



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

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**Periodic Performance Report (PPR) Instructions**

The Periodic Performance Report (PPR) is a standard, uniform statewide performance progress reporting format used by all state agencies to collect performance information from recipients of state grant awards. Unless statutorily exempt as documented in the Catalog of State Financial Assistance and the Grant Agreement (UGA), all grant awards are subject to periodic performance reporting.

General instructions for completing the PPR are contained below. **PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE PPR.** Please contact the state agency's points of contact specified in the "State Agency Contacts" section of your UGA if additional support is needed completing the PPR.

If the UGA specifies an alternative file or external database for grant performance reporting, the grantee should mark the shaded box in the PPR accordingly. In the *File Name or Database Source* field, enter the name of the alternative file or database utilized. The grantee is not required to complete Sections 14 - 22 if the information is provided in an alternative format specified in the UGA.

**Report Submission**

1. The grantee must submit the PPR cover page and any forms required by the awarding state agency as specified in the UGA.
2. The PPR must be submitted to the attention of the state agency's points of contact specified in the "State Agency Contacts" section of your UGA in accordance with the requirements established in the award document.
3. If additional space is needed to support the PPR, supplemental pages should be attached. As indicated on the PPR, responses to Sections 14 - 22 may be provided in a separate format. If additional pages are provided, the pages should be numbered and must reference:
  - a. Grant number
  - b. Grantee organization
  - c. DUNS number
  - d. FEIN
  - e. Period covered by the PPR

**Reporting Requirements**

1. Unless statutorily exempt as documented in the Catalog of State Financial Assistance and the UGA, all grant awards are required to submit a PPR in accordance with the terms established in the UGA.
2. The frequency of the PPR is specified in the Notice of Funding Opportunity (NOFO) and the UGA. The PPR must be submitted within the specified time frames. A submittal will be considered "late" if it is more than 15 calendar days past the due date or the date specified by the State agency's JCAR Rules (including approved extensions.)
3. Under the terms of the Grant Funds Recovery Act (30 ILCS 705/4.1), "Grantor agencies may withhold or suspend the distribution of grant funds for failure to file requirement reports." If the report of more than 30 calendar days delinquent, without any approved written explanation by the grantee, the entity will be placed on the Illinois Stop Payment List. (Refer to the Grantee Compliance Enforcement System for detail about the Illinois Stop Payment List: <https://www.illinois.gov/sites/GATA/Pages/ResourceLibrary.aspx>.)
4. A final PPR shall be required at the completion of the grant award. For final PPRs, the reporting period end date shall be the end date of the project / grant period.



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

Section	Data Element	Section Instruction for PPR
1	<i>Grantee Name (per UGA)</i>	Enter the name of the grantee exactly as stated in the UGA.
2	<i>Grant Number</i>	Enter the number assigned by the awarding state agency; Grant Number specified in the UGA.
3	<i>Grantee DUNS</i>	Enter the grantee's Dun and Bradstreet number.
4	<i>CSFA Number</i>	Enter the number assigned to the program through the Catalog of State Financial Assistance.
5	<i>Grantee FEIN</i>	Enter the grantee's Federal Employer Identification Number provided by the Internal Revenue Service.
6	<i>Program Name (per UGA)</i>	Enter the program name exactly as stated in the UGA.
7	<i>CFDA Number(s)</i>	Enter the Catalog of Federal Domestic Assistance (CFDA) number(s) as stated in the UGA. If the program is funded by more than one CFDA, list each CFDA number.
8	<i>State Agency (Grantor)</i>	Enter the name of the state agency awarding the grant as identified in the UGA.
9	<i>Agreement Period</i>	Enter the agreement period established in the Grant Agreement. This may span multiple years, based on the terms of the UGA.
10	<i>Report Period End Date</i>	Enter the ending date of the reporting period. The reporting periods are specified in the UGA.
11	<i>Final Report?</i>	Mark appropriate box. Check "yes" only if this is the final or last PPR for the Agreement Period specified in Section 9.
12	<i>Report Frequency</i>	Select the appropriate term corresponding to the requirements specified in the UGA. "Other" may be used when a different reporting schedule is required due to Specific Conditions. State the frequency as state in the UGA Specific Conditions.
13	<i>Prepared Date:</i>	Enter date the PPR was prepared by the grantee.
<b>Responses to Sections 14 - 22 may be provided in a separate format.</b> <b>All grantees must complete Section 23.</b>		
14	<i>Deliverable (if applicable)</i>	<p>List all high-level deliverables required <a href="#">under the current, approved UGA</a>. Enter one Deliverable per row.</p> <p style="margin-left: 40px;">- Examples of Deliverables could include:</p> <ul style="list-style-type: none"> <li>o Provide IT training</li> <li>o Purchase equipment</li> <li>o Hire contractors</li> <li>o Conduct workshop</li> <li>o Submit document</li> </ul> <p>As delineated in the UGA, "Deliverables" are not "Performance Measures." Performance Measures are addressed in Section 18 - 22.</p> <p>Grantees are not required to report on deliverables that were due and <u>completed</u> in prior reporting periods.</p>
15	<i>Due Date</i>	Per the <a href="#">current, approved UGA</a> , enter the Due Date for the corresponding Deliverable. This date may fall outside the time frame of the current PPR.
16	<i>Date Completed</i>	Enter the date the Deliverable task was completed. If the task has not yet been completed, leave this cell blank.



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

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17	<i>Deliverable Explanation</i>	<p>Briefly explain progress towards meeting the Deliverable to inform the awarding agency of challenges and successes. If additional space is needed, attach a supporting narrative.</p> <p>A description of the challenges and plans for overcome <b>must</b> be provided if:</p> <ul style="list-style-type: none"> <li>- Deliverable was completed after the Due Date,</li> <li>- Deliverable is not completed and the Due Date has passed, or</li> <li>- Grantee anticipates the Deliverable will not be completed by a future Due Date.</li> </ul> <p>If the grantee is on pace to complete a Deliverable that comes due after the reporting period, the grantee should, at a minimum, enter "On schedule" in Section 17.</p>
18	<i>Performance Measures</i>	Enter all Performance Measures required in Exhibit E of under the <u>current, approved</u> UGA. Enter one Performance Measure per row.
19	<i>Performance Standard/Frequency</i>	<p>Based on the <u>current, approved</u> UGA, enter the Performance Standard (or target) for the corresponding Performance Measure and the reporting frequency (annual/quarterly/monthly/etc.) based on Exhibit F of the Grant Agreement.</p> <ul style="list-style-type: none"> <li>- Examples of Performance Standards/Frequency could include: <ul style="list-style-type: none"> <li>o 1,000 Persons Trained/quarter</li> <li>o \$250,000 capital leveraged/year</li> <li>o 500 Patients Rehabilitated/month</li> </ul> </li> </ul> <p>If the Performance Standard fluctuates over time per the UGA, the Standard listed should apply to the specific report period.</p>
20	<i>Results/Accomplishments in Reporting Period</i>	Based on the <u>current, approved</u> UGA, enter the actual results for the corresponding Performance Measure for the specific report period.
21	<i>Required (R) or Inform Only (IO)</i>	<p>Based on the <u>current, approved</u> UGA, indicate whether the performance standard in Section 19 is a grant "requirement."</p> <ul style="list-style-type: none"> <li>- Enter "R" if meeting or exceeding the Performance Standard is necessary to satisfy grant terms. Failure to meet the Standard may indicate that the grantee in not in compliance.</li> <li>- Enter "IO" if the data is collected for programmatic or assessment purposes. Failure to meet an "IO" Performance Standard may not imply that the grantee is out of compliance.</li> </ul>
22	<i>Performance Explanation - Award to Date</i>	<p>Mark the appropriate check box based on whether or not <b>ALL</b> performance accomplishments are on schedule with performance standards.</p> <p>Section 22 is not limited to the reporting period. Responses are <u>award to date</u>.</p> <p>If any performance measure results / accomplishments (Section 20) are below the required standards (Section 19), an explanation <b>must</b> be provided to inform the awarding agency about the deviation. Consider internal and external factors that impact performance. Attach a supporting narrative if additional space is needed.</p> <p>Grantees are <i>encouraged</i> to highlight factors that enable grant performance to exceed performance standards.</p>



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

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<b>All grantees must complete Section 23.</b>		
23	<i>Performance Accomplishment Correlated to Reported Expenses</i>	<p>Federal Uniform Guidance requires periodic reporting to correlate performance and expenses within a report period. Correlation reporting focuses on the degree to which expended resources are effectively achieving anticipated outcomes.</p> <p>Determine if grant performance (service / outcomes) is on schedule with the anticipated timing of incurred grant expenditures / earnings per the terms of the UGA. Mark the appropriate box. Per the UGA, the award may have services / outcomes that occur at a different time than the expense. The award may be on schedule because it is expected that expenses and services / outcomes occur at different intervals.</p> <p>Grantees <b>must</b> provide an explanation if grant performance to-date does not correlate to the timing of incurred expenses / earnings per UGA terms. Attach a supporting narrative if additional space is needed.</p> <p>Grantees are <i>encouraged</i> to inform the awarding agency if internal or external factors are causing a better than anticipated correlation.</p>
<b>Grantee Certification / State Agency Acceptance</b>		
<i>Grantee Certification</i>		
Federal Uniform Guidance (2 CFR 200.415) requires an authorized grantee representative certify the accuracy of the information provided in the PPR.		
24	<i>Name and Title of Authorized Individual from Grantee Organization</i>	Enter the name and title of the grantee representative certifying the PPR. This individual must be authorized to represent the grantee in this capacity.
25	<i>Phone Number</i>	Enter the phone number of the grantee representative certifying the PPR.
26	<i>Email Address</i>	Enter the email address of the grantee representative certifying the PPR.
27	<i>Name and Title of State Agency PPR Approver</i>	Enter the name and title of the state agency representative authorized to approve the PPR.
28	<i>Date Received</i>	Enter the date the state agency representative received the PPR.
29	<i>Date Approved</i>	Enter the date the state agency representative approves the PPR.



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

**Report Transmittal**

1. Grantee Name (per UGA):		2. Grant Number:		3. Grantee DUNS:		
		4. CSFA Number:		5. Grantee FEIN:		
6. Program Name (per UGA):				7. CFDA Number(s):		
8. State Agency (Grantor): Illinois Department of Human Services - MIECHV Coordinated Intake (CI)						
9. Agreement Period:			10. Report Period End Date:			
Start Date (Month/Day/Year): 07/01/2024		End Date (Month/Day/Year): 06/30/2025		(Month/Day/Year):		
11. Final Report?		12. Report Frequency:		13. Prepared Date:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Other (specify):				
<p><b>Responses to Sections 14 - 22 may be provided in a separate format.          All grantees must complete Section 23.</b></p> <p><input type="checkbox"/> <b>Alternative file or database used.</b></p>						
<b>File Name or Database Source:</b>						
<b>14. Deliverable (if applicable):</b> (Separate line for each based on UGA)		<b>15. Due Date</b> (based on UGA)	<b>16. Date Completed</b>	<b>17. Deliverable Explanation:</b>		<b>Add - Delete</b>
1. Policies and procedures a. Develop or update Coordinated Intake policies and procedures manual within the first 6 months of the grant year. The manual should include the following: i. a Collaborative mission statement (Continued below)		Ongoing	Ongoing	Has your program developed or completed an annual update of a Coordinated Intake (CI) policies and procedures manual addressing all the items listed 1 a (listed on the left) within the first 6 months of the grant year? ____ Yes ____ No ____ In Progress If no or in progress, please explain Note: A copy of your manual will be requested in Quarter 3.		ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
1.a.ii. a clear communication plan outlining how CI makes referral decisions (which must refer to eligibility requirements of partner programs and protocol for when multiple programs are able to serve a family)	Ongoing	Ongoing	See answer for 1a. No need to enter answer here.	ADD DEL
1.a.iii. detailed flow charts that illustrate how referrals are processed through CI for each of the following referral sources: direct CI recruit; referral to CI from a community partner; referral to CI from a home visiting program;	Ongoing	Ongoing	See answer for 1a. No need to enter answer here.	ADD DEL
1.a.iv. process for connecting families to other available services when local home visiting programs have no openings	Ongoing	Ongoing	See answer for 1a. No need to enter answer here.	ADD DEL
1.a.v. process for following up with waiting list participants at least monthly to monitor availability of services and eligibility of participants	Ongoing	Ongoing	See answer for 1a. No need to enter answer here.	ADD DEL
1.a.vi. process for avoiding dual enrollment in more than one intensive home visiting program.	Ongoing	Ongoing	See answer for 1a. No need to enter answer here.	ADD DEL
1.a.vii. process for monitoring changes in local home visiting programs' eligibility criteria and incorporating changes into referral procedures	Ongoing	Ongoing	See answer for 1a. No need to enter answer here.	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
1.a.viii. expectation for all parties to respond to all referral sources (including follow-up inquiries) with the status of referrals and timeline for enrollment within 2 business days of receiving the referral or inquiry.	Ongoing	Ongoing	See answer for 1a. No need to enter answer here.	ADD DEL
1.a.ix. brief summary of the data system used to track the above1.a.	Ongoing	Ongoing	See answer for 1a. No need to enter answer here.	ADD DEL
1.a.x. a defined process for how aggregate referral data is shared with all collaborative partners in order to promote transparency	Ongoing	Ongoing	See answer for 1a. No need to enter answer here.	ADD DEL
1.a.xi. a back-up system used to complete and send referrals out in a timely way when the CI is absent.	Ongoing	Ongoing	See answer for 1a. No need to enter answer here.	ADD DEL
2. Hiring and compensation: a. Recruit, hire, and retain coordinated intake workers who mirror the cultural, ethnic, and linguistic characteristics of the families served.	Ongoing	Ongoing	Describe to what extent your program's CI workforce reflects the population served (in terms of race, ethnicity, primary language, and other characteristics). Describe hiring plans (whenever vacancies occur) to ensure staff reflect the population served:	ADD DEL
2.b. Fill any staff vacancies without delay.	Ongoing	Ongoing	Describe your process for ensuring timely posting and filling of vacant positions:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
2.c. Assure that all coordinated intake workers and supervisors join the Gateways to Opportunity Registry.	Ongoing	Ongoing	Have your CI worker and supervisors registered in Gateways? ____ Yes ____ No ____ In Progress  If no or in progress, please explain your plans to do so:	ADD DEL
2.d. Assure that coordinated intake workers receive the salaries shown in the table below, at minimum. The indicated minimum salaries for supervisors are strongly recommended. If it is not feasible to implement the minimum salary requirement for coordinated intake workers in SFY23, providers may propose to incrementally raise salaries in order to reach the minimum salary by SFY25.  i. SALARY TABLE Position Minimum Salary for 1.0 FTE CI Worker (Chicago, Cook, and Collar Counties) \$48,672 Minimum Salary for 1.0 FTE CI Worker (rest of the state) \$37,800	Ongoing	Ongoing	Does your CI worker meet the salary minimums? ____ Yes ____ No ____ In Progress  If no or in progress, explain your plan to incrementally raise salaries in order to meet by SFY25:	ADD DEL





STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
3. a. Professional development and technical assistance a. Assure that coordinated intake workers participate in trainings required by IDHS (including HIPAA). This includes: i. Cultural Humility Part One: Supporting Immigrant Families, A Culturally Humble Approach (Institute for Advancement of Family Support Professionals) a.ii. Cultural Humility Part Two: Supporting Dual Language Learners (Institute for Advancement of Family Support Professionals) a.iii. Historical Trauma (Institute for Advancement of Family Support Professionals)	Ongoing	Ongoing	Will you assure staff participate in required trainings? _____ Yes _____ No  If no, please explain:	ADD DEL
3.b. Encourage coordinated intake workers to participate in additional cultural responsiveness trainings.	Ongoing	Ongoing	Will you encourage CI worker to participate in culturally responsiveness trainings? _____ Yes _____ No  If no, please explain:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
3.c. Maintain documentation of the training received by each coordinated intake staff and supervisor.	Ongoing	Ongoing	Do you maintain documentation of training? _____ Yes _____ No _____ In Progress  If no or in progress, please explain your plan to maintain documentation:	ADD DEL
3.d. Assure that coordinated intake workers participate in quarterly Learning Communities required by IDHS.  i. CI programs may be asked to work together as part of a Community of Practice focused on a particular topic or activity annually; this will be integrated into the Learning Community meetings and otherwise	Ongoing	Ongoing	Will you assure CI workers participate in quarterly Learning Communities? _____ Yes _____ No  If no, please explain:	ADD DEL
3.e. Each agency CI team will meet monthly with staff from MIECHV's data partner and the Family Recruitment Specialist to review and analyze program data and other information to identify needs for any technical assistance and support.  i. In collaboration with Family Recruitment Specialist and MIECHV's data partner, develop and implement an annual technical assistance plan	Ongoing	Ongoing	Does your program meet with MIECHV's data partner (CPRD) and/or the Family Recruitment Specialist: _____ Yes _____ No _____ In Progress  If no or in progress, please explain:  Have you developed and/or implemented a TA plan? _____ Yes _____ No _____ In Progress  If no or in progress, please explain your plan to maintain documentation:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
4. Reflective supervision: a. Provide at least one hour of reflective supervision at least twice per month to each CI worker (supervision hours may be pro-rated for CIs who work less than 1.0 FTE).	Ongoing	Ongoing	Does your program provide at least one hour of reflective supervision at least twice per month to each CI worker (supervision hours may be pro-rated for CIs who work less than 1.0 FTE)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress  If no or in progress, please explain your plan to maintain documentation:	ADD DEL
4.b. The supervision must be provided by someone who has a demonstrated knowledge of home visiting as well as the role of the CI worker and has received training on reflective supervision.	Ongoing	Ongoing	Is supervision provided by someone who has a demonstrated knowledge of home visiting as well as the role of the CI worker and has received training on reflective supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress  If no or in progress, please explain your plan to maintain documentation:	ADD DEL
4.c. Maintain documentation of supervision, team meetings, field observations, training, and other staff development led by the supervisor.	Ongoing	Ongoing	Do you maintain documentation of supervision, team meetings, field observations, training, and other in house staff development? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress  If no or in progress, please explain your plan to maintain documentation:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
5. Priority populations: a. Prioritize the MIECHV priority populations for enrollment, along with the ELC priority populations and families with mental health concerns.	Ongoing	Ongoing	Does your program prioritize MIECHV/ELC priority populations/families with mental health concerns for enrollment? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
5.b. Ensure all model-eligible families with child welfare involvement and model-eligible families experiencing homelessness, regardless of family income, are referred if slots are available	Ongoing	Ongoing	Does your CI program ensure model-eligible child welfare involved families/ families experiencing homelessness will be referred when there are open slots? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
5. c. Track trends related to the target population and adjust program plans to assure that families from priority populations are targeted for services.	Ongoing	Ongoing	Does your program track trends related to population served and adjust program plans to assure families from priority populations are targeted for services? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
6. Family recruitment: a. Participate in community public awareness and outreach activities to support program enrollment.	Ongoing	Ongoing	Does your program participate in community public awareness and outreach activities to support program enrollment? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
6.b. Employ a variety of strategies to recruit families into home visiting and develop partnerships with community agencies and other entities that could serve as sources for referrals into CI.	Ongoing	Ongoing	Does your program employ a variety of strategies to recruit families into home visiting and develop partnerships with community agencies and other entities that could serve as sources for referrals into CI? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
7. Program capacity: a. Track home visiting capacity at the program and community level.	Ongoing	Ongoing	Does your program track home visiting capacity at the program and community level? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
7.b. Send enough referrals to adequately meet community demand and ensure HV programs will maintain at least 85% of their maximum service capacity.	Ongoing	Ongoing	Does your program send enough referrals to adequately meet community demand and ensure HV programs will maintain at least 85% of their maximum service capacity? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
7.c. CI workers will gather a complete, brief screen from potential participants within two business days of receiving information on the family (if applicable, depending on the local CI process).	Ongoing	Ongoing	Does your program gather a complete, brief screen from potential participants within two business days of receiving information on the family (if applicable, depending on the local CI process)? _____ Yes _____ No _____ In Progress _____ Not Applicable  If no, in progress or not applicable, please explain:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

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7.d. If all home visitors are at capacity, CI will refer eligible families to appropriate community resources and place participant on a waiting list for home visiting services.	Ongoing	Ongoing	If all home visitors are at capacity, does your CI program refer eligible families to appropriate community resources and place participant on a waiting list for home visiting services? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
7.e. Provide immediate referrals to community resources for 100% of clients presenting with emergency needs.	Ongoing	Ongoing	Does your program Provide immediate referrals to community resources for 100% of clients presenting with emergency needs? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
7.f. Refer any families who are ineligible for home visiting to other community and parenting services as indicated.	Ongoing	Ongoing	Does your program refer any families who are ineligible for home visiting to other community and parenting services as indicated? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
8. Culturally responsive services: a. Provide coordinated intake services that are culturally and linguistically responsive to the target populations served.	Ongoing	Ongoing	Does your program provide culturally and linguistically responsive coordinated intake services to families? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

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8.b. Provide culturally and linguistically responsive program materials (eg, brochures, self-referral forms, flyers, etc.) for the major groups within the population to be served.	Ongoing	Ongoing	Does your program provide culturally and linguistically responsive program materials? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
9. Community systems development and cross-program referrals: a. Take an active role in local community systems development efforts by participating regularly as a member of at least one local community collaboration to support the goals and principles defined in the 2021 Joint Statement on Community Systems, Coordinated Intake, and IRIS. i. Share with the collaboration available, relevant, aggregated program data that contribute to community needs assessment, setting a common agenda, or other local initiatives.	Ongoing	Ongoing	Does your agency/program dedicate a portion of a designated staff member's time to participate regularly as a member of at least one local community collaboration? _____ Yes _____ No _____ In Progress If no or in progress, please explain:   Does your program share with the collaboration available, relevant, aggregated program data that contribute to community needs assessment, setting a common agenda, or other local initiatives. _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

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9.a.ii. Promote shared messaging and materials from the collaboration among families and staff.	Ongoing	Ongoing	Does your program promote shared messaging and materials from the collaboration among families and staff. _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
9.a.iii. Participate in at least one local collaboration initiative, such as developmental screening tracking using the ASQ-Enterprise, or the use of the Integrated Referral and Intake System (IRIS).	Ongoing	Ongoing	Does your program participate in at least one local collaboration initiative, such as developmental screening tracking using the ASQ-Enterprise, or the use of the Integrated Referral and Intake System (IRIS)? _____ Yes _____ No _____ In Progress _____ Not Applicable (ie, my community does not have a collaboration initiative)  If no or in progress, please explain:	ADD DEL





STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
9.a.iv. Develop relationships and formalize agreements with other appropriate community service providers to, at minimum, define a referral and follow-up system, establish a plan for reducing duplication of services, and coordinate family service or goal plans (as applicable). These include: 1. Victims Services (intimate partner violence) 2. Early Intervention 3. Medical Providers 4. School Districts 5. WIC 6. Family Planning providers 7. Better Birth Outcomes program 8. Accountable Care Entities, Managed Care Organizations 9. Family Community Resource Center	Ongoing	Ongoing	Has your program developed relationships and/or formal agreements with other appropriate community service providers to, at minimum, define a referral and follow-up system, establish a plan for reducing duplication of services, and coordinate family service or goal plans (as applicable)? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
9.b. If there is a pre-existing Early Childhood collaborative, such as an AOK network or IRIS community, this network should be supported by MIECHV CI staff.	Ongoing	Ongoing	Does your program support a pre-existing Early Childhood collaborative, such as an AOK network or IRIS community? _____ Yes _____ No _____ In Progress _____ Not Applicable (ie, my community does not have a collaboration)  If no or in progress, please explain:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
9.c. Assist participating families in connecting with Early Intervention (EI), using the protocols and forms developed by the Illinois Chapter, American Academy of Pediatrics.	Ongoing	Ongoing	Does your program assist families to connect with Early Intervention as appropriate? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
9.d. Assist participating families in connecting with medical providers and with ancillary services such as mental health services, the Women, Infant, and Children (WIC) program, and intimate partner violence services.	Ongoing	Ongoing	Does your program assist families in connecting with medical providers and with ancillary services such as mental health services, the Women, Infant, and Children (WIC) program, and intimate partner violence services as needed? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
10. Data and data systems: a. With written consent from participants, use the information management system designated by the Department to record information on program participants, and the activities of program staff.	Ongoing	Ongoing	Does your program obtain consent from participants to be entered in data system? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
10.b. Maintain an individual case record for each family assisted by CI. Information for each month must be entered in the data system by the 5th day of the following month.	Ongoing	Ongoing	Does your program maintain an individual case record/entry for each family assisted by CI? Yes No In Progress Is Information for each month must be entered in the data system by the 5th day of the following month? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL
10.c. Participate in regular data calls coordinated by the Department, to assure data quality and completeness.	Ongoing	Ongoing	Does your program participate in regular data calls coordinated by IDHS with CPRD? _____ Yes _____ No _____ In Progress  If no or in progress, please explain:	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete
<p>10.d. 100% of families referred to home visiting programs will be entered into Visit Tracker or other IDHS-approved referral processing system within two business days of processing the referral.</p> <ul style="list-style-type: none"> <li>• Time Period for Required Staffing Reports. Grantee shall submit Quarterly Staffing Reports no later than 15 days after the quarter ends. Submit this report electronically as directed by IDHS.</li> <li>• Time Period for Required Data Entry. Participant data for each month must be entered into the IDHS electronic data system by the 5th day of the following month.</li> </ul>	Ongoing	Ongoing	<p>Does your program enter 100% of families referred to home visiting programs into Visit Tracker or other IDHS-approved referral processing system within two business days of processing the referral?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>If no or in progress, please explain:</p> <p>Are staffing reports submitted no later than 15 days after the quarter ends?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>If no or in progress, please explain:</p> <p>Participant data for each month is entered into the IDHS electronic data system by the 5th day of the following month?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>If no or in progress, please explain:</p>	ADD DEL
<p>11. Family voice:</p> <p>a. Regularly incorporate input from families served to improve program quality.</p>	Ongoing	Ongoing	<p>Does your program regularly incorporate input from home visiting families to improve program quality?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress</p> <p>If no or in progress, please explain:</p>	ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

14. Deliverable (if applicable): (Separate line for each based on UGA)	15. Due Date (based on UGA)	16. Date Completed	17. Deliverable Explanation:	Add - Delete	
11.b. Invite families to participate in local collaborations and advisory bodies.	Ongoing	Ongoing	Does your program invite families to participate in local collaborations and advisory bodies? ___ Yes ___ No ___ In Progress  If no or in progress, please explain:	ADD DEL	
12. Partnership with IDHS: a. Participate in required regular programmatic and fiscal monitoring reviews.	Ongoing	Ongoing	Will your program participate in required regular programmatic and fiscal monitoring reviews as requested/scheduled? ___ Yes ___ No  If no, please explain:	ADD DEL	
12.b. Participate in required monthly provider calls and other required meetings as scheduled by IDHS.	Ongoing	Ongoing	Does your program participate in required monthly provider calls and other required meetings as scheduled by IDHS? ___ Yes ___ No ___ In Progress  If no or in progress, please explain:	ADD DEL	
12.c. Participate in the Department's efforts to improve the health and well-being of families enrolled in program services.	Ongoing	Ongoing	Will your program participate in the IDHS efforts to improve the health and well-being of families enrolled in program services as scheduled/requested? ___ Yes ___ No  If no, please explain:	ADD DEL	
18. Performance Measures: (Separate line for each based on UGA Exhibit E)	19. Performance Standard-Frequency (Based on UGA Exhibit F)	20. Results - Accomplishments in Reporting Period		21. Required (R) or Inform Only (IO)	Add - Delete



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

18. Performance Measures: (Separate line for each based on UGA Exhibit E)	19. Performance Standard-Frequency (Based on UGA Exhibit F)	20. Results - Accomplishments in Reporting Period	21. Required (R) or Inform Only (IO)	Add - Delete
<p>1. Submit coordinated intake policies and procedures manual (including items i through xii) annually (January).</p>	<p>One manual. ***Information found in Program Records.</p>	<p>For all Performance Standards: SFY25 Q1/ FFY24 Q4 Reporting Period: July 1, 2024-September 30, 2024 - _____ number of manuals submitted.</p> <p>SFY25 Q2/ FFY25 Q1 Reporting Period: October 1, 2024-December 31, 2024 - _____ number of manuals submitted.</p> <p><b>Manual is due by January 15<sup>th</sup>, 2025 reporting period but can be submitted early. Please indicate date of submission here:</b> _____</p> <p>SFY25 Q3/ FFY25 Q2 Reporting Period: January 1, 2025-March 31, 2025 - _____ number of manuals submitted</p> <p>SFY25 Q4/ FFY25 Q3 Reporting Period: April 1, 2025-June 30, 2025 - _____ number of manuals submitted.</p>	<p>R</p>	<p>ADD DEL</p>



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

<p>2. Report the number of CI supervisors and CI workers, and the percentage of these staff with registry numbers in the Gateways to Opportunity Registry. Reported quarterly.</p>	<p>100% ***Information found in Program Records.</p>	<p>SFY25 Q1/ FFY24 Q4 Reporting Period: July 1, 2024-September 30, 2024 - __/____ = % Number of IDHS funded CI supervisors and CI workers in Gateways/total number of IDHS funded CI supervisors and CI workers.</p> <p>SFY25 Q2/ FFY25 Q1 Reporting Period: October 1, 2024-December 31, 2024_____/____ = % Number of IDHS funded CI supervisors and CI workers in Gateways/total number of IDHS funded CI supervisors and CI workers.</p> <p>SFY25 Q3/ FFY25 Q2 Reporting Period: January 1, 2025-March 31, 2025 - ____/____ = % Number of IDHS funded CI supervisors and CI workers in Gateways/total number of IDHS funded CI supervisors and CI workers.</p> <p>SFY25 Q4/ FFY25 Q3 Reporting Period: April 1, 2025-June 30, 2025 - ____/____ = % Number of IDHS funded CI supervisors and CI workers in Gateways/total number of IDHS funded CI supervisors and CI workers.</p> <p>Name of Staff: Title: Gateways Number:</p> <p>Name of Staff: Title: Gateways Number:</p> <p>Update staff list (Name, title, and number) each quarter and add lines as needed.</p>		<p>ADD DEL</p>
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STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

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STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

18. Performance Measures: (Separate line for each based on UGA Exhibit E)	19. Performance Standard-Frequency (Based on UGA Exhibit F)	20. Results - Accomplishments in Reporting Period	21. Required (R) or Inform Only (IO)	Add - Delete
<p>3. Report the number of quarterly Learning Community meetings and the % of meetings attended by CI staff. Reported quarterly.</p>	<p>At least 75%. ***Information found in Program Records.</p>	<p>SFY25 Q1/ FFY24 Q4 Reporting Period: July 1, 2024-September 30, 2024 - _____ / _____ = % Number of quarterly Learning Community meetings attended by CI Staff/total number of quarterly Learning Community meetings.</p> <p>SFY25 Q2/ FFY25 Q1 Reporting Period: October 1, 2024-December 31, 2024 - _____ / _____ = % Number of quarterly Learning Community meetings attended by CI Staff/total number of quarterly Learning Community meetings</p> <p>SFY25 Q3/ FFY25 Q2 Reporting Period: January 1, 2025-March 31, 2025 - _____ / _____ = % Number of quarterly Learning Community meetings attended by CI Staff/total number of quarterly Learning Community meetings</p> <p>SFY25 Q4/ FFY25 Q3 Reporting Period: April 1, 2025-June 30, 2025 - _____ / _____ = % Number of quarterly Learning Community meetings attended by CI Staff/total number of quarterly Learning Community meetings</p> <p>Record attendance based on days present. For example, two-day virtual trainings are to be recorded as two days, instead on a one-day event.</p>		<p>ADD DEL</p>
<p>4. Report the number of unduplicated families served year-to-date. Entered into the IDHS selected database. Reported quarterly in the case status</p>	<p>Report the number quarterly. ***Information found on the Case Summary Report (CSR) in Blue.</p>	<p>SFY25 Q1/ FFY24 Q4 Reporting Period: July 1, 2024-September 30, 2024 -            _____ Number of outgoing referrals (VT or IRIS summary report*)            _____ Number of incoming referrals</p> <p>SFY25 Q2/ FFY25 Q1 Reporting Period: October 1, 2024-December 31, 2024 -            _____ Number of outgoing referrals (VT or IRIS summary report*)            _____ Number of incoming referrals</p>		<p>ADD DEL</p>



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

summary report.

SFY25 Q3/ FFY25 Q2 Reporting Period: January 1, 2025-March 31, 2025 -

\_\_\_\_\_ Number of outgoing referrals (VT or IRIS summary report\*)

\_\_\_\_\_ Number of incoming referrals

SFY25 Q4/ FFY25 Q3 Reporting Period: April 1, 2025-June 30, 2025 -

\_\_\_\_\_ Number of outgoing referrals (VT or IRIS summary report\*)

\_\_\_\_\_ Number of incoming referrals

\*send quarterly summary report with PPR.



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

18. Performance Measures: (Separate line for each based on UGA Exhibit E)	19. Performance Standard-Frequency (Based on UGA Exhibit F)	20. Results - Accomplishments in Reporting Period	21. Required (R) or Inform Only (IO)	Add - Delete
5. Report the number of outreaches and/or public awareness raising events or activities per year (virtual or in person). Please list the title of each outreach or event under every quarter. Reported quarterly.	At least two. ***Information found in Program Records.	<p>SFY25 Q1/ FFY24 Q4 Reporting Period: July 1, 2024-September 30, 2024 - _____ Number of outreach and/or public awareness raising events or activities.</p> <p>1. 2.</p> <p>SFY25 Q2/ FFY25 Q1 Reporting Period: October 1, 2024-December 31, 2024 - _____ Number of outreach and/or public awareness raising events or activities.</p> <p>1. 2.</p> <p>SFY25 Q3/ FFY25 Q2 Reporting Period: January 1, 2025-March 31, 2025 - _____ Number of outreach and/or public awareness raising events or activities.</p> <p>1. 2.</p> <p>SFY25 Q4/ FFY25 Q3 Reporting Period: April 1, 2025-June 30, 2025 - _____ Number of outreach and/or public awareness raising events or activities.</p> <p>1. 2.</p>		ADD DEL
6. Membership in local collaborations (as documented by an MOU, letter, or other document from a collaboration that confirms the program's membership and describes expectations for member participation). Reported annually (June).	Membership document from at least one collaboration, provided annually (June). ***Information found in Program Records.	<p>_____ Number of membership/partnership document(s) attached (required to be submitted Q4 Only but can submit early)</p> <p>If number of membership/partnership documents is not at least one in the Q4 report, please explain:</p>		ADD DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

7. Number of meetings with collaborative partners (the collaboratives must include home	At least 6 meetings per year. ***Information found in Program	SFY25 Q1/ FFY24 Q4 Reporting Period: July 1, 2024-September 30, 2024 - _____ Number of meetings with collaborative partners. SFY25 Q2/ FFY25 Q1 Reporting Period: October 1, 2024-December 31, 2024 - _____ Number of meetings with collaborative partners. SFY25 Q3/ FFY25 Q2 Reporting Period: January 1, 2025-March 31, 2025 - _____ Number of meetings with collaborative partners.		ADD DEL
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STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

18. Performance Measures: (Separate line for each based on UGA Exhibit E)	19. Performance Standard-Frequency (Based on UGA Exhibit F)	20. Results - Accomplishments in Reporting Period	21. Required (R) or Inform Only (IO)	Add - Delete
visiting programs but are not limited to home visiting programs). Reported quarterly.	Records.	SFY25 Q4/ FFY25 Q3 Reporting Period: April 1, 2025-June 30, 2025 - _____ Number of meetings with collaborative partners.  For Q4 only, if total number of meetings are less than 6 for Q1-Q4 please explain:		
8. Submit Case Status Summary	12 monthly reports received annually.	SFY25 Q1/ FFY24 Q4 Reporting Period: July 1, 2024-September 30, 2024 - _____ Number of Case Status Summary Report or equivalent IRIS report submitted to IDHS (dhs.homevisiting@illinois.gov w/ Laura cc'd at Laura.Beavers2@illinois.gov and janiene@illinois.edu) on the 15th of every month. If reports are less than 3 for Q1, please explain:		ADD
		SFY25 Q2/ FFY25 Q1 Reporting Period: October 1, 2024-December 31, 2024 -		DEL



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

<p>Report or equivalent IRIS report to IDHS on the 15th of every month.</p>	<p>***Information found in Visit Tracker (VT).</p>	<p>_____ Number of Case Status Summary Report or equivalent IRIS report submitted to IDHS (dhs.homevisting@illinois.gov and janiene@illinois.edu) on the 15th of every month. If reports are less than 3 for Q2, please explain:</p> <p>SFY25 Q3/ FFY25 Q2 Reporting Period: January 1, 2025-March 31, 2025 -</p> <p>_____ Number of Case Status Summary Report or equivalent IRIS report submitted to IDHS (dhs.homevisting@illinois.gov and janiene@illinois.edu) on the 15th of every month. If reports are less than 3 for Q3, please explain:</p> <p>SFY25 Q4/ FFY25 Q3 Reporting Period: April 1, 2025-June 30, 2025 -</p> <p>_____ Number of Case Status Summary Report or equivalent IRIS report submitted to IDHS (dhs.homevisting@illinois.gov and janiene@illinois.edu) on the 15th of every month. If reports are less than 3 for Q4, please explain:</p>		
<p>9. Number of CI families</p>		<p>SFY25 Q1/ FFY24 Q4 Reporting Period: July 1, 2024-September 30, 2024 -</p> <p>_____ Number of CI families participating in group activities.</p> <p>SFY25 Q2/ FFY25 Q1 Reporting Period: October 1, 2024-December 31, 2024 -</p> <p>_____ Number of CI families participating in group activities</p>		<p>ADD DEL</p>



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

18. Performance Measures: (Separate line for each based on UGA Exhibit E)	19. Performance Standard-Frequency (Based on UGA Exhibit F)	20. Results - Accomplishments in Reporting Period	21. Required (R) or Inform Only (IO)	Add - Delete
<p>participating in group activities, such as CQI team meetings or local collaboration meetings. Reported quarterly.</p>	<p>Report the number quarterly.             ***Information found in Program Records.</p>	<p>SFY25 Q3/ FFY25 Q2 Reporting Period: January 1, 2025-March 31, 2025 -            _____ Number of CI families participating in group activities.</p> <p>SFY25 Q4/ FFY25 Q3 Reporting Period: April 1, 2025-June 30, 2025 -            _____ Number of CI families participating in group activities.</p>		



STATE OF ILLINOIS  
**PERIODIC PERFORMANCE REPORT**

<b>22. Performance Explanation - Award to Date:</b>	<b>Add - Delete</b>
<input type="checkbox"/> All performance accomplishments are on schedule with performance standards. <input type="checkbox"/> Not all performance accomplishments are on schedule with performance standards. Explanation(s) required below: (Separate lines as appropriate.)	
ADD DEL	
<b>23. Performance Accomplishments Correlated to Reported Expenses:</b>	<b>Add - Delete</b>
<input type="checkbox"/> Performance is consistent with grant-to-date expected services and expenditures/earnings. <input type="checkbox"/> Performance is not consistent with grant-to-date expected services and expenditures/earnings. Explanation(s) required below: (Separate lines as appropriate.)	
ADD DEL	

**GRANTEE CERTIFICATION (2 CFR 200.415)**

By signing [authorizing] this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the [related] expenditures, disbursements, cash receipts and reported performance are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

<b>24. Name and Title of Authorized Individual from <u>Grantee Organization</u>:</b>	<b>25. Phone Number</b>
	<b>26. Email Address:</b>

**STATE AGENCY USE ONLY**

27. Name and Title of <u>State Agency</u> PPR Approver:	28. Date Received:	28. Date Approved: