



Harbor Corridor Best Babies Collaborative

Partner: _____ Monthly Report: _____

I. Prenatal and Postpartum tracking (Please provide narrative below)

# Monthly Deliveries	
C-Section	
Vaginal	
# of low birth weight babies delivered	
# of Postpartum Check ups	
# of women screened for Post Partum Depression	
# of Well Baby Visits	

Narrative:

II. Outreach/Health Education Activities (include date of the event, type of outreach/classes conducted and number participants) attach sign in sheet

Date	Location	Topic/Health Education	Outreach Contacts	# of people reached	Zip Code

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Total Number of...

Presentations	
Follow-Up Calls	
Faxes	
Emails	
1:1 (one on one's)	
# of Women receiving Insurance Enrollment services	
# of Women who lost their Insurance after pregnancy	

Narrative:

III. Program Activities (include any programming and/or implementation of program activities)

IV. Program Outcomes (include any referrals made, progress of program activities, obstacles/challenges encountered)

Referrals made

Within BBC	Within Agency	Outside BBC

Narrative:

V. Client Stories (Please describe successes and/challenges for working with particular client what obstacles did you help them over come and how?)

VI. Case Manage client progress of goal updates.

Monthly Totals

Case Management (unduplicated)	
Interconception Care	
Care Coordination	

Narrative:

VII. Staff Development (include any staff trainings pertaining to this project and position)

VIII. Please discuss your individual quality improvement plan (area's of improvement needed have been defined by monthly progress report provided by the lead agency.)

- All corresponding backup been submitted to lead agency
- Monthly invoice been submitted to lead agency.
- All data has been entered into the DCAR system

Signature: _____ Date: _____