Section 2
PERSONNEL

Guidelines for HANDS:

I. Programs
II. Program Coordinators
III. Supervisors
IV. Parent Visitors
V. Family Support Workers
VI. RN/SW Visitors
VII. Hiring Practices
VIII. Others Than HANDS Employees
IX. Family Grievance
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Caseload / Visit Completion Recommendations & Considerations

Supervisors
Parent Visitors
Family Support Workers
RN/SW
Multiple Roles
Examples

Sample Interview Questions

Coordinator/Supervisor
Home Visitor (PV/RN-SW/FSW)
Section 2: PERSONNEL

I. All HANDS programs shall:

A. Designate staff to fill each role in the HANDS program. These roles are:

- Program Coordinator
- Supervisor
- Parent Visitor
- RN/SW Visitor
- Family Support Worker (Professional or Paraprofessional)
- Data Entry Personnel

B. Have all HANDS staff adhere to the confidentiality guidelines in the local Health Department Administrative Manual.

C. Complete a criminal record background check for all HANDS staff (contract / FT / PT), including the Data Entry Clerk, and place in employee personnel file (classified ad must list this requirement).

1. This includes employees:
   a. who may transfer into HANDS from other health department programs; or
   b. who are new to the health department.
2. HANDS staff transferring from another health department should already have a criminal record check in their personnel file.
3. A criminal record background check would not apply to Data Entry Clerks.

D. Follow Public Health Practice Guidelines as identified in the Public Health Administrative Reference.

E. Have all HANDS staff, including the Data Entry Clerk, sign and abide by the HANDS Code of Ethics & Duty to Warn/Report form (Section 10: HANDS Personnel Forms) upon hire and annually thereafter.

F. Review Section 8: Home Visitation Safety of this Handbook.

G. Encourage all HANDS staff to be flexible with their schedules to accommodate the needs of families. This shall include the use of flextime to work extended hours. Sites that offer extended hours promote financial stability.

H. Request a HANDS packet from the HANDS Central Office when a new Health Department Administrators is hired. The packet includes general information about:

- the organization of HANDS
- the screening and survey process
- the program design using the HANDS Core Components & Quality Indicators
- training and supervision
- technical assistance and the annual site visit
- evaluation results and cost savings
- tips for financial stability
- MIECHV Grant expansion
- family testimonials / newspaper articles
Section 2: PERSONNEL

I. Utilize strategies to promote staff retention (i.e., regular supervision strength-based language, open-door policies, team meetings, special events, etc.)

J. NOT provide HANDS services to a home visitation worker (Coordinator/Supervisor/PV/FSW/RN-SW) or his/her spouse/partner who is part of the family dynamic, while the home visitation worker is an employee in the HANDS program.

K. NOT employee former HANDS participants for at least one (1) year after discharge/exit from the program. (Effective as of 1/1/2017)

II. Each HANDS Program shall have a Program Coordinator.

A. The qualifications for Program Coordinator are a/an:
   1. Registered Nurse as allowed by the DPH Merit System; or
   2. Social Worker as allowed by the DPH Merit System; or
   3. Bachelor’s Degree in Social or Behavioral Sciences with one (1) year case management experience; or
   4. Master’s Degree in a human services field; or
   5. Associates Degree in the Early Childhood Education field and the home-visiting model training.

   2.2 - Those with the above qualifications do not automatically qualify for filling the role of Supervisor. The HANDS Supervisor must be a licensed individual.

B. The Program Coordinator shall receive supervision by a person identified by the Local Health Department Director.

C. The Program Coordinator responsibilities shall be:
   1. The day-to-day management of the program and is involved in program planning, budgeting, staffing (see caseload time studies at end of this section for assistance with staffing), training, in-service and program evaluation;
   2. To conduct or participate in fund raising;
   3. To facilitate ongoing collaboration with community/state partners and public relations;
   4. To coordinate meetings with staff (HANDS, clinic, administrative staff) to ensure that HANDS is being presented in a strength-based way by employees;
   5. To attend coordinators meetings, as scheduled;
   6. To conduct and report results or assign a staff person to conduct/report results of a parent satisfaction survey as per the guidelines identified in Section 16: Quality Assurance;
   7. To schedule staff for training or designate 1 other staff person per site to handle this responsibility;
   8. To organize materials needed for and participate in the TA site visit.
   9. To review the monthly state summary reports and reconcile with HANDS Billing reports to ensure that all services have been entered into the HANDS data system and have been billed for in the supplemental system; and
   10. To provide/assist with performance evaluation and oversight of personnel issues/actions, and productivity expectations for HANDS staff.

D. The Program Coordinator shall complete required training as identified in Section 3: Training.

III. Each HANDS program shall have a Supervisor who will supervise the Parent Visitor, Family Support Worker and RN/SW Visitor.

A. The qualifications for Supervisor shall be a:
   1. Licensed Registered Nurse; or
   2. Licensed Advanced Registered Nurse Practitioner; or
   3. Social Worker that is licensed as a:
      a. LSW (Bachelor’s Degree or BSW); or
      b. CSW (Master’s Degree or MSW); or

STATE REGULATIONS:
902 KAR 4; 120, Section 1: (8) (a) 3.
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c. LCSW (Master’s Degree and 2000 supervised hours of work in clinical counseling).

B. The Supervisor shall receive supervision by a person identified by the Local Health Department Director, usually the HANDS Program Coordinator.

C. The Supervisor shall perform the duties / responsibilities as per the policies and procedures in Section 4: Supervision. (See also the Supervisor Job Description at the end of this section for general functions and responsibilities)

D. The Supervisor shall complete required training as identified in Section 3: Training.

IV. Each HANDS program shall have a Parent Visitor.

A. The qualifications for Parent Visitor shall be a/an:
   1. Social Worker as designated by the DPH merit system; or
   2. Registered Nurse; or
   3. Bachelor’s degree in social or behavioral science or related field with one (1) year experience performing case management services; except that a Master’s degree in a human services field may be substituted for the one (1) year experience; or
   4. Associates degree in an early childhood education field and home visiting model training.

B. The Parent Visitor shall be supervised as per the supervision policies and procedures established in Section 4: Supervision.

C. The Parent Visitor responsibilities shall perform the duties / responsibilities as per the policies and procedures in Section 5: Screening and the Parent Survey Process. (See also the Parent Visitor Job Description at the end of this section for general functions and responsibilities)

D. The Parent Visitor shall complete required training as identified in Section 3: Training.

V. Each HANDS program shall have Family Support Workers (Home Visitor in regulations).

Family Support Workers shall perform the same general function regardless of their billing status as a professional or paraprofessional. Employees meeting requirements under A1/A2 in this section shall bill as a paraprofessional FSW.

STATE REGULATIONS:
902 KAR 4; 120,
Section 1: (8), (a) - (e)

STATE REGULATIONS:
902 KAR 4; 120,
Section 4: (2) (b) 1-4
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Employees meeting requirements under A3 –A8 shall meet the requirements to bill as a professional FSW.

A. The qualifications for Family Support Worker shall be a/an:
   1. High School graduate/GED and have experience in a Social or other health related field such as but not limited to working with children, teens and adults in a daycare, medical office or facility, school, etc...that provides a medical or a community support service; or
   2. Licensed Practical Nurse; or
   3. Licensed Registered Nurse; or
   4. Advanced Registered Nurse Practitioner; or
   5. Social Worker as allowed by the DPH Merit System; or
   6. Bachelor’s degree in a social or behavioral science or related field with one (1) year experience performing case management services; or
   7. Master’s degree in a social or behavioral science or related field; or
   8. Associates degree in an early childhood education field and home visitation model training.

B. The Family Support Worker shall be supervised as per the supervision policies and procedures established in Section 4: Supervision.

C. Family Support Workers shall perform the duties/responsibilities as per the policies and procedures in Section 6: Family Support Worker Process. (See also the Family Support Worker Job Descriptions at the end of this section for general functions and responsibilities)

D. The Family Support Worker shall complete required training as identified in Section 3: Training.

VI. Each HANDS Program shall have a RN/SW Visitor.

A. The RN/SW Visitor qualifications shall be a:
   1. Registered Nurse; or
   2. Social Worker as specified in the DPH Merit System.

B. The RN/SW Visitor shall receive supervision by a person designated by the HANDS program coordinator or the appointing authority.

C. The RN/SW Visitor shall perform the duties/responsibilities as per the policies and procedures in Section 7: RN/SW Visitor Process.

D. The Professional Visitor shall complete the required training as identified in Section 3: Training.
VII. Hiring

Hiring of staff is one of the most critical components of a successful HANDS program. Selection of staff should not be based on their formal education alone. Personal characteristics should be strongly considered, as certain traits make some more suitable for home visiting.

HANDS works from a strength-based, solution-focused perspective as opposed to a deficit-based medical model approach. If staff do not exhibit the appropriate characteristics then they may be unable to make the transition to using this approach in supporting and building positive relationships with families. *(See pages 32-40 for sample interview questions, which could help in hiring appropriate personnel.)*

Some characteristics to consider when selecting effective home visitation personnel include:

- Genuine warmth and respect for others independent of their position or power
- An ability to express one’s own feelings and to empathize with the feelings and perspectives of others
- Comfortable with a range of emotions and an ability to manage conflicts
- Respect for and acceptance of oneself, including an ability not to take others’ behavior personally
- A capacity for reflection about one’s own beliefs, values, strengths and limitations, and work performance
- Flexibility and adaptability
- An ability to listen and an openness to feedback
- Curiosity and eagerness to learn
- Tolerance for stress
- Common sense and problem-solving ability
- A work ethic that values dependability, responsibility and independence
- Effective time management
- High level of organizational skills
- Accurate and concise documentation skills; knowledge of grammar, punctuation, spelling, etc.

Other Hiring Considerations:

- Careful consideration should occur before hiring new personnel or transferring an existing employee from another program within the health department to a position within the HANDS program: Are new personnel necessary (as per current caseloads of existing staff and the potential for building caseloads)? If new staff is necessary, does the person under consideration have the characteristics identified for an effective home visitor.

- Job descriptions / classifications are included in the Job Classification manual of the DPH/LHD Personnel Branch.
Section 2: PERSONNEL

Employees still have to meet the minimum requirements of the Personnel Branch for the specific Job Classification under which they will be employed.

Caseload/Visit Completion Recommendations & Considerations for all roles are available at the end of this Section.

Sample interview questions can be found at the end of this Section (resource: Growing Great Kids, Inc.™, Inc. Program Planning Guidebook). Sites can modify these to meet their individual needs.

For assistance with writing newspaper ads, contact the Local Health Personnel Section. They also have sample ads available.

Current / former HANDS participant must be out of the program for one (1) year before employment with HANDS can occur.

VIII. Someone other than a HANDS employee can shadow a home visit (excluding visits where completion of the Edinburgh or Domestic Violence Screen):

A. When the individual is:
   a. A college practicum student:
   b. Local Health Department / Agency personnel seeking to learn more about HANDS;
   c. Being considered for employment as a HANDS staff, prior to acceptance of a job offer or attendance at training;
   d. A confirmed representative of the media;

B. With a signed confidentiality form; and

C. With the family’s permission given per a signed consent form; and

D. With a signed Media Release (ACH-301) when media is shadowing.

NOTE: A high school student or a participant currently enrolled in HANDS cannot shadow visits. In order for a HANDS participant to complete a practicum with HANDS, he/she must exit the program. This is not “social contact” as described in the Code of Ethics; therefore, this does not require a one-year wait.

A practicum student / intern can also assist with planning of group events and presentations, put together activities, prepare parent handbooks, make copies and organize supplies. They cannot review or have access to HANDS charts or HANDS 2.0, provide any HANDS services or facilitate curriculum.

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IX. Families have the right and opportunity to express any grievances / complaints they may have regarding services received from HANDS:

A. Without fear of retaliation;
B. Following the internal grievance procedure established by the Local Health Department, as per the Administrative Reference: Personnel Section, page 44, Local Health Operations Section, page 17.

2.6 – Any family making a complaint / grievance has the right to a copy of the Health Department grievance procedure for the public / client / participant.

JOB DESCRIPTIONS / CLASSIFICATION INFORMATION

Job Descriptions and Classification information for Public HANDS Manager, Public Health HANDS Supervisor, Public Health Specialist II, Public Health Specialist – Parent Visitor; Family Support Worker I, II and III – Home Visitor can be located at http://chfs.ky.gov/dph/lhdmeritclass.htm

Contact information for Personnel is as follows:

Local Health Personnel Branch
275 E. Main St.
Frankfort, KY 40621
(502) 564-3796
Caseload / Visit Completion Recommendations & Considerations
CASELOADS:
As per policies and procedures, the Supervisor/staff (PV / FSW / RN-SW) ratio is 1:7 for a full-time Supervisor (working 37.5 hours per week). This allows 5 hours of time to be dedicated, per each home visitor, per week.

The following supervision responsibilities should be organized into the Supervisor’s work week:

**DIRECT SUPERVISION ACTIVITIES**

- Scheduled individual supervision
- Unscheduled supervision/support/crisis intervention
- Prep time for supervision
- Review of documentation completed by PV/FSW/RN-SW
- Supervisor paperwork and miscellaneous duties (i.e., Supervision forms, caseload management, timesheets, productivity measures, job performance evaluations, agency reports, tracking of training, monthly data review, supplies, etc.)
- Quarterly QA activities (i.e., shadowing of home visitation staff, chart reviews, satisfaction surveys, etc.; see QA Section)

**ADMINISTRATIVE SUPERVISION ACTIVITIES**

- Referrals review and coordination
- Team meeting (planning/facilitating)
- Telephone calls & advocacy
- Agency & collaborative meetings
- Administrative tasks (Including annual job performance evaluations, agency reports, tracking monthly data, training, reconciling billing, data entry, etc.)
- Training staff
CONSIDERATIONS:

The following considerations can assist sites with decisions in regards to staffing and expectations of the Supervisor:

- How many hours will the staff person code to supervision in HANDS? Based on this number of hours, how many staff could the Supervisor potentially support?

- How many counties within a district / sites within each county require supervision coverage?

- How much time is required to travel between counties / locations?

- How much additional support is expected of a newly hired / less experienced staff in order to develop his/her skills?

- How much assistance / support does the staff person need?

- What other responsibilities (meetings/trainings/assignments to other programs or projects, etc.) does the supervisor have?

- Is support staff available to assist the supervisor with miscellaneous tasks (i.e., copying, filing, purchasing of supplies, creating charts, etc.)?

- How long has the Supervisor been employed in this role?

- Does the Supervisor have the support / ‘buy in’ of the Administration and other health department staff?

- How much time to collaboration / community outreach is required of the Supervisor?

- Is there enough staff to warrant a full-time Supervisor? If not, the Supervisor could also provide billable services (FSW, PV, RN/SW or sub FSW) or perform other duties in the Health Department. (See page 29 for a formula to assist with examining options)
VISIT COMPLETION RECOMMENDATION:

As per policies and procedures, the Parent Visitor must spend a minimum of 30 minutes completing a Parent Survey visit; however, the average amount of time per Parent Survey visit is between 1 and 1.5 hours for an initial Survey and 45 minutes to an hour for a POST-Survey.

It is reasonable to expect a Parent Visitor to complete 2 initial Surveys within a 7.5 hour workday and possibly 3 POST-Surveys within a 7.5 hour workday.

When a combination of initial and post surveys are scheduled within a 7.5 hour workday, it is reasonable to expect the completion of 3 services.

The following Parent Visitor responsibilities should be scheduled into completion of each Parent Survey:

PARENT SURVEY COMPLETION

- Contacting and scheduling home visits with families
- Travel to and from home visits
- Review of screen information
- Parent Survey conversation
- Program introduction time to parents
- Document and score survey

In addition to the above, the Parent Visitor role requires time allotted to the following miscellaneous activities, which support and build skills of the Parent Visitor:

MISCELLANEOUS PV ACTIVITIES

- Individual supervision (weekly / bi-weekly)
- Unscheduled supervision/support/crisis intervention
- Team meeting
- Training
- Advocacy for urgent situations, referrals, fill out forms, etc.
- Agency/collaborative meetings as required
- Completion of Parent Visit Process Tracking Form (HANDS PV Form A)
PARENT VISITOR: Visit Completion Recommendation & Considerations (continued)

CONSIDERATIONS:

The following considerations can assist sites with decisions in regards to staffing and expectations of Parent Visitors:

- How many hours will the staff person code to Parent Visitor in HANDS? Based on this number of hours, how many Parent Survey visits could the Parent Visitor potentially complete?

- Is the current staffing adequate to support the projected number of families?

- How many counties is the Parent Visitor required to visit?

- How much time is required to travel to and from homes in the area?

- Does the site collapse the Screen and Parent Survey? If so, does this occur in the clinic?

- Are translating/interpreting services required?

- How long has the Parent Visitor been employed in this role?

- How much additional support is a newly hired / less experienced Parent Visitor expected to require in order to develop his/her skills? Where is the Parent Visitor in his/her training?

- What other responsibilities (meetings/trainings/assignments to other HANDS roles, programs or projects, etc.) does the Parent Visitor have?

- Is support staff available to assist the Parent Visitor with miscellaneous tasks (i.e., copying, filing, creating charts, data entry, etc.)?

- At what level is the Parent Visitor expected to participate in community outreach / collaboration activities?

- What forms of technology are available to home visiting staff to support them in working efficiently (i.e., cell phones, laptops, portable DVD players, etc.)?

- If a Parent Visitor does not have a full caseload to support his/her full-time status is he/she assigned a partial FSW/RN-SW caseload (if qualifications and training requirements are met)? Is he/she responsible for providing substitute visits?
FAMILY SUPPORT WORKER
Visit Completion Recommendation & Considerations

VISIT COMPLETION RECOMMENDATION:
As per policies and procedures, the Family Support Worker must spend a minimum of 30 minutes completing a home visit; however, the average amount of time recommended per home visit is between 45 minutes and 1 hour.

It is reasonable to expect a Family Support Worker to complete an average of 3 and potentially 4 home visits within a 7.5 hour workday. NOTE: Maintaining a high number of visits per day or high caseload weight can negatively influence the quality of visits, relationships with families and documentation. It can also lead to staff burnout and turnover. Take into consideration the expenses of the HANDS program when determining the number of visits required.

The following Family Support Worker responsibilities should be scheduled into completion of each home visit:

HOME VISIT ACTIVITIES

- Contacting and scheduling home visits with families
- Planning for each home visit
- Travel to and from home visits
- Home visits
- Documentation of home visit
- Referrals & coordination

In addition to the above, the Family Support Worker role requires time allotted to the following miscellaneous activities, which support and build skills of the Family Support Worker.

MISCELLANEOUS ACTIVITIES

- Agency/Collaborative Meetings
- Individual supervision
- Unscheduled supervision/support/crisis intervention
- Team Meeting
- Training
FAMILY SUPPORT WORKER: Visit Completion Recommendation & Considerations (continued)

CONSIDERATIONS:

The following considerations can assist sites with decisions in regards to staffing and expectations of Family Support Workers:

- How many hours will the staff person code to Family Support Worker in HANDS? Based on this number of hours, how many home visits could the Family Support Worker potentially complete?
- Is the current staffing adequate to support the projected number of families?
- How many counties is the Family Support Worker required to visit?
- How much time is required to travel to and from homes in the area?
- How long has the Family Support Worker been employed in this role?
- How much additional support is a newly hired / less experienced Family Support Worker expected to require in order to develop his/her skills? Where is the Family Support Worker in his/her training?
- How accessible are the supplies needed to engage families in curriculum activities?
- What other responsibilities (meetings/trainings/assignments to other HANDS roles, programs or projects, etc.) does the Family Support Worker have?
- Is support staff available to assist the Family Support worker with miscellaneous tasks (i.e., copying, filing, creating charts, data entry, etc.)?
- At what level is the Family Support Worker expected to participate in community outreach / collaboration activities?
- What forms of technology are available to home visiting staff to support them in working efficiently (i.e., cell phones, laptops, portable DVD players, etc.)?
- Are translating/interpreting services required?
- If an FSW does not have a full caseload to support his/her full-time status is he/she assigned a partial PV/RN-SW caseload (if qualifications and training requirements are met)? Is he/she responsible for providing substitute visits?
Section 2: PERSONNEL

RN/SW
Visit Completion Recommendation & Considerations

VISIT COMPLETION RECOMMENDATION:

As per policies and procedures, the RN/SW must spend a minimum of 30 minutes per home visit. However, the average amount of time per quarterly home visit is between 45 minutes and 1 hour. RN/SW home visits are done quarterly, per each assigned family (total of 4 per year).

It is reasonable to expect an RN/SW to complete no fewer than 3 and potentially 4 quarterly home visits within a 7.5 hour workday.

The following RN/SW responsibilities should be scheduled into completion of each quarterly home visit:

RN/SW VISIT ACTIVITIES

- Contacting and scheduling home visits with families
- Planning for each quarterly visit
- RN/SW home visits
- Travel to and from quarterly home visits
- Documentation of quarterly home visits
- Referrals & coordination

In addition to the above, the RN/SW role requires time allotted to the following miscellaneous activities, which support and build skills of the RN/SW:

MISCELLANEOUS ACTIVITIES

- Individual supervision
- Unscheduled supervision/support/crisis intervention
- Team Meeting
- Agency/Collaborative Meetings
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RN/SW: Visit Completion Recommendation & Considerations (continued)

CONSIDERATIONS:

The following considerations can assist sites with decisions in regards to staffing and expectations of RN/SWs:

🔍 How many hours will the staff person code to RN/SW in HANDS? Based on this number of hours, how many quarterly home visits could the RN/SW potentially complete?

🔍 Is the current staffing adequate to support the projected number of families?

🔍 How many counties is the RN/SW required to visit?

🔍 How much time is required to travel to and from homes in the area?

🔍 How long has the RN/SW been employed in this role?

🔍 How much additional support is a newly hired / less experienced RN/SW expected to require in order to develop his/her skills?

🔍 What other responsibilities (meetings/trainings/assignments to other HANDS roles, programs or projects, etc.) does the RN/SW have?

🔍 Is support staff available to assist the RN/SW with miscellaneous tasks (i.e., scheduling appointments, copying, filing, creating charts, data entry, etc.)?

🔍 At what level is the RN/SW expected to participate in community outreach / collaboration activities?

🔍 What forms of technology are available to home visiting staff to support them in working efficiently (i.e., cell phones, laptops, portable DVD players, etc.)?

🔍 Are translating/interpreting services required?

🔍 If an RN/SW does not have a full caseload to support his/her full-time status is he/she assigned a partial PVFSW caseload (if qualifications and training requirements are met)? Is he/she responsible for providing substitute visits?
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#### MULTIPLE ROLES

<table>
<thead>
<tr>
<th>ROLE</th>
<th>1.0 FTE</th>
<th>FORMULAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator</td>
<td>250 Families</td>
<td></td>
</tr>
<tr>
<td>PV Supervisor</td>
<td>7 full-time PVs</td>
<td># FTEs supervised / 7 = %FTE</td>
</tr>
<tr>
<td>FSW Supervisor</td>
<td>7 full-time FSWs</td>
<td># FTEs supervised / 7 = %FTE</td>
</tr>
<tr>
<td>RN/SW</td>
<td>Minimum of 60 completed visits per month</td>
<td># Families / 180 = %FTE</td>
</tr>
<tr>
<td>Parent Visitor</td>
<td>Minimum of 40 completed visits per month</td>
<td>Projected monthly PVs / 40 = %FTE</td>
</tr>
<tr>
<td>Family Support Worker</td>
<td>Minimum of 60 completed visits per month</td>
<td>Weighted Caseload / 35 = %FTE</td>
</tr>
</tbody>
</table>

The calculations above are a guide to measure employee productivity; however, productivity does not equal financial stability.

To get a truer picture of the number of services needed to predict financial stability refer to CDP Report 116, Expense/Revenue and divide the projected annual expenses by twelve (12 months in year) to determine the amount of revenue needed to meet monthly expenses.

Refer to Section 11: Billing and Coding for more information.
EXAMPLES

A. **FSW Supervisor-RN/SW Home Visitor**

Supervisor to 3 full time FSWs  \[ \frac{3}{5} \times 7 = 4.2 \]
RN/SW Home Visits on 75 families  \[ \frac{75}{180} = 0.42 \]

**TOTAL** 0.84 FTE

B. **Parent Visitor – RN/SW Home Visitor**

Projected 24 parent visits month.  \[ \frac{24}{40} = 0.60 \]
RN/SW Home Visits on 75 families  \[ \frac{75}{180} = 0.42 \]

**TOTAL** 1.02 FTE

C. **Parent Visitor - FSW**

Projected 10 parent visits month  \[ \frac{10}{40} = 0.25 \]
Weighted Caseload of 24  \[ \frac{24}{35} = 0.68 \]

**TOTAL** 0.93 FTE

D. **Parent Visitor – RN/SW Home Visitor – FSW Supervisor**

Projected 8 parent visits month  \[ \frac{8}{40} = 0.20 \]
RN/SW Visits on 50 Families  \[ \frac{50}{180} = 0.28 \]
Supervisor to 3 full time FSWs  \[ \frac{3}{7} = 0.42 \]

**TOTAL** 0.90 FTE
Sample Interview Questions

Resource: Growing Great Kids, Inc.™, Program Planning Guidebook
Section 2: PERSONNEL

COORDINATOR / SUPERVISOR
INTERVIEW QUESTIONS

1. What experiences have you had working with families?
   
   Look for experiences that would complement the expectations of the program. Assess any thoughts that are not consistent with strength-based, family-centered program philosophy.

2. Describe your experiences providing services to infants and young children.
   
   See #1 above

3. What are your feelings about working with diverse populations?
   
   See #1 above

4. What experiences have you had supervising individuals and / or managing programs?
   
   Applicant should convey an understanding of community-based programs, working with overburdened families and staff serving them. Does individual exhibit any indication of bias or stereotyping?

5. How do you think supervising service providers without professional education might differ from supervising those with college or graduate degrees?
   
   Look for indications of respect and support for individuals regardless of educational preparations; importance of clearly defined work parameters; and the need for consistent and comprehensive supervision.

6. Could you describe your strengths and areas of growth, as they would relate to the position?
   
   Assess the ability of applicant to be insightful. Does he/she have realistic expectations? What would she/he offer the program?

7. Describe a work situation with a colleague or subordinate that you feel you could have handled better and how would you handle it differently today?
   
   Has the applicant been able to learn from his/her mistakes? Have coping/problem solving skills improved?

8. How would you describe your supervisory style?
   
   Does the style match the goals and expectations of the program?
9. Under what type of supervision do you find the most and least helpful?

   Does preference complement the “culture” of the program?

10. What do/did you like best about your most recent job? What did/do you like least?

11. What are your career goals and how would this job fit them?

12. What do you see as the keys to building a team that works well together?

   Look for indications of respect, inclusiveness, consistency, positive and corrective feedback, and clear directives.

13. How would you advise a worker to respond if a participant told her she is pregnant, is very unhappy, and wants the worker’s opinion as to what she should do about the pregnancy?

   Assess counseling/problem solving skills. Applicant should not be judgmental or impose her/his values on the staff member. Applicant should discuss options with the staff member and encourage her/him to do the same with the participant. Applicant should also encourage the staff to allow the participant to make her own decision. The applicant should feel comfortable in discussing the options with the staff member, but should be non-judgmental to the staff if she/he is uncomfortable and encourage a referral to another community agency to discuss options.

14. Are you aware of any common theories that may cause child abuse/neglect and domestic violence? If so, can you please share them?

   Look for knowledge of current research and expert opinion.

15. How do you deal with your own stress and what suggestions would you have for your staff (team members) in coping with stress?

   Look for appropriate stress reduction techniques.

16. Describe your organizational skills. How well do you manage your time?

   Look for indications of self-discipline, organization, and the ability to work within an identified timeframe.

17. There are times you may have to make referrals to Child Protective Services / Adult Protective Services. Are you comfortable with doing this?

   Applicant should express and support the need for the protection of children and families.
18. This job entails working in a multi-disciplinary setting. What is your experience in working with doctors, nurses, social workers, etc.?

Assess applicant’s experience in working with other professionals, and in a large setting such as a hospital.

19. Can you tell me why you want to work for this program and what assets you could bring to the position?

Assess the applicant’s emotional health. Applicants should not attempt to resolve personal issues through this type of work. Applicants should express the desire to work with parents, children, and service providers with and without professional education.

At the end of the interview, ask if candidate has any questions and describe the benefits package and salary scale.
Prior to interview, provide applicant with a copy of the current job description to review.

**Written Interview Question:**  (provide applicant with paper to write response)

Ask each applicant to write a paragraph describing why he/she is interested in home visiting. Use this to assess his/her basic writing skills.

**Oral Interview Questions:**

1. **Please tell us a little bit about yourself.**

   *Is the applicant confident / at ease / nervous / etc.? Note any information the applicant shares which could be beneficial to working as a home visitor.*

2. **What experiences have you had working with families who have infants and small children?**

   *Applicant should have had successful parenting experience or substantial experience caring for babies and young children. Applicant should exhibit an attitude and behaviors that would encourage people to seek assistance.*

3. **Have you ever provided services within the home environment? If so, when and where?**

   *Assess the comfort level of the applicant if they have to provide home based services. Look for indications of value judgments and stereotyping.*

4. **What are your career goals and how would this job fit them?**

   *Look for at least a two-year commitment. Since it takes six months to train for proficiency, this job should be at least a two-year commitment for the applicant.*

5. **Can you tell us why you want to work for this program and what assets you could bring to the position?**

   *Assess the applicant’s emotional health. Applicants should not attempt to resolve personal issues through this type of work. Applicants should express the desire to work with parents, children, and service providers with and without professional education.*

6. **Please describe both your strengths and weaknesses, as they would relate to this job setting.**

   *Assess the ability to be insightful. Does applicant have realistic expectations? What would she/he offer the program?*
7. How do you feel about working in diverse environments / with diverse populations?

Assess the applicant’s response for stereotypes, judgments or negative descriptions as they may apply to certain ethnic groups / cultures / individual characteristics or circumstances (economic status, education, drug use, works status, condition of home, personal hygiene, decisions, etc.).

8. This job entails working in a multi-disciplinary setting. What is your experience in working with doctors, nurses, social workers, etc.?

Assess applicant’s experience in working with other professionals, and in a large setting such as a hospital.

9. In jobs that you’ve had, do you prefer a job you can master quickly or one that involves ongoing learning?

Family Support Workers should prefer ongoing learning and challenges.

10. What do you like best/least about your current job?

See if the applicant’s need’s/style can be met in your program.

11. Under what type of supervision do you function best?

Does this fit with your program’s supervisory methods?

12. Can you tell us about a past job situation you had with your supervisor or colleague where it did not go well, and how you would handle the same situation today?

Has the applicant been able to learn from her/his mistakes? Have coping/problem solving skills improved?

13. In your opinion, what do you think infants from 0-6 months need most?

Look for responses that value the infant’s need for lots of love, to be held, etc. (the importance of parent-child bonding and attachment); also, an environment that supports growth and development.

14. What do you think gets in the way of some families being able to care for and nurture their children? Ask for elaboration on any area described as a problem for families.

See if applicant has an awareness of obstacles that impact families, such as lack of support, lack of nurturing in own background, poverty, multiple stressors, etc.
15. How do you handle stress in your own life?

   Look for appropriate stress reduction technique (e.g. reading, walking, running, gardening, etc.)

16. There are times you may have to make referrals to Child Protective Services / Adult Protective Services. Are you comfortable with doing this?

   Applicant should express and support the need for the protection of children and families.

17. How would you define the word “discipline” in regards to children? What discipline methods would you recommend to parents of 0-3 year olds?

   Look for responses that include guidance, having respect for other, etc. Applicant should not be rigid, should be able to give age-appropriate examples.

18. In your past home visiting experience, did you ever go on a home visit where you felt unsafe? What did you do?

   Look for responses that demonstrate the applicant’s awareness of surroundings and ability to react to unsafe circumstances in a professional and strategic manner, which takes into consideration the worker and family’s well-being.

19. This job, like many others, requires a great deal of paperwork and it all needs to be done quickly (within 48 hours) and accurately (explain data base if you have one in place). How do you feel about documentation, and can you work within short time constraints?

   Assess applicant’s desire/ability to produce written work quickly and accurately. Assess knowledge or fear of computer (data base and word processing).

20. This job entails working in a multi-disciplinary setting. What is your experience in working with doctors, nurses, social workers, etc.?

   Assess applicant’s experience in working with other professionals, and in a large setting such as a hospital.

21. We try to meet the needs of families’ schedules, which could require visits in the evening. Would this be a conflict for you?

   Assess the applicant’s desire/ability to work a flexible work schedule.

22. Based on the job description, do you have any questions for us regarding the job?