prenatally, such as good nutrition, exercise and prenatal care.							
2.	Develop a healthy lifestyle outside of pregnancy, such as good nutrition, exercise and preventive health care.							
3.	Space their births.							
4.	Reduce their tobacco use.							
5.	Recognize and deal with problem alcohol and other drug use.							
6.	Recognize and deal with							

OMB Control No:	_
Expiration Date:	_

	pect home visitors to help hers	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
	mental health issues.							
7.	Recognize and deal with partner violence.							
8.	Get the public benefits for which they qualify.							
9.	Become economically self-sufficient.							
10.	Start and continue breastfeeding.							
11.	Use positive child behavior management techniques.							
12.	Support their children's cognitive and language development.							
13.	Support their children's social-emotional development.							
14.	Baby-proof their homes.							
15.	Secure high quality child care.							
16.	Make sure their children are up to date on shots and well child care.							

K. EFFECTIVENESS

Please express your agreement or disagreement with the statements below. We are interested in knowing your thoughts about the home visitors you currently supervise.

I feel I am effective in supervising home visitors in how they help mothers		Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
1.	Have a healthy lifestyle prenatally, such as good nutrition, exercise and prenatal care.							
2.	Develop a healthy lifestyle outside of pregnancy, such as good nutrition, exercise and preventive health care.							
3.	Space their births.							
4.	Reduce their tobacco use.							
5.	Recognize and deal with problem alcohol and other							

OMB Control No:
Expiration Date:

hom	I I am effective in supervising ne visitors in how they help hers	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
	drug use.							
6.	Recognize and deal with mental health issues.							
7.	Recognize and deal with partner violence.							
8.	Get the public benefits for which they qualify.							
9.	Become economically self- sufficient.							
10.	Start and continue breastfeeding.							
11.	Use positive child behavior management techniques.							
12.	Support their children's cognitive and language development.							
13.	Support their children's social-emotional development.							
14.	Baby-proof their homes.							
15.	Secure high quality child care.							
16.	Make sure their children are up to date on shots and well child care.							

L. COMFORT

Please express your agreement or disagreement with the statements below. We are interested in knowing your thoughts about the home visitors you currently supervise.

hon	el comfortable supervising ne visitors on how they work h mothers about	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
1.	Their prenatal health habits and use of prenatal care.							
2.	Their health habits and use of primary care outside of pregnancy.							
3.	Family planning and birth spacing.							
4.	Their tobacco use.							
5.	Their alcohol and other drug							

OMB Control No:
Expiration Date:

I feel comfortable supervising home visitors on how they work with mothers about		Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
	use.							
6.	Their mental health issues.							
7.	Partner violence.							
8.	Their need for and use of public benefits.							
9.	Becoming economically self-sufficient.							
10.	Breastfeeding.							
11.	Child behavior management techniques.							
12.	Supporting their child's cognitive and language development.							
13.	Supporting their child's social- emotional development.							
14.	Baby-proofing their homes.							
15.	Securing high quality child care.							
16.	Making sure their children are up to date on shots and well child care.							

M. TRAINING

Think about your training and the home visitors you currently supervise at your program site. Please express your agreement or disagreement with the statements below.

I feel I am adequately trained to supervise home visitors to help mothers		Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
1.	Have a healthy lifestyle prenatally, such as good nutrition, exercise and prenatal care.							
2.	Develop a healthy lifestyle outside of pregnancy, such as good nutrition, exercise and preventive health care.							
3.	Space their births.							
4.	Reduce their tobacco use							
5.	Recognize and deal with problem alcohol and other							

OMB Control No:	_
Expiration Date:	_

supe	el I am adequately trained to ervise home visitors to help hers	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
	drug use.							
6.	Recognize and deal with mental health issues.							
7.	Recognize and deal with partner violence.							
8.	Get the public benefits for which they qualify.							
9.	Become economically self- sufficient.							
10.	Start and continue breastfeeding.							
11.	Use positive child behavior management techniques.							
12.	Support their children's cognitive and language development.							
13.	Support their children's socialemotional development.							
14.	Baby-proof their homes.							
15.	Secure high quality child care.							
16.	Make sure their children are up to date on shots and well child care.							

N. STRATEGIES AND TOOLS

Think about the strategies and tools provided by your program site. Please express your agreement or disagreement with the statements below.

use	program gives home visitors ful strategies and tools to help thers	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
1.	Have a healthy lifestyle prenatally, such as good nutrition, exercise and prenatal care.							
2.	Develop a healthy lifestyle outside of pregnancy, such as good nutrition, exercise and preventive health care.							
3.	Space their births.							
4.	Reduce their tobacco use.							

OMB Control No:	_
Expiration Date:	

Му	program gives home visitors					Slightly		Strongly
usef	ul strategies and tools to help	Strongly		Slightly		Disagre	Disagre	Disagre
mot	hers	Agree	Agree	Agree	Neutral	e	e	e
5.	Recognize and deal with							
	problem alcohol and other							
	drug use.							
6.	Recognize and deal with	П	П					
	mental health issues.							
7.	Recognize and deal with		П		П		П	
	partner violence.							
8.	Get the public benefits for		П		П		П	
	which they qualify.							
9.	Become economically self-		П				П	
	sufficient.							
10.	Start and continue		П				П	
	breastfeeding.							
11.	Use positive child behavior		П				П	
	management techniques.							
12.	Support their children's		_	_		_		
	cognitive and language							
	development.							
13.	• •		_	_		_		
	social-emotional							
	development.							
14.	Baby-proof their homes.							
15.	Secure high quality child care.							
16.	Make sure their children are							
	up to date on shots and well							
	child care.							

O. FEEDBACK

Think about the feedback that you provide to home visitors. Please express your agreement or disagreement with the statements below.

I am effective in giving home visitors positive and constructive feedback on how they work with mothers to		Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
1.	Have a healthy lifestyle prenatally, such as good nutrition, exercise and prenatal care.							
2.	Develop a healthy lifestyle outside of pregnancy, such as							

OMB Control No:	_
Expiration Date:	_

visit feed	effective in giving home ors positive and constructive lback on how they work with hers to	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagre e	Disagre e	Strongly Disagre e
	good nutrition, exercise and preventive health care.							
3.	Space their births.							
4.	Reduce their tobacco use.							
5.	Recognize and deal with problem alcohol and other drug			П	П		П	П
	use.			_				_
6.	Recognize and deal with their mental health issues.							
7.	Recognize and deal with partner violence.							
8.	Get the public benefits for which they qualify.							
9.	Become economically self- sufficient.							
10.	Start and continue breastfeeding.							
11.	Use positive child behavior management techniques.							
12.	Support their children's cognitive and language development.							
13.	Support their children's socialemotional development.							
14.	Baby-proof their homes.							
15.	Secure high quality child care.							
16.	Make sure their children are up to date on shots and well child care.							

P. MIECHV

The following questions are about how your program has changed recently as a result of MIECHV funding. Please check the box which is closest to how you feel.

At the present time, as a result of MIECHV,

1. My work is....

Easier than same as before before

Harder than before

				OMB Con Expiration	trol No: n Date:
2.	My role is		About the		
	Clearer than before		same as before		Less clear than before □

										ol No: Date:
;	3.	My responsibil Greater than before	ities are			About th same as before				Less than before
•	4.	My program si	te operates							
		More efficiently than before □				About th same as before				Less efficiently than before
!	5.	The time I sper	nd on documen	tation i	S					
		Greater than before				About th same as before	_			Less than before
(6.	The quality of	the services my	site pr	ovides	is				
		Higher than before				About th same as before				Lower than before
•	7.	My program's	benefits for fan	nilies ar	e					
		Broader than before				About th same as before				Narrower than before
Q. I	FA	CTORS FOR	SERVICE DEI	.IVER	Y					
		lowing question you supervise.	•			•	•	-	ons of the role	of home
	on	There is too little -one supervision ngs that my pro	n to do all the] [- -		do in or	nave to search der to fill up a one supervisi	n hour of

					OMB Control No: Expiration Date:
2.	The home visitor's role in promoting positive parenting is too rigidly defined; they don't have the flexibility they need to tailor services.				The home visitor's role in promoting positive parenting is not defined well enough; they don't know what they are expected to do with families.
3.	The home visitor's role in addressing parenting risks is too rigidly defined; they don't have the flexibility they need to tailor services.				The home visitor's role in addressing parenting risks is not defined well enough; they don't know what they are expected to do with families.
4.	The home visitor's role in promoting family economic self-sufficiency is too rigidly defined; they don't have the flexibility they need to tailor services.				The home visitor's role in promoting family economic self-sufficiency is not defined well enough; they don't know what they are expected to do with families.
5.	My program defines service tailoring completely and provides training to build home visitors' skills in tailoring.				My program does not define service tailoring very clearly and does not provide training in building home visitors' skills in tailoring.
6.	It is clear to home visitors which parts of their job are the most important to carry out with each family.				It is hard for home visitors to decide which parts of their job are the most important to carry out with each family.
7.	The home visitor's role is only to help the mother address issues that she herself already recognizes.				The home visitor's role is to help the mother address issues she already recognizes AND to help her recognize and address those she does not yet recognize.
8.	The home visitor's role is only to help mothers who are already motivated to take action.				The home visitor's role is both to help mothers who are already motivated to take action AND to motivate those who are not yet ready to take action.

					OMB Control No: Expiration Date:
9.	The home visitor's role is to promote positive parenting only by reinforcing the positive parenting behaviors that she sees.				The home visitor's role is to promote positive parenting BOTH by reinforcing the positive behaviors that she sees AND to promote the mother's use of alternative approaches to negative parenting that she sees.
10	The home visitor's role is to promote positive parenting only by reinforcing appropriate parenting attitudes and beliefs.				The home visitor's role is to promote positive parenting by BOTH reinforcing appropriate parenting attitudes and beliefs AND to influence mothers to change inappropriate parenting attitudes and beliefs.
11	All the activities of a home visitor's role fit together in a way that makes sense.				It is hard to see how all the activities of a home visitor's role fit together.
12	All of the activities home visitors are expected to carry out with families are important.				I question the value of many of the activities home visitors are expected to carry out with families.
13	It is clear how working toward one program goal with a family helps achieve the other program goals as well.				The goals of my program don't fit together well; working toward one program goal is a distraction from working toward other program goals.
14	I guide home visitors in how to tailor services to each family.				I let home visitors decide on their own how to tailor services to each family.
15	I guide home visitors in how to work with families when the family's goals are different from our program site's goals.				I let home visitors decide on their own how to balance program goals and family goals.

R. HEALTH CARE SERVICES
 1. Does your program expect home visitors to assure that the mother has health care coverage or acces to a clinic that provides free or low-cost care? No Yes
2. Has your program provided you with excellent training to supervise home visitors in how to assure that the mother has health care coverage or access to a clinic that provides free or low-cost care? ☐ No ☐ Yes
3. Does your program have resources available to help home visitors assure that the mother has health care coverage or access to a clinic that provides free or low-cost care? ☐ No ☐ Yes
 4. Does your program expect home visitors to assure that the child has health care coverage or access to a clinic that provides free or low-cost care? □ No □ Yes
5. Has your program provided you with excellent training to supervise home visitors in how to assure that the child has health care coverage or access to a clinic that provides free or low-cost care? ☐ No ☐ Yes
6. Does your program have resources available to help home visitors assure that the child has health

S. RESOURCES AVAILABLE TO YOU

☐ No☐ Yes

Instructions: Next, we are interested in the guidance you provide to home visitors in your caseload.

IN THIS SECTION, QUESTIONS 1-6 ARE ASKED FOR SERVICE AREAS A-H, BELOW.

care coverage or access to a clinic that provides free or low-cost care?

Service Area

- A. Prenatal Health
- **B.** Maternal Physical Health
- c. Substance Use
- D. Stress and Mental Health
- **E.** Healthy Adult Relationships
- F. Family Economic Self-Sufficiency

OMB Control No: _	
Expiration Date:	

G.	Parenting	to Support	Child Deve	lopment
----	-----------	------------	------------	---------

H.	Parenting	to Support	Child Health

1.	On average, about how often do you provide a home visitor with guidance about [SERVICE AREA]?
	 Never [SKIP TO 3] Once a week Once every two weeks Once a month Once every couple of months Once every 6 months Once a year Less frequently than once a year
2.	Overall, how responsive have home visitors been to your guidance concerning [SERVICE AREA]? \[\begin{align*} None are responsive \\ \begin{align*} A few are responsive \\ \begin{align*} About half are responsive \\ \begin{align*} Most are responsive \\ \begin{align*} All are responsive \\ \end{align*} All are responsive
3.	Besides you, do your home visitors have easy access to one or more other professionals to consult with about [SERVICE AREA]? No [SKIP TO Q1 FOR NEXT SERVICE AREA] Yes Not sure [SKIP TO Q1 FOR NEXT SERVICE AREA]
4.	As part of supervision, how often do you suggest home visitors consult with these professionals about [SERVICE AREA]? Always Nearly always Often Sometimes Rarely Never
5.	How many of your home visitors have accessed these professionals in the past six months? None A few About half Most All

6. How helpful do you believe these professionals have been to your home visitors?

					ОМВ С	ontrol I	No:
					Expirat	ion Dat	e:
		 □ Never helpful □ Rarely helpful □ Sometimes helpful □ Frequently helpful □ Always helpful 					
[GO TC	Q1	FOR NEXT SERVICE AREA]					
	For Rea	G OF SUPERVISION this question, we would like you to think about when the following statements and consider how true ployment. Please rank the following statements on the highest:	they are fo	or you a	nd your	place o	f
			Lowest				Highest
			1	2	3	4	5
	a.	I have adequate support from my supervisor to make appropriate decisions in my day-to-day work.					
	b	My supervisor encourages my input and respects my ideas.					
	c.	My supervisor is responsive to me.					
	d	My supervisor is knowledgeable about the specific work I do (e.g., issues related to families and children).					

2. This question also asks you to think about your own direct supervisor. The chart below lists traits that may or may not describe your supervisor. Please rank the following traits for your supervisor on a scale with 1 being the lowest and 5 being the highest:

		Lowest				Highest
		1	2	3	4	5
a.	Positive attitude					
b	Team player/inclusivity of decision making					
c.	Approachability					
d	Patience					
e.	Understanding and empathy					
f.	Ability to set boundaries					
g.	Respectfulness					
h	Supportive advocate for staff					

			ontrol No ion Date:	
i.	Appreciative of individual skills, needs, and interests			
j.	Accessible			
k.	Helps me solve problems and get information			

<u>3. Instructions:</u> The following table describes areas towards which supervisors work at becoming successful. Think about your own direct supervisor and rank how strong you believe s/he is in each of these areas. Use the description below for the definition of each numbered ranking. If you have never observed your supervisor in this area, select N/A.

Rankings are defined as:

- 1. Serious Issue A pressing need to address.
- 2. Weakness Results have fallen short in this area.
- 3. Skilled/OK The manager does what is expected and is about the same as most others.
- 4. Talented Notable strength in this area; manager is better than most and could be a coach in this area.
- 5. Towering Strength Manager is outstanding in this area and is a role model.

				3	4	5	
		1	2	Skille	Talente	Towerin	
		Seriou s Issue	Weak -ness	d /OK	d	g Strength	N/ A
a	Listening:			, , , ,		oti oligan	
	Practices attentive and active listening. Has patience to hear people out. Can accurately restate the opinions of others even when not in agreement.						
b	Composure:						
•	Is cool under pressure. Does not become defensive or irritated when times are tough. Is considered mature. Can be counted to hold things together during tough times. Can handle stress. Is not knocked off balance by the unexpected. Is a settling influence in a crisis.						
C.	Decision-Making Ability: Makes good decisions based on a mixture of analysis, wisdom, experience, and judgment. Most solutions or suggestions turn out to be correct and accurate. Sought out by others for advice.						
d	Sociocultural Diversity:						
•	Deals effectively with all races,						
	MILIODE Cunomico	M L'11MTTOTT	11) 1/100	the Daga	2.1		

		3	4	5	
1	2	Skille	Talente	Towerin	
Seriou	Weak	d	d	g	N/
s Issue	-ness	/OK		Strength	Α

nationalities, cultures, disabilities, and ages, and both sexes. Supports fair and equal treatment for all. Is aware of sociocultural issues and their effect on clients and colleagues. Makes room for sociocultural discussion in team discussions.

OMB Control No:
Expiration Date:

e	Knowledge Base			
	Has mastery of the content of early childhood development and early childhood mental health. Knows how to engage families and is effective at intervention strategies. Is a resource for other team members. Shares knowledge readily and effectively.			
f.	Directing/Supervising Others: Is good at establishing clear guidelines. Sets stretch goals. Distributes workload appropriately. Lays out work in a well-planned manner. Maintains two-way dialogue. Brings out the best in people. Is a clear communicator. Provides support as needed. Helps others meet their goals.			
g	Informing:			
•	Provides the information people need to know to do their jobs and feel good about being a member of the team. Provides individuals with information so that they can make accurate decisions. Is timely with information.			
h	Motivating Others:			
•	Knows what motivates others or how to do it. People who work with the supervisor want to do their best. Empowers others. Many people want to work for this leader. Is a good reader of others. Motivates others.			
i.	Training Ability: Conceptualizes and organizes ideas for effective learning. Balances content and process in training. Is able to create training materials that are helpful to others. Is able to present ideas to a diverse group. Is well prepared. Facilitates training well.			