**HV-AIM Supervision Study**

**Interview & Focus Group Participant Recruitment Survey**

**Public Burden Statement:** Through the Home Visiting Assessment of Implementation Quality study, HRSA aims to examine specific components of the Home Visiting Implementation Quality Conceptual Framework to inform strategies for implementing high quality home visiting programs. One of the three quality components the study will focus on is support for supervisors of home visitors. The requested information collection will explore how training for supervisors may be linked to home visitor job satisfaction. It will also examine how supervisor training in important content areas (e.g., substance use, intimate partner violence) may affect the extent to which home visitors talk to families about these topics. Data collection will include an online recruitment survey, interviews, and focus groups. 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 control number for this information collection is 0906-0100 and it is valid until 8/31/2027. This information collection is voluntary. That data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 3.5 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.  Please see [https://www.hrsa.gov/about/508-resources](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hrsa.gov%2Fabout%2F508-resources&data=05%7C02%7C%7Ccf9e738f39894b64be2c08dca76820e7%7C380c6d8fdce34747b5fda656050bfd7f%7C1%7C0%7C638569314632056652%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=h%2Bm1FDUBna63lvlmvP2nryUfHv4smnE%2BZx%2BpvSzWDXM%3D&reserved=0) for the HRSA digital accessibility statement

Thank you for your interest in participating in the HV-AIM (Home Visiting Assessments of Implementation Quality) study of supervision in home visiting programs. This study is focused on learning more about how training provided to supervisors in home visiting programs could be related to home visitors’ job satisfaction and the topics home visitors discuss with families. As part of our study, we will hold interviews with local home visiting program leaders (such as directors/managers/lead) and focus groups with home visitors and supervisors. As a thank you for your time, you will be offered a gift card if you participate in an interview or focus group.

If you would like to participate in an interview or focus group, please answer the questions below.

1. What is your name?
2. Please provide your email address.
3. What is your role? (select all that apply)
	1. Local home visiting program leader (such as program director/manager/lead)
	2. Home visitor
	3. Supervisor
	4. Oher (please specify)
4. How long have you been in your current role?
	1. Less than one year
	2. 1-2 years
	3. 3-5 years
	4. 6-10 years
	5. More than 10 years
5. How long have you worked in the home visiting field?
	1. Less than one year
	2. 1-2 years
	3. 3-5 years
	4. 6-10 years
	5. More than 10 years

We would like to know some information about your home visiting program.

1. Which of the following home visiting models does your program implement? (select all that apply)
	1. Child First
	2. Early Head Start-Home based option
	3. Family Check-Up® For Children
	4. Family Connects
	5. Family Spirit®
	6. Health Access Nurturing Development Services (HANDS) Program
	7. Healthy Families America (HFA)®
	8. Home Instruction for Parents of Preschool Youngsters (HIPPY)®
	9. Maternal Early Childhood Sustained Home-Visiting Program (MECSH)
	10. Nurse-Family Partnership (NFP)®
	11. Parents as Teachers (PAT)®
	12. SafeCare Augmented
	13. Other (please specify)
	14. Unsure
2. Where is your program located?
	1. Dropdown of states, territories, and option for “A Tribal nation”
		1. *[If “Tribal nation” selected]:* What Tribal nation? (fill in)
3. How many home visitors are employed by your program?
	1. 1 - 2
	2. 3 - 5
	3. 6 - 10
	4. 11-15
	5. 16 or more
4. What is the typical caseload of home visitors in your program?
	1. 10 or fewer families per home visitor
	2. 11-20 families per home visitor
	3. 21-30 families per home visitor
	4. 31-40 families per home visitor
	5. More than 40 families per home visitor

We also have some questions to get to know a little more about you.

1. What is your race or ethnicity? (select all that apply)
2. American Indian or Alaska Native (e.g., Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Tribal Government, Nome Eskimo Community, Aztec, Maya, etc.)
3. Asian (e.g., Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
4. Black or African American (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
5. Hispanic or Latino (e.g., Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
6. Middle Eastern or North African (e.g., Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
7. Native Hawaiian or Pacific Islander (e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
8. White (e.g., English, German, Irish, Italian, Polish, Scottish, etc.)
9. Prefer not to answer
10. What is the highest level of schooling you have completed?
	1. Some high school
	2. High school diploma or equivalent
	3. Some college or technical school
	4. Associate’s degree
	5. Bachelor's degree
	6. Master's degree or higher
	7. Prefer not to answer

Thank you for sharing this information. A study team member will be in touch to share more information and next steps.