# **Healthy Families New York**

# **Quarterly Report Data Checklist**

**Agency/Program name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Healthy Families Contract #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OCFS Program Contract Manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quarter: 1st 2nd 3rd 4th Date of review** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Report Title** | **Report Catalog tab** | **Pages to include** | **√= data received**  **Χ= data not submitted** |
| Home Visit Log Summary | Quarterlies | All |  |
| **4-2.B** HFA Home Visiting Completion Rate Analysis- Summary | Accreditation | All |  |
| Performance Targets for 4 Quarters | Quarterlies | All |  |
| **1-1.C** Referral Source Outcome Summary Report | Accreditation | All |  |
| **1-2.B** Initial Engagement Process Report | Accreditation | First Page |  |
| **1-4.A and B** Acceptance Rate and Analysis (One-Step) . Use default dates, If the start date is prior to 11/15/2022 you will need to run the two-step report up until 11/14/2022. Run the one step with a start date of 11/15/2022. Please review SLM Annual Service Review-Acceptance and Retention Analyses presentation on HFNY website for more details. | Accreditation | All |  |
| Capacity Building (One-Step) | Analysis | All |  |
| **12-1.B** Regularly scheduled and Protected Supervision – Summary (Site Option) | Accreditation | All |  |

**NOTE**: √ = data received, Χ= data missing/not submitted Revised 7/24/2023