Frequently Asked Questions for Virtual Home Visits During the COVID-19 Pandemic--Illinois

This Frequently Asked Questions document was prepared by the Maternal Infant and Early Childhood Home Visiting (MIECHV) program and the Illinois Department of Human Services. It was last updated on 3/31/2020.

Thank you for continuing to observe the Governor’s Stay-at-Home Order. Throughout the COVID-19 pandemic, practicing strong prevention strategies and social distancing measures will be key to minimizing community impact. Additional guidance and valuable resources can be found on the Centers for Disease Control and Prevention (CDC) website.

Frequently Asked Questions about Virtual Home Visits

How do I secure or obtain consents from families?

- Follow your organization’s policies and procedures for obtaining verbal consents. Some examples are included below.
  - Mail consent forms to families and have them return the signed form by mail or by sending a photo of the signed form.
  - Asking home visitors to write on the consent the day, time, and person who verbally consented, such as “Jane Smith verbal consent 3/27/20 @ 2:10.” Then, when they can see the family in person, they will bring the same form and have the participant physically sign and put the new date.

How closely does the home visit have to align with the curriculum and or the family’s goals?

- While it is important to try to have a “typical” home visit, the focus of the visit may shift if the family is experiencing impacts of COVID-19. As always, home visits should be responsive to the needs of families.

Does the virtual home visit have to be the same length as a regular home visit?

- In general, it is a good idea for the visit to be a similar length as an in-person visit. Of course, with this unusual service delivery, there may be situations where visit time can be shortened.

What do we do about enrolling new families?

- It might be difficult to enroll new families at this time. This may impact timeframes for enrollment screenings and assessments. Document clearly in each family’s record when COVID-19 restrictions impacted the typical enrollment process and timelines.
• Relationship building and information gathering with new families should simulate—as best as possible—the process as it occurs during the first in-person meeting with a participant. Challenges related to the completion of participant screens must be documented in both data collection and supervision records, respectively.

What about ongoing screenings and assessments?

• Administering the ASQ, ASQ SE, depression screens and other tools may not be realistic during virtual visits. Screenings for Intimate Partner Violence (IPV) may not be safe virtually. If you are unsure how to address IPV in the current environment, consult with your supervisor.
• Be sure to document in the family record if a planned screening is missed. Once in-person visits are re-established—if feasible—conduct the missed screening rather than waiting to the next scheduled screening date. Then, get back on the regular schedule once the next screening date occurs.

What about establishing and tracking family goals?

• The expectations for establishing and monitoring goals may be impacted by the lack of in-person visits. However, it may be possible to work on current goals in a modified fashion or “suspend” a current goal and set a new goal. The new goal might be something that the parent would like to work on in response to the current COVID-19 situation and how it has impacted their life and family routines.

A parent I work with is in extreme crisis mode, what can I do?

• Follow your agency and program model guidance for assisting a family in this situation. Provide appropriate referrals, if available/possible. However, virtual visits are not intended to address emergency or life-threatening situations and should not be used in such scenarios. If warranted, contact emergency responders.

Families are stressed and overwhelmed as are some staff, what can I do?

• Fear and anxiety about COVID-19 can be overwhelming and cause strong emotions in adults and children. Coping with this stress can be difficult. As noted above, look to program model guidance and provide appropriate referrals, if available/possible. In addition, the CDC website has some valuable information on this topic.

Where can I go to connect with other early childhood professionals around COVID-19?

• In response to the many challenges presented to the Early Childhood (EC) field in the wake of COVID-19, the Early Childhood Connector (ECC) was launched to provide early childhood professionals and advocates with an online community to share resources and strategies and connect with one another around our shared work. Interested ECC members can discuss and reflect on problems of practice, share lessons learned from their organizations, and draw on collective expertise in order to support families, programs, communities, and states.

The Governor’s Office of Early Childhood Development (GOECD) website is gathering resources for early childhood program providers and families with young children in Illinois. The Shriver Center for Poverty is also updating a list of COVID-19 resources for individuals and families in Illinois.
THANK YOU FOR ALL YOU DO TO SUPPORT ILLINOIS FAMILIES—YOU ARE APPRECIATED!