

Healthy Families New York

Quarterly Report Data Checklist

(this is aligned with quarterly report submission guidelines given to programs and located on HFNY website).

Agency/Program name _____

Healthy Families Contract # _____

OCFS Program Contract Manager _____

Quarter: 1st 2nd 3rd 4th Date of review _____

Data Report Title (from MIS)	MIS Tab	Data report pages to be sent	√= data received X= data not submitted
Home Visits Log Summary	Quarterlies	All pages	
Program Information for 8 quarters (Quarterly Program Summary)	Quarterlies	All pages	
4-2.B HFA Home Visit Completion Rate Analysis-Summary	Accreditation	All pages	
Performance Targets for 4 Quarters (last 4 quarters including the quarter they're reporting on)	Quarterlies	All pages	
Elapsed Times Between Key Dates (if there are significant time lapses b/t key enrollment dates, programs should speak to this in their quarterly report narratives)	Analysis	Last page only	
1-4.A & B Acceptance Rate and Analysis	Accreditation	All pages	
Capacity Building	Analysis	All pages	

NOTE: √ = data received, X= data missing/not submitted

Revised 9/3/19