# TRIBAL MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

### FORM 4

## **QUARTERLY PERFORMANCE REPORTING FORM**

U.S. Department of Health and Human Services Administration for Children and Families

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is TBD. Public reporting burden for this collection of information is estimated to average 24 hours per response for Section A including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Children and Families (ACF) Reports Clearance Officer, Mary E Switzer Building, 300 C Street, SW Washington, DC 20201.

#### TRIBAL HOME VISITING REPORTING SYSTEM FORM: Tribal MIECHV Quarterly Data

Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grantees are required to submit the information outlined below on a quarterly basis.

Quarterly reporting periods are defined as follows. Reports are due 30 days after the end of each reporting period:

- Q1 October 1-December 31;
- Q2 January 1-March 31;
- Q3 April 1-June 30;
- Q4 July 1-September 30

Definitions for key	terms are included in	Appendix A. Ple	ease carefully co	nsult key term	definitions before	completing this f	lorm.

Grant Number(s): _		 
Section A:		

**Table A.1: Program Capacity** 

Column A	Column B	Column C	Column D	Column E
Number of New	Number of	<b>Current Caseload</b>	Maximum Service	Capacity
Households	Continuing	(A+B)	Capacity	Percentage (C÷D)
Enrolled	Households	(Auto-Calculate)		(Auto-Calculate)

**Table A.2: Family Engagement** 

Column A	Column B	Column C	Column D	Column E	Column F
Number of Households Currently Receiving Services	Number of Households who Completed Program	Number of Households who Stopped Services Before Completion	Other	Total (A+B+C+D) (Auto-Calculate)	Attrition Rate (C÷E) (Auto-Calculate)

### **Table A.3: Place-Based Services**

Add a row for each additional community served during the reporting period.

Column A	Column B	Column C
Community	Zip Codes within	Number of
	Community	Households Served
Total		Sum of Column C
		(all rows)

**Visitors** (Headcount

**Table A.4.1: Staff Recruitment and Retention** 

	T						T	
Column A	Column B	Column C	Column D	Column E	Column F	Column	Column H	Column I
						G		
Number of	Number of	Number of	Number of	Number of	Number of	Number	Number of	Number
New FTE	Continuing	FTE	New FTE	Continuing	FTE	of New	Continuing	of FTE
MIECHV	FTE	MIECHV	MIECHV	FTE	MIECHV	FTE	FTE	MIECHV
Home	MIECHV	Home	Supervisor	MIECHV	Supervisors	MIECHV	MIECHV	Other
Visitors	Home	Visitors	s	Supervisors	(D+E)	Other	Other	Staff
	Visitors	(A+B)		_	(Auto-	Staff	Staff	(G+H)
		(Auto-			Calculate)			(Auto-
		Calculate)			Í			Calculate)
		,						,
Column J	Column K	Column L						
Total	Total	Total						
Number of	Number of	Number of						
MIECHV	MIECHV	MIECHV						
Home	Supervisors	Other Staff						
Visitors	(Headcount)	(Headcount)						
	` ′	` ′						

**Table A.4.2: Staff Vacancies** 

Column	Column B	Column C	Column D
A			
Number	Number of	Number of	Number of
of Vacant	Vacant	Vacant	FTE
FTE	FTE	FTE	MIECHV
MIECHV	MIECHV	MIECHV	Staff
Home	Supervisors	Other Staff	Vacancies
Visitors	_		(A+B+C)
			(Auto-
			Calculate)

Notes				

#### **Appendix A: Definitions of Key Terms**

**Capacity Percentage:** Capacity percentage is a calculated indicator that results from dividing the current caseload by the maximum service capacity and multiplying by 100.

**Community:** A community is a geographically distinct area that is defined by the Tribal MIECHV grantee. Communities should be areas that hold local salience and can be defined as a neighborhood, town, city, or other geographic area. Services provided within a particular community should be distinguishable from other communities.

**Completed Program:** The number of households who completed the program refers to families who have completed the program or transitioned to another program according to home visiting model-specific definitions and criteria during the quarterly reporting period.

**Continuing Household:** A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the quarterly reporting period and continues enrollment through the reporting period. The household may include multiple caregivers depending on model-specific definitions.

**Continuing FTE Home Visitor/Supervisor/Other Staff:** A full time equivalent home visitor(s)/supervisor(s)/other staff who was employed by a contracted local implementing agency in the previous quarterly reporting period. Grantees should only report the proportion of the FTE is that is supported by MIECHV grant funds.

**Current Caseload:** The number of households actively enrolled at the end of the quarterly reporting period. All members of one household represent a single caseload slot.

**Currently Receiving Services:** The number of households currently receiving services refers to households that are participating in services at the end of the quarterly reporting period.

**Maximum Service Capacity:** The highest number of households that could potentially be enrolled at the end of the quarterly reporting period if the program were operating with a full complement of hired and trained home visitors.

Note: The maximum service capacity is equivalent to the caseload of family slots indicated in your Notice of Award.

**Caseload of Family Slots**: The highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. Family slots are those enrollment slots served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid

for with MIECHV funding. All members of one family or household represent a single caseload slot. The count of slots should be distinguished from the cumulative number of enrolled families during the grant period. It is known that the caseload of family slots may vary by federal fiscal year pending variation in available funding in each fiscal year. Applicants should remember that inability to meet proposed caseloads may result in deobligated funds, which may impact future funding.

**New Household:** A household, including a pregnant woman, female caregiver, and/or male caregiver who signs up to participate in the home visiting program at any time during the quarterly reporting period and continues enrollment through the reporting period. The household may include multiple caregivers depending on model-specific definitions.

**New FTE Home Visitors/Supervisors/Other Staff:** A full time equivalent home visitor(s)/supervisor(s)/other staff who begins employment with a contracted local implementing agency during the quarterly reporting period. Grantees should only report the proportion of the FTE that is supported by MIECHV grant funds.

**Stopped Services before Completion:** The number of households who stopped services before completion refers to households who left the program or were lost to follow-up for any reason prior to completion.