THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

FORM 4

QUARTERLY PERFORMANCE REPORT

Public Burden Statement: The purpose of this collection is to collect quarterly performance measures from Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardees. HRSA will use the proposed information to demonstrate program accountability and quarterly monitor and provide oversight to MIECHV Program awardees. The information will also be used to provide quality improvement guidance and technical assistance to awardees and help inform the development of early childhood systems at the national, state, and local level. 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 information collection is 0915-0017 and it is valid until 09/30/2029. This information collection is required to obtain or retain a benefit (42 U.S.C. 701). Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 35 hours per response, 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 HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.

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

Quarterly reporting periods are defined as follows. Reports are due 45 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

Please carefully review Definitions of Key Terms before completing this form.

Section A:

Table A.1: Program Capacity

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

Table A.2: Staff Recruitment and Retention

Column A	Column B	Column C
Number of FTE MIECHV Home Visitors	**Number of FTE MIECHV Supervisors**	**Number of FTE MIECHV Other Staff**

Notes:

DEFINITIONS OF KEY TERMS

Table Number	Field	Key Terms Requiring Definitions
A.1	**Program Capacity**	**New Household:** A household, including a pregnant woman and/or caregiver, who signs up to participate in the home visiting program at any time during the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions. **Continuing Household:** A household, including a pregnant woman and/or caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions. **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. **Maximum Service Capacity:** The highest number of households that could be enrolled at the end of the quarterly reporting period if the program were fully staffed with trained home visitors Note: The maximum service capacity is equivalent to the caseload of family slots approved by HRSA **Caseload of Family Slots:** The caseload of MIECHV family slots (related to maximum service capacity) is the highest number of families (or households) that could be enrolled if the program were fully staffed with trained home visitors. One caseload slot includes all members of one MIECHV family or household. The number of slots should be separate from the cumulative number of enrolled families during the reporting period. Family slots are the enrollment slots identified as MIECHV in accordance with the identified enrollment method of the awardee. **Capacity Percentage:** Capacity percentage is a calculated indicator that results from dividing the current caseload by the maximum service capacity and multiplying by 100.
A.2	**Staffing**	**Full Time Equivalent Home Visitor/Supervisor/Other Staff:** A full time equivalent home visitor(s)/supervisor(s)/other staff who is employed with a contracted local implementing agency at the end of the quarterly reporting period. Awardees should only report the proportion of the FTE that is supported by MIECHV grant funds. For example, a 1.0 FTE staff member who is supported at 30% through MIECHV funds and 70% through other funds would be reported as a 0.3 FTE for the purposes of the table.