

OMB No.: 0970-0402

Expiration Date:



## Mother and Infant Home Visiting Program Evaluation

### MIHOPE-K

# VIDEOTAPED CAREGIVER-CHILD INTERACTION: VISIT PROTOCOL

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0402. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

*April 2018*

Client MPR ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of interview: |\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|\_|\_|\_|  
Month Day Year

FIELD INTERVIEWER ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**Note:** At this point respondents will have already heard the OMB introduction language. See SSA Attachment 2 – MIHOPE – K Direct assessments of children for this language.

1. GENERAL INTRODUCTION.

SAY TO CAREGIVER: **Next, I am going to video-record you and [CHILD] playing with some toys. As a reminder all the materials have been cleaned before this visit.**

**Once we start, I'd like to complete the activity without interruptions. It will take about 15 minutes. If you or [CHILD] need a break, now would be a good time. Also, I would like for you to silence your cell phone ringer or turn off your phone for the next 15 minutes. Can you please do that now?**

PAUSE TO ALLOW CAREGIVER TO SILENCE/TURN OFF PHONE.

**If you have a land line and it rings in the next 15 minutes, I ask that you let the call go to voicemail. If someone rings the doorbell, I would appreciate if someone else took care of it, or, if you wouldn't mind, I could answer it. Is that OK?**

IF OTHER FAMILY MEMBERS ARE PRESENT, ADD:

**Could you please let the other people in the [house/apartment] know that you'll need some time now without interruptions? If you wouldn't mind, if any family members forget and come into this area while we are recording, I will ask them to leave so that you are not interrupted.**

**Please give me a few minutes to set up.**

START OF THE TASK

1. TURN ON THE CAMERA AND START RECORDING.
2. SAY TO CAREGIVER: **First, I need to record your ID number.**

RECORD SIGNBOARD – LOCATED ON THE BACK OF THIS RECORD FORM  
HOLD THE SIGNBOARD IN FRONT OF THE CAMERA, CHECK THAT IT IS  
READABLE. READ THE SIGNBOARD ALOUD AND RECORD IT FOR 15 SECONDS.

3. SAY TO CAREGIVER: **Please sit next to [CHILD] on the mat, facing the camera. This activity will take about 15 minutes. Before we begin, let me read you the instructions.** READ TASK GENERAL INSTRUCTIONS. **I am video-recording so please face the camera and try to stay on the mat. I will let you know when the play time is over. Do you have any questions?**
4. CONTINUE RECORDING. ADJUST CAMERA FRAMING AS NEEDED SO THE CAREGIVER, CHLD, AND MATERIALS ARE IN THE FRAME.
5. CHECK THAT STOPWATCH IS SET FOR 15-MINUTE COUNTDOWN.  
SAY TO THE CAREGIVER: **You can begin now.**  
START THE STOPWATCH.  
CHECK FRAMING AND AUDIO INTEGRITY THROUGHOUT THE ACTIVITY.

6. AT THE END OF 15 MINUTES, SAY: **That is the end of this activity. Now I'm going to ask you to do something else.**

7. STOP THE CAMERA.

RECORD THE FOLLOWING INFORMATION:

TB1. Were other family members present in the room during the videotaped interaction?

NO.....0

YES.....1

IF YES, SPECIFY RELATIONSHIP(S) TO FOCAL CHILD:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

TB2. What language(s) did the caregiver and/or child use during the videotaped interaction?

MARK ALL THAT APPLY

ENGLISH.....1

SPANISH.....2

OTHER.....3

IF OTHER, PLEASE INDICATE LANGUAGES USED:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_