

OMB No.: 0970-0354  
Expiration Date: xx/xx/xxxx

**MATHEMATICA**  
**Policy Research**

AFFIX LABEL HERE



## **Staff Child Report – Home Visitors**

### ***Draft for OMB (Redacted)***

This cross-walk version of the questionnaire includes items to be asked of home visitors working with pregnant women and families with children ages newborn to 36 months, flagged as appropriate for the relevant age forms:

- Version 0 (V0): Pregnant women
- Version 1 (V1): Newborn to 7 month
- Version 2 (V2): 8 months to 16 months
- Version 3 (V3): 17 months to 30 months
- Version 4 (V4): 31 months to 37 months

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0354 and the expiration date is XX/XX/XXXX.

### ABOUT THIS SURVEY

- The questions in this survey are about the Baby FACES [client/child's family] listed on the cover page of this form. This collection of information will be used to describe the characteristics of children and families served by Early Head Start, and the characteristics and features of programs and staff that serve them.
- Throughout this survey, we will be asking you to respond to questions about your interactions with this [client/child's parent]. [This can include the child's mother or a guardian who serves as the child's primary caregiver. When responding to these questions, please think about the parent who you interact with most often, unless otherwise noted.]
- The survey will take about 15 minutes to complete. The questions in this survey can be answered by marking an "X" in the box. For a few questions, you will be asked to write in a brief response.

1 ☐      2 ☒      3 ☐

- If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.
- Your participation in the study is voluntary. All information you provide will be kept private to the extent permitted by law. Neither your name nor the [child's or] family's name will be attached to any information you give us; and it will not be shared with others at your Early Head Start program.
- If you have any questions, please contact the Baby FACES team at Mathematica Policy Research at [TOLL-FREE NUMBER].

## SECTION A. BACKGROUND

**A1. Are you currently the Early Head Start home visitor for the [client/child's family] listed on the cover page of this form?**

1 ☐ Yes

0 ☐ No

**A1a. For how many months have you been providing home visit services to this [client/family]?**

|\_|\_| MONTHS → [V0: D6 / V1: GO TO D1 / V2: GO TO A5 / V3-V4: GO TO B1]

**A2. What is the main reason you are no longer this [client's/family's] home visitor?**

**MARK ONE ONLY**

1 ☐ [Client/Family] transferred to another home visitor in the same [program/center]

2 ☐ Child moved from home- to center-based care in this program [N/A for version 0]

3 ☐ Child moved to another center in this program [N/A for version 0]

4 ☐ [Client/Family] left this Early Head Start program

GO TO A4

**A3. What is the name of this [client's/child's] current Early Head Start home visitor [or teacher]?**

Name: \_\_\_\_\_

**A4. Please record the last date you had this [client/family] on your caseload.**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
 MONTH DAY YEAR →

**You have reached the end of this survey.**

**Please return this form to the**

ONLY FOR VERSION OF INSTRUMENT FOR HV'S OF CHILDREN 8-16 MONTHS OLD. FOR THIS AGE FORM, HV'S OF CHILDREN 8 TO 11 MONTHS WILL BE ROUTED OUT OF THE BITSEA.

Source: New item

**A5. Is this child 12 months of age or older?**

1 ☐ Yes

0 ☐ No → GO TO C1 (PAGE XX)

## SECTION B. SOCIAL SKILLS

- B1.** The first set of questions contains statements about 1- to 3-year-old children. Many statements describe normal feelings and behaviors, but some describe things that can be problems. Some may seem too young or too old for this child. Please do your best to answer every question.

For each statement, please mark the answer that best describes this child in the past month.

Items B1a to B1hh are protected under copyright and have been redacted from this instrument.

Source: Briggs-Gowan, M.J., and A.S. Carter. The Brief Infant–Toddler Social and Emotional Assessment (BITSEA). San Antonio, TX: Harcourt Assessment, 2006.

**B2.** The following questions are about feelings and behaviors that can be problems for young children. Some of the questions may be a bit hard to understand, especially if you have not seen them in a child. Please do your best to answer them anyway.

For each statement, please mark the answer that best describes this child in the past month.

Items B2a to B2h are protected under copyright and have been redacted from this instrument.

Source: Briggs-Gowan, M.J., and A.S. Carter. The Brief Infant–Toddler Social and Emotional Assessment (BITSEA). San Antonio, TX: Harcourt Assessment, 2006.

## SECTION C. LANGUAGE AND COMMUNICATION

- C1.** The following is a list of typical words in young children's vocabularies. We are interested specifically in the words this child understands or say in English.

For words this child does not yet understand, mark the first column (does not understand). For words he/she understands but does not yet say, mark the second column (understands). For words he/she understands and also says, mark the third column (understands and says). If this child uses a different pronunciation of a word (for example, "raffe" for "giraffe" or "sketti" for "spaghetti") mark the word anyway. For each item, mark only one response.

Remember, this is a "catalogue" of words that are used by many different children. Don't worry if this child knows only a few right now.

These items are protected under copyright and have been redacted from this instrument.

Source: MacArthur-Bates Communicative Development Inventories.

Source: MacArthur-Bates Communicative Development Inventories, Infant Long Form, First Communicative Gestures (12 items) (PROPRIETARY)  
Included in versions: 2 [8-16 mos]

**C2.1. When infants are first learning to communicate, they often use gestures to make their wishes known. For each item below, mark the response that describes this child's actions right now.**

**Items C2.1a to C2.1l are protected under copyright and have been redacted from this instrument.**

**Source: MacArthur-Bates Communicative Development Inventories.**

Source: MacArthur-Bates Communicative Development Inventories, Toddler Short Form and CDI-III, Combining words (PROPRIETARY)  
Included in versions: 3 [17-30 mos] and 4 [31-37 mos]

**C2.2. This item is protected under copyright and has been redacted from this instrument.**

**Source: MacArthur-Bates Communicative Development Inventories**

Source: MacArthur-Bates Communicative Development Inventories,  
Sentences, CDI-III (PROPRIETARY)  
Included in versions: 4 [31-37 mos]

**C2.3.** For each pair of sentences below, mark the one that sounds most like the way this child talks at the moment. If this child is saying sentences even more complicated than the two provided, mark the second one.

Items C2.3a to C2.3l are protected under copyright and have been redacted from this instrument.

Source: MacArthur-Bates Communicative Development Inventories.



Source: MacArthur-Bates Communicative Development Inventories, Using Language, CDI-III (PROPRIETARY)  
Included in versions: 4 [31-37 mos]

**C2.4.** These next questions are about how this child uses language to communicate in English. For each item, mark only one response.

Items C2.4a to C2.4l are protected under copyright and have been redacted from this instrument.

Source: MacArthur-Bates Communicative Development Inventories.

**D1. Since September, has this child been given a developmental screening?**

- 1 ☐ Yes  
0 ☐ No → **GO TO D6**

**D2. What screening tool or tools did you use to assess this child?**

**MARK ALL THAT APPLY**

- 1 ☐ Ages and Stages Questionnaire (ASQ)  
2 ☐ Brigance Screens  
3 ☐ Creative Curriculum Tools  
4 ☐ Denver Developmental Screening Test  
5 ☐ Devereux Early Childhood Assessment (DECA)  
6 ☐ Early Learning Accomplishment Profile  
7 ☐ The Ounce Scale  
8 ☐ Agency-created screener  
9 ☐ Some other screening tool  
(Please specify)

\_\_\_\_\_

**D3. Did the child's score on the developmental screening tool cause you to be concerned about the child's development?**

- 1 ☐ Yes  
0 ☐ No → **GO TO D6**

**D4. Since September, has this child ever been referred to Part C (or Part B) for a developmental concern?**

**D5. What was the reason for the referral?**

**MARK ALL THAT APPLY**

- 1 ☐ Behavior problem  
2 ☐ Emotional problem  
3 ☐ Attention problem  
4 ☐ Developmental or cognitive delay  
5 ☐ Problems with the use of arms or legs  
6 ☐ Speech problem  
7 ☐ Hearing problem  
8 ☐ Vision problem  
9 ☐ Something else (Please specify)

\_\_\_\_\_

**D6. Thinking about [the entire family/this child and the child's entire family], have you referred anyone in the family to any of the following since September?**

**MARK ALL THAT APPLY**

- 1 ☐ Health care provider  
2 ☐ Prenatal care provider  
3 ☐ Mental health care provider  
4 ☐ Disabilities services provider  
5 ☐ Child care partner or other child care provider  
6 ☐ Other community service provider (such as job training, housing assistance provider)  
7 ☐ None of the above

Source: Items D1 to D6 adapted from Baby FACES 2009  
Included in versions: 0 [pregnant women] (D6 only), 1 [newborn-7 mos], 2 [8-16 mos], 3 [17-30 mos], and 4 [31-37 mos]; same items for versions 1-4

## SECTION D. CHILD DEVELOPMENT

## SECTION E. HOME VISITS

In this section, we want you to think about the contact you have had with this family during the past 4 weeks, specifically face-to-face and non-face-to-face contacts. You will also be asked to think back to any visits you had scheduled for the past 4 weeks that did not occur. Please answer the following questions to your best ability and only with regard to this particular family.

**E1. Did you have any contact with this family during the past 4 weeks?**

- 1 ☐ Yes  
 0 ☐ No → GO TO E2

**E2. What was the main reason for there being no contact with this family during the past 4 weeks?**

MARK ONE ONLY

- 1 ☐ No scheduled contact  
 2 ☐ Scheduled in-person visit did not occur  
 3 ☐ Unable to locate  
 4 ☐ Excessive missed appointments  
 5 ☐ [Client lost custody]  
 6 ☐ Client declined further participation (this would include going back to work, school, getting services from other agencies, pressure from family members, etc.)  
 7 ☐ Other (specify) \_\_\_\_\_

GO  
 TO

→

**E3. Excluding any group activities, how many face-to-face (in-person) visits did you have with this family during the past 4 weeks?**

MARK ONE ONLY

- 1 ☐ 0 → GO TO E9 (PAGE XX)  
 2 ☐ 1  
 3 ☐ 2  
 4 ☐ 3  
 5 ☐ 4  
 6 ☐ More than 4

**E4. During any of the face-to-face contacts you had with this family during the past 4 weeks, which of the following topics/activities were addressed?**

**MARK ALL THAT APPLY**

**CAREGIVER**

- 1 ☐ Domestic violence or anger management
- 2 ☐ Education
- 3 ☐ Economic management/financial self-sufficiency
- 4 ☐ Family planning
- 5 ☐ Finding alternate caregivers/child care
- 6 ☐ Housing
- 7 ☐ Job training and employment
- 8 ☐ Maternal physical health (outside of pregnancy)
- 9 ☐ Mental health or stress
- 10 ☐ Prenatal health behaviors/prenatal care
- 11 ☐ Social support
- 12 ☐ Tobacco use
- 13 ☐ Alcohol use
- 14 ☐ Other drug use

**PARENTING BEHAVIOR/CHILD OUTCOMES**

- 15 ☐ Breastfeeding/feeding/nutrition
- 16 ☐ Child development
- 17 ☐ Child health
- 18 ☐ Child/home safety
- 19 ☐ Co-parenting
- 20 ☐ Developmentally appropriate care/routines
- 21 ☐ Discipline/behavior management
- 22 ☐ Lead exposure in home
- 23 ☐ Parent-child interaction

**FAMILY**

- 24 ☐ Health insurance/Medicaid/SCHIP
- 25 ☐ Public/governmental assistance

**E5. In the past 4 weeks, did you refer this family to services or provide agency contact information for any of the following areas?**

**MARK ALL THAT APPLY**

- 1 ☐ Adult education services (including GED and ESL)
- 2 ☐ Childcare
- 3 ☐ Domestic violence counseling/anger management
- 4 ☐ Domestic violence shelter
- 5 ☐ Early intervention services/Part C services
- 6 ☐ Family planning and reproductive health care
- 7 ☐ Housing
- 8 ☐ Job training and employment
- 9 ☐ Maternal preventive care
- 10 ☐ Mental health treatment
- 11 ☐ Pediatric primary care
- 12 ☐ Prenatal care
- 13 ☐ Public assistance (SNAP, WIC, Medicaid, SCHIP, TANF, etc.)
- 14 ☐ Alcohol abuse treatment
- 15 ☐ Drug abuse treatment
- 16 ☐ Resources to help quit or reduce smoking or vaping
- 0 ☐ DID NOT PROVIDE REFERRALS OR PROVIDE AGENCY CONTACT INFORMATION DURING THE PAST 4 WEEKS

**For these next questions, please think about the most recent home visit you had with this family during the past 4 weeks.**

**E6. Who participated in the home visit?**

**MARK ALL THAT APPLY**

- 1 ☐ Mother of child/pregnant client
- 2 ☐ [Focal child]
- 3 ☐ Father of child/client's current partner
- 4 ☐ Other adult family member
- 5 ☐ Other child(ren) in the home
- 6 ☐ Other professional (nurse, early interventionist, child welfare worker, supervisor, etc.)

Source: Adapted from Baby FACES 2009 Content and Characteristics Form

**E7. How well aligned were the activities and topics you had planned to cover during your most recent home visit compared with what actually happened? A value of "1" indicates that the visit was "not well aligned" with what you had planned, and a value of "5" means it was "very well aligned."**

SELECT ONE RESPONSE

|                            |                            |                            |                            |                            |                 |                   |  |  |  |  |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|-------------------|--|--|--|--|
| NOT WELL ALIGNED ←         |                            |                            |                            |                            | →               | VERY WELL ALIGNED |  |  |  |  |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | <b>GO TO E8</b> |                   |  |  |  |  |

↓

**GO TO E7a**

Source: Adapted from Baby FACES 2009 Content and Characteristics Form

**E7a. Please mark the reason(s) why you feel your most recent visit with this family was not very well aligned with what you planned to accomplish.**

**MARK ALL THAT APPLY**

- 1 ☐ Family crisis
- 2 ☐ Sick client or child
- 3 ☐ Client [or child] not engaged in activity
- 4 ☐ Space constraints
- 5 ☐ Client interested in another topic
- 6 ☐ Presence of other people limited client's responses
- 7 ☐ Other (*specify*) \_\_\_\_\_

**E8. How would you describe the family follow through from the previous visit?**

**MARK ONE ONLY**

- 0 ☐ NOT APPLICABLE – NO FOLLOW THROUGH ANTICIPATED/ASSIGNED
- 1 ☐ Client could not remember previous activities/discussion/referrals
- 2 ☐ Client remembered but did not follow through
- 3 ☐ Client followed through incompletely
- 4 ☐ Client followed through completely

**E9. Excluding any group activities, how many face-to-face (in-person) visits were scheduled with this family during the past 4 weeks?**

**MARK ONE ONLY**

- 1 ☐ 0 → GO TO E11 (PAGE XX)
- 2 ☐ 1
- 3 ☐ 2
- 4 ☐ 3
- 5 ☐ 4
- 6 ☐ More than 4

Source: New item

**E10. Which of the following are reasons for why one or more visits that were scheduled in the past 4 weeks did not take place?**

**MARK ALL THAT APPLY**

- 0 ☐ ALL SCHEDULED VISITS IN PAST 4 WEEKS TOOK PLACE
- 1 ☐ You needed to cancel the visit or reschedule the appointment
- 2 ☐ The [client/family] cancelled, was not home, or did not come to the visit

Source: New item

**E11.** During the past 4 weeks, in which of the following ways have you communicated with this family?

MARK ONE PER ROW

|                                                  | Did you communicate in this way in the <u>past 4 weeks</u> ? |                            |
|--------------------------------------------------|--------------------------------------------------------------|----------------------------|
|                                                  | YES                                                          | NO                         |
| a. Talking or leaving messages via telephone.... | 1 <input type="checkbox"/>                                   | 2 <input type="checkbox"/> |
| b. Texting.....                                  | 1 <input type="checkbox"/>                                   | 2 <input type="checkbox"/> |
| c. Sending emails.....                           | 1 <input type="checkbox"/>                                   | 2 <input type="checkbox"/> |
| d. Writing notes or letters.....                 | 1 <input type="checkbox"/>                                   | 2 <input type="checkbox"/> |
| e. Connecting via social networking sites.....   | 1 <input type="checkbox"/>                                   | 2 <input type="checkbox"/> |
| f. Other ( <i>specify</i> )<br>_____             | 1 <input type="checkbox"/>                                   | 2 <input type="checkbox"/> |

Source: New item

**E11a.** Thinking about a typical week (during the past 4 weeks), how often did you communicate with this family in any of these ways?

MARK ONE ONLY

- 0 ☐ 0  
1 ☐ 1  
2 ☐ 2  
3 ☐ 3  
4 ☐ 4  
5 ☐ More than 4

## SECTION F. PARENT-HOME VISITOR RELATIONSHIP

- F1.** Below are statements that describe ways a home visitor might think or feel about the [client/parent] with whom she/he is working. For each statement, please check the box that describes how often you think or feel that way. For example, if the statement describes the way you always think or feel, mark "always." Work fast, your first thoughts are the ones we would like to see. Please don't forget to respond to every item.

Items F1a to F1l are protected under copyright and have been redacted from this instrument.

Source: Working Alliance Inventory (adapted for used in EBHV)



**F2. Please tell us which option best describes your relationship with this [client/child's parent].**

Items F2a to F2g are protected under copyright and have been redacted from this instrument.

Source: Home-School Relationship Measure, NCEDL Teacher-Student Report.

## SECTION G. PARENT ENGAGEMENT

**G1. In which, if any, of the following ways has this family participated in Early Head Start since September? If both parents are involved, please answer the questions concerning both parents.**

ITEMS B AND C NOT IN THIS VERSION

MARK ONE PER ROW

- a. **As members of a parent council or other governing bodies?**
- d. **By helping at special events or activities?**
- e. **By attending special events or activities, such as a children's performance, or a holiday party?**
- f. **By attending parent workshops?**

| Has this parent/family participated? |                            |
|--------------------------------------|----------------------------|
| NO                                   | YES                        |
| 0 <input type="checkbox"/>           | 1 <input type="checkbox"/> |
| 0 <input type="checkbox"/>           | 1 <input type="checkbox"/> |
| 0 <input type="checkbox"/>           | 1 <input type="checkbox"/> |
| 0 <input type="checkbox"/>           | 1 <input type="checkbox"/> |

**G2. For each of the following, please mark the response that best describes how engaged this [client/parent] has been in the program since September.**

a. **Thinking first about appointments, would you say...**

- 1 ☐ [Client/Parent] kept most appointments scheduled since September
- 2 ☐ [Client/Parent] kept some appointments, but cancelled others
- 3 ☐ [Client/Parent] missed or cancelled most appointments
- 4 ☐ [Client/Parent] had no scheduled appointments since September

ITEM B NOT IN THIS VERSION

c. **Now thinking about this [client's/parent's] participation in activities offered by the program, would you say...**

- 1 ☐ [Client/Parent] participated in many activities offered by the program since September
- 2 ☐ [Client/Parent] participated in some activities, but passed on many others
- 3 ☐ [Client/Parent] participated in only a few activities offered by the program
- 4 ☐ [Client/Parent] did not participate in any activities since September

d. **Which best describes this [client's/parent's] attitude and receptivity to the program? Would you say...**

- 1 ☐ [Client/Parent seemed very engaged, asked questions, was willing to try new things
- 2 ☐ [Client/Parent was somewhat engaged, asked a few questions, was hesitant to try a few new things
- 3 ☐ [Client/Parent was not engaged, didn't ask many questions, little interest in new things

e. **How would you describe the family's participation in group socialization activities? Would you say...**

- 1 ☐ They have attended all or nearly all the offered group socialization activities since September
- 2 ☐ They have attended some of the group socialization activities

- <sup>3</sup> ☐ They have attended at least one group socialization activity
- <sup>4</sup> ☐ They have not attended any group socialization activities since September

**G3. Please indicate today's date:**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|\_|  
MONTH DAY YEAR

**Please return this questionnaire to the Mathematica staff person when he/she visits your center.**

Thank you for your participation in Baby FACES!