**Agency Name:**

**Contract Numbers: State Contract-**

 **MIECHV Contract-**

**Name of Person Completing Form:**

**QUARTERLY REPORT**

**NARRATIVE1**

[ ]  **1ST** [ ]  **2ND** [ ]  **3RD** [ ]  **4TH**

**DATES COVERED BY THE REPORT: Select Date to** Select Date

**Data Report Attached** [ ]  **Yes** [ ]  **No**

**STAFF RECRUIMENT & RETENTION**

*(BPS Standard 9.4, 9.3B) (CA Standard Q4.7, Q4.6, Q4.5)*

Who left the program when and reasons why (include some details to indicate reason)? If applicable, what did program do to address reason(s) staff left? How long does program anticipate this position will be vacant? (Reminder: Prior approval is required by Central Administration for all program managers and for program supervisors that do not meet the HFA standard.)

Click or tap here to enter text.

What strategies/activities did the program use to recruit and retain staff? (i.e. how the open position is advertised, team building activities, wellness events, etc.….)

Click or tap here to enter text.

Who was hired, when, for what position? date the criminal background check occurred.

Click or tap here to enter text.

The impact this turnover has had on the program (i.e. utilization, caseload, case weight, families on TR (as a result), # of parent surveys completed, home visit achievement)

Click or tap here to enter text.

Vacancies/staff on extended leave this quarter

Click or tap here to enter text.

Team building activities implemented this quarter

Click or tap here to enter text.

**TRAINING & STAFF DEVELOPMENT**

*(BPS Standard 10, 11, 12.C, 12.3B, 12.4B) (CA Standard Q4.5)*

Summarize training needs met this quarter (i.e. CORE, Wrap-around, annual reporting of child abuse and neglect training, cultural humility training, etc.….)

Click or tap here to enter text.

Current unmet training needs (PSQ-9, ASQ, CORE, etc.…)

Click or tap here to enter text.

Reasons that contributed to unmet training needs

Click or tap here to enter text.

Please summarize any opportunities that were made available this quarter for professional development of staff (FSS, FRS, Supervisors, Program Manager).

Click or tap here to enter text.

**QUALITY ASSURANCE/MANAGEMENT ACTIVITIES**

*(BPS Standard 12.1B) (CA Standard Q4.6)*

Summarize activities used to determine the level of quality of services provided (i.e. Participant surveys, observations, file review, staff surveys, inter-rater reliability, QA phone calls, case record/binder review, supervision notes reviewed, etc.….).

Click or tap here to enter text.

Did direct staff receive weekly supervision? [ ]  **Yes** [ ]  **No**

Did supervisory staff receive required supervision? [ ]  **Yes** [ ]  **No**

If applicable, challenges meeting weekly/monthly supervision.

Click or tap here to enter text.

Forms/tracking mechanisms revised or developed.

Click or tap here to enter text.

Summarize technical assistance/support recieved during the quarter to ensure model fidelity. (i.e. TA on CHEERS, webinars, TA that was obtained independently or with Central Administration support, etc.)

Click or tap here to enter text.

**FATHER ENGAGEMENT** (Please refer to FRS Monthly report and Aggregate Counts report in MIS to gather data for this section).

Number of fathers or father figures involved in parent surveys this quarter.

Click or tap here to enter text.

Number of fathers or father figures involved in home visits this quarter.

Click or tap here to enter text.

What barriers to fatherhood engagement were identified this quarter?

Click or tap here to enter text.

Summarize outcomes of activities implemented to increase fatherhood engagement this quarter (fatherhood conference calls, activities, family events, trainings, etc.).

Click or tap here to enter text.

**PROGRAM OUTREACH & ENGAGEMENT ACTIVITIES**

*(BPS Standard 1.1.B-1.4A )*

All outreach efforts to referral sources including building, strengthening, and sustaining the coordination of home visiting within the larger community of perinatal and early childhood service systems (i.e. tabling, presentations, health fairs, etc.).

Click or tap here to enter text.

New referral source connections made this quarter.

Click or tap here to enter text.

Partnerships developed (formal and informal) including any steps taken towards a coordinated intake and referral system with other home visiting programs (if applicable).

Click or tap here to enter text.

Signed agreements, MOU’s sent to OCFS. [ ]  **Yes** [ ]  **No**

Notable changes regarding screenings this quarter.

Click or tap here to enter text.

**PROGRAM UTILIZATION AND PARTICIPANT RECRUITMENT**

*(BPS Standard 1.2C, 2.2C, 1.3B, 3.4A,) (CA Standard Q4.1, Q4.2)*

How many participants are currently enrolled in the program this quarter?

Click or tap here to enter text.

If not meeting the number stated in the contract(s) this quarter, why and what is your plan to increase the number of participants in the program. Please comment on # of screens, # of assessments, acceptance and retention rates.

Click or tap here to enter text.

Based on data in Length of Time Between Key Pre-Enrollment Dates report (from MIS), are there large time lapses between key enrollment dates? If so, what strategies might help decrease lapses?

Click or tap here to enter text.

Activities to recruit & retain participants (i.e. baby showers, street outreach, materials distributed such as curriculum or diapers, incentives, etc.)

Click or tap here to enter text.

Who is not engaging in your program? (referring to acceptance rate and analysis report will be helpful in gathering this information).

Steps toward universal screening (reaching pregnant families & parents of newborns in program’s target area).

Click or tap here to enter text.

**PROGRESS/BARRIERS TO REACHING PERFORMANCE TARGETS AND INDICATORS**

*(BPS Standard 4.2B) (CA Standard Q4.6)*

Based on the last performance indicators from CHSR, what improvements in performance indicators have occurred? What actions did you take to accomplish this? (Please write out performance indicators.)

Click or tap here to enter text.

Based on data in the Home Visit Log Summary report (from MIS), what aspects of home visiting are thriving in your program? What aspects can be strengthened in your program?

Click or tap here to enter text.

Explanations to why specific performance targets were not met. (Please write out performance targets.)

Click or tap here to enter text.

Model fidelity (the extent to which your program delivers services that align with HFA BPS’), Where does your program succeed? What areas need to be strengthened? (i.e. unmet performance indicators, etc.)

Click or tap here to enter text.

How does your program address or plan to address these challenges?

Click or tap here to enter text.

**FUNDING, PUBLIC RELATIONS & COMMUNITY SYSTEMS**

Participation on Task Force Committees.

Click or tap here to enter text.

Date of most recent Advisory Board Meeting Select Date

Meeting Minutes emailed to OCFS program manager? [ ]  **Yes** [ ]  **No**

Social media presence (social media, web presence, press articles).

Click or tap here to enter text.

Grants applied for and/or received and it’s interface with the Healthy Families Grant.

Click or tap here to enter text.

Community contributions to program?

Click or tap here to enter text.

Available funding in the community.

Click or tap here to enter text.

**PROGRAM ENRICHMENT**

Follow up/progress with items noted in Program Improvement Plan (PIP) from the most recent OCFS site visit report and/or from most recent PCANY QA observations and visits.

Click or tap here to enter text.

Progress on activities noted in previous quarterly report

Was program’s ASR presented to its advisory board? [ ]  **Yes** [ ]  **No**

Date presented- Select Date

Please include feedback/suggestions received from your advisory board.

Click or tap here to enter text.

**PLANS FOR NEXT QUARTER (with regard to challenges identified this quarter)**

Click or tap here to enter text.

**OTHER PROGRAM ACCOMPLISHMENTS and UPCOMING EVENTS (optional)**

Click or tap here to enter text.

***ALL FIELDS ARE REQUIRED TO BE FILLED PRIOR TO SUBMISSION OF DOCUMENT***

***Please refer to “Quarterly Report Guidelines for Data Reports” document in MIS for more detailed information on how to analyze data reports referenced.***