Home Visit Observation Booklet (HOVRS-A)

Baby FACES

Label with Home Visitor ID

Child ID: ______________

Observer ID: ______________

Date of Observation: _____ / _____ / _____

Month    Day    Year

Time Visit Began: _____ : _____    AM    PM

Time Visit Ended: _____ : _____    AM    PM

CODE ALL THAT APPLY
QA    Check if a QA Observation
GS    Check if a gold standard booklet
T     Check if training observation

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□ FOR LIVE DATA FILE
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A. Home Visit Rating Scales, Adapted (HOVRS-A)

A1 – A7b. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.
B. Content and Characteristics

1. Prior to the visit, conduct a conversation with the HV that identifies the family strengths and challenges. The goal of this discussion is to provide context for the visit and understand why it may or may not go as planned.
   a. Is there anything I should know about the family to help me understand what I'm about to observe?

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
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   ____________________________________________
   ____________________________________________
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   ____________________________________________

   b. Do you expect this visit to go as planned?
   □ 1 Yes □ 0 No

2. Other people who were present for the majority of the home visit, in addition to the HV.

   CHECK ALL THAT APPLY
   □ a. Interpreter
   □ b. Part C provider (works for Part C agency, non-EHS agency)
   □ c. Child’s mother or female guardian
   □ d. Child’s sibling(s)
   □ e. Health professional (other than HV) (from EHS agency)
   □ f. Child’s father/father figure
   □ g. Other adults (Specify):
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

   □ h. Other children
   □ i. Child’s grandparent
   □ j. Other family members
   □ k. QA visitor
   □ l. No other people present
3. Was the focus child present during the visit?
   ☐ 1  Yes  ☐ 0  No  

4. If so, was the focus child awake during the visit?
   ☐ 1  Yes  ☐ 0  No  

   If no, percent time asleep?  ___|___|___| %  

5. How many children (other than focus child) participated?
   ___|___|  NUMBER OF CHILDREN  

6. How many adults (other than HV) participated?
   ___|___|  NUMBER OF ADULTS  

7. In which language was the home visit conducted?
   CHECK ALL THAT APPLY  
   ☐ a. English  ☐ b. Spanish  ☐ c. Other language (Specify):
   ____________________________
   ____________________________  

7a. If the HV conducted the visit in a language other than that spoken by the family, was an interpreter used?
   ☐ 1  Yes  ☐ 0  No  ☐ n  NA  

8. Activities during the home visit.
   CHECK ALL THAT APPLY  
   ☐ a. Child/parent observation/assessment  
   ☐ b. Evaluation/feedback on parent-child interactions  
   ☐ c. Provision of education and/or information  
   ☐ d. Problem solving  
   ☐ e. Goal setting/planning  
   ☐ f. Crisis intervention  
   ☐ g. Model or demonstrate interaction with child/facilitate parent-child interaction  
   ☐ h. Observation of caregiver-child interactions  
   ☐ i. Provision of emotional support to parent  
   ☐ j. Play  
   ☐ k. Other (Specify): ____________________________
   ____________________________  

9. Extent to which environmental distractions (television, phone calls, visitors, pets, other children, noise, etc.) interfered with the home visit.
   (CIRCLE RATING)
   1  2  3  4  5  6  
   Very interfering  Somewhat interfering  Not interfering  N/A
10. Time allocation for topics covered during the home visit:

For each topic covered during the home visit, indicate how much time was spent on it. Rate 0 if the topic was not covered during the visit.

<table>
<thead>
<tr>
<th>HnB11a- HnB11a9</th>
<th>Not Addressed</th>
<th>Touched on Briefly</th>
<th>Discussed At Least 10-15 Minutes</th>
<th>A Primary Focus of the Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11a. Child Health and Development</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Cognitive development</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>2. Literacy and language development</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>3. Physical/motor development</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>4. Social-emotional needs and development</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>5. Infant temperament</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>6. Prenatal and child health</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>7. Infant cues, developmental stages/milestones and appropriate expectations</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>8. Infant/Toddler sleep issues</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>9. Other (Specify):</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HnB11b1- HnB11b7</th>
<th><strong>11b. Parenting</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nutrition and breastfeeding</td>
<td>☐ 0</td>
</tr>
<tr>
<td>2. Home safety</td>
<td>☐ 0</td>
</tr>
<tr>
<td>3. Parenting practices/Routines</td>
<td>☐ 0</td>
</tr>
<tr>
<td>4. Parent-child relationship</td>
<td>☐ 0</td>
</tr>
<tr>
<td>5. Father involvement (involving the father in the child's life at time other than or in addition to the observed home visit)</td>
<td>☐ 0</td>
</tr>
<tr>
<td>6. Child care</td>
<td>☐ 0</td>
</tr>
<tr>
<td>7. Other (Specify):</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HnB11c1- HnB11c2</th>
<th><strong>11c. Parent Health and Well-being</strong> (for either parent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parent social support</td>
<td>☐ 0</td>
</tr>
<tr>
<td>2. Parent goal setting</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HnB11d1- HnB11d5</th>
<th><strong>11d. Employment/Education</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parent mental health, coping, and well-being</td>
<td>☐ 0</td>
</tr>
<tr>
<td>2. Substance use (tobacco, alcohol, drugs)</td>
<td>☐ 0</td>
</tr>
<tr>
<td>3. Maternal health</td>
<td>☐ 0</td>
</tr>
<tr>
<td>4. Employment and education</td>
<td>☐ 0</td>
</tr>
<tr>
<td>5. Other (Specify):</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HnB11e1- HnB11e6</th>
<th><strong>11e. Community Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emergency referral/crisis intervention</td>
<td>☐ 0</td>
</tr>
<tr>
<td>2. Referral to community services for parent</td>
<td>☐ 0</td>
</tr>
<tr>
<td>3. Referral to community services for child</td>
<td>☐ 0</td>
</tr>
<tr>
<td>4. Housing</td>
<td>☐ 0</td>
</tr>
<tr>
<td>5. Transportation</td>
<td>☐ 0</td>
</tr>
<tr>
<td>6. Other (Specify):</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>
12. Time allocation for home visit activities:

Indicate the percent of time spent during the visit in the following activities. Percentages should sum to 100.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Child-focused activities (activities that are focused on the child and his/her development, for example, activities with child to promote child development, child development assessment, parenting education on developmental milestones, etc.)</td>
<td>HnB12a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Parent/family-focused activities (for example, case management, family support, adult education on other topics)</td>
<td>HnB12b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Parent-child-focused activities (activities that are focused on the parent-child dyad, for example activities to enhance parent-child interactions or the parent-child relationship)</td>
<td>HnB12c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Staff-family relationship-building activities (building staff-family relationships, for example through general conversation, other activities)</td>
<td>HnB12d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Crisis management activities (activities focused on meeting emergent family or child needs)</td>
<td>HnB12e</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL (SHOULD EQUAL 100%)

13. Overall quality of the home visit

Based on the content of the visit and the quality of the relationship/interactions between parent and HV, please provide an overall rating of the quality of the home visit from 1 to 5.

HnB13

(CIRCLE RATING)

1 2 3 4 5
Poor Good Excellent

C. End of Visit

1. At the end of the home visit, ask for a copy of the HV’s lesson plan for the visit if she has one. Ask the HV the following questions:

On a scale of 1 to 5, with 1 as not well aligned and 5 as very well aligned, how well aligned was the home visit with what you planned to accomplish during the visit?

(CIRCLE RATING)

1 2 3 4 5
Not well aligned Very well aligned

b. If less than 5, why not? (example might be, family crisis, sick child, mother not engaged in the topic, other).

CHECK ALL THAT APPLY

□ a. Family crisis
□ b. Sick child or parent
□ c. Mother or child not engaged in activity
□ d. Space constraints
□ e. Mother interested in another topic
□ f. Presence of other people limited mother’s responses
□ g. Other (Specify):

___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

HnC01a a. □

HnC01b 1- HnC01b 7