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**INSTRUMENT 1: PROGRAM MANAGER SURVEY**

## Introduction

The United States Department of Health and Human Services (DHHS) is conducting a research study to gather information about staff working in early childhood home visiting programs funded by the Maternal, Infant, and Early Childhood Home Visiting Program.

We invite you to participate in this voluntary data collection. The information you provide about your home visiting program will be extremely valuable to future government planning and to the home visiting field more broadly.

The survey will take about 20 minutes to complete. For data security reasons, the survey must be completed in one session.

Your responses will be kept strictly private to the extent permitted by law. 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. Your responses will be combined with responses from other home visiting program staff and reported in a final report released publicly in late 2018. In our research report, the information you provide will not be attributed by name to you or your individual program.

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. You have the right to refuse a question and stop participation at any time, but we appreciate complete responses when possible so our study findings can reflect your experiences and perspectives.

We would appreciate your response by DD/MM/YYYY. Thank you for your time and contribution to our research!

[CLICK HERE TO COMPLETE SURVEY]

## Home Visiting Program Characteristics

1. What type of organization is your implementing agency?

- Government health agency (e.g., county health department)
- Government social services agency
- Government education agency (e.g., local school district)
- Housing authority
- Hospital or medical clinic
- Non-profit community-based organization
- Faith-based organization

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reading the introduction and consent language and completing all survey items. This information collection is voluntary. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Urban Institute (Attn: Heather Sandstrom), 2100 M Street, NW, Washington, D.C. 20037.

2. Some implementing agencies have multiple sites. Does your implementing agency have more than one site?

- Yes
- No

3. Approximately how many employees work at your implementing agency, across all sites, programs and divisions? Please estimate to your best knowledge.

- Fewer than 20 employees
- 20 to 49 employees
- 50 to 99 employees
- 100 to 249 employees
- 250 to 499 employees
- 500 or more employees

4. Does your agency offer services other than home visiting?

- Yes - CONTINUE TO QUESTION 5
- No - SKIP TO QUESTION 6

5. Does your agency provide any of the following services?

- |  |  |
|--|--|
| Nutrition services (e.g., WIC)                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical services   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insurance enrollment services  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other public benefit enrollment<br>(e.g., Food Stamps, TANF, LIHEAP) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavioral health or mental health services                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child care resource and referral services                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Early intervention services  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Early care and education   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adult education services (e.g., GED, ESOL)                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Legal services   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Workforce development  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Housing services   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other, specify:

[CAN CLICK TO ADD UP TO THREE ADDITIONAL ENTRIES]

6. What home visiting models does your agency implement with MIECHV funding? (Select all that apply.)

- Attachment and Biobehavioral Catch-Up (ABC) Intervention
- Child FIRST
- Early Head Start-Home Visiting
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up for Children
- Family Connects
- Family Spirit
- Health Access Nurturing Development Services (HANDS) Program
- Healthy Beginnings
- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters (HIPPIY)
- Maternal Early Childhood Sustained Home-Visiting Program
- Minding the Baby
- Nurse-Family Partnership
- Parents as Teachers (*Do not check if you use the PAT curriculum but not the program model.*)
- Play and Learning Strategies
- SafeCare Augmented
- Other, please specify: \_\_\_\_\_

7. [IF Q2 = YES, MORE THAN ONE SITE] Is your [MIECHV-FUNDED MODEL 1 THROUGH 18] program offered at more than one of your agency's sites?

- Yes
- No

[REPEAT QUESTION 7 FOR ALL MIECHV FUNDED MODELS LISTED UNDER QUESTION 6]

8. For how many years has your agency been implementing [MIECHV-FUNDED MODEL 1 THROUGH 18]? Report the number of years implementing the model regardless of MIECHV funding.

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

[REPEAT QUESTION 8 FOR ALL MIECHV FUNDED MODELS LISTED UNDER QUESTION 6]

9. Does your agency implement any other early childhood home visiting models?

- Yes [CONTINUE]
- No [SKIP TO Question 11]

10. What other home visiting models does your agency implement?

- Attachment and Biobehavioral Catch-Up (ABC) Intervention
- Child FIRST
- Early Head Start-Home Visiting
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up for Children
- Family Connects
- Family Spirit
- Health Access Nurturing Development Services (HANDS) Program
- Healthy Beginnings
- Healthy Families America
- Home Instruction for Parents of Preschool Youngsters (HIPPIY)
- Maternal Infant Health Outreach Worker (MIHOW)
- Maternal Early Childhood Sustained Home-Visiting Program
- Minding the Baby
- Nurse-Family Partnership
- Nurses for Newborns
- Parents as Teachers (*Do not check if you use the PAT curriculum but not the program model.*)
- Parent-Child Home Program
- Play and Learning Strategies
- SafeCare Augmented
- Triple P
- Other, please specify: \_\_\_\_\_

## Respondent Background Characteristics

11. What best describes your position in your implementing agency?

- Home visiting program director
- Home visiting program manager
- Implementing agency program director or executive director
- Other, specify: \_\_\_\_\_

12. For how many years have you been in this position?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

13. How many total years of experience do you have working in early childhood home visiting, including your current position and any other home visiting jobs?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

14. Have you ever been a home visitor or home visiting supervisor?

- Yes, a home visitor only
- Yes, a home visiting supervisor only
- Yes, both a home visitor and a home visiting supervisor
- No, never been either

## Home Visiting Program Funding

Please think about your home visiting program funded through MIECHV.

15. How much of your program's home visiting funding comes from the following sources? Please provide your best estimation.

	None	Less than 20%	20 to 49%	50 to 74%	75% or more
MIECHV					
Other federal funds besides MIECHV					
State government					
Local government					
Philanthropic foundations					
Private donors					

16. Does your program receive reimbursement for home visiting services from:

Medicaid?  Yes  No  
 Part C Early Intervention?  Yes  No  
 Another source?  Yes  No Specify other: \_\_\_\_\_

17. Not including funding from MIECHV, how much has your funding for home visiting varied over the past 3 fiscal years?

No variation/same level of funding  
 Decrease of up to 10%  
 Decrease of 11% - 25%  
 Decrease of more than 25%  
 Increase of up to 10%  
 Increase of 11% - 25%  
 Increase of more than 25%



## Home Visiting Staff Characteristics

The next set of questions is about the home visiting staff in your MIECHV-funded program. If your program has multiple sites receiving MIECHV funding, please report on staff across all MIECHV-funded sites. Please estimate to the best of your knowledge if you are unsure of the exact count.

18. How many **home visitors** are currently on staff?

By home visitor we mean a staff member who is responsible for the delivery of home-based services to children and families.

Do not include supervisors who carry a caseload as they will be counted separately. You may include assessment workers who conduct home visits but do not carry an ongoing caseload.

Count all home visitors regardless of how their individual positions are funded (MIECHV or other funding).

Provide the **number of people** (not the number of full-time equivalents or FTEs).

\_\_\_\_\_ NUMBER OF HOME VISITORS

19. How many of these home visitors work part-time (i.e., less than 35 hours per week)?

\_\_\_\_\_ NUMBER OF PART-TIME HOME VISITORS

20. Please fill in the table below to show how many home visitor positions are fully or partially funded with MIECHV. *Enter a number in each cell, even if zero.*

	Full-time home visitors (working 35 or more hours per week)	Part-time home visitors (working less than 35 hours per week)
100% funded by MIECHV	[ENTER NUMBER]	[ENTER NUMBER]
25-99% funded by MIECHV	[ENTER NUMBER]	[ENTER NUMBER]
0-24% funded by MIECHV	[ENTER NUMBER]	[ENTER NUMBER]

21. How many **home visiting supervisors** are currently on staff? By supervisor, we mean a staff member who supervises home visitors. Please provide an unduplicated count and do not include staff you have already counted as home visitors.

Provide the **number of people** (not the number of full-time equivalents or FTEs).

\_\_\_\_\_ NUMBER OF SUPERVISORS

22. How many of these supervisors also carry a caseload of clients? For example, some employees are part-time site supervisors and part-time home visitors. Or an experienced home visitor may supervise a group of less experienced home visitors.

\_\_\_\_\_ NUMBER OF EMPLOYEES WHO SUPERVISE AND PROVIDE HOME VISITS

23. How many of these supervisors work part-time for your program (i.e., less than 35 hours per week)?

\_\_\_\_\_ NUMBER OF SUPERVISORS WHO ARE PART-TIME EMPLOYEES

24. Please fill in the table below to show how many supervisor positions are fully or partially funded with MIECHV. Do not include employees you have already counted as home visitors. *Enter a number in each cell, even if zero.*

	Full-time supervisors (working 35 or more hours per week)	Part-time supervisors (working less than 35 hours per week)
100% funded by MIECHV	[ENTER NUMBER]	[ENTER NUMBER]
25-99% funded by MIECHV	[ENTER NUMBER]	[ENTER NUMBER]
0-24% funded by MIECHV	[ENTER NUMBER]	[ENTER NUMBER]

25. Who usually provides direct supervision of home visitors when their supervisor is not available (due to a vacancy or extended leave of more than one month)?

- I do
- Another program supervisor or manager does
- No one does
- Other (specify): \_\_\_\_\_

26. Who provides supervision to supervisor(s) in your program?

- Home visiting program director/manager
- Implementing agency program director
- No one
- Other (specify): \_\_\_\_\_

27. Does your program have any administrative staff who help home visitors enter information on service delivery into a management information system?

- No
- Yes

28. Some home visiting programs have service providers from their broader agency or local community who work as part of a team with home visitors. Please indicate whether you have a clinical staff member who works regularly (three or more times a year) as part of a team with home visitors. Include staff members regardless of source of funding.

a. Registered nurse	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Social worker	<input type="checkbox"/> No <input type="checkbox"/> Yes
c. Substance use treatment worker (alcohol and other drugs)	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. Mental health professional	<input type="checkbox"/> No <input type="checkbox"/> Yes
e. Early Intervention/ Developmental services provider	<input type="checkbox"/> No <input type="checkbox"/> Yes
f. Other staff, specify: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Staff Recruitment and Retention

29. We'd like to know the main reasons for turnover among staff in your home visiting program.

Please indicate if you think the reasons below are a major reason, a minor reason, or not at all a reason for turnover.

	A major reason	A minor reason	Not a reason
Pursuit of educational opportunities			
Desire for more job stability			
Desire for a different kind of work			
Schedule challenges			
Low salary			
Limited benefits			
Caregiving responsibilities (e.g., to care for one's children or parent)			
Staff burnout/ heavy caseload			
Personal health reasons			
Didn't like travel required of job			
Concerns about safety in the field			
Retirement			
Moving out of the area			
Layoffs due to funding or other programmatic changes			
Dismissal from employment due to performance			
Moves to a position at another site or another home visiting program within your agency			
Other, specify: _____			

30. What is the reason the last home visitor left your program?

Pursuit of educational opportunities
Desire for more job stability
Desire for a different kind of work
Schedule challenges
Low salary
Limited benefits
Caregiving responsibilities (e.g., to care for one's children or parent)
Staff burnout/ heavy caseload
Personal health reasons
Didn't like travel required of job
Concerns about safety in the field
Retirement
Moving out of the area
Layoffs due to funding or other programmatic changes
Dismissal from employment due to performance
Moves to a position at another site or another home visiting program within your agency
Other, specify: _____

31. Are all your home visitor positions currently filled? If not, how many are currently vacant?

- Yes  
 No, number of vacant positions in terms of full-time equivalent: \_\_\_\_\_ FTEs

32. When a home visitor position becomes vacant, what strategies does your program use to provide services to the families that were in that home visitor's caseload?

- Graduate those families early..... Yes  No  
 Stop services for those families..... Yes  No  
 Reduce the expected visit frequency for those families..... Yes  No  
 Shift responsibility for those families to other home visitors ..... Yes  No  
 Shift responsibility for those families to supervisor ..... Yes  No  
 Other (specify): \_\_\_\_\_..... Yes  No

33. On a scale of 1 to 5, how difficult has it been **in the past year** to recruit home visitors with the following qualifications?

	<b>1 = Not at all difficult</b>			<b>5 = Extremely difficult</b>	
Interest in home visiting	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Minimum education level/degree	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Preferred education level/degree	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Relevant experience and expertise	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Own personal transportation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Willingness to travel	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Necessary communication and personal skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Flexible in terms of availability and scheduling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Bilingual language skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/> <input type="checkbox"/> N/A
Other (specify): _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

34. On a scale of 1 to 5, how difficult has it been **in the past year** to recruit supervisors with the following qualifications?

	<b>1 = Not at all difficult</b>			<b>5 = Extremely difficult</b>	
Interest in home visiting	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Minimum education level/degree	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Preferred education level/degree	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Relevant experience and expertise	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Own personal transportation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Willingness to travel	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Necessary communication and personal skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Flexible in terms of availability and scheduling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Bilingual language skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/> <input type="checkbox"/> N/A
Other (specify): _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

35. What strategies do you use to recruit new staff?

- Advertise position on agency website.....  Yes  No
- Advertise position on model's national organization website.....  Yes  No
- Advertise position on job search websites that require a fee for employers (e.g., LinkedIn, CareerBuilder).....  Yes  No
- Advertise position on free job search websites (e.g., Indeed) .....  Yes  No
- Advertise in local newspaper.....  Yes  No
- Advertise internally at agency to promote or reclassify existing staff.....  Yes  No
- Advertise at public workforce agency or other employment intermediary (e.g., America's Job Center) .....  Yes  No
- Email job announcement to colleagues in your professional network  Yes  No
- Post on social media pages (e.g., Facebook, Twitter, LinkedIn accounts)  Yes  No
- Recruit through local colleges and universities.....  Yes  No
- Encourage your staff to share through word of mouth.....  Yes  No
- Share with current/former home visiting participants to encourage them to apply  
.....  Yes  No
- Other, specify: \_\_\_\_\_.....  Yes  No

36. When home visitor job candidates are brought in to be interviewed, who interviews them?

- Implementing agency program director  Yes  No
- Home visiting program manager  Yes  No
- Supervisor  Yes  No
- Home visitor(s)  Yes  No
- Clinical specialist  Yes  No
- Families  Yes  No
- Other (specify): \_\_\_\_\_  Yes  No

37. Do home visitor job candidates observe any home visits prior to hire?

- No
- Yes



## Staff Training

38. Please check a box in each row to indicate the standards or policies your home visiting program has regarding staff training and required competencies.

	Yes, we have a policy or standard for this.	No, we do <u>not</u> have a policy or standard on this.
Minimum qualifications for home visitors	<input type="checkbox"/>	<input type="checkbox"/>
Minimum qualifications for supervisors	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home visitor training</b>		
a. Initial training is required before being assigned families.	<input type="checkbox"/>	<input type="checkbox"/>
b. New home visitors shadow an experienced home visitor as part of their training.	<input type="checkbox"/>	<input type="checkbox"/>
c. New home visitors are assigned a peer mentor.	<input type="checkbox"/>	<input type="checkbox"/>
d. Supervisors must conduct routine observations of home visitors during home visits and provide feedback.	<input type="checkbox"/>	<input type="checkbox"/>
e. Home visitors must videotape/record themselves during a home visit as part of their training.	<input type="checkbox"/>	<input type="checkbox"/>
f. Continuing training is required at least annually.	<input type="checkbox"/>	<input type="checkbox"/>
g. New home visitors receive a written copy of core competencies (skills and knowledge) they should possess after completing training.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supervisor training</b>		
h. Initial training is required before being assigned home visitors.	<input type="checkbox"/>	<input type="checkbox"/>
i. New supervisors shadow an experienced supervisor as part of their training.	<input type="checkbox"/>	<input type="checkbox"/>
j. New supervisors are assigned a peer mentor.	<input type="checkbox"/>	<input type="checkbox"/>
k. Program managers must conduct routine observations of supervisors during supervisory sessions and provide feedback.	<input type="checkbox"/>	<input type="checkbox"/>
l. Supervisors must videotape/record themselves during supervisory sessions as part of their training.	<input type="checkbox"/>	<input type="checkbox"/>
m. Continuing training is required at least annually.	<input type="checkbox"/>	<input type="checkbox"/>
n. New supervisors receive a written copy of core competencies (skills and knowledge) they should possess after completing training.	<input type="checkbox"/>	<input type="checkbox"/>

39. On average, how long does it take a new home visitor to be **ready to be assigned families** after being hired?

- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4-6 months
- More than 6 months
- Other (specify): \_\_\_\_\_

## Program Management

40. Please indicate if you use any of these management practices.

a. Annual performance reviews used for salary and promotion decisions	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. A performance review process used as a professional development tool	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Formal sessions to provide feedback on performance review	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. An appeals process if an employee disagrees with performance review results	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Training on how to make an accurate evaluation of employee performance for persons evaluating employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Employee goal-setting and goal -tracking throughout the year	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Informal opportunities to provide feedback on performance	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Use of reflective supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No

41. We would like to know the extent to which employee input is used to make programmatic decisions within your home visiting program. In recent years, how influential have employees been on decisions in the following areas?

	<b>1 = Not at all</b>					<b>5 = Extremely influential</b>				
a. How to improve the physical work environment	1○	2○	3○	4○	5○	1○	2○	3○	4○	5○
b. Policies regarding staff safety	1○	2○	3○	4○	5○	1○	2○	3○	4○	5○
c. Policies addressing employee health and mental health	1○	2○	3○	4○	5○	1○	2○	3○	4○	5○
d. Work schedule (e.g., overtime, flextime)	1○	2○	3○	4○	5○	1○	2○	3○	4○	5○
e. Implementation of technical changes that impact the agency and employee layoffs	1○	2○	3○	4○	5○	1○	2○	3○	4○	5○
f. Hiring of new employees	1○	2○	3○	4○	5○	1○	2○	3○	4○	5○
g. How to improve services to families	1○	2○	3○	4○	5○	1○	2○	3○	4○	5○

## Families Served

The next set of questions is about the families served through the MIECHV-funded program you manage.

42. Approximately how many families did your program serve in FY 2017 (October 1, 2016-September 30, 2017)?

[ENTER NUMBER]

43. Approximately what percentage of the families you serve live in the following types of areas?

Rural	_____ %
Small town	_____ %
Suburban	_____ %
Urban	_____ %

44. Does your program have a policy on the maximum number of families per home visitor?

Yes → CONTINUE  
 No → SKIP TO QUESTION 50

45. Does your program use a weighted caseload, meaning the maximum caseload is based on intensity of services, family need, child age, etc.?

Yes → SKIP TO QUESTION 47  
 No → CONTINUE

46. What is the maximum number of families per home visitor?

No more than \_\_\_\_\_ families per home visitor [SKIP TO QUESTION 49]

47. What is the maximum number of families per home visitor at the MOST intensive level?

No more than \_\_\_\_\_ families per home visitor

48. What is the maximum number of families per home visitor at the LEAST intensive level?

No more than \_\_\_\_\_ families per home visitor

49. Do any of your home visitors currently have caseloads greater than the maximum called for according to policy?

- Yes
- No

50. What is your program's policy on the maximum number of home visitors per supervisor?

- Our site does not have a policy for caseload limit
- Our policy is no more than \_\_\_\_ full-time Home Visitors per full-time Supervisor

51. How does your home visiting program consider each of the following family characteristics in relation to eligibility for enrollment?

a. First-time mothers	<input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A priority population, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility
b. Teenage or young mothers under 21	<input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A priority population, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility
c. Unmarried mothers	<input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A priority population, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility
d. Children with special health care needs	<input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A priority population, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility
e. Substance-using mothers	<input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A priority population, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility
f. Low-income family	<input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A priority population, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility

g. Prior involvement with child protective services	<input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A priority population, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility
h. Expectant mother	<input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A priority population, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility
i. Member of a tribal nation	<input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A priority population, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility
j. Other, (please describe) _____	<input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A priority population, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility

Thank you for your participation in our survey!

As a final step, please click on this secure link [HYPERLINK] where you can enter the work e-mail addresses of home visitors and supervisors in your program.

We will invite them to participate in a survey about their qualifications, job experiences, and career trajectories. The survey is voluntary and they can choose whether or not to participate.

If you are not yet ready to provide staff e-mail addresses, please click on this link [HYPERLINK] to close out the survey. You may return to the site to enter e-mail addresses at a later date. We will send you a follow-up e-mail with instructions.

-----  
 {HYPERLINK WILL CLOSE OUT SURVEY AND TRANSFER RESPONDENT TO A NEW SURVEY PAGE WHERE E-MAIL ADDRESSES CAN BE ENTERED}  
 -----

1. Please enter your agency name

[TEXT BOX]

2. What is your work e-mail address?

We request this in case we need to reach you about the information you provide on this page.

[TEXT BOX]

3. Please enter the work e-mail addresses for home visitors and supervisors in your MIECHV-funded home visiting program. You can either (1) copy and paste a list of addresses to the text box below or (2) manually type or copy and paste each e-mail address to a separate field below.

[TEXT BOX. 10,000 CHARACTERS]

E-MAIL ADDRESS 1: [TEXT BOX]

E-MAIL ADDRESS 2: [TEXT BOX]

E-MAIL ADDRESS 3: [TEXT BOX]

E-MAIL ADDRESS 4: [TEXT BOX]

E-MAIL ADDRESS 5: [TEXT BOX]

E-MAIL ADDRESS 6: [TEXT BOX]

E-MAIL ADDRESS 7: [TEXT BOX]

E-MAIL ADDRESS 8: [TEXT BOX]

E-MAIL ADDRESS 9: [TEXT BOX]

E-MAIL ADDRESS 10: [TEXT BOX]

{INSERT BUTTON TO CLICK TO ADD ANOTHER FIELD UP TO 30}