**Maternal Infant & Early Childhood Home Visiting (MIECHV) - LCA Quarterly Reporting Form**

**Section One: Program Identification**

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| Name of Local Coordinating Agency (LCA):       |
| Quarter Ending:       | Year:       | Date:       |
| Name of and phone number for the person completing the Report:       |

**Section Two: Home Visiting Network**

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| **HVN1** | Describe activities related to and progress of the development of a coordinated home visiting referral process among all home visiting service providers in the community. |       |
| **HVN2** | List collaborative activities between the Home Visiting Network (HVN) other early learning partners. Please specify the outcomes. |       |
| **HVN3** | List collaborative activities between the HVN and Coordinated Care Organizations (CCOs). Please specify results. |       |
| **HVN4** | Identify opportunities to further HVN and early learning or health care partner collaborations. |       |
| **HVN5** | Describe your efforts and progress toward involving parents as leaders in the HVN. |       |
| **HVN5** | On what key issue(s) has the local HVN focused during the quarter? |       |
| **HVN6** | Describe progress toward the establishment of policies, environments and systems that support the HVN.  |       |
| **HVN7** | Describe coordination with state home visiting partners to develop and sustain local and state infrastructure for home visiting. |       |
| **HVN8** | Describe efforts to foster communication and educate stakeholders, partners and community leaders regarding the HVN. |       |
| **HVN9** | List any special events in which your home visiting network has participated over the last month (e.g. state conferences, county/community fairs, clinics, etc) |       |
| **HVN10** | List any other key accomplishments (not otherwise noted above) for the previous month. |       |
| **HVN11** | Please share additional areas of concern that have emerged over the previous month that are not already stated. |       |

**Section Three: Family Partnership and Leadership**

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| **FPL.1** | List project objective |       |
| **FPL.2** | Identify key activities |       |
| **FPL.3** | Describe progress in accomplishing the activities and meeting the objective |       |
| **FPL.4** | Describe challenges in accomplishing the activities and meeting the objective and what adjustments have been made to achieve success |       |

**Section Four: Support:** *Please**specify what TA or support is necessary and when it is needed.*

Please list support, including TA, needed from the state to support these activities.

**Section Five: Financial Report:** *Attach the invoice* ***or*** *identify the date it will be submitted and by whom.*