

## **Introduction**

Our current priority as an organization is the engagement and support of families, family child care providers, and staff during the ongoing COVID-19 crisis. In this context, we have provided guidelines on preparing for virtual visits, implementing virtual visits, and conducting virtual intakes. We continue to emphasize that this is not a usual time, and that what is most important is that program staff stay well and safe and that, within those parameters, they support families and providers in whatever ways are appropriate and possible. We understand that for many sites, complete outcome measurement may not be possible nor the top priority right now and we support your decisions.

As sites continue doing virtual visits, however, we would like to provide guidance on how to collect data in the current context, how to use assessment measures to improve reflective practice and engage with families or providers, and how to report program outcomes.

## **Program Data Collection**

As the program is focusing first on addressing and supporting the immediate needs of families, we should acknowledge that the program data we usually collect and the outcomes we expect to see may not be the same for families participating during the crisis and those dealing with its impacts afterwards. We support sites' decisions to shift data collection during the crisis to focus on engagement with families, family retention, and connections to resources. These are key metrics in the current context and will allow us to better document and report how we have worked with families during the COVID-19 crisis. These are the two forms that you should be using to collect data on virtual visits:

1. Virtual Visit/Check-in Form ([Family](#); [Provider](#)).  
This is the form developed at the start of the crisis for sites to use every time an ELS connects with a family or a provider. It replaces the Home Session Record when virtual visits are being provided and should be completed after each contact with a family. It can be used in supervision and to track family's participation in the program, needs presented, and resources provided. This form does not exist in template format on DAISY; however, we have created the Uploading Virtual Visit/Check-in Forms to DAISY document to walk you through how to upload Virtual Visit/Check-in Forms files to the Notes section for easy storage.
2. Monthly COVID-19 Status Forms ([Core](#); [FCC](#))

- This form is available directly on DAISY for sites to report each family's aggregate monthly data capturing the engagement methods under COVID.
- This form is different from the Virtual Visit/Check-in Form as it is only collecting particular monthly data points that can be aggregated in order to report on your site and state's work in this time period – how many families are participating in virtual visits, how long the visits are, etc.
- The Core form consists of 7 and the FCC 8 multiple-choice or simple-number-entry questions and should take no more than 5 minutes to complete.
- The forms are available in DAISY so ELSs can enter all the data directly in the database and produce a report through DAISY. This enables each site to report data specific to our work in the COVID-19/virtual context and be able to analyze and share the results as the situation continues. Training on how to use the form and report are available on Elevate.
- This measure will not produce a count of the number of visits completed with each family. The number of visits completed with existing families can be recorded on the Post Program form. For new families, the scheduler feature can be used to record all visits, both in-person and virtual, and it will produce a count of the number of visits completed.

## **Assessment Measures**

Assessment measures have many critical uses beyond reporting program outcomes. We recommend using screening measures such as ASQ, particularly when you do not have the opportunity to observe the child in person (see notes below for when/how to utilize ASQ). In addition, we strongly recommend that sites continue to use the assessments they are trained in and are most comfortable with (e.g. PICCOLO, HOVRS, CBT, and/or PACT) for self-reflection, supervision, and providing feedback to families in order to improve practice and engage families during this time. During this time and in the virtual visit context with the ELS not physically present with parent and child, the books and toys (VISM) may share more time/space with support for families' immediate needs and other activities. Virtual visits do, however, organically create an opportunity for the ELS to facilitate parent-child interaction in a more natural dyadic way.

### **1. ASQ-3**

ASQ is a measure that is currently required by some of our states. We encourage sites to use ASQ as a screening measure especially during virtual family enrollment. Since the ASQ has different age-specific questionnaires that accurately capture developmental milestones, it can also be used regularly to closely monitor the developmental progress of children as we continue to partner with parents on child development during the program. Please use the

following link to learn [How Providers and Parents Partner Together to Use ASQ-3 in a Virtual Environment.](#)

## 2. CBT & PACT Assessments

For the purpose of outcome evaluation, it is possible to use several different methods to accommodate the assessment during virtual visits while still maintaining evaluation standards. Below are a few suggestions as to how to conduct virtual assessments. Please also see our infographic here for an outline of assessment method options. Sites should contact the Research and Evaluation department and notify their state director if they are not sure how to maintain evaluation standards.

- a. **Conducting assessment “live” (typically after virtual visits):** Once a family starts to get accustomed to virtual visits, the ELS can explain the virtual assessment to the family in a similar way to how they explain an in-person observational assessment. The virtual assessment is then conducted as sites typically conduct in-person assessments. The ELS selects a visit during the assessment window and then completes the assessment after that virtual visit.
- b. **Conducting assessments from video recording (ELS records):** Communication platforms, such as Zoom, enable the ELS to record the virtual visit with the family’s consent. The benefit of recording the virtual visit is that then they ELS can focus entirely on the virtual visit and parent-child activities and complete the assessment at a later time while reviewing the video. [Note: another option here is, with consent from the family, for the ELS to invite their supervisor to attend the virtual visit to observe and record. After the virtual visit has ended, the ELS and supervisor can schedule time to for the supervisor to provide feedback and to review the assessment.]
- c. **Conducting assessments from video recording (Family self-records):** The ELS can ask families if they can record 10 minutes of free play during the day for assessment. This option only works if the family has access to technology and consents to the process. Once the video is sent to the ELS, the ELS will use it to conduct the assessment. The national center will provide further guidance on the logistics of consenting, transferring, and storing these video files. To ensure good quality video recordings, the ELS should work with families to determine the best way to record videos, whether it is another family member recording the video or using tripods or other objects available in the household to hold the camera/phone up.
- d. **Not conducting assessment during virtual visits:** If visits are occurring only over the phone and/or families are not able to record videos as described in (c) or if other circumstances make doing the assessments impossible, ELSs

should keep a record of the reason for not being able to conduct the assessments in DAISY's Notes section for the family for future reference.

### 3. *PICCOLO and HOVRS*

The above PACT and CBT tips also work for the PICCOLO and HOVRS assessment measures. However, because HOVRS focuses on the early learning specialist's behaviors, it is important to record the ELS in the video with the family. Alternatively, with the family's permission, the supervisor can join the ELS in the virtual visit as a silent observer. It is also possible to record phone calls with families and use HOVRS for supervision. Please see the attached document by assessment author Lori Roggman and a webinar on *Using PICCOLO and HOVRS with Virtual Home Visits*. During this time, it is particularly important for staff trained in PICCOLO and HOVRS to regularly use them for self-reflection and to continuously improve practice in engaging parent-child interactions.

## **Reporting**

### 1. *Accounting for virtual visits*

Virtual visits are different from in-person visits, and in the current context may have some different content and goals. We recognize that sites need to report to their funders and other stakeholders on their work during this time period, and we will work with sites individually to best document and tell the story of the critical work our ELSs are doing.

For reporting purposes, a virtual visit is considered as one visit when the visit follows the provided guidelines and a check-in form is completed. However, virtual visits should be clearly identified as virtual visits when data are reported. For new families and providers, this means when adding a visit to the scheduler feature in DAISY, you need to select virtual visit in the Visit Type dropdown select.

For families and providers enrolled previously whose visits are not being tracked in the scheduler, you will still enter the total number of visits completed (both in-person and virtually) in the Post Program form.

### 2. *Outcome Reporting*

The current crisis is having significant impacts on our staff, and the families and providers we work with. Our program outcomes will, therefore, also be impacted. COVID-19 is and will continue to have long-lasting effects on the communities in which we work, low-income communities and communities of color, even post-health crisis. Please do not be alarmed when comparing data collected during the COVID-19 crisis to other program data. We anticipate that program outcomes will not be the same and discussion of results should take

into account all these factors. We will work closely with sites to report outcomes to funders and stakeholders and are already discussing with our partners the potential impacts of the health and economic crises for families.

3. *Completing a cycle*

From the national center's perspective, as long as families complete the required visits whether in-person, virtually, or through a combination of both, they can complete the cycle. If assessment data is not able to be collected for a family, the lack of assessments will not be an issue in DAISY, as Post Program forms can be entered without assessments entered. Post Program forms are only to be entered for families who completed (or dropped) the cycle. If a site is still unsure about how to graduate families, please consult the Program and/or Research and Evaluation departments at the national center.

**Ongoing Research in the COVID-19 context**

Our model was designed to be a face-to-face, in-person program that supports families and providers by fostering trusting relationships and works with them to support the healthy development of their children. In the current crisis, virtual visits and/or remote support are critical to engage families and providers, as well as to provide important additional support that families and providers need. Both the impact of COVID-19 on the families and providers with whom we work, as well as the impact of virtual visits, are topics we would like to study closely.

In our research, we will emphasize the strengths and assets that staff and families are utilizing to cope with trauma both before and during this health pandemic and economic crisis. We invite program sites and research partners to collaborate with us on upcoming research activities.