



# Home Visiting & Doula Network



## FY24 Policy and Procedure Manual

### PTS-Doula

#### Section A

#### Organizational Information & Program Standards

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# **Organizational Information & Program Standards**

# **A1. About Start Early and the Home Visiting & Doula Network**

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Start Early is a public/private not-for-profit organization that works in partnership with community-based programs serving families with young children. The Home Visiting & Doula Network (HV&DN) is the Division within Start Early that serves as an intermediary of public funds designated for services to meet the specialized needs of pregnant and parenting teens. HV&DN partners with community organizations committed to implementing nationally recognized, evidence-based program models that include intensive home visiting as a core feature of their program. Program development, management, and financial support for these Parents Too Soon (PTS) programs are made possible through public funding partnerships with the Illinois Department of Human Services (IDHS) and Illinois State Board of Education (ISBE).

## **START EARLY MISSION STATEMENT**

Start Early gives children in poverty the best chance for success in school and in life by advocating for and providing the highest quality care and education from birth to age five.

## **Guiding Principles**

Start Early:

- respects the family's critical role in determining their children's futures;
- focuses efforts in communities with limited resources;
- commits to excellent performance and outcomes in all aspects of our work;
- develops professional staff through high quality supervision and training; and,
- commits to sound management of critical resources.

Start Early integrates its diverse functions as a funding intermediary and capacity builder of community-based programs, and advocates through a unique interdisciplinary approach, which reflects its commitment to a broad and systemic perspective on human development and social problems.

Start Early views itself as a partner in the development and administration of programs. The HV&DN staff members assigned to each funded program utilize a partnership approach in interaction with site staff. HV&DN staff members provide active support for outcome-oriented services and excellence in implementation of PTS program models including Healthy Families Illinois (HFI), Parents as Teachers (PAT), Family Connects Illinois (FCI), and Doula. Technical assistance is provided to each funded program by linking it with other Start Early resources such as Illinois Policy and DataPoints, which assures achievement of contractual obligations. Individuals whose positions are funded through the HV&DN Subcontract are provided with comprehensive, competency-based training to ensure their preparedness to implement services with a high degree of fidelity to their program model. In addition, HV&DN staff members work with sites to explore and problem-solve the many challenging issues related to providing intensive home visiting services, identify and develop training events that enhance the effectiveness of services, participate in long and short-term planning, and celebrate successes whether large or small of home visiting programs for pregnant and parenting teens.

## **ABOUT THE HOME VISITING & DOULA NETWORK**

In July 2020, The Ounce of Prevention Fund became Start Early, and Illinois Birth to Three Institute became the Home Visiting & Doula Network of Illinois. This change was designed to better describe the overall scope of our statewide work. We wanted a name that goes beyond a single program model to reflect our focus on the very early years of life. Further, we selected a name that continues to grow with us as we expand the range of evidence-based models which we support through funding partnerships, technical assistance, and program development activities. In this way, HV&DN will continue to be responsive to the changing nature and unique needs of families, communities, and programs.

In an effort to provide families with the highest quality possible home visiting services, HV&DN requires all programs funded for home visiting to adopt and implement one of three nationally recognized, evidence-based home visiting models: HFI, PAT, or FCI. HV&DN will continue to provide the program development support and technical assistance necessary to ensure that all funded sites are fully implementing one of these evidence-based, intensive home visiting models.

### **HV&DN Mission Statement**

HV&DN promotes the healthy development of families through a framework of program collaboration, reflective practice, and best practice standards. Our work focuses on providing resource allocation, technical assistance, program development, and quality assurance to family support and early childhood programs throughout Illinois.

### **HV&DN Philosophy**

HV&DN promotes the belief that adolescent parents and their children are best served in the context of family, culture, and community. Comprehensive services are provided by community-based programs to meet the specialized needs of adolescent parents and their children from birth to age five.

### **Description of Start Early-HV&DN Funded Programs**

At the end of FY23, the network of programs funded by HV&DN includes: 11 PTS-HFI, 10 PTS-PAT, and 2 FCI. An additional 5 agencies that operate long-term home visiting programs funded by other agencies are also funded by Start Early for Doula services. There are a total of 28 programs funded by Start Early HV&DN in Illinois.

## A2. HV&DN Program Outcomes

| Desired Outcomes   | Indicators of Outcome Achievement  |
|--|--|
| Healthy parent-child relationships   | <ul style="list-style-type: none"> <li>• Improved parent-child relationships as measured by parent efficacy scales</li> <li>• Frequency of father contact</li> <li>• Number of parent-child interaction videos completed and reviewed with parents</li> <li>• Participant rates of indicated child abuse/neglect lower, after program involvement, than rates of pregnant and parenting teens in comparable groups</li> <li>• Number of referrals for infant mental health services</li> </ul>   |
| Healthy growth and development of children of pregnant and parenting teens | <ul style="list-style-type: none"> <li>• Children of participants' immunization rates higher after program involvement, than rates of children from comparable groups</li> <li>• 100% of participants' children enrolled with a medical provider for well-child and tertiary health care</li> <li>• Increased rates of WIC enrollment</li> <li>• 100% of participants' children receive developmental screening on schedule</li> <li>• 100% of children identified as being in need of developmental assessment via the screening process or by staff observation are referred to Child &amp; Family Connections or other appropriate resource for follow up, if they are not currently receiving services, to address potential developmental issues</li> <li>• Increased rates of breastfeeding initiation and duration for participants recruited prenatally</li> </ul> |
| Reduction in rates of subsequent births                                    | <ul style="list-style-type: none"> <li>• Participants' subsequent birth rates lower after program involvement, than rates of teens in comparable groups</li> <li>• Rates of contraceptive use among sexually active participants higher after program involvement, than rates of teens in comparable groups</li> </ul>   |
| Improved health and emotional development of pregnant and parenting teens  | <ul style="list-style-type: none"> <li>• 100% of participants enrolled with a medical provider for preventive, prenatal, and tertiary healthcare</li> <li>• Number of referrals for mental health assessment and treatment</li> <li>• Number of referrals for intimate partner violence intervention</li> <li>• Number of referrals for substance abuse treatment</li> <li>• Percentage of participants attending groups</li> <li>• Number engaged at the beginning of the third trimester for programs with Doulas</li> </ul>   |

| Desired Outcomes          | Indicators of Outcome Achievement   |
|---------------------------|---|
| Enhanced self-sufficiency | <ul style="list-style-type: none"> <li>• Improved vocational readiness as measured by increases in educational levels/high school or equivalency attainment and/or vocational training completion after program involvement</li> <li>• Improved rates of work activity for participants age 17 and up after program involvement</li> <li>• 100% of participants learn goal-setting skills and complete at least two Goal Plans per year (including birth plans for Doula sites)</li> <li>• Number of homelessness/transience experiences per participant per year</li> <li>• High school dropout rates among participants lower than rates among comparable groups of teen parents</li> </ul> |

# A3. Home Visiting & Doula Network Best Practice Standards

## PTS-Doula

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Start Early recognizes that there are numerous strategies that can be employed to effectively serve pregnant and parenting teens and their young children. The HV&DN Best Practice Standards reflect the collective expertise of the HV&DN staff and subcontracting programs, representing more than thirty years of experience, as well as the influence of practice and research recommendations from other nationally recognized program models, including HFI, PAT, FCI, and Doula. Programs that follow these principles and best practices for program management and service delivery have the greatest chance for achievement of the desired outcomes with young children and new parents.

Home visiting is the primary service component for HV&DN programs. It is the foundation for the relationship between program and participant, and is the overarching method used to achieve the desired outcomes. Start Early supports a number of additional program components designed to enhance the intensity of services to families and improve the chance for positive outcomes. These include Assessment services, Doula, Groups (Prenatal, Parenting, and Heart to Heart), and Infant Mental Health (IMH).

The HV&DN Best Practice Standards provide the foundation for the partnership between each funded program and Start Early. These standards are used to mutually assess program performance, success in participant outcome achievement, and subcontract compliance. In order to help sites successfully complete the credentialing or endorsement process that goes along with their chosen model, these standards have been drafted based on the program model expectations. Programs that adhere to these standards will be better prepared for the credentialing or endorsement process.





The HV&DN Best Practice Standards for PTS-Doula programs are described in three sections:





1. Program Services
  - Initial Engagement/Screening & Assessment
  - Doula Home Visiting
  - Prenatal Groups
2. Program Structure & Governance
3. Subcontract Administrative Requirements



## A4. PTS-Doula Best Practice Standards

### Initial Engagement/Screening & Assessment

| Principle   | Practice  | Benchmark   | Documentation   |
|---|---|---|---|
| IE1 - By targeting pregnant and parenting teens, a program can effectively address child abuse, neglect, and other poor outcomes for teens, as well as their young children in a community.   | A - HV&DN Doula programs serve participants that are reflective of their overall target population. Priority should be given to teens.<br><br>Exceptions to the target population can be made with prior approval from Start Early. In programs that serve women of all ages, teens should be given priority. | Enrolled participants are to be eligible to receive at least two years of services with children between prenatal and kindergarten entry. |  Participant Files   |
|   | B - Programs use a weighted eligibility system in addition to any other model requirements to determine program eligibility. Programs ensure that funder specific priority populations are part of the weighted eligibility criteria  |   |   |
| IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents and establish the program as a source of support and information. | Programs initiate Doula services at the beginning of the third trimester of pregnancy.  | Programs enroll 80% of Doula participants by the seventh month of pregnancy.  |  Participant Files |
| IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of service and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes.     | Programs clearly define their target population and maintain annual tracking of the number of births and other demographic characteristics.   | 100% of programs define their target population and track the number of births.   |  Program Abstract  |
| IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.  | A - Programs maintain up-to-date signed HV&DN consents for services with all participants involved.   | 100% of participant files contain an up-to-date, complete and signed HV&DN program consent form.  |  Participant Files |

| Principle  | Practice   | Benchmark   | Documentation   |
|--|--|---|---|
| IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.   | B - Staff members obtain signed consent prior to any intake or assessment interviews and entry of participant information into DataPoints. Refusal to sign a consent form for entry of their information into DataPoints does not preclude a family from services. |   |  Participant Files   |
| IE5 - Programs are most effective when they use intake and assessment information about family characteristics, background, history, and current functioning to plan services. | Staff members who assess families or gather intake data share that information with Family Support Workers, Doulas, and Prenatal Group facilitators and Program Supervisors.   | 100% of staff members who complete intakes or assessments share intake information or assessment results with the service team. |  Participant Files<br> Program Narrative<br> Supervision Notes |










# PTS-Doula Best Practice Standards

## Doula Home Visiting

| Principle  | Practice   | Benchmark  | Documentation  |   |
|--|--|--|--|---|
| DHV1 - Home Visiting is the core family support and early childhood education service provided by HV&DN programs for pregnant and parenting teens and their children.  | Doula Home Visits take place on a schedule determined in partnership with the family.  | Programs assign 100% of families to the Doula Home Visiting model.               | <ul style="list-style-type: none"> <li>📁 Participant Files</li> <li>📁 Program Abstract</li> <li>📁 Program Narrative</li> </ul>   |   |
| DHV2 - Doula Home Visiting is of sufficient intensity to impact program outcomes.  | A - Doula Home Visits last between one and one and a half hours.   | 80% of Doula Home Visits last between one and one and a half hours.              | <ul style="list-style-type: none"> <li>📁 Case Notes</li> </ul>   |   |
|  | B - Programs complete Doula Home Visits with all participants at the expected level of frequency for each family.  | Doulas complete 80% of expected Doula Home Visits at the contracted level.       | <ul style="list-style-type: none"> <li>📁 Case Notes</li> <li>📁 Program Abstract</li> </ul>                                       |   |
| DHV3 - Doula Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship. | A - Doulas plan and structure each visit to enable parents to understand each stage of prenatal development; understand and develop enjoyable prenatal and postpartum interaction with their child and develop parental interest and pride in their child's development. |  | <ul style="list-style-type: none"> <li>📁 Case Notes</li> <li>📁 Participant Files</li> <li>📁 Supervisory Documentation</li> </ul> |   |
|  | B - Doulas share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding, using medically accurate curricula and materials.  | Doulas document discussions with participants about breastfeeding in case notes. |  | <ul style="list-style-type: none"> <li>📁 Case Notes</li> </ul>  |
|  |  | 75% of participants initiate breastfeeding.                                      | <ul style="list-style-type: none"> <li>📁 Participant Files</li> </ul>  |   |
|  | C - Doulas use universal precautions in work with infants and toddlers.  |  |  | <ul style="list-style-type: none"> <li>📁 Supervisory Documentation</li> <li>📁 Team Meeting Notes</li> <li>📁 Training Records</li> </ul> |

| <b>Principle</b>   | <b>Practice</b>  | <b>Benchmark</b>   | <b>Documentation</b>  |
|--|--|--|---|
| <p>DHV3 - Doula Home Visits will be parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.</p>  | <p>D - Doulas discuss the risks of smoking during pregnancy and provide smoking cessation materials to participants who smoke. Materials may also be provided to family members who smoke, if interested</p>   | <p>100% of participants have information regarding tobacco use during pregnancy entered into DataPoints at intake.</p>   | <p>📁 Case Notes</p>   |
|  | <p>E - Doulas discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.</p>   | <p>100% of participants have information regarding alcohol consumption during pregnancy entered into DataPoints at intake.</p>   | <p>📁 Case Notes</p>   |
|  | <p>F - Community-Based FANA (FANA) trained Doulas engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age and engage postpartum participants in the postnatal FANA activities during their infant's first month of life.</p>  | <p>Doulas implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy and engage postpartum participants in the postnatal FANA activities at least once within the baby's first month of life.</p> | <p>📁 Case Notes<br/>📁 Supervisory Documentation</p>                         |
|  |  | <p>Doulas attend FANA training and complete certification within one year of hire.</p>   | <p>📁 Supervisory Documentation<br/>📁 Training Records</p>                   |
|  | <p>G - Doulas fully complete written documentation of Doula Home Visits within 72 hours of each visit and complete related data entry within one week of the visit.</p>  |  | <p>📁 Case Notes<br/>📁 Supervisory Documentation</p>                         |
| <p>DHV4 - In a manner respectful of each participant's cultural and religious beliefs, Doulas engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.</p> | <p>Doulas provide all participants with information and support regarding the delay of subsequent births, effective family planning including; birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.</p> | <p>100% of participants have information regarding contraceptive use and STI prevention updated in DataPoints at a minimum of every six months.</p>  | <p>📁 Case Notes<br/>📁 Participant Files<br/>📁 Supervisory Documentation</p> |

| <b>Principle</b>  | <b>Practice</b>  | <b>Benchmark</b>  | <b>Documentation</b>  |
|---|--|---|---|
| DHV5 - Programs conduct Doula Home Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan. | A - Doulas develop a birth plan with each participant.   | 90% of Doula participants have an up-to-date birth plan.  | <ul style="list-style-type: none"> <li>📁 Participant Files</li> <li>📁 Supervisory Documentation</li> </ul>  |
|   | B - Doulas update child feeding information when available in DataPoints according to the following schedule: at birth, six weeks, six months, and one year.   | 100% of children have birth and six-week feeding information updated in DataPoints. This standard applies to the target child and any subsequent children.  | <ul style="list-style-type: none"> <li>📁 Participant Files</li> </ul>   |
| DHV6 - Programs provide Doula Home Visits in a manner that respects the family and cultural values of each participant.                                     | A - Programs offer Doula services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program.  |   | <ul style="list-style-type: none"> <li>📁 Case Notes</li> <li>📁 Participant Files</li> <li>📁 Program Narrative</li> <li>📁 Staffing Notes</li> <li>📁 Supervisory Documentation</li> </ul> |
|   | B - Doulas and Supervisors encourage the support and involvement of fathers, grandparents and other primary caregivers.  | Case notes and other program documentation reflect the Doula's encouragement of and support for the involvement of fathers and other family members. This includes documentation of who participates in the Doula Home Visits, who is at the birth, and any efforts the Doula makes to engage the father. | <ul style="list-style-type: none"> <li>📁 Case Notes</li> <li>📁 Participant Files</li> <li>📁 Program Narrative</li> <li>📁 Supervisory Documentation</li> </ul>                           |
|   | C - Programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The materials used by the program reflect the language, ethnicity, and customs of the families served. | Programs identify at least one Doula Home Visiting curriculum in their Program Narrative. Doulas document the use of this curriculum in case notes.   | <ul style="list-style-type: none"> <li>📁 Case Notes</li> <li>📁 Program Narrative</li> </ul>   |

| <b>Principle</b>  | <b>Practice</b>  | <b>Benchmark</b>  | <b>Documentation</b>  |
|---|--|---|---|
| DHV7 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.                         | A - During the last trimester of pregnancy, participants receive additional direct services provided through the Doula program. These include prenatal education, support, advocacy with medical providers, and preparation of a birth plan.   | Doulas complete 80% of Doula Home Visits at the expected frequency. | <ul style="list-style-type: none"> <li> Case Notes</li> <li> Program Abstract</li> <li> Program Narrative</li> </ul>             |
|   | B - Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide continuous support from the point of active labor through recovery, with respect to agency policy, backup procedures, and the overall well-being of both the mother and the Doula. | 75% of Doula participants have a Doula-attended birth.              |  Participant Files   |
|   | C - Doula programs have established written protocols that outline procedures when Doulas go to the hospital, when Doulas call and utilize backup, and what communication is expected between the Doula and the Doula Supervisor while the Doula is at the birth.  |   | <ul style="list-style-type: none"> <li> Participant Files</li> <li> Program Files</li> <li> Supervisory Documentation</li> </ul> |
| DHV8 - Doula services provide a supportive relationship that addresses the emotional work of the adolescent's emerging role as a mother and her developing attachment to her child. Doula services nurture the mother so that she can nurture the baby. | Doulas support the young parent's self-determination while encouraging prenatal care and the initiation of breastfeeding while promoting emotional availability and engagement with her developing newborn.  | 75% of participants initiate breastfeeding.                         | <ul style="list-style-type: none"> <li> Case Notes</li> <li> Participant Files</li> </ul>   |

# PTS-Doula Best Practice Standards

## Prenatal Groups

| Principle   | Practice   | Benchmark   | Documentation  |
|---|--|---|--|
| PRE1 - Prenatal Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between the parent and their unborn child. Prenatal Group activities provide opportunities for positive peer interaction. | A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.  |   | <ul style="list-style-type: none"> <li>📁 Micro Plans</li> </ul>  |
|   | B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects). | Prenatal Group documentation reflects activities and approaches used in Prenatal Group sessions.                    | <ul style="list-style-type: none"> <li>📁 Micro Plans</li> </ul>  |
|   | C - Curricula and other materials used in Prenatal Group is culturally competent and focused on common prenatal issues. Programs must discuss use of supplemental non-prenatal focused curricula with their HV&DN Program Advisor.         | Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions. | <ul style="list-style-type: none"> <li>📁 Macro Plans</li> <li>📁 Micro Plans</li> </ul>   |
|   | D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.   |   | <ul style="list-style-type: none"> <li>📁 Group Evaluations</li> <li>📁 Macro Plans</li> <li>📁 Micro Plans</li> <li>📁 Team Meetings</li> </ul> |
|   | E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group sessions.   |   | <ul style="list-style-type: none"> <li>📁 Process Notes</li> <li>📁 Supervisory Documentation</li> </ul>                                       |








| <b>Principle</b>   | <b>Practice</b>   | <b>Benchmark</b>   | <b>Documentation</b>   |
|--|---|--|--|
| <p>PRE2 - Prenatal Group services enhance the intensity and focus of Doula Home Visits with pregnant participants by promoting integration of services. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving HV&amp;DN desired outcomes.</p> | <p>A - Prenatal Group facilitators provide all participants with information and support regarding nutrition, the female reproductive system, the process of normal labor, routine hospital practices, basic newborn care, normal newborn behaviors, feeding methods including breastfeeding and formula preparation, and the normal physiological changes of the immediate postnatal period.</p> |  | <ul style="list-style-type: none"> <li>📁 Macro Plans</li> <li>📁 Quarterly Narrative – Group Topic Calendar</li> </ul>                        |
|  | <p>B - Prenatal group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate materials.</p>   |  | <ul style="list-style-type: none"> <li>📁 Group Plans</li> <li>📁 Quarterly Narrative – Group Topic Calendar</li> </ul>                        |
|  | <p>C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-childcare and immunizations.</p>  |  | <ul style="list-style-type: none"> <li>📁 Macro Plans</li> </ul>  |
|  | <p>D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.</p>   |  | <ul style="list-style-type: none"> <li>📁 Macro Plans</li> </ul>  |
| <p>PRE3 - Prenatal Group services promote prenatal attachment and bonding by promoting and facilitating a healthy relationship between mother and unborn child, thus helping the parent develop emotional availability for the baby.</p>   | <p>A part of each Prenatal Group meeting has activities that encourage connections and positive interactions between parent(s) and unborn child.</p>  | <p>Each Prenatal Group session has a documented parent-child activity.</p> | <ul style="list-style-type: none"> <li>📁 Micro Plans</li> <li>📁 Process Notes</li> </ul>   |
| <p>PRE4 - Prenatal Group services are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.</p>   | <p>A - Prenatal Group membership and facilitators are as consistent as possible.</p>  |  | <ul style="list-style-type: none"> <li>📁 Attendance Log</li> <li>📁 Macro Plans</li> <li>📁 Micro Plans</li> <li>📁 Program Abstract</li> </ul> |


























| <b>Principle</b>  | <b>Practice</b>   | <b>Benchmark</b>                                      | <b>Documentation</b>   |
|---|---|---|--|
| PRE4 - Prenatal Group services are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.     | B - Each Prenatal Group meets for a minimum of one and a half hours as part of a six to eight week session.   |   | <ul style="list-style-type: none"> <li>📁 Macro Plans</li> <li>📁 Process Notes</li> <li>📁 Program Abstract</li> </ul>                       |
|   | C - Programs hold a minimum of 24 Prenatal Group sessions per fiscal year.  | Programs hold 90% of planned Prenatal Group sessions. | <ul style="list-style-type: none"> <li>📁 Macro Plans</li> <li>📁 Program Abstract</li> </ul>  |
|   | D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.  |   | <ul style="list-style-type: none"> <li>📁 Attendance Logs</li> <li>📁 Macro Plans</li> <li>📁 Micro Plans</li> <li>📁 Process Notes</li> </ul> |
|   | E - Individuals responsible for planning Prenatal Groups should create a macro plan that is reviewed during the annual program assessment.                                    |   | <ul style="list-style-type: none"> <li>📁 Macro Plans</li> </ul>  |
|   | F - Prenatal Group arrangements include a nutritious meal or snack.   |   | <ul style="list-style-type: none"> <li>📁 Micro Plans</li> <li>📁 Program Abstract</li> </ul>  |
|   | G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Prenatal Group participants.                |   | <ul style="list-style-type: none"> <li>📁 Group Evaluations</li> <li>📁 Group Plans</li> <li>📁 Process Notes</li> </ul>                      |
|   | H - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group sessions.                            |   | <ul style="list-style-type: none"> <li>📁 Process Notes</li> <li>📁 Supervisory Documentation</li> </ul>                                     |
| PRE5 - Prenatal Groups enable pregnant women, their partners, and their families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting. | Prenatal Groups promote transition to ongoing program services such as Home Visiting for both enrolled participants and those not yet actively enrolled in the HV&DN program. |   | <ul style="list-style-type: none"> <li>📁 Group Evaluations</li> <li>📁 Process Notes</li> <li>📁 Quarterly Narrative Report</li> </ul>       |










# PTS-Doula Best Practice Standards









## Program Structure & Governance







| Principle   | Practice   | Benchmark   | Documentation   |  |
|---|--|---|---|--|
| SG1 - HV&DN programs have the greatest chance of outcome achievement when their service activities are of sufficient intensity and link to the specific strengths, needs, and risk factors of the target group. | A - Programs clearly identify and define their target population and the planned intensity of services, including frequency and duration of contact.   | 100% of programs use the Doula Home Visiting Model to determine frequency of Doula Home Visits.   | <ul style="list-style-type: none"> <li> Program Abstract</li> <li> Program Narrative</li> </ul> |  |
|   | B - Programs use a weighted eligibility system, in addition to any other model requirements, to determine eligibility for program services. Programs ensure that funder specific priority populations are part of the weighted eligibility criteria. Where slots are available, programs provide services to child welfare involved families regardless of income or other risk factors. | 100% of enrolled participants are below 400% of the Federal poverty level<br><a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a> .<br><br>Priority should be given to participants with incomes below 200% FPL.<br><br>Participants between 200% and 400% FPL must be in one of the Early Learning Council's Priority populations<br><a href="https://www2.illinois.gov/sites/OECD/Events/Documents/Priority%20Populations%20updated%202021.pdf">https://www2.illinois.gov/sites/OECD/Events/Documents/Priority%20Populations%20updated%202021.pdf</a> or experiencing at least one other risk factor. Scores on the weighted eligibility form should be used to prioritize enrollment. |   |  |
|   | C - No more than 20% of Doula participants receive short-term Doula Services   | Programs enroll 80% of Doula participants in long-term Home Visiting services.  |   | <ul style="list-style-type: none"> <li> Participant Files</li> <li> Program Abstract</li> <li> Program Narrative</li> </ul> |
|   | D - For short-term Doula Services, programs transition the participant to ongoing family support or home visiting programs offered by community partners.  |   |   | <ul style="list-style-type: none"> <li> Participant Files</li> <li> Program Narrative</li> </ul>   |


| <b>Principle</b>  | <b>Practice</b>  | <b>Benchmark</b>   | <b>Documentation</b>   |
|---|--|--|--|
| SG2 - The relationship between the staff member and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participants' initial engagement, ongoing participation, and retention in the program. | A - Programs maintain full enrollment.   | Program enrollment is at least 85% of the expected numbers served per the Program Abstract.                            | <ul style="list-style-type: none"> <li> Program Abstract</li> <li> Program Narrative</li> </ul>  |
|   | B - Program Supervisors have relationships with participants and conduct annual satisfaction surveys to ensure responsiveness to participant needs.  | Programs complete annual satisfaction surveys, with a response rate of at least 25% of actively enrolled participants. |  Program Files  |
| SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff members in the program.   | A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis.   | Each staff member receives 46 individual supervisions per fiscal year.   | <ul style="list-style-type: none"> <li> Program Abstract</li> <li> Program Narrative</li> <li> Supervisory Documentation</li> </ul> |
|   | B - Doula programs ensure regular perinatal clinical support of Doulas and Doula Supervisors with face-to-face sessions that take place a minimum of once a month on site  | Programs hold 75% of expected clinical support sessions.   | <ul style="list-style-type: none"> <li> Clinical Support Notes</li> <li> Program Abstract</li> <li> Program Narrative</li> </ul>    |
|   | C - Programs base supervision on a process of reflection; stepping back from the work to explore the how's and why's of staff's actions and the impact of the work on that staff person.                                       |  | <ul style="list-style-type: none"> <li> Program Narrative</li> <li> Supervisory Documentation</li> </ul>   |
|   | D - Supervisors conduct observations of staff's direct work with families in Doula Home Visits and Prenatal Groups two times per year.   |  | <ul style="list-style-type: none"> <li> Program Narrative</li> <li> Supervisory Documentation</li> </ul>   |
|   | E - A minimum ratio of full-time supervisor to staff of 1:6 is expected. A ratio of 1:5 is optimal. The number of Parent Educators assigned to the Supervisor is adjusted proportionally when the Supervisor is not full-time. |  |  Program Abstract   |

| Principle  | Practice   | Benchmark   | Documentation   |
|--|--|---|---|
| <p>SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources, and to provide integrated services for pregnant and parenting teens and their children.</p> | <p>Programs have a 100% full-time Program Director. This person is responsible for program oversight (planning, implementation, and evaluation) and ensuring the coordination and integration of service components.</p>   |   | <p> Program Abstract</p>   |
| <p>SG5 - Programs integrate Doula services into Home Visiting in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.</p>   | <p>Staff members in all service components share information relevant to participants' progress in order to keep services responsive and promote continuity in services. Programs hold monthly team meetings to coordinate and integrate services to participants.</p>   | <p>Programs hold 75% of expected team meetings.</p> | <p> Program Abstract<br/>  Program Narrative<br/>  Team Meeting Notes</p>              |
| <p>SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.</p>                                      | <p>A - Staff members have written staff development plans and Supervisors plan to release staff members from their duties to attend training that supports their work.</p>   |   | <p> Program Narrative<br/>  Supervisory Documentation</p>   |
|  | <p>B - Staff members receive basic and ongoing training in key areas they encounter in their work with families. These include child and adolescent development, forming and maintaining an effective helping relationship, child abuse recognition and response, intimate partner violence, substance abuse, cultural competency, parent-child attachment, and community resources.</p> |   | <p> Program Narrative<br/>  Supervisory Documentation<br/>  Training Records</p> |

| <b>Principle</b>   | <b>Practice</b>   | <b>Benchmark</b>  | <b>Documentation</b>  |
|--|---|---|---|
| SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards. | C - Doulas complete HV&DN approved training in addition to other Doula certification. Participation for ongoing in-service training is required.  | Doulas attend the FSW track of HFA Integrated Strategies or, at a minimum, the two-day PAT Model Implementation training within the first six months of their hire date and attend the first available Doula Basic training in relationship to their hire date. | <ul style="list-style-type: none"> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>   |
| SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards. | D - Doulas and Doula Supervisors attend a DONA approved Birth Doula Training.   | Doulas and Doula Supervisors complete DONA training within three months of hire.  | <ul style="list-style-type: none"> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>   |
|  | E - Programs follow and annually review with staff members its policy governing appropriate procedures for addressing child abuse and neglect in alignment with state law.                      |   |   |
| SG7 - All HV&DN services are responsive to the culture of the families served.   | Programs select staff members for their experience and expertise in working with the community and families served by the program, including an understanding of language, customs, and values. |   | <ul style="list-style-type: none"> <li> Program Files</li> </ul>   |
| SG8 - Programs select staff members and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which intimate partner violence or substance abuse may be a concern.  | A - Staff members are open to flexible schedules to allow for connecting with participants who are not available during traditional work hours.   |   | <ul style="list-style-type: none"> <li> Program Files</li> <li> Program Policies and Procedures</li> <li> Supervisory Documentation</li> </ul> |
|  | B - Staff members and volunteers have experience or education related to parenting, family support, and child development.  |   | <ul style="list-style-type: none"> <li> Program Files</li> </ul>   |
|  | C - Staff members demonstrate the capacity to form positive trusting relationships through clear communication and acceptance of differences in values, beliefs, and practices.                 |   |   |

| Principle   | Practice   | Benchmark  | Documentation  |
|---|--|--|--|
| <p>SG9 - The programs relationship with the community is critical to supporting participant success. Effective programs for parents' link to community services, organizations, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.</p> | <p>A - Community partners identified as referral sources for screening, assessment, and program intake must match the program's target population and meet any specific program model requirements.</p>  |  | <ul style="list-style-type: none"> <li> Program Abstract</li> <li> Program Narrative</li> </ul>  |
|   | <p>B - To ensure a regular flow of referrals for intake, programs develop and maintain relationships with other community organizations that come into routine contact with pregnant teens, including but not limited to schools, health clinics, and social service agencies.</p> |  | <ul style="list-style-type: none"> <li> Program Narrative</li> <li> Team Meeting Notes</li> </ul>  |
|   | <p>C - Doula programs develop written linkage agreements, whenever possible, with any hospital(s) where Doulas provide labor and delivery support to guarantee access of Doulas for attending births.</p>  |  | <ul style="list-style-type: none"> <li> Program Abstract</li> <li> Program Files</li> <li> Program Narrative</li> </ul> |
|   | <p>D - Program interns and volunteers, when utilized, are subject to the same screening processes programs use with paid staff members. In addition, volunteers receive the same training and quality of supervision as would a paid staff member with similar duties.</p>         | <p>Programs screen 100% of program interns and volunteers in the same manner as paid staff members. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.</p> | <ul style="list-style-type: none"> <li> Program Files</li> </ul>  |

| Principle  | Practice   | Benchmark | Documentation   |
|--|--|-----------|---|
| <p>SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs for parents' link to community services, organizations, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.</p> | <p>E - To ensure comprehensive services for families, programs develop and maintain knowledge of and working relationships with service providers that address needs beyond the scope of HV&amp;DN services. These include but are not limited to schools, alternative and vocational education, housing, financial assistance, health services, nutrition programs, recreational programs, mental health, early intervention, substance abuse, intimate partner violence services, and childcare.</p>   |           | <ul style="list-style-type: none"> <li> Community Resource Directory</li> <li> Program Narrative</li> <li> Team Meeting Notes</li> </ul> |
| <p>SG10 - Programs are aware of and sensitive to participants' experiences of services.</p>  | <p>A – Programs have established policies and procedures that allow for virtual service delivery, based on the needs of the family and the staff. Policies and procedures should include, but are not limited to, the elements outlined in the most recent IDHS/MIECHV/ISBE COVID-19 Guidance for Home Visiting, CI, and Doula programs (<a href="https://www2.illinois.gov/sites/OECD/Documents/Final%20with%20all%20logos%20IDHS%20ISBE%20DFSS%20HV%20CI%20Doula%20COVID-19%20Guidance%202023.06.14.pdf">https://www2.illinois.gov/sites/OECD/Documents/Final%20with%20all%20logos%20IDHS%20ISBE%20DFSS%20HV%20CI%20Doula%20COVID-19%20Guidance%202023.06.14.pdf</a>).</p> |           | <ul style="list-style-type: none"> <li> Participant Files</li> <li> Program Files</li> </ul>  |
| <p>SG11 - Programs participate in evaluation activities to determine the effectiveness of services.</p>  | <p>Programs cooperate with Start Early research and evaluation efforts. This includes obtaining informed consent in writing from participants in order to link names, addresses, and telephone numbers to participant identification numbers.</p>  |           | <ul style="list-style-type: none"> <li> Participant Files</li> </ul>   |

| <b>Principle</b>  | <b>Practice</b>  | <b>Benchmark</b>  | <b>Documentation</b>  |
|---|--|---|---|
| <p>SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.</p> | <p>Programs maintain participant files with up-to-date information about service intensity, service content, and participant progress. Programs utilize DataPoints and cooperate with all elements of data collection, training, and reporting information as required by HV&amp;DN.</p> | <p>100% of program staff members who are responsible for data entry participate in DataPoints training.</p> | <p> Training Records</p> |



# A5. Subcontract Administrative Requirements

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## 1. USE OF START EARLY PROVIDED COMPUTER EQUIPMENT

### A. Use of Start Early Provided Computers

HV&DN programs are provided adequate equipment (CPU, monitor, printer, etc.) for the primary purpose of fulfilling reporting requirements associated with Subcontract obligations and for documentation of HV&DN services. Computer equipment is also provided for the purpose of Subcontract reporting, communications with Start Early and HV&DN staff, and access to Start Early's Training Institute Web site. Agencies are required to ensure that the following guidelines are followed for equipment to be kept in optimal working condition.

DataPoints Use and Users: Start Early provided equipment is only to be used in support of the HV&DN program and with respect to the confidentiality of participant information being entered into DataPoints. DataPoints is only to be used by HV&DN funded staff members who have received adequate orientation and training to the use of DataPoints. Orientation is provided initially by the program's designated DataPoints MIS Contact and is followed with on-site new user training by an DataPoints team member. Technical assistance is available to all users of DataPoints through DataPoints Help Line. Technical assistance on the use of other software products is not available.

DataPoints Helpline number is 312-453-1994. DataPoints e-mail address is: [DataPointssupport@Startearly.org](mailto:DataPointssupport@Startearly.org). E-mail messages are monitored by DataPoints team, just like the Help Line. Feel free to address questions or concerns through e-mail.

DataPoints Problems: Any problems with DataPoints must be immediately reported to a member of DataPoints team. This is to ensure that all efforts are made to meet data entry deadlines and to ensure the accuracy of DataPoints reports. Reporting requirements are not waived on the basis of equipment malfunctions.

Internet Access: Each HV&DN program must ensure that all Start Early provided computers have adequate access to the Internet through a reliable Internet Service Provider (ISP). Management of the Internet connection and the ISP, including the installation of Internet connection equipment, troubleshooting of Internet connectivity problems, and all communications with the ISP are the responsibility of the HV&DN funded program. Reporting requirements and deadlines are not waived on the basis of Internet connection disruptions.

Virus Protection and Non-DataPoints Software: Virus protection for DataPoints computers is the responsibility of the HV&DN funded program. Given that all DataPoints computers have Internet access, the implementation and maintenance of current virus protection software is required. HV&DN funded programs must also adopt and implement policies that restrict and control the downloading and installation of files or software to computers used for DataPoints access. Such a policy should, at a minimum, restrict the downloading and installation of games, music, video, graphics files, browser add-ons, or software applications. Any software installation to an DataPoints computer that is found to inhibit the use of DataPoints program must be immediately removed.

## **B. Minimum Technical Requirements for Site Use of DataPoints System**

All HV&DN Subcontracting agencies are required to utilize DataPoints as the primary method for recording data and reporting on service delivery and participant outcome achievement.

HV&DN will continue to provide the operating system needed by program staff to enter data and run reports. In addition, DataPoints team will provide training and technical assistance on DataPoints for each Subcontract agency as needed. Each Subcontractor must assure that DataPoints is utilized only for the HV&DN funded program, and that an acceptable connection to the Internet is maintained, in adherence with the following requirements:

### Minimum Hardware Requirements:

- Sufficient number of CPUs to ensure at least a 3:1 DataPoints user to computer ratio
- Each CPU must have the following or better:
  - 1 gigahertz (GHz) or faster 32-bit (x86) or 64-bit (x64) processor
  - 1 gigabyte (GB) RAM (32-bit) or 2 GB RAM (64-bit)
  - 16 GB available hard disk space (32-bit) or 20 GB (64-bit)

### Minimum Operating System Requirements:

- All operating systems and devices are supported as long as they can run a web browser listed below

### Minimum Software Requirements:

- Google Chrome, Mozilla Firefox, or Mobile versions of these **Note:** Microsoft will no longer support “Internet Explorer 11” after June 15, 2021 and using this web browser after that date is a potential risk of security vulnerabilities on the user computer.
- DataPoints, needs JavaScript to function properly. This is the default for all web browsers. It is okay to disable JavaScript for other web sites, but please do not disable JavaScript for DataPoints
- Adobe Acrobat Reader version 10.0
- Current and updated version of virus protection software

## **2. FORMALIZED ACCOUNTING PROCEDURES**

To ensure that the expenditure of HV&DN Subcontract funds meets Federal and State audit requirements, an agency must have formalized, written accounting procedures. Agencies should follow the accrual method of accounting, enter and track financial data on a general ledger and relevant subsidiary ledgers, allocate costs among multiple funders, provide for separation of duties among fiscal staff, generate timely financial reports, and submit an independent auditor’s report to the HV&DN Fiscal Advisor on an annual basis.

## **3. DESIGNATED HV&DN SITE CONTACTS**

Each program year, Start Early Subcontracting agencies must designate members of their organization who will fulfill specified roles for interface with HV&DN staff. Site staff may be assigned to be the contact in one or more of these roles. HV&DN will use the designated site contact information to create targeted mailing and e-mail lists, and will assume that the site contact will handle the responsibilities associated with their designated role. Agencies should assign organizational contacts based on the descriptions of the required tasks and the agency expectations of the staff member to fulfill these roles in relationship to ongoing management of Start Early Subcontract.

Executive Contact: This contact has executive level authority to sign legal contracts on behalf of the Subcontracting agency. Start Early will contact this person in the event of any funding issues or any substantive program or fiscal concerns regarding the administration of the Subcontract.

Program Management Contact: This is the primary person responsible for overall management of the HV&DN program and fiscal matters related to the Subcontract. This includes adherence to the HV&DN Best Practice Standards. The HV&DN Program Manager works directly with this contact to develop the design of service and annual Program Abstract, and to negotiate the use of HV&DN funds. This contract is primarily responsible for the content and timely completion of required reports. This contact supervises direct service staff or supervisors.

Staff Development/Training Contact: This contact is responsible for the supervision of direct service staff, the creation of staff development plans, the oversight of registration for and staff attendance at Start Early Institute training events. This contact point is for all staff communications related to Professional Learning Network, and is responsible for day-to-day interface with site staff in all matters related to training registration, attendance, cancellations, and travel.

Fiscal Management Contact: This contact is the primary person responsible for the overall financial management of the Subcontract, including compliance with Start Early Subcontract administrative requirements and the internal allocation, oversight, and tracking of Subcontract expenditures.

Fiscal Report Contact: This contact is responsible for the actual preparation, submission, and correction of Quarterly Cost Reports, forecasts, and Amendments. The HV&DN Fiscal Advisor works directly with this contact to provide technical assistance and training, if necessary, to ensure submission of accurate financial reports that meet Start Early requirements.

DataPoints/MIS Contact: This contact is the primary liaison with DataPoints team or other Start Early contacts regarding data reporting issues, initial orientation of new site staff, providing written notification to DataPoints team regarding new user or follow-up training, and distribution of DataPoints or MIS-related correspondence to DataPoints users in Start Early funded program.

Agency Technology Contact: This is the person responsible for ensuring ongoing compliance with the technical specifications associated with the use of DataPoints. This person works directly with DataPoints team or other specified Start Early contact to address and resolve technical issues related to DataPoints.

**Changes to Contact or Contact Information:** To change any of the designated contacts during the fiscal year, notify your HV&DN Program Manager in writing and submit all changes in contact information or designation in a Program Narrative Quarterly Report or a revised Abstract, which should be submitted as part of a Subcontract Amendment.

## A6. Glossary of Terms

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**Acceptance rate:** The number of participants who accepted program services divided by the number of participants who were offered program services.

**Assurance:** A contractual provision a Subcontractor is obligated to satisfy in the course of HV&DN program operations.

**Birth Plan:** A prenatal Individual Family Support Plan established between a participant and Doula. The plan is focused on the participant's desires for the birth concerning areas such as pain relief, feeding, and Doula and family involvement in the birthing room. The plan, sometimes referred to as a Birth Wish List, is shared with the medical providers either prior to or at the time of admission as a step-in advocating for the parent's desires. *(See Best Practice Standard on page 11)*

**Community Education:** Services provided by the program to educate community members on pregnancy and parenting topics. These events include those held by the Subcontracting agency.

**Contract Compliance:** The act of conforming to the expectations put forth in the HV&DN Subcontract Agreement, the approved Program Narrative, Program Abstract, Program Budget, and the HV&DN Policy and Procedure Manual.

**DataPoints:** The Web-based HV&DN Management Information System (MIS) used for program documentation, reporting, evaluation, and funding purposes. *(See Best Practice Standard on pages 10-11)*

**Direct Expenses:** Costs of delivering services to or performing activities on behalf of program participants that would no longer be incurred if the program closed.

**Doula Clinical Consultation:** A contractual position established with a doctor, midwife, nurse, or very experienced Doula in the local area. This individual should be knowledgeable about medical and hospital procedures surrounding pregnancy and childbirth. This person is expected to be available by phone seven days per week, 24-hours per day to respond to Doulas' clinical questions as they arise. This person is also expected to provide monthly face to face contact to review Doula work, provide education and resources, and to consult with the Doula Program Director and Doula Program Supervisor. *(See Best Practice Standard on page 18)*

**Doula Hospital Service:** Doula service that takes place at a hospital. This often includes the birth of the child, however, if a birth does not take place, the hospital service is still recorded. In addition, if a Doula provides support to the participant at the hospital before or immediately after a birth but does not witness the birth, this is still considered an attended birth.

**Enrollment Status:** The role assigned to indicate the participant's level of engagement in the program. The four possibilities for enrollment status are: New, Creative Outreach, Active, and Closed. Participants must meet the following requirements for each status.

**New**

- The participant has received an initial contact and has signed a consent form, but has not yet received an activating service.
- **Creative Outreach:**
- The participant was Active (i.e., received a home visit), but has since disengaged from the program. Programs can use some discretion in deciding when to place a participant on Creative Outreach, but generally speaking, Level 1 participants that have missed more than two-thirds of expected home visits over a two-month period or participants at Level 2 or higher that have missed over half of the expected home visits over a three month period should be placed on Creative Outreach. If a program knows ahead of time that a participant will not be keeping scheduled home visits (because they will be out of town, etc.), the participant may be placed on Creative Outreach before any actual home visits are missed. Creative Outreach status was designed to hold a program slot for the participant while efforts are made to re-engage her. Participants will not be counted in outcome calculations while they are on Creative Outreach status.

**Active** (both must apply):

- The participant has completed the DataPoints intake process.
- The participant has the necessary activating services.
  - FSW participants are considered active after receiving their first completed Home Visit or Combined Home Visit.
  - Doula participants are considered active after receiving their second completed prenatal Home Visit (two Doula Home Visits, two Combined Home Visits, or one each of Doula and Combined Home Visits) OR a Doula Attended Birth

**Closed** (one must apply):

- The participant has indicated that she no longer wishes to continue in the program.
- The participant has graduated from or completed the program according to the program's guidelines.
- The participant has died or moved away.
- The participant has been pending in Creative Outreach status for three months without receiving the one Home Visit required to achieve Active status.
- A participant who shows obvious disinterest to intensive outreach efforts from staff may be closed before three months.

**Exit Interview:** Final documented contact with a participant. This may be conducted face to face or be in written form. The elements include participant's review of progress, achievements, future plans, reason for closure, referrals, and method of tracking participant's address for possible future contact. (*See Best Practice Standard on page 21*)

**Family Goal Plan:** A written plan to be negotiated with each participant that includes the following elements: available resources, identification of goals, and a plan for goal attainment.

**Full Time Equivalency (FTE):** The time assigned to HV&DN activities represented as a proportion of the agency's standard work week. For example, 1 FTE is the equivalent of one full-time employee, and .5 FTE is the equivalent of one half-time employee.

**Group Service:** Groups provided by the program and conducted by a staff member in which participants learn about pregnancy and parenting issues. *(See Best Practice Standards on pages 13-16)*

**Home Visits/Personal Visits:** The services provided by HV&DN site staff for pregnant and parenting teens and their children. Home Visits take place in the participant's home on a schedule determined in partnership with the family and include time for parent-child activities. A service provided by a Home Visitor or Doula outside of the home may still be considered a Home Visit if it contains the same length and content as a Home Visit, however, each model expects a certain percentage of Home Visits to occur in the home. As stated in the HV&DN Best Practices, the average Home Visit should be one hour to one and a half hours in duration. *(See Best Practice Standard on page 9)*

- **Attempted Home Visit:** A scheduled home visit in which the staff member made an active effort to complete but did not take place. Attempted visits include those in which the staff member went to the participant's home at the scheduled time to find the participant absent or unable to complete the visit. Attempted visits do not include those cancelled in advance by the participant or staff member.
- **Combined Home Visit:** A home visit where both a FSW and a Doula are present.
- **Doula Home Visit:** A home visit with Doula services conducted by a Doula.

**Homeless:** Lacking a fixed, regular, and adequate nighttime residence. This includes those who are "doubled up," a term that refers to a situation where individuals who are unable to maintain their housing situation are forced to stay with a series of friends or extended family members. Those who qualify as homeless may also stay at the following places:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A public or private place not designed for or ordinarily used as a sleeping accommodation for humans.

**Indirect Expenses:** Organizational costs, exclusive of program services and activities, which are shared and distributed over all of the agency's programs. These include costs which are not easily identifiable with a specific program, but which are, nonetheless, necessary to the program's operation. The classification and assignment of indirect costs should be based on the specified agency's allocation method and only as allowed by the source of funds. If the program did not exist, these costs would still be present.

**Individual Contact:** A service provided to a participant that falls within the categories of crisis intervention, counseling, health care, or advocacy, but that is not part of a Home Visit or Doula Home Visit. This service may take place via a letter, phone call, or face to face contact. Programs who provide assessment services should count their assessment visits as individual contacts.

**In-Kind Support:** The financial equivalent of services provided by volunteers or assets donated to support program activities.

**Intake:** The documentation completed upon a participant's initial contact with the program. An intake must be completed to count a participant's data toward program outcomes.

- **Group Roster Only Intake:** The intake for participants attending only group services. Data of participants enrolled in this category are not counted toward program outcomes.
- **Doula-Only Intake:** The intake for participants who receive only Doula services.
- **Full Intake:** The intake for participants who receive home visiting or home visiting and Doula services combined.

**Long-Term Services:** The full range of Home Visiting program services provided to a participant on an ongoing basis. Long-term services are meant to include the intensity, duration, and frequency needed to achieve optimum results for participants. Also the term used to distinguish between participants enrolled as FSW/Doula versus those enrolled as Doula-only.

**Medical Home:** A participant and child's routine place of medical care wherein their respective medical charts are located.

**Monitor:** Process by which HV&DN program staff members assess contractual compliance and progress toward meeting contractual obligations. Methods may include site visits, quarterly reports, and fiscal audits.

**Quarterly Reports:** The reports that reflect program and fiscal status for a three month period and that identify progress made toward achieving program benchmarks.

**Referral:** Services that direct a participant to another program, within the same agency or externally, that will meet the participant's needs. Referrals must be recorded in DataPoints.

**Retention rate:** The percentage of a given group of participants (e.g. all participants that first enrolled in FY06) that remained in the program for a specified period of time (e.g. 6 months, 1 year, 2 years, etc.).

**Screening:** The process of testing a child's development on certain indicators using a standard instrument such as the Denver II, Brigance, Ages and Stages, or Batelle Developmental Inventory Screening.

- **Rescreen:** The process of repeating a screen that was already performed on the same child. This generally occurs when the child's first score indicated the need for additional screening. A screening qualifies as a rescreen only if the same portion of a screen is repeated on the child. For example, it does not qualify as a rescreen if one portion of the Denver II is performed on 7/1/09 and a different portion of the Denver II is performed on the same child on 7/2/09.

**Service Area:** The geographic area of current or proposed programming for participants as defined by the service organization. In Chicago, the service area is generally defined by the community area, while in the rest of the state the service area is usually defined by county.

**Service Intensity Level:** The frequency of the home visiting services provided to the participant. The service intensity levels of non-Doula participants are:

- **Level X** – for New or Creative Outreach participants. New participants are those who have been enrolled in the program but have not yet received activating services. Creative Outreach participants are those who have not yet achieved Active status by receiving one Home Visit, or those whose participation has been inconsistent or interrupted and efforts are being made to reengage them.
- **Level 1P** – for pregnant participants receiving biweekly Home Visiting
- **Level 1** – for participants receiving weekly Home Visiting
- **Level 2** – for participants receiving biweekly Home Visiting
- **Level 3** – for participants receiving monthly Home Visiting
- **Level 4** – for participants receiving quarterly Home Visiting

All Doula participants are assigned to the **Doula Home Visiting Model** service level rather than the levels above. The frequency of visits for this Service Intensity Level is based on the Doula Home Visiting Model set forth in the Program Abstract.

**Short-Term Participants:** Participants targeted for a short-term or a single service component and not expected to be involved in long-term Home Visiting within the HV&DN program or within the Subcontracting agency for programs funded only for Doula services.

**Staff Assignment:** The primary person responsible for service delivery to the participant. This is not always the same staff person who completes the intake.

**Staffing:** Regular meeting held with direct and supervisory staff to discuss services and issues related to a particular participant's status and progress.

**Supervision:** The relationship and interaction between an employee and her or his direct supervisor. HV&DN believes it is optimal that these relationships seek to ensure quality direct services and support the professional development of staff. The elements include reflection (listening and explaining), collaboration (mutual respect), and regularity (how often, time, structure, and availability). *(See Best Practice Standard on page 16)*

**Target Child:** The pregnancy or child that brings the participant into the program. For participants who are not pregnant at the time of enrollment, the target child is their youngest child. For participants who are pregnant at the time of enrollment, the target child is the child in utero.

**Team Meeting:** Regularly scheduled meeting held to address agency, team, community, administrative, or other issues related to the HV&DN program. *(See Best Practice Standard on page 18)*



**FY24**  
**Subcontract**  
**Application**  
**&**  
**Submission**  
**Information**

# B1. Subcontract Submission Instructions & Due Dates

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1. **HV&DN Policy and Procedure Manual:** The FY24 Policy and Procedure Manual and forms are available on the HV&DN Website: <http://www.opfHV&DN.org>.
2. **Subcontract Agreement:** FY24 Award Letters, Boilerplates, and Payment Schedules will be sent to site Executive Contacts via e-mail by May 1, 2023. This document needs to be reviewed and signed by the Executive Contact or a person authorized to sign contracts on behalf of your organization. The due date for receipt of the Subcontract Agreement is *4:00 p.m. on June 28, 2023*. Failure to return the Subcontract Agreement by the due date will be interpreted as indication that the agency does not wish to renew their Start Early Subcontract. Mail five (5) identical copies (ALL with original signatures and payment schedules attached) of the FY24 Subcontract Agreement to:

HV&DN Administration Manager  
Start Early  
33 West Monroe, Suite 1200  
Chicago, IL 60603

3. **Program Abstract and Budget:** Draft abstracts and budgets are due, via e-mail, to [HVDNadmin@startearly.org](mailto:HVDNadmin@startearly.org) by June 15, 2023. In the subject line of your e-mail, please include the following information: site name, fiscal year, and name(s) of document(s). Final FY24 Abstracts and Budgets are due to [HVDNadmin@startearly.org](mailto:HVDNadmin@startearly.org) by July 12, 2023. Please use the same naming convention for the final submission e-mail as used for the draft e-mail (site name, fiscal year, name of document).
4. **Program Narratives:** Draft narratives are due upon request typically once every three years and are sent via e-mail to [HVDNadmin@startearly.org](mailto:HVDNadmin@startearly.org). In the subject line of your e-mail, please include the following information: site name, fiscal year, and name(s) of document(s). Please use the same naming convention for the final submission e-mail as used for the draft e-mail (site name, fiscal year, name of document).

## SUBMISSION NOTES

- Contact the HV&DN Program Manager for any questions related to required FY24 documents.
- Please notify the HV&DN Program Manager, via e-mail, five (5) business days prior to the deadline if any portion of the Subcontract submission will be late. Late submissions of required Subcontract documents can delay delivery of site payments and will be taken into consideration in discussions related to the approval of QIRs and other program expansion discussions.

## B2. Subcontract Agreement

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### START EARLY Subcontract Agreement

This Agreement is by and between Start Early, with its principal address at 33 West Monroe, Suite 1200, Chicago, Illinois 60603, hereinafter referred to as the “Agency” and

\_\_\_\_\_ with its principal office at \_\_\_\_\_, hereinafter referred to as the “Service Subcontractor”.

WHEREAS, it is the intent of the parties herein to implement the services consistent with and pursuant to the duties and responsibilities imposed by the Illinois Department of Human Services (IDHS), and/or the Illinois State Board of Education (ISBE), depending on source funds as indicated in the annual award letter, and in accordance with the terms, conditions, and provisions hereof, it is agreed as follows:

1. **EFFECTIVE DATE**

This Agreement, for the period of July 1, 2023 through June 30, 2024, shall become effective when the Agency approves the Program Plan and Budget submitted by the Service Subcontractor. The signed Subcontract Agreement is due May 22, 2023. The Service Subcontractor shall submit its final Program Plan and Budget to the Agency no later than July 14, 2023. Costs incurred prior to the effective date hereof, after the expiration date hereof, or after earlier termination pursuant to the provisions of the Subcontract, shall not be paid by the Agency.

2. **TAXPAYER CERTIFICATION** (Service Subcontractor **MUST** complete)

Under penalties of perjury, the Service Subcontractor certifies that \_\_\_\_\_ is the Service Subcontractor’s correct (please check one).

- Federal Taxpayer Identification Number  
 Social Security Number

The Service Subcontractor is doing business as a (please check one).

- |  |   |
|--|---|
| <input type="checkbox"/> Individual                            | <input type="checkbox"/> Pharmacy (Non-Corporate)                   |
| <input type="checkbox"/> Sole Proprietorship                   | <input type="checkbox"/> Nonresident Alien                          |
| <input type="checkbox"/> Partnership                           | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery Corporation |
| <input type="checkbox"/> Corporation (includes Not For Profit) | <input type="checkbox"/> Tax Exempt/Hospital/Extended Care Facility |
| <input type="checkbox"/> Medical Corporation                   |   |
| <input type="checkbox"/> Governmental Unit                     |   |
| <input type="checkbox"/> Estate or Trust                       |   |

The Service Subcontractor also certifies that it does and will comply with all provisions of the Federal Internal Revenue Code, the Illinois Revenue Act, and all rules promulgated thereunder, including withholding provisions and timely deposits of employee taxes and unemployment insurance taxes.

3. **PAYMENT**

- A. The maximum amount payable by the Agency to the Service Subcontractor under this Agreement is \$ \_\_\_\_\_.

The Agency agrees to initiate payment by check to the Service Subcontractor according to the attached payment schedule, upon receipt by the Agency of payment from the fund source, e.g., IDHS, or ISBE. The Agency may exercise the right to withhold monthly payments until required reports and/or forms are received and approved.

- B. Obligations of the Agency will cease immediately without penalty or further payment being required if, in any fiscal year, the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this Agreement. The Agency shall notify the Service Subcontractor of such funding failure.
- C. If the funds awarded are subject to the provisions of the Grant Funds Recovery Act, (30 ILCS 706), any funds remaining at the end of the Agreement period which are not expended or legally obligated by the Service Subcontractor shall be returned to the Agency within forty-five days after the expiration of this Agreement. The provisions of 89 III Adm. Code 511 shall apply to any funds awarded that are subject to the Grant Funds Recovery Act.
- D. If applicable, federal funds received under this Agreement shall be managed in accordance with the Cash Management Improvement Act of 1990, (31 U.S.C. 6501 et seq.) and any other applicable federal laws or regulations.
- E. The Service Subcontractor agrees to hold harmless the Agency when the Agency acts in good faith to redirect all or a portion of any Service Subcontractor payment to a third party. The Agency will be deemed to have acted in good faith if it is in possession of information that indicates the Service Subcontractor authorized the Agency to intercept or redirect payments to a third party or when so ordered by a court of competent jurisdiction.
- F. The Agency reserves the right to decrease the maximum amount payable under this Agreement if: 1) staff and/or consultants are not hired within thirty days after a) effective date of subcontract, b) projected hire date, or c) vacancy occurs 2) line items are not expended according to schedule or are utilized in a manner that was not authorized, as evidenced in the quarterly expense reports or 3) if an acceptable amendment reallocating dollars is not submitted within thirty days from the submission of the quarterly expense report, and approved within sixty days from the submission of the quarterly expense report.
- G. Grant funds disbursed under this Agreement and held thirty days by the Service Subcontractor will be placed in an interest-bearing account. Any exception to this requirement must be approved, in writing, by the Agency. The provision of the Illinois Grant Funds Recovery Act shall apply.
- H. The Service Subcontractor acknowledges that the Agency has entered into a contract with IDHS, and/or ISBE to provide certain services, including those described in the Agreement. The terms of this Agreement are subject to the contract executed between the IDHS, and/or ISBE and the Agency. The Service Subcontractor agrees to assist the Agency in performing the Agency's obligations under said contract(s).
- I. The Service Subcontractor certifies that an amount, no less than 10% of the grant award, is allocated by the Service Subcontractor to supplement Start Early/HV&DN funds for the services delivered under this Agreement. This contribution may be cash or in-kind.

4. **SCOPE OF SERVICES**

The Service Subcontractor will provide the programs and services described in the Attachment(s) to this Agreement and in accordance with all conditions and terms set forth herein.

The Service Subcontractor agrees to undertake and perform according to the terms of this Agreement, all of their services mutually determined and approved in the most recent Program Narrative, Program Abstract, and Amendments.

The Service Subcontractor agrees to design their Agency-funded Program Plan, based on the program components, principals, and practices listed in Start Early/HV&DN Best Practice Standards (see Start Early/Home Visiting & Doula Network FY24 Policy and Procedure Manual, Section A3). The Program Narrative and Abstract shall be designed to achieve the HV&DN Program Outcomes. Once accepted by the Agency, the Program Narrative and Abstract may not be modified without the express written consent of the Agency.

The overall goal of Start Early/HV&DN is to provide education and support to children, adolescents, and their families through community-based programs. The following chart delineates the desired outcomes of services to pregnant and parenting teens and their children, with the measurements used to indicate achievement. Sites which provide only Doula services via this Service Subcontract shall meet the outcome measurements with references to Doulas and Doula sites in the chart that follows.

## HV&DN Outcomes

| Desired Outcomes   | Indicators of Outcome Achievement (Measures)   |
|--|--|
| Healthy parent-child relationships   | <ul style="list-style-type: none"> <li>• Improved parent-child relationships as measured by parent efficacy scales</li> <li>• Frequency of father contact</li> <li>• Number of parent-child interaction videos completed and reviewed with parents</li> <li>• Participant rates of indicated child abuse/neglect lower, after program involvement, than rates of pregnant and parenting teens in comparable groups</li> <li>• Number of referrals for infant mental health services</li> </ul>   |
| Healthy growth and development of children of pregnant and parenting teens | <ul style="list-style-type: none"> <li>• Children of participants' immunization rates higher, after program involvement, than rates of children from comparable groups</li> <li>• 100% of participants' children enrolled with a medical provider for well child and tertiary health care</li> <li>• Increased rates of WIC enrollment</li> <li>• 100% of participants' children receive developmental screening on schedule</li> <li>• 100% of children identified as being in need of developmental assessment via the screening process or by staff observation are referred to Child &amp; Family Connections or other appropriate resource for follow-up, if they are not currently receiving services to address potential developmental issues</li> <li>• Increased rates of breastfeeding initiation and duration for participants recruited prenatally</li> </ul> |
| Reduction in expected rates of subsequent births                           | <ul style="list-style-type: none"> <li>• Participant subsequent birth rates lower, after program involvement, than rates of teens in comparable groups</li> <li>• Rates of contraceptive use among sexually active participants higher, after program involvement, than rates of teens in comparable groups</li> </ul>   |
| Improved health and emotional development of pregnant and parenting teens  | <ul style="list-style-type: none"> <li>• 100% of participants enrolled with a medical provider for preventive, prenatal, and tertiary healthcare</li> <li>• Number of referrals for mental health assessment and treatment</li> <li>• Number of referrals for intimate partner violence intervention</li> <li>• Number of referrals for substance abuse treatment</li> <li>• Percentage of participants attending groups</li> <li>• Number engaged at the beginning of the third trimester for programs with Doulas</li> </ul>   |
| Enhanced self-sufficiency  | <ul style="list-style-type: none"> <li>• Improved vocational readiness as measured by increases in educational levels/high school or equivalency attainment and/or vocational training completion after program involvement</li> <li>• Improved rates of work activity for participants age 17 and up after program involvement</li> <li>• 100% of participants learn goal-setting skills and complete at least two Goal Plans per year (including birth plans for Doula sites)</li> <li>• Number of homelessness/transience experiences per participant per year</li> <li>• High school dropout rates among participants lower than rates among comparable groups of teen parents</li> </ul>  |

5. **REQUIRED CERTIFICATIONS**

The Service Subcontractor shall be responsible for compliance with the enumerated certifications to the extent that the certifications legally apply to the Service Subcontractor. The Agency recognizes that not all certifications may apply to the Service Subcontractor. It is the Service Subcontractor's responsibility to determine which certifications apply.

- A. **Bribery** – The Service Subcontractor certifies that the Service Subcontractor has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor made an admission of guilt of such conduct which is a matter of record, (30 ILCS 500/50-5).
- B. **Bid Rigging** – The Service Subcontractor certifies that it has not been barred from contracting with a unit of State or local government as result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961, (720 ILCS 5/33E-3 or 720 ILCS 5/33#-4, respectively).
- C. **Educational Loan** – The Service Subcontractor certifies that it is not barred from receiving State Agreements as a result of default on an educational loan, (5 ILCS 385).
- D. **International Boycott** – The Service Subcontractor certifies that neither it nor any substantially owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979, (50 U.S.C. Appx. 2401 et seq.), or the regulations of the U.S. Department of Commerce promulgated under that Act, (15 CFR Parts 730 through 774).
- E. **Dues and Fees** – The Service Subcontractor certifies that the Service Subcontractor is not prohibited from selling goods or services to the State of Illinois because it pays dues or fees on behalf of its employees or agents, or subsidizes or otherwise reimburses them, for payment of their dues or fees to any club which unlawfully discriminates, (775 ILCS 25/1, 25/2).
- F. **Drug Free Workplace** – The Service Subcontractor certifies that neither it nor its employees shall engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of this Agreement and that the Service Subcontractor is in compliance with all the provisions of the Illinois Drug Free Workplace Act, (30 ILCS 580/3 or 580/4).
- G. **Clean Air Act and Clean Water Act** – The Service Subcontractor certifies that it is in compliance with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act, (42 U.S. C. 7401 et seq.) and the Federal Water Pollution Control Act, as amended, (33 U.S.C. 1251 et seq.).
- H. **Debarment** – The Service Subcontract certifies that the Service Subcontractor is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this Agreement by any Federal department or agency, (45 CFR Part 76).
- I. **Pro-Children Act** – The Service Subcontractor certifies that it is in compliance with the Pro-Children Act of 1994 in that it prohibits smoking in any portion of its facility used for the provision of health, day care, early childhood development services, education, or library services to children under eighteen, which services are supported by Federal or State government assistance (except portions of the facilities which are used for inpatient substance abuse treatment), (20 U.S.C. 6081 et seq.).

- J. **Health Insurance Portability and Accountability Act** - The Service Subcontractor certifies that it is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law No. 104-191, 45 CFR Parts 160, 162 and 164, the Social Security Act, 42 U.S.C. §1320d-2 through 1320d-7, in that it may not use or disclose protected health information other than as permitted or required by law and agrees to use appropriate safeguards to prevent use or disclosure of the protected health information. The Provider shall maintain, for a minimum of six (6) years, all protected health information.

6. **UNLAWFUL DISCRIMINATION**

The Service Subcontractor and its employees shall comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment, and equal employment opportunity including, but not limited to, the following laws and regulations and all subsequent amendments thereto:

- A. The Illinois Human Rights Act, (775 ILCS 5).
- B. Public Works Employment Discrimination Act, (775 ILCS 10).
- C. The United States Civil Rights Act of 1964 (as amended), (42 U.S.C. 2000a-2000h-6). (See also guidelines to Federal Financial Assistance Recipients regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons [Federal Register: February 18, 2002 (Volume 67, Number 13, Pages 2671-2685.)]).
- D. Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. 794).
- E. The Americans with Disabilities Act of 1990, (42 U.S.C. 12101).
- F. Executive Orders 11246 and 11375, (Equal Employment Opportunity) and Executive Order 13160 (2000), (Improving Access to Services for Persons with Limited English Proficiency).

7. **LOBBYING**

The Service Subcontractor certifies that no federal appropriated funds have been paid or will be paid, by or on behalf of the Service Subcontractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal agreement, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal agreement, grant, loan, or cooperative agreement.

If any funds, other than federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence any of the above persons in connection with this Agreement, the undersigned must also complete and submit federal form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

If there are any indirect costs associated with this Agreement, total lobbying costs shall be separately identified in the indirect cost rate proposal, and thereafter treated as other unallowable activity costs.

The Service Subcontractor must include the language of this certification in the award documents for any sub-awards made pursuant to this award. All sub-recipients are also subject to certification and disclosure.



This certification is a material representation of fact upon which reliance was placed to enter into this transaction and is a prerequisite for this transaction, pursuant to 31 U.S.C. Sec. 1352. Any person who fails to file the required certifications shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**8. CONFIDENTIALITY**

The Service Subcontractor shall comply with applicable state and federal laws and regulations, and the Agency's administrative rules, regarding confidential records or other information obtained by the Service Subcontractor concerning persons served under this Agreement. The records and information shall be protected by the Service Subcontractor from unauthorized disclosure.

**9. LIABILITY**

The Service Subcontractor agrees to indemnify, defend and hold harmless the Agency from and against any and all liability, expense (including court costs and reasonable attorney's fees) and claims for damage of any nature whatsoever, whether known or unknown and whether direct or indirect, as though expressly set forth and described herein, which the Agency may incur, suffer, become liable for or which may be asserted or claimed against the Agency as a result of the acts, errors or omissions, including negligent acts and statutory violations, of Service Subcontractor or as a result of the acts, errors, or omissions of Service Subcontractor's agents, directors, employees, officers, representatives and shareholders unless Service Subcontractor's agents, directors employees, officers, representatives or shareholders were acting pursuant to and in accordance with express written instructions from the Agency. The Service Subcontractor hereby indemnifies the Agency for costs, claims, damages, or other losses incurred or associated with injuries sustained by any agent, director, employee, officer, representative, or shareholder of Service Subcontractor while performing services in accordance with this Agreement which have not been compensated by workers compensation.

**10. MAINTENANCE AND ACCESSIBILITY OF RECORDS**

- A. The Service Subcontractor shall maintain, for a minimum of five years from the later date of final payment under this Agreement or the expiration of this Agreement, adequate books, records, and supporting documents to comply with 89 Ill Adm. Code 509.
- B. The Service Subcontractor agrees to make books, records and supporting documentation relevant to this Agreement available to authorized Agency representatives, auditors (including the Illinois Auditor General), state and federal authorities, and any other person as may be authorized by the Agency or by state and federal authorities. The Service Subcontractor will cooperate fully in any such audit.
- C. Failure to maintain books, records, and supporting documentation shall establish a presumption in favor of the Agency for the recovery of any funds paid by the Agency under this Agreement for which adequate books, records, and supporting documentation are not available to support disbursement.
- D. Service Subcontractor agrees to maintain complete records of its activities utilizing the DataPoints Management Information System as its primary method of documentation under this Subcontract. Sites only funded by Start Early for Doula services shall document services in the modified version of DataPoints. Records for each participant shall include signed Start Early Consent and Participation Form (rev. 4/1/14), initial referral information, ongoing services provided to the participant, assessments, changes in pregnancy or parenting status, participant service plans (if applicable), parent questionnaires, parent screenings (if applicable), staffing information, legal documents, and correspondence.

- E. All Program participant files must include hard copy records that document any outcome indicators submitted to Agency via quarterly reports, e.g., developmental screening records, child immunizations, contraceptive use and health-related information, and educational status. For sites funded for Doula Services through ISBE, participant files must contain a completed annual satisfaction survey.
- F. The Subcontractor agrees to keep all participant files secured for reason of confidentiality. For reasons of program audits by either the Agency or DHS, these records are to be maintained for six years after termination of this Agreement.

11. **RIGHT OF AUDIT AND MONITORING**

The Agency shall monitor the Service Subcontractor's conduct under this Agreement which may include, but shall not be limited to, reviewing records of program performance in accordance with administrative rules, license status review, fiscal and audit review, Agreement compliance, and compliance with affirmative action requirements of this Agreement.

The Agency may request, and Service Subcontractor will supply, upon request, necessary information and documentation regarding transactions constituting contractual (whether a written contract is in existence or not) or other relationships, paid for with funds received hereunder. Documentation may include, but is not limited to, information regarding Service Subcontractor's contractual agreements, identity of agents, employees, officers, representative or shareholders, and of Service Subcontractor, and any party providing services which will or may be paid for with funds received hereunder, including, but not limited to, management and consulting services rendered to Service Subcontractor.

12. **AUDIT REQUIREMENTS**

The Service Subcontractor will annually submit an independent audit report and/or supplemental revenue and expense data to the Agency in accordance with 89 III Adm. Code 507, (Audit Requirements of the Department of Human Services) within 180 days following the completion of the Service Subcontractor's fiscal year, to enable the Agency to perform fiscal monitoring and to account for the usage of funds paid to the Service Subcontractor under this Agreement. For those organizations required to submit an independent audit report, the audit is to be conducted by a Certified Public Accountant or Certified Public Accounting Firm registered in the State of Illinois.

The audit must provide a clear and traceable accounting of funds received under this Agreement. Additional audit requirements may be contained in the Attachment(s).

**The Service Subcontractor shall submit two copies of its independent audit by December 31, 2023 to: HV&DN Fiscal Advisor, Start Early, 33 West Monroe, Suite 1200, Chicago, IL 60603.**

13. **INDEPENDENT SERVICE SUBCONTRACTOR**

The Service Subcontractor is an independent Service Subcontractor and its employees and consultants do not acquire employment rights with the Agency, IDHS, ISBE, or the State of Illinois by virtue of this Agreement.

14. **SANCTIONS**

The Agency may impose sanctions on Service Subcontractors who fail to comply with conditions stipulated herein. Sanctions include, but are not limited to, payment suspension, loss of payment, and enrollment limitations (included, but not limited to, conditional, probationary, and termination status), or other actions up to and including subcontract termination.

15. **TERMINATION OF THE AGREEMENT**

Either party may terminate this Agreement at any time, for any reason, upon thirty days written notice to the other party. The Agency may terminate this Agreement immediately in the event the Service Subcontractor substantially or materially breached the Agreement. The Service Subcontractor shall be paid for work satisfactorily completed prior to the date of termination.

16. **POST-TERMINATION/NON-RENEWAL**

Upon notice by the Agency to the Service Subcontractor of the termination of this Agreement or notice that the Agency will not renew, extend or exercise any options to extend the term of this contract, or that the Agency will not be contracting with Service Subcontractor beyond the term of this Agreement, the Service Subcontractor shall, upon demand:

- A. Cooperate with the Agency in assuring the transition of recipients of services hereunder for whom Service Subcontractor will no longer be providing the same or similar services or who chose to receive services through another provider.
- B. Provide copies of all records related to recipient services funded by the Agency under this Agreement.
- C. Grant reasonable access to the Agency to any and all program sites serving recipients hereunder to facilitate interviews of recipients to assure a choice process by which recipients may indicate Service Subcontractor preference.
- D. Provide detailed accounting of all service recipients' funds held in trust by Service Subcontractor, as well as the identity of any recipients for whom Service Subcontractor is acting as a representative payee of last resort.
- E. The Agency shall not be liable for payment for service provided after the Subcontract termination date. Upon cessation of a continuing contractual relationship for this program, the Service Subcontractor shall return to the Agency all funds received from the Agency, which are in excess of actual costs for providing the Subcontract services which were delivered before the Subcontract was terminated or expired. Such excess of revenue above expenses shall be returned to the Agency by check(s) payable to Start Early, no later than forty-five days after approval by the Agency of the required final fiscal report.

The promises and covenants of this paragraph, specifically, shall survive the term of this Agreement for the purposes of the necessary transition of recipients of services hereunder.

17. **SUB-SUBCONTRACTS**

The Service Subcontractor will not utilize the services of a sub-subcontractor to fulfill any obligations under this Agreement without prior written consent of the Agency.

Any work or professional services sub-subcontracted for shall be specified by written contract, and shall be subject to all provisions contained in this Agreement. The Service Subcontractor shall be liable for the performance of any person, organization, or corporation with which it contracts. The Agency shall not be responsible to any sub-subcontractor.

18. **NOTICE OF CHANGE**

The Service Subcontractor shall give thirty days prior written notice to the Agency (contact person[s] listed on the Abstract) if there is a change in the Service Subcontractor's legal status, federal employment identification number (FEIN), or e-mail and street address. The Agency reserves the right to take any and all appropriate action.

The Service Subcontractor agrees to hold harmless the Agency for any acts or omissions by the Agency, resulting from the Service Subcontractor's failure to notify the Agency of these changes.

In the event the Service Subcontractor, its parent, or related corporate entity, becomes a party to any litigation, investigation, or transaction that may reasonably be considered to have material impact on the Service Subcontract's ability to perform under this Agreement, the Service Subcontractor will immediately notify the Agency in writing.

19. **ASSIGNMENT**

The Service Subcontractor understands and agrees that this Agreement may not be sold, assigned, or transferred in any manner, and that any actual or attempted sale, assignment, or transfer without the prior written approval of the Agency shall render this Agreement null, void, and of no further effect.

20. **MERGERS/ACQUISITIONS**

The Service Subcontractor acknowledges that this Agreement is made by and between the Agency and Service Subcontractor, as Service Subcontractor is currently organized and constituted. No promise or undertaking made hereunder is an assurance that the Agency agrees to continue this Agreement, nor any licensure related thereto, should the Service Subcontractor reorganize or otherwise substantially change the character of its corporate or other business structure. The Service Subcontractor agrees that it will give the Agency prior notice of any such action and provide any and all reasonable documentation necessary for the Agency to review the proposed transaction and to include corporate and shareholder minutes of any corporation which may be involved, as well as financial records. Failure to comply with this paragraph shall constitute a material breach of this Agreement.

21. **CONFLICT OF INTEREST**

The Service Subcontractor agrees that payments made by the Agency under this Agreement will not be used to compensate, directly or indirectly, any person: 1) Currently holding an elective office in the State of Illinois, including, but not limited to a seat in the General Assembly, or, 2) Employed by an office or agency of the State of Illinois with annual compensation in excess of \$90,000.00, as provided in the Illinois Procurement Code.

22. **TRANSFER OF EQUIPMENT**

The Agency shall have the right to require transfer (including title) to the Agency of any equipment purchased in whole or in part under the terms of this Agreement. For this Agreement, equipment means any product (tangible and non-tangible) used in the administration and/or operation of the program having a useful life of one year or more and an acquisition cost of at least \$500. Upon termination of this Agreement or any subsequent agreement for these services, any equipment exceeding \$500 in value at the time of purchase which was purchased with Agency funds shall be returned to the Agency within ninety days, unless otherwise agreed to in writing.

23. **WORK PRODUCT**

Except as otherwise required by law, any work product such as written reports, memoranda, documents, recordings, drawings, data, software, or other deliverables developed in the course of or funded under this Agreement shall be considered a work made for hire and shall remain the exclusive property of the Agency. There shall be no dissemination or publication of any such work product without the prior written consent of the Agency. The Service Subcontractor acknowledges that the Agency is under no obligation to give such consent and that the Agency may, if consent is given, give consent subject to such additional terms and conditions as the Agency may require.

Upon written consent of the Agency, the Service Subcontractor may retain copies of its work product for its own use provided that all laws, rules, and regulations pertaining to confidentiality are observed.

The Service Subcontractor may not copyright the material without the prior written consent of the Agency. The Service Subcontractor acknowledges that the Agency is under no obligation to give such consent and that the Agency may, if consent is given, give consent subject to such additional terms and conditions as the Agency may require.

24. **RELEASES**

In the event that Agency funds are used in whole or in part to produce any written publications, announcements, reports, flyers, brochures or other written materials, the Service Subcontractor agrees to include in these publications, announcements, reports, flyers, brochures and all other such material, the phrase “funding provided in whole or in part by Start Early/Illinois Department of Human Services (or ISBE based on source funds). Exceptions to this requirement must be requested, in writing, to the Agency and will be considered authorized only upon written notice to the Service Subcontractor.

25. **PRIOR NOTIFICATION**

The Service Subcontractor agrees to notify the Agency prior to issuing public announcements or press releases concerning work done pursuant to this Agreement, or funded in whole or in part by this Agreement, and cooperate with the Agency in joint or coordinated releases of information.

26. **INSURANCE**

The Service Subcontractor shall purchase and maintain in full force and effect during the term of this Agreement, insurance sufficient to cover the replacement cost of any and all real and/or personal property purchased or otherwise acquired, in whole or in part, with funds disbursed pursuant to this Agreement. If a claim is submitted for real and/or personal property purchased in whole with funds from this Agreement, such money shall be surrendered to the Agency. If the Service Subcontractor’s cost of property and casualty insurance increases by 25% or more, or if new state regulations impose additional costs to the Service Subcontractor during the term of this Agreement, then the Service Subcontractor may request the Agency to review this Agreement and adjust the compensation or reimbursement provisions thereof in accordance with any agreement reached, all of which shall be at the sole discretion of the Agency and subject to the limitations of the Agency’s appropriated funds. As used herein, “sufficient insurance” means \$50,000.00 (minimum).

The Service Subcontractor shall purchase and maintain in full force and effect during the term of this Agreement, adequate liability insurance for any client transportation, including insurance coverage for program staff transporting clients in their personal vehicles. As used herein, “adequate liability insurance” means \$1,000,000.00 (minimum).

The Service Subcontractor shall furnish and keep in force and effect at all times during the term of this Agreement, workers' compensation insurance covering all employees of Service Subcontractor.

27. **PERFORMANCE OF SERVICES**

The Service Subcontractor shall be responsible for compliance with all laws and regulations governing compensation and benefits for its employees and subcontractors.

28. **GIFTS AND INCENTIVES PROVISION**

The Service Subcontractor is prohibited from giving gifts to Agency and IDHS or ISBE employees. (5 ILCS 425/1 et seq.). The Service Subcontractor will provide the Agency with advance notice of the Service Subcontractor’s providing gifts, excluding charitable donations, given as incentives to community-based organizations in Illinois and clients in Illinois to assist the Service Subcontractor in carrying out its responsibilities under this Agreement.

29. **RENEWAL**

This Agreement may be renewed unilaterally by the Agency for additional periods. The Service Subcontractor acknowledges that this Agreement does not create any expectation of renewal.

30. **AMENDMENTS**

The Service Subcontractor will seek and receive the Agency's written approval through an amendment before making material programmatic or budgetary changes, or when there are changes in an amount greater than \$1000, or 20% of the budgeted amount, whichever is greater, for any line item in the budget.

31. **SEVERABILITY**

If any provision of this Agreement to be declared invalid, its other provisions shall not be affected thereby.

32. **WAIVER**

No failure of the Agency to assert any right or remedy hereunder will act as a waiver of its right to assert such right or remedy at a later time, nor constitute a “course of business” upon which Service Subcontractor may rely, for the purpose of denial of such a right or remedy to the Agency.

33. **LAWS OF ILLINOIS**

To the extent not preempted by federal law, this Agreement shall be governed and construed in accordance with the laws of the State of Illinois.

34. **STATUTORY/REGULATORY COMPLIANCE**

This Agreement and the Service Subcontractor’s obligations and services hereunder are hereby made and must be performed in compliance with all applicable federal and state laws and regulations, including any and all licensure and/or professional certification provisions.

35. **REPORTING**

Information is required on a quarterly basis related to program, data and budget. For FY24, an abbreviated program narrative report will be submitted for the 1st and 3rd quarters and the full program narrative report will be submitted for the 2nd and 4th quarters (see section D of the HV&DN FY24 Policy and Procedure Manual). All specific funder source requirements for reporting program, data, and budget information must be met. (See Sections D and E in the HV&DN FY24 Policy and Procedure Manual for schedule of required submissions.)

The Service Subcontractor agrees to fully participate in the statewide DataPoints Management Information System (MIS) or to implement another data collection tool specified by the Agency. Service Subcontractor agrees to cooperate with all elements of data collection, training, tracking, and reporting of information as required by the Agency.

36. **COOPERATION WITH AGENCY RESEARCH AND EVALUATION**

The Service Subcontractor agrees to participate in evaluation activities to determine the effectiveness of services. These HV&DN evaluation activities will provide valuable information for advocacy and program planning purposes that will support the continuation of HV&DN program success. Evaluation activities will include: extensive analysis of all data currently in the DataPoints system as well as screenings or assessments of maternal depression, parent-child interactions, child outcomes, and other areas of possible interest.

37. **SERVICE LINKAGES AND REFERRALS**

The Service Subcontractor assures that linkages and referral procedures are formed with other community programs which provide agreed-upon services not available through the agency's own program. Agreements will be established with local drug, alcohol, mental health treatment, employment and training, community-based youth service programs, and the appropriate Illinois Healthy Families programs to assure that teenage parents and other high-risk groups have access to such programs and services. In Doula funded programs, linkage with local hospitals will be maintained to guarantee Doula access for attending labor and delivery.

The Service Subcontractor assures that in order to ensure effective networking for comprehensive services for adolescents in the target area of this Subcontract, cross-referral mechanisms have been established with the local Family Case Management provider (FCM), and other key service providers. Participation by the Service Subcontractor in local service provider networks is encouraged by the Agency.

38. **MEETINGS AND TRAININGS**

The Service Subcontractor agrees to provide training to meet the training needs of the staff providing services under this Subcontract.

The Service Subcontractor agrees to release the appropriate staff and/or administrative representatives from duties and budget adequate funds to allow staff to attend trainings and/or meetings provided by the Agency.

39. **HIRING**

At the request of the subcontracting agency, Start Early staff can be involved in the selection process for Program Management Contacts, Supervisors, Parent Group Coordinators, and Infant Mental Health Clinicians. This includes review of resources and participation in final interviews.

40. **PERSONNEL**

The Service Subcontractor attests that all personnel who directly provide services under this Subcontract are fully qualified to carry out their duties, and that all representations concerning Service Subcontractor personnel (academic credentials, work experience, number of staff, etc.) are true and correct.

The Service Subcontractor agrees to conduct legally permissible inquiries into the background of its employees and subcontractors, and the employees of its subcontractors, who will have direct contact with participants and their children.

The Service Subcontractor will develop job descriptions and staff development plans for all Agency funded (total or partial) positions (including volunteers). Job descriptions will be kept on file at the Service Subcontractor's site and made available to Agency staff upon request.

The Service Subcontractor will notify the Agency in writing of all staff changes. Notification must occur as soon as changes are anticipated or upon written or oral notification of resignation or termination. The Service Subcontractor will not change staffing structure without prior mutual consent from the Agency via an amendment.

41. **PROBATIONARY STATUS**

The Agency reserves the right to place the Service Subcontractor on probationary status in the event that services are not being carried out appropriately, in the event of inadequate fiscal compliance, or in the event of noncompliance with reporting requirements delineated herein.

42. **CHILD ABUSE AND NEGLECT REPORTING PROTOCOL**

All Service Subcontractors provide direct service to youth and/or their families. As such, all Service Subcontractors' staff are considered mandated reporters of suspected cases of child abuse and neglect. Service Subcontractors must make available to Start Early, for inspection, the current written agency protocol for reporting and responding to suspected cases of child abuse and neglect.

43. **HEALTHY FAMILIES ILLINOIS (applies to HFI-funded agencies only)**

All sites funded for PTS-HFI must require Healthy Families America Integrated Strategies Training for staff, and must pursue, achieve, and retain credentialing status for their program through Prevent Child Abuse America (PCAA).

44. **PARENTS AS TEACHERS (applies to PAT-funded agencies only)**

All sites funded for PAT-PAT must require Parents as Teachers Foundational and Model Implementation training for staff, and must pursue, achieve, and retain quality endorsement status for their program through Parents as Teachers National Center.



45. **ILLINOIS STATE BOARD OF EDUCATION – FUNDED SITES**

All sites funded to provide services via the ISBE contracts will be limited up to 5% administrative or non-direct program costs, per the fiscal requirements of the ISBE grants. The limitation will be 18% for all DHS-funded sites. Purchase of single items costing more than \$500, and with a useful life of more than one year, through these grants require pre-approval by the funder. All sites must provide a breakdown of fringe costs as an addendum to their Quarterly Cost reports, so that worker’s compensation and unemployment compensation can be reported separately. See section B-6 of the FY24 Policy and Procedure for a further explanation of allowable costs under these funding sources. Preliminary fiscal reports for ISBE subcontractors will be due to Start Early twelve (12) days after the close of each quarter of the fiscal year. Program reporting will occur via the DataPoints Management Information System and/or hard-copy submission of completed forms provided by Start Early/HV&DN.

46. **OTHER ASSURANCES**

The Service Subcontractor further agrees to carry out any and all additional Assurances attached to the annual Award Letter.

47. **ENTIRE AGREEMENT**

The Service Subcontractor and the Agency understand and agree that this Agreement constitutes the entire agreement between them, and that no promises, terms, or conditions not recited herein or incorporated herein or referenced herein including prior agreements or oral discussions shall be binding upon either the Service Subcontractor or the Agency. In the event there is a conflict between this Agreement and any of the Attachments or documents referenced in the attachments, this Agreement shall control.

In witness whereof, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

This Agreement shall not be assigned to any other agency or organization.

This Agreement is binding when signed and dated by both parties to the Agreement:

|              |                       |
|--------------|-----------------------|
| _____        | _____                 |
| Start Early  | Service Subcontractor |
| Title: _____ | Title: _____          |
| Date: _____  | Date: _____           |

**FY 2024 PAYMENT SCHEDULE**  
**JULY 1, 2023 – JUNE 30, 2024**  
**FOR SUBCONTRACT WITH**  
**START EARLY/HOME VISITING & DOULA NETWORK**

**Subcontractor**      **Name**

**Subcontract**      **\$196,000**  
**Amount:**

| <b>Subcontract Period</b> | <b>Amount</b> | <b>Payment Dates and Conditions</b>  |
|---------------------------|---------------|--|
| July                      | \$16,333.00   | Within two weeks of funding source payment(s) to Agency  |
| August                    | \$16,333.00   | September 1, pending approval of any amendments , or funding source payment(s) to Agency, whichever is later   |
| September                 | \$16,333.00   | October 1, pending funding source payment(s) to Agency   |
| October                   | \$16,333.00   | November 1, pending approval of fiscal and program reports due 10/15 (ISBE drafts) and 10/30 (ISBE finals), or funding source payment(s) to Agency, whichever is later                 |
| November                  | \$16,333.00   | December 1, pending approval of any amendments, or funding source payment(s) to Agency, whichever is later   |
| December                  | \$16,333.00   | January 1, pending funding source payment(s) to Agency   |
| January                   | \$16,333.00   | February 1, pending approval of fiscal and program reports due 1/15 (ISBE drafts) and 1/30 (ISBE, DHS finals) respectively, or funding source payment(s) to Agency, whichever is later |
| February                  | \$16,333.00   | March 1, pending approval of any amendments, or funding source payment(s) to Agency, whichever is later  |
| March                     | \$16,333.00   | April 1, pending funding source payment(s) to Agency   |
| April                     | \$16,333.00   | May 1, pending approval of fiscal and program reports due 4/15 (ISBE drafts) and 4/30 (ISBE, DHS finals), or funding source payment(s) to Agency, whichever is later                   |
| May                       | \$16,333.00   | June 1, pending approval of any required amendments due 5/8, or funding source payment(s) to Agency, whichever is later  |
| June                      | \$16,337.00   | August 1, pending approval of fiscal and program reports due 7/15 (ISBE drafts) and 7/30 (ISBE, DHS finals), or funding source payment(s) to Agency, whichever is later                |

**B3. PAYMENT SCHEDULE**

## B4. Doula Program Narrative

### SERVICE AGENCY SUBCONTRACTOR

Agency Name:

Street:

City:

County:

Zip:

Phone:

Fax:

Email:

### PRIMARY SERVICE SITE

Program Name:

Street:

City:

Zip:

Phone:

Fax:

Email:

Onsite Program Supervisor:

### PROGRAM MODEL

Doula

### Program Narrative Instructions

Please answer the following questions as thoroughly as possible, providing an in-depth description of the services provided through Start Early funded program. Please answer the questions as if the reader is not familiar with the program. If a particular question is not relevant to the program, please indicate this by answering “Not Applicable” or “Does Not Apply”. If guidance is needed on how to respond to a particular question, please contact the HV&DN Program Manager.

## **I. Community Partnerships and Participant Intake**

**A. ELIGIBILITY AND INTAKE:** Give a brief overview of the process of determining eligibility for Doula services, including how the program will prioritize participants if need exceeds availability of services.

**B. WAITING LIST AND REFERRALS:** Please describe your process for maintaining a waiting list (if applicable) for Doula services. Also describe the plan for how the program will try to link participants with services who do not meet the eligibility requirements, or during times when Doula caseloads are full.

**C. LINKAGE PARTNERS:** List the current primary community partners who provide referrals to your Doula program. Also describe the nature and frequency of contact with the organizations listed.

## **II. Doula Home Visiting**

**A. CURRICULUM:** List materials and curricula used for Doula home visiting. Describe how CB-FANA activities are incorporated into Doula home visiting services.

**B. RECRUITMENT AND ENGAGEMENT:** Describe the process for recruiting and engaging participants in Doula services.

**C. HOME VISITING PLAN:** Describe the plan for home visiting frequency by Doulas during the prenatal and postnatal periods, including prenatal clinic visits and any joint visits with home visitors. Describe plan for coordinating Doula and Family Support Worker/Nurse Home Visitor/Parent Educator home visiting. Describe process for developing and utilizing birth plans.

**D. DOULA-ASSISTED LABOR AND DELIVERY:** Describe the plan for Doulas to provide labor and delivery support to Doula participants. Include plan for when Doula will begin labor support, and how back up support will be provided to Doulas if needed.

**E. CLINICAL SUPPORT:** Identify provider of clinical support for Doulas, the number of hours available monthly, and the plan for regular contact with Doulas (including follow-up to births), and Doula Program Supervisor.

**F. TERMINATION OF PROGRAM PARTICIPATION:** Describe the process of termination for Doula participants, including those who transition to long-term home visiting services, and those who do not continue in the home visiting program.

### **III. Prenatal Group Services**

**A. RECRUITMENT:** Describe the steps taken to recruit participants into prenatal group services.

**B. PRENATAL GROUP DESCRIPTION:** Describe the structure of prenatal groups, including the number of weeks per group cycle, and the primary topics to be covered. List any specific curricula and materials utilized in prenatal groups.

**C. GROUP LOGISTICAL PLANNING:** Describe the plan for the provision of childcare, including facilities and staffing, meals and/or snacks, and transportation for group services.

**D. PARTICIPANT FEEDBACK:** Describe how group services will be evaluated, including process for participant feedback and evaluation.

## **IV. Program Management**

**A. SUPERVISION:** Describe the structure of supervisory sessions, including topics typically addressed with staff. Describe how reflective supervisory practices are utilized.

**B. SERVICE COLLABORATION WITHIN THE PROGRAM:** Describe the plan for regular interface between staff across the program. Address how case-specific information, planning, coordination, and collaboration will occur between all service components.

**C. STAFF ORIENTATION PLAN:** Describe how new staff are oriented to their roles to ensure that they have the needed skills and knowledge to be effective in their positions.

**D. DOCUMENTATION OVERSIGHT:** Describe the plan for supervisory review of staff documentation, including home visiting, Doula, and group service documentation; and DataPoints data entry.

**E. QUALITY ASSURANCE:** Identify practices implemented in the agency and program to ensure quality services, such as participant file reviews, home visit shadowing, group service observation, and participant satisfaction surveys.

## V. Heart To Heart

### **APPLICABLE ONLY TO SITES PREVIOUSLY APPROVED FOR HEART TO HEART IMPLEMENTATION**

Please answer each of the following items as they specifically pertain to suspected or reported abuse disclosed in the Heart to Heart Group. The Child Abuse and Neglect Reporting Protocol is considered foundational to the Heart to Heart Site Support and Intervention Plan. Answers to the following items should detail the reporting/referral process for Heart to Heart.

**A. PARTICIPANT DISCLOSURE:** Describe the steps to be taken when a Heart to Heart participant indirectly or directly states that they and/or their children are currently in or have faced an abusive situation.

**B. SUPPORT AND REFERRALS FOR PARTICIPANTS:** Describe the steps to be taken and the staff involved who will ensure that a participant and their children receive and follow through on appropriate referrals.

**C. STAFF SUPPORT:** Describe the steps to be taken to support staff members that experience the disclosure of abuse in a Heart to Heart group.



## **B5. FY24 PTS-Doula Program Abstract**

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**SERVICE AGENCY SUBCONTRACTOR:**

**Agency Name:**

**Street:**

**City:**

**County:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

**PRIMARY SERVICE SITE:**

**Program Name:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

**Onsite Program Supervisor:**

**PROGRAM MODEL**

Doula

## **FY24 Program Abstract**

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**DESCRIBE COMMUNITY SERVED: COMMUNITY NAMES, COUNTIES, AND POPULATION DEMOGRAPHICS:** Include the racial, linguistic, ethnic, and cultural characteristics in your description. Also, include the zip codes of participants eligible for services in the program. Describe target population; include number of births in that population. Describe mechanism for tracking teen births within the target population and projected number of assessments, if applicable. Please list the names of the high schools in your catchment area.

## **FY24 Program Abstract**

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### **SUBCONTRACTOR CONTACT LIST**

Designate individuals from your organization who will fulfill specified roles for interface with Start Early staff in the following categories. You may assign site staff to be the contact in one or more of these roles. Start Early uses the designated site contact information to create targeted mailing and e-mail lists, and we assume that the site contact will handle the responsibilities associated with their designated role. Assign organizational contacts based on the descriptions of the required tasks and expectations of your agency and staff members in order to fulfill these roles in relationship to ongoing management of Start Early Subcontract.

Changes to Contact or Contact Information: To change any of the designated contacts during the fiscal year, notify your HV&DN Program Manager in writing, and submit all changes in contact information or designation via the Program Narrative Quarterly Report or an Amendment.

#### **SERVICE AGENCY SUBCONTRACTOR NAME:**

**EXECUTIVE CONTACT:** This contact has executive level authority to sign legal contracts on behalf of the Subcontracting agency. Start Early will contact this person in the event of any funding issues or any substantive program or fiscal concerns regarding the administration of the Subcontract.

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

## **FY24 Program Abstract**

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**PROGRAM MANAGEMENT CONTACT:** This is the primary person responsible for overall management of program and fiscal matters related to Start Early Subcontract. This includes adherence to the HV&DN Best Practice Standards. The HV&DN Program Manager works directly with this contact to develop the design of service and annual Program Abstract, and to negotiate the use of HV&DN funds. This contract is primarily responsible for the content and timely completion of required reports. This contact supervises direct service staff or supervisors.

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

**STAFF DEVELOPMENT/TRAINING CONTACT(S):** This contact is responsible for the supervision of direct service staff, the creation of staff development plans, and the oversight of registration for and staff attendance at Professional Learning Network training events. This contact is the point person for all staff communications related to the Professional Learning Network and is responsible for day-to-day interface with site staff in all matters related to training registration, attendance, cancellations, and travel.

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

## **FY24 Program Abstract**

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**FISCAL MANAGEMENT CONTACT:** This contact is the primary person responsible for the overall financial management of the Subcontract, including compliance with Start Early Subcontract administrative requirements and the internal allocation, oversight, and tracking of Subcontract expenditures.

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

**FISCAL REPORT CONTACT:** This contact is responsible for the actual preparation, submission, and correction of Quarterly Financial Cost Reports, forecasts, and Amendments. The HV&DN Fiscal Advisor works directly with this contact to provide technical assistance and training, if necessary, to ensure submission of accurate financial reports that meet Start Early requirements.

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

**DATAPPOINTS/MIS CONTACT:** This contact is the primary liaison with the DataPoints team or other Start Early contacts regarding data reporting issues, initial orientation of new site staff, providing written notification to DataPoints team regarding new user or follow-up training, and distribution of DataPoints or MIS-related correspondence to DataPoints users in Start Early funded program.

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

## **FY24 Program Abstract**

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**AGENCY TECHNOLOGY CONTACT:** This person is responsible for ensuring ongoing compliance with the technical specifications associated with the use of DataPoints. This person works directly with the DataPoints team or other specified Start Early contact to address and resolve technical issues related to DataPoints.

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

## FY24 Program Abstract

### PROGRAM STAFFING

List all staff members that provide direct services and program supervision that appear on page two (2) in the Personnel section of the Budget. For each staff member listed by name and job title, show the distribution of % FTE in Program in the Direct Services and % Supervision columns (i.e., adding the numbers in the Direct Services and % Supervision columns will equal the number in the % FTE in Program).

| Name/Title | % FTE Agency | % FTE Program | Direct Services |       | % Supervision | Supervised By | Freq. of Individual Supervision |
|------------|--------------|---------------|-----------------|-------|---------------|---------------|---------------------------------|
|            |              |               | % Doula         | % PGS |               |               |                                 |
|            | %            | %             | %               | %     | %             |               |                                 |
|            | %            | %             | %               | %     | %             |               |                                 |
|            | %            | %             | %               | %     | %             |               |                                 |
|            | %            | %             | %               | %     | %             |               |                                 |
|            | %            | %             | %               | %     | %             |               |                                 |
|            | %            | %             | %               | %     | %             |               |                                 |

### INTERNAL PROGRAM MANAGEMENT

|   |  |  |                                  |                                    |
|---|--|--|----------------------------------|------------------------------------|
| <b>Staffing (review of participant or group of participant cases)</b> | <input type="checkbox"/> Weekly or more frequently | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| <b>Team Meetings</b>  | <input type="checkbox"/> Weekly or more frequently | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| <b>Doula Clinical Support: Meetings with Doulas</b>                   | <input type="checkbox"/> Weekly or more frequently | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| <b>Doula Clinical Support: Meetings with Doula Supervisor</b>         | <input type="checkbox"/> Weekly or more frequently | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |

**FY24 Program Abstract**

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**DOULA SERVICES**

| <b>Name/Title</b> | <b>% FTE in Doula Home Visiting</b> | <b>% FTE in Prenatal Group Services</b> | <b>Caseload Size at any Time**</b> |
|-------------------|-------------------------------------|---|------------------------------------|
|                   | %                                   | %                                       |                                    |
|                   | %                                   | %                                       |                                    |
|                   | %                                   | %                                       |                                    |
|                   | %                                   | %                                       |                                    |
|                   | %                                   | %                                       |                                    |

**Total # of participants receiving Doula Home Visiting services in FY24**

|                      |  |
|----------------------|--|
| <b># Enrolled</b>    |  |
| <b># Short-term*</b> |  |
| <b>Total**</b>       |  |

\*Participants targeted for short-term or a single service component and not expected to be involved in long-term home visiting.

\*\*1 FTE Doula is expected to serve a minimum of 23 participants per year; caseload size at any time is expected to be a minimum of nine

**Perinatal Clinical Support Provider in FY24**

**Name:**

**Agency:**

**Credentials:**

**Please indicate the name(s) of the core curricula used for prenatal home visiting:**

- 1.
- 2.
- 3.



## **FY24 Program Abstract**

### **DOULA HOME VISITING MODEL**

Indicate the number of visits each month in the appropriate staff columns to illustrate the program model for Doula services.

| <b>ENROLLED PARTICIPANT</b>        | <b># Doula Visits</b> | <b># Combined Visits*</b> | <b>Total suggested Doula visits</b> | <b># HV Visits</b> | <b>Total # of Visits</b> | <b>Total # suggested visits</b> |
|------------------------------------|-----------------------|---------------------------|-------------------------------------|--------------------|--------------------------|---------------------------------|
| Prenatal Month 7**                 |                       |                           | 2-4                                 |                    |                          | 3-5                             |
| Prenatal Month 8                   |                       |                           | 3-5                                 |                    |                          | 4-6                             |
| Prenatal Month 9                   |                       |                           | 3-5                                 |                    |                          | 4-6                             |
| <b>Total Prenatal Visits</b>       |                       |                           | <b>8-14</b>                         |                    |                          | <b>11-17</b>                    |
| Postnatal Month 1                  |                       |                           | 4-5                                 |                    |                          | 4-6                             |
| Postnatal Month 2**                |                       |                           | 2-3                                 |                    |                          | 3-5                             |
| <b>Total Postnatal Visits</b>      |                       |                           | <b>6-8</b>                          |                    |                          | <b>7-11</b>                     |
| <b>Total Visits to Participant</b> |                       |                           | <b>14-22</b>                        |                    |                          | <b>18-28</b>                    |

| <b>SHORT-TERM PARTICIPANT</b>      | <b># Doula Visits</b> | <b># Combined Visits*</b> | <b>Total suggested Doula visits</b> | <b># HV Visits</b> | <b>Total # of Visits</b> | <b>Total # suggested visits</b> |
|------------------------------------|-----------------------|---------------------------|-------------------------------------|--------------------|--------------------------|---------------------------------|
| Prenatal Month 7**                 |                       |                           | 2-4                                 |                    |                          | 3-5                             |
| Prenatal Month 8                   |                       |                           | 3-5                                 |                    |                          | 4-6                             |
| Prenatal Month 9                   |                       |                           | 3-5                                 |                    |                          | 4-6                             |
| <b>Total Prenatal Visits</b>       |                       |                           | <b>8-14</b>                         |                    |                          | <b>11-17</b>                    |
| Postnatal Month 1                  |                       |                           | 4-5                                 |                    |                          | 4-6                             |
| Postnatal Month 2**                |                       |                           | 2-3                                 |                    |                          | 3-5                             |
| <b>Total Postnatal Visits</b>      |                       |                           | <b>6-8</b>                          |                    |                          | <b>7-11</b>                     |
| <b>Total Visits to Participant</b> |                       |                           | <b>14-22</b>                        |                    |                          | <b>18-28</b>                    |

\*Combined Visit refers to a single home visit where both a Doula and home visitor (for an enrolled participant) or Doula and a community partner (for a short-term participant) are present.

\*\*Programs may choose to have Doulas visit prior to the third trimester of pregnancy or after the baby turns three months old, but there are no contractual expectations for these visits.

**FY24 Program Abstract**

**PARENT GROUP SERVICES – PRENATAL GROUPS**

Enter information for each ongoing group for which a Group Profile will be created in DataPoints.

| Group Name and Staff (includes volunteers)  | # of Sessions |    |    |    | Total Group Sessions | # in Groups Enrolled | # in Groups Short-term | Meeting Day/Time | Location* | Meals  |  | Child Care   |  | Trans. |  |
|---|---------------|----|----|----|----------------------|----------------------|------------------------|------------------|-----------|--|--|--|--|--------|--|
|   | Q1            | Q2 | Q3 | Q4 |                      |                      |                        |                  |           | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |        |  |
|   |               |    |    |    |                      |                      |                        |                  |           | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |        |  |
|   |               |    |    |    |                      |                      |                        |                  |           | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |        |  |
|   |               |    |    |    |                      |                      |                        |                  |           | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |        |  |
|   |               |    |    |    |                      |                      |                        |                  |           | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |        |  |
|   |               |    |    |    |                      |                      |                        |                  |           | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |        |  |
|   |               |    |    |    |                      |                      |                        |                  |           | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |        |  |
| <b>Total # of Sessions</b>                  |               |    |    |    |                      |                      |                        |                  |           |  |  |  |  |        |  |
| <b>Total # of Participants to be Served</b> |               |    |    |    |                      |                      |                        |                  |           |  |  |  |  |        |  |

**\*FREQUENCY OF SESSION CODES**

EOM = every two months/every other month  
 M = monthly  
 2M = twice a month  
 W = weekly or more frequently

**\*\*LOCATION CODES**

S = school-based  
 C = center-based  
 O = other facility (church, other agency, etc.)

**FY24 Program Abstract**

**COMMUNITY EDUCATION**

If not applicable to this program, please check here

| <b>Event Name/Staff</b> | <b>Frequency*</b> | <b># Attendees Expected</b> |
|-------------------------|-------------------|-----------------------------|
|                         |                   |                             |
|                         |                   |                             |
|                         |                   |                             |
|                         |                   |                             |
|                         |                   |                             |
|                         |                   |                             |
|                         |                   |                             |
|                         |                   |                             |
|                         |                   |                             |
|                         |                   |                             |
|                         |                   |                             |
| <b>Total</b>            |                   |                             |

**FREQUENCY CODES**

A = Annually

Q = Quarterly

W = Weekly or more frequently

3Y = Three times per year

M = Monthly

AN = As Needed

2Y = Twice per year

2M = Twice per month

NA = Not Applicable

Community education events are events utilized to promote your program or to keep the community informed about program activities. Examples include, but are not limited to, presentations to high schools, maternity fairs, health fairs, agency open houses, etc. If you have any questions about whether or not an event is considered community education, please contact your Program Manager or Program Advisor.

**FY24 Program Abstract**

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**LIST OF REQUIRED SUPPORTING DOCUMENTATION**

The following documentation is to be maintained onsite and made available to Start Early staff for inspection upon request.

**Consent to Participate** (see pages 67-70): *All participant files will contain the HV&DN Program Consent to Participate form (rev. 7/1/21).* This signed form indicates participants’ consent to receive services, rights to confidentiality, and consent to share information (intake, service usage, and life events) with Start Early, DHS, ISBE. The consent form is available on Start Early/HV&DN Web site ([www.opfibti.org](http://www.opfibti.org)) or through your Program Advisor.

**Child Abuse & Neglect Reporting Protocol**

Date last revised:

**Doula Services**

If funded for Doula Services, list written agreements with the hospitals specified below, stating that hospitals will allow Doulas to have access to participants during labor and delivery.

| Hospital | Nature of Agreement | Date signed by hospital |
|----------|---------------------|-------------------------|
|          |                     |                         |
|          |                     |                         |
|          |                     |                         |

**FY24 Program Abstract**

**HEART TO HEART SITE SUPPORT AND INTERVENTION PLAN**

If not applicable to this program, please check here

Complete the following chart about your agency’s plans for Heart to Heart staff and implementation.

**Staff and Resource Information**

| <b>Staff Positions</b>   |  | <b>Name of Staff Member</b> |
|--|--|-----------------------------|
| Program Director   |  |                             |
| Heart to Heart Program Contact: name, e-mail address, and phone number |  |                             |
| Clinical Consultant  |  |                             |
| <b>Community Resources</b>   |  | <b>Agency Name</b>          |
| Sexual Assault Counseling  |  |                             |
| Intimate partner violence Counseling                                   |  |                             |

|   | <b>Facilitators (2 facilitators per group required)</b> | <b>Projected # of Participants (specify language)</b> | <b>Projected Start Date</b> | <b>Projected Graduation Date</b> |
|---|---|---|-----------------------------|----------------------------------|
| <b>Heart to Heart Group 1</b>                                 |   | # English –   |                             |                                  |
|   |   | # Spanish –   |                             |                                  |
| <b>Heart to Heart Group 2 (requires Start Early approval)</b> |   | # English –   |                             |                                  |
|   |   | # Spanish -   |                             |                                  |
| <b>Heart to Heart Group 3 (requires Start Early approval)</b> |   | # English –   |                             |                                  |
|   |   | # Spanish -   |                             |                                  |

# B6. Participant Consents

## Home Visiting & Doula Network

*Parents Too Soon Pregnant & Parenting Program*

Start Early

Illinois Department of Human Services

Illinois State Board of Education

**Participant Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

I understand that my participation in the program is voluntary and may include meetings with home visitors, attendance of parent groups, developmental screenings, mood screenings, and parenting questionnaires.

To make sure that the above agency can better serve, coordinate, and evaluate their work with me, I give permission for them to share the following information from my records only with the Start Early/Illinois Department of Human Services/Illinois State Board of Education: 1) intake information, including my name; 2) service use information; 3) history of life events; 4) responses to all screenings and questionnaires (including developmental screenings, mood screenings, and parenting questionnaires).

All information I am providing will be held strictly confidential to protect the privacy of my family and me. I understand that my information may also be used together with information from all participants to 1) evaluate the program, 2) plan for the program, and 3) promote the program. All information used will only be presented in the form of summary reports to Start Early departments, funders, or legislative (political) audiences. None of these reports will ever identify me as an individual or provide any of my individual information.

I have been informed that my information will be stored in locked files, in password protected computer files, or in secured, password-protected, electronic files in the DataPoints online information management system. Only the Start Early/Illinois Department of Human Services/Illinois State Board of Education can access any of my information through reports available to them. I understand that I may ask at any time what information is held and in what way it is held, and I have the right to object to these. I understand that I have the right to inspect and copy the information held, that no information may be released to any other person or organization without my written consent, and that I may withdraw this authorization in writing at any time. I give my consent and request to be a participant at the above agency.

*Start Early is committed to preserving individual privacy rights on the Internet. Start Early will only hold your personal information for as long as is necessary for the purposes for which it is collected. Start Early uses industry-leading technology to keep your personal information as secure as possible. Please let us know if you have any questions.*

**Parents Too Soon Pregnant & Parenting Program**

Start Early  
Illinois Department of Human Services  
Illinois State Board of Education

**Consent to Participate**

**Participant Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo./day/yr.)

Signed: \_\_\_\_\_  
Participant

*Please supply the name & address of two people who will know where to contact you.*

Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone # \_\_\_\_\_

Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian if Participant is a Minor  
(Optional According to Agency practices, not required for evaluation)

\_\_\_\_\_  
Witness (Name & Position of Staff Person)

7/1/2022

# Home Visiting & Doula Network

## Parents Too Soon Pregnant & Parenting Program

Start Early  
Illinois Department of Human Services  
Illinois State Board of Education

Nombre de la participante: \_\_\_\_\_ ID# \_\_\_\_\_

Nombre de la Agencia: \_\_\_\_\_

Yo entiendo que mi participación en el programa es voluntaria y puede incluir el reunirme con visitantes del hogar, atender grupos para padres, y completar pruebas del desarrollo, pruebas del humor emocional, y cuestionarios sobre el ser padre.

Para que la agencia nombrada previamente pueda mejor servir, coordinar, y evaluar sus esfuerzos conmigo, yo autorizo que compartan la siguiente información de mis expedientes solamente con Start Early/Illinois Department of Human Services/Illinois State Board of Education: 1) información de iniciación, incluyendo mi nombre; 2) información sobre el uso de servicios; 3) información sobre eventos de vida; 4) respuestas a toda prueba y todo cuestionario (incluyendo pruebas del desarrollo, pruebas del humor emocional, y cuestionarios sobre el ser padre).

Toda información que estoy dando será tratada con estricta confidencialidad para proteger mi privacidad y la de mi familia. Entiendo que mi información también podrá ser usada junto con información de todos participantes para: 1) evaluación del programa, 2) planeamiento para el programa, y 3) promoción del programa. Toda información sólo será dada en informes resumidos dirigidas a departamentos internos del Ounce, financiadores, o audiencias legislativas (políticas). Ningunos de estos informes me identificarán individualmente ni darán ninguna de mi información individual.

He sido informada que mi información será almacenada en archivos bajo llave, en archivos electrónicos protegidos con clave, o en archivos asegurados y protegidos con contraseña electrónicos en el sistema de información en línea del DataPoints. Solo Start Early/Illinois Department of Human Services/Illinois State Board of Education tendrá acceso a mi información por medio de reportes disponibles específicamente para su uso. Entiendo que en cualquier momento puedo preguntar sobre los métodos y tipos de información que será almacenada y que tengo el derecho de negar cualquiera de estos. Entiendo que tengo el derecho a inspeccionar y copiar información almacenada, que ninguna información será dada a otra persona u organización sin mi permiso por escrito, y que puedo retirar esta autorización por escrito en cualquier momento. Doy mi consentimiento y pido ser participante de la agencia nombrada previamente.

*Start Early está comprometido a preservar derechos privados individuales en el internet. Start Early solo mantendrá su información personal por la cantidad de tiempo necesaria para los propósitos por las cuales fue reunida. Start Early usa tecnología de la más avanzada para mantener su información personal lo más seguro posible. Por favor déjenos saber si tiene cualquiera pregunta.*



**Parents Too Soon Pregnant & Parenting Program**

Start Early  
Illinois Department of Human Services  
Illinois State Board of Education

**Consentimiento para Participar**

Nombre del Participante: \_\_\_\_\_ ID# \_\_\_\_\_

Nombre de la Agencia: \_\_\_\_\_

Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mes/día/año)

Firmada: \_\_\_\_\_  
Participante

*Por favor dénos el nombre  
y la dirección de dos  
personas que sabrán como  
contactarla*

Persona de Contacto #1 \_\_\_\_\_  
Dirección \_\_\_\_\_  
Ciudad \_\_\_\_\_  
Estado \_\_\_\_\_ Código Postal \_\_\_\_\_  
Correo electrónico \_\_\_\_\_  
Número de teléfono \_\_\_\_\_

Persona de Contacto #2 \_\_\_\_\_  
Dirección \_\_\_\_\_  
Ciudad \_\_\_\_\_  
Estado \_\_\_\_\_ Código Postal \_\_\_\_\_  
Correo electrónico \_\_\_\_\_  
Número de teléfono \_\_\_\_\_

\_\_\_\_\_  
Firma del Padre/Guardián de la Participante si es Menor de Edad  
(Opcional dependido de la práctica de la agencia, no se requiere para evaluación)

\_\_\_\_\_  
Testigo (Nombre y posición del personal)

7/1/2022

## B7. Budget Form Instructions

---

Each subcontractor is required to develop and submit for approval an annual budget. The budget should describe how the program plans to spend Start Early grant plus any match used for the home visiting/doula program. The budget should:

- Align with the Program Abstract – The budget should support the array of services you are proposing in your abstract (e.g., if your abstract lists 4 FTE home visitors, then those salaries should be accounted for, either as direct costs or match) on your budget.
- Include at least a 10% match – This can be cash or in-kind. Common sources of match are the value of building occupancy, executive salaries, or indirect costs that are legitimately allocated to the program but for which the agency is not seeking Start Early reimbursement.
- Break out costs to be charged by the source funding – Many agencies will receive a subcontract from Start Early that consists of funding from more than one public funding stream. In some cases, funding from those different streams is earmarked for specific purposes (e.g., an agency’s IDHS funding might be designated for home visitors while the ISBE portion of their funding is earmarked for doulas). It is important therefore that the appropriate staff are charged to the designated funding stream so that the service numbers produced by that staff person may be reported to the appropriate state entity. Also, please note that funding sources may have different definitions of allowable costs. See page --- for details.
- Efficiently translate into services for participants – While Start Early recognizes that there are overhead costs associated with operating a home visiting program, we also have a fiduciary responsibility to our public funders to ensure that indirect costs caps are not exceeded and that reasonable service levels are provided with the funding. Therefore, the percentage of Start Early funding that is used for “non-program” costs (= indirect costs plus any occupancy and utility costs) cannot exceed 18%
- Articulate a rationale for allocating shared costs – If any indirect costs are charged to the contract, a written explanation of the allocation method and rationale must accompany the budget. Please see pages 78-79 for further discussion of indirect costs definitions and acceptable allocation methods.
- Not contain any costs that are not allowable – Please see page 80 for more details on allowable vs. non-allowable costs.

Start Early recognizes that the initial budget represents the best preliminary projection of how funding will be spent, but that that projection often needs to be adjusted as the year progresses. Therefore, there are opportunities throughout the year to amend the budget. See section C for a further explanation of the amendment process.

All amounts are to be expressed in whole dollars; each line item is to be rounded to the nearest dollar amount. If the change amount is over fifty cents, round it off to the next dollar amount to minimize rounding errors. (Ex. If an item cost \$5.67, rounded off to the nearest dollar is \$6.00. If an item costs \$5.47, rounded off to the nearest dollar is \$5.00.) The Budget Forms are provided as an Excel workbook that includes the following:

1. Instructions
2. Budget Narrative – to be used during the initial budget submission process outlining in detail planned expenses for the upcoming year.
3. Matching Fund Budget – to be used during the initial budget submission process outlining proposed matching contributions to supplement program activities by the agency for the upcoming year
4. Approved Consolidated Budget and Expense Summary – to be used 1) during the initial budget submission process outlining lump sum expenses by budget line item as described in Budget Narrative (see above); and, 2) to submit on a quarterly basis reporting actual expenses in line with the approved budget
5. Personnel Breakout Section – to be used 1) during the initial budget submission process outlining detailed breakout of staffing expenses by position as described in Budget Narrative (see above); and, 2) to submit on a quarterly basis reporting actual expenses in line with the approved budget
6. Variance Analysis – to be submitted with 2nd and 3rd Quarter Cost Reports, describing under spending or overspending of budget line items
7. Amended Budget Narrative – to be used throughout the fiscal year for Amendments in budgets
8. Proposed Amended Budget – to be used throughout the fiscal year for Amendments in budgets
9. Proposed Amended Personnel Breakout Section – to be used in conjunction with the Proposed Amended Budget to reflect changes in staffing or personnel costs
10. Signature Page – to be used after approval of budgets (initial and amendments) for all applicable monetary changes

## **BUDGET NARRATIVE**

While the Budget can be seen as the foundation of a program, the Budget Narrative is like a window showing what the program looks like and how costs will be incurred. A Budget Narrative should be self-contained and should not require the reading of the Program Abstract to understand how funds will be spent. **The Budget Narrative must provide a breakdown for all program costs (Match and Start Early).**

As mentioned above, the purpose of the Budget Narrative is to provide an understanding of how funds will be spent. For most of the line items in the budget, a written description of the component costs and the general purpose of the expenditures will suffice. For other line items more detail will be required. For allocated costs, such as Occupancy, Utilities, and Indirect, provide the calculation used to arrive at the total cost, including the allocation method. For Other Costs (line IVg) provide a detail of costs making up this line item by type and amount. Finally, for Office Supplies, Program Supplies, and Equipment, disclose whether or not any one item exceeds \$500 in cost. If an item in excess of \$500, including peripherals, shipping, and installation, is to be purchased state in the Budget Narrative that three quotes from three different vendors with a letter explaining the purchase decision will be provided to the HV&DN Fiscal Advisor for approval.

## **MATCHING FUND BUDGET**

The Matching Fund Budget must be submitted annually with the Subcontract Agreement. List the names and amounts to be received by other sources.

## **BUDGET/EXPENSE SUMMARY**

**Subcontract Number:** List Subcontract number in upper right corner of all pages (see Award Letter).

**Name and title of preparer:** The name and title of the report preparer must be listed.

**Date:** The date must reflect the date report was submitted. If the report is revised subsequent to submission, indicate “**REVISED**” adjacent to the date field and use date of revision as the new report date.

### **I. Personnel Services**

**Salaries and Wages:** Enter gross salaries or wages earned by the agency’s full-time and part-time employees (including clerical temporaries) for Start Early program. Do not include those engaged on an individual contract basis.

### **II. Fringes**

**Payroll Taxes and Benefits:** Enter amount paid by the agency under its own or other employee health and retirement benefits plans, Social Security and other taxes payable by the employer under federal, state, or local law, compensation insurance premiums paid by the employer, and any other benefits provided to the employee at the employer’s expense. Beginning in FY24, we are removing the cap on “fringe rates” (i.e., Total Fringes / Total Personnel Services), however as is the case with any expenses charged to the contract, fringe rates must be reasonable and necessary. To determine the percentage, divide the Fringes by the Personnel Services ( $\% = \text{Total Fringes} / \text{Total Personnel Services}$ ).

### III. Consultants

Enter the costs of any consultants to direct program activities. Also enter the costs of all other services supporting program activities. Housekeeping, janitorial, maintenance, and other ancillary services should be reported online IVg (Other Contractual Services: Other).

### IV. Other Contractual Services

- a. Conference Fees: Enter the cost for conference registration fees. In the Budget Narrative include the date(s), city, and state of the conference or convention. *Out-of-state conferences require written pre-approval by the HV&DN Program Manager.* When a staff development conference registration fee is paid in the current year, but the actual conference is held in the next project year: A staff development conference registration fee could be budgeted/obligated/expended in the current year to take advantage of a discounted rate for a conference occurring in the next project year with prior approval from the state agency. The conference travel costs (air fare, mileage, hotel, per diem) must be budgeted/obligated/expended when the travel has occurred (in the next project year).
- b. Program Event Fees: Enter costs for program event fees (e.g., admission fee for museums, zoo). In the Budget Narrative include the date(s), city, and state of the program event. *Out-of-state activities require written pre-approval by the HV&DN Program Manager.*
- c. Occupancy: Enter all costs arising from the agency's occupancy and use of land, building, and offices. Enter only those costs directly related to program operations. Comprehensive hazard/property liability insurance (if direct cost) can be reported here.
- d. Utilities: Enter all utility costs (gas, electric, water, waste removal). Enter only those costs directly related to program operations. *ISBE funded sites: utilities are not an allowable expense and cannot be charged to Start Early Subcontract.*
- e. Communications: Enter only those costs directly related to program operations. Costs reported here would include telephone, cellular and internet service (including DataPoints).
- f. Postage & Shipping: Enter costs for postage and shipping. Enter only those costs directly related to program operations. *ISBE funded sites: Postage and Shipping are considered non-program costs.*
- g. Other: Enter all costs for Start Early/HV&DN program which are not properly reported elsewhere in the "Possible Categories for Other Services" space provided at the bottom of the Budget worksheet as some funders require a detailed breakdown for reporting purposes. Please only identify costs which are directly related to program operations including: housekeeping/janitorial services, building maintenance, childcare services, bookkeeping, audit, legal, non-occupancy insurance, maintenance contracts on equipment (including DataPoints computers)

*For ALL DHS and MIECHV funding, agency-shared/allocated costs must be reported on the Indirect line. See additional discussion on direct and indirect cost classification and allocation methodology on pages 78-79.*

## V. Travel

- a. Participant Travel: Transportation costs for participants including payments for public transportation, e.g., bus rentals for program events, field trips, and agency-owned/leased vehicles used specifically for transportation of participants (depreciation/lease payments, insurance, plates/stickers, gas, repairs, and maintenance). Also include lodging (if applicable) for program events.  
Bus passes provided to participants must be tracked using a log sheet that lists the item given, the amount or value, and the name and signature of the participant to whom the item is given.
- c. Local Staff Travel: Enter costs of operating agency owned/leased vehicles related to serving participants (depreciation/lease payments, insurance, plates/stickers, gas, repairs, and maintenance), and mileage reimbursement (personal vehicles).
- d. Conference/Meeting Travel: Enter costs of travel for program staff such as meals, lodging, transportation (airfare, train, car rental, gas, tolls, mileage reimbursement for personal vehicles). For non-Start Early meetings or events, please include date, city, and state of the event in the budget narrative. Start Early meetings or events would include:
  - Annual HV&DN meetings with sites
  - Training Institute events
  - Conferences (*out-of-state requires written pre-approval by the HV&DN Program Manager*)

## VI. Supplies

- a. Food: Enter costs of food, refreshments, snacks, for participant and group activities only. *Do not include* costs associated with staff meetings or staff development trainings as these costs should be listed in the Conference/Meeting Travel Line.
- b. Office Supplies: Enter costs of office supplies and equipment used for program operations. *Office equipment costing \$500 or less must be recorded here. ISBE funded sites: Office Supplies are considered non-program costs.*
- c. Program Supplies: Enter costs of supplies used for program activities and events. Gifts and incentives to participants may be in non-cash form only. Gift cards are allowable only in denominations of \$10 or less per participant and only if given as a program incentive. Sites distributing gift cards must use a log sheet to track the name of the participant to whom the gift card is provided. If the total dollar amount reported on this line exceeds \$500, detail must be provided, or the following statement may be used: “No one item will exceed \$500”. Promotional items such as calendars, pens, buttons, magnets, posters, and stationary *are not allowable expenses. Office equipment costing \$500 or less with a useful life of less than one year and is used only by Start Early funded program must be recorded here.*

## **VII. Furniture and Equipment**

Furniture and Equipment costing more than \$500 (per single item, including peripherals, freight, and installation charges) with a useful life of greater than one year must be listed here. Depreciation and lease payments would also be recorded here.

For purchases of furniture and equipment where the cost exceeds \$500 (single item, including peripherals, freight, and installation charges) sites must adhere to the following guidelines:

- a. The site is required to obtain bids from three vendors.
- b. The bids and a letter explaining which vendor was selected and why will then be submitted to the HV&DN Fiscal Advisor for approval.
- c. Upon review, the HV&DN Fiscal Advisor will notify the site Fiscal Management Contact via e-mail with a decision regarding approval.
- d. *ISBE funded sites: prior approval from ISBE is required before a decision can be made on the purchasing request*

When Start Early provided computers are replaced, functional equipment may still be used for any purpose that supports the HV&DN program. Computers purchased by Start Early that are more than five years old may be disposed of as the site sees fit. A Property Transfer/Disposal form **MUST** be completed and submitted to the HV&DN Fiscal Advisor (see page 126). For computers purchased by the site with Subcontract funds, disposal is based on the number of years the item is carried on the site's balance sheet.

## **VIII. Indirect**

Enter all indirect costs incurred for Start Early/HV&DN program. The classification of costs as indirect should be based on your agency's allocation method. All agency-shared or allocated costs should be reported here.

Additional discussion on direct and indirect cost and cost allocation methodology can be found on pages 78-79.

Non-direct program costs must not exceed 18% (15% Indirect plus 3% other non-program costs; if indirect is less than 15%, non-program costs may exceed 3%) for DHS and 5% (non-program costs only) of total funding for ISBE respectively. For ISBE, budget line items such as Office Supplies, Postage and Shipping are considered non-program costs.

## PERSONNEL BREAKOUT SECTION

**Column 1 – Position Title, Employee Name, Effective Date, Term Date, % FTE:** List the Position Title, Employee Name, Effective Date, Term Date (if applicable when employee is no longer funded by program), % FTE for staff assigned to Start Early Program. Include only one person per position per line. Direct service personnel and two program supervisory levels above should be listed first, followed by any administrative support staff. Please insert a blank row between direct service personnel and administrative support staff. For all Start Early funded positions, please notify the HV&DN Fiscal Advisor via e-mail within 72 hours of any changes in staff, staff allocations, or any other variations from the approved operating budget.

**Full-Time Equivalency (FTE):** In order to calculate what percentage of FTE an employee has been allocated to a particular program, it must first be determined how many hours a person works in the agency in order to be considered full-time. Then determine the number of hours per week the employee will be assigned to Start Early program. Include both time reimbursed by Start Early and matched by the agency. If the agency considers a 40-hour workweek to be full-time and a full-time staff person is assigned to Start Early program for 20 hours a week, the time worked in Start Early program can be stated as a percentage of the total number of hours worked per week. For example, twenty hours is 50 percent of 40 hours; therefore, someone who works 20 hours of a 40 hour work week is considered 50% FTE.

**Column 2 – Total Annual Salary Exclusive of Fringes:** Total Annual Salary is the total expected salary a staff person will receive from the agency for the fiscal year, including Start Early funds and other sources. *Do not include subtotals and totals for Column 2. Round to the whole dollar.* EX. If the change amount is over 50 cents, round it off to the next dollar amount. If an item cost \$5.67 rounded off to the nearest dollar is \$6.00. If an item costs \$5.47 rounded off to the nearest dollar is \$5.00.

**Column 3 – Program Total:** Program Total is sum of the sources (Match plus Start Early), exclusive of fringes. The total Personnel Services for Program Total must equal Line Item 1, Column 2 on the Approved Consolidated Budget and Expense Summary page.

**Column 4 – Match Total:** Enter wages to be paid on behalf of agency for positions listed, exclusive of fringes. The Total Personnel Services for Match Total must equal Line Item 1, Column 3 on the Approved Consolidated Budget and Expense Summary page.

**Column 5 – Start Early Total:** Start Early Total is the sum of the components (PTS DHS + Doula DHS + MIECHV + ISBE). The Total Personnel Services for Start Early Total must equal Line 1, Column 4 on the Approved Consolidated Budget and Expense Summary page.

**Column 6 – Start Early Component – PTS DHS Funds:** Enter the total amount of wages to be paid for positions listed that will be reimbursed by PTS funds, exclusive of fringes. The total Personnel Services for PTS DHS must equal Line 1, Column 5 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the HV&DN Fiscal Advisor.*

**Column 7 – Start Early Component – Doula DHS Funds:** Enter the total amount of wages to be paid for positions listed that will be reimbursed by Doula DHS funds, exclusive of fringes. The total Personnel Services for Doula DHS must equal Line 1, Column 6 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the HV&DN Fiscal Advisor.*



**Column 8 – Start Early Component – MIECHV Funds:** Enter the total amount of wages to be paid for positions listed that will be reimbursed by MIECHV funds, exclusive of fringes. The total Personnel Services for MIECHV must equal Line 1, Column 7 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the HV&DN Fiscal Advisor.*

**Column 9 – Start Early Component – Illinois State Board of Education (ISBE):** Enter the total amount of wages to be paid for positions listed that will be reimbursed by ISBE funds, exclusive of fringes. The total Personnel Services for ISBE must equal Line 1, Column 9 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations, regardless of funding stream, require immediate e-mail notification to be sent to the HV&DN Fiscal Advisor.*

**Columns 10-15:** These columns are to be used for Quarterly Cost Reports only and should be left blank for Budget submission.

## **REPORTING PROGRAM COSTS**

In a multi-program organization, all costs can be divided into two types:

**Direct Costs:** Costs which are clearly and easily attributable to a specific program; costs which, if program operations ceased, would no longer be incurred in staff salaries (including administrative and support staff whose employment is dependent on continued program operations), program consultants, program event fees, staff and participant travel, program supplies, other expenses that are easily identifiable with and can be traced directly to program activities.

**Indirect Costs:** Costs which would continue to be incurred even if the program was no longer operating, i.e., executive/administrative salaries, legal, audit, insurance, or costs which cannot be directly tied to program operations. Indirect expenses are often pooled and allocated across programs using an appropriate allocation method.

When determining whether costs can be charged to a program, the following basic criteria should be considered:

- **Attributable** – The cost must benefit and be directly or indirectly attributable to a program activity.
- **Allowable** – The cost must be allowable under the terms of the Subcontract (see Section E8 for a list of disallowable costs).
- **Reasonable and necessary** – The cost must be reasonable and necessary for the operation of program activities.
- **Consistently applied** – Costs incurred for the same purpose must be applied consistently throughout agency programs. For example, a cost that has been classified as direct, and charged to a program as such, cannot also be included in the agency's indirect cost pool.

*Any cost that does not meet any of the above criteria should not be charged to the program.*

Indirect costs are all other costs not classified as direct, but which nonetheless, support program operations. These are sometimes referred to as Management and General, or Finance and Administrative costs. Rule of Thumb: If an agency cost is **not directly identifiable with**, and **traceable to**, any specific program and its activities, and an **allocation is required**, it should be reported as **indirect** on the Budget.

#### Pooling Indirect Costs

Some costs may be pooled prior to allocation, provided all costs have the same cost driver. For example: Rent, Utilities, and Janitorial Services may be pooled, since they could all have square footage of space occupied as their cost driver. For Personnel Administration and Executive Management expenses, number of employees or FTE's might be more appropriate. Finance, Accounting, and Audit expenses could be pooled using percentage of cash disbursements. Other expenses, such as Legal and Insurance might be pooled using percentage of assets, or percentage of total direct funding in allocating out. *Capital expenditures and/or other costs stipulated as disallowable (see Section E6) should not be included in the pool of indirect costs.*

#### **Examples of Allocation Methods:**

- square footage of space occupied (rent, utilities, janitorial): program square footage divided by agency square footage
- % FTE for program (office supplies, equipment rental, executive, personnel administration): program FTE divided by agency FTE
- Direct costs of program (staff salaries, consulting, other contractual, travel, supplies): total program direct costs divided by total agency direct

*A written Cost Allocation Method/Plan for indirect expenses must be included in the Budget Narrative. It must clearly indicate:*

- methodology used (ex: FTE);
- how the rate was derived using agency data (ex: 7.5 Program FTE/35 Agency FTE); and,
- the type of indirect cost the rate is being applied against (ex: Executive salaries).

**The allocation methodology must be fair, reasonable, and consistently applied across all programs in your agency.**

## **RESTRICTIONS BY FUNDING SOURCE**

### DHS

Non program costs are restricted to 18% of the total of DHS funds (15% Indirect plus 3% other non-program costs; if Indirect is less than 15%, non-program costs may be more than 3%). Non program costs are the following:

- 1) Personnel Breakout Section: site staff members that fall into the following categories are considered to be non-program costs: administrative, fiscal, janitorial, maintenance, or supervisors who are two or more levels above supervisors directly overseeing program staff.
- 2) Fringes: any fringe costs associated with the non-program staff listed above.
- 3) Occupancy: all costs associated with this line item.
- 4) Utilities: all costs associated with this line item
- 5) Postage and Shipping: all costs associated with this line item
- 6) Other Costs: cost items such as audit fees, payroll costs, legal, janitorial, maintenance and bookkeeping costs.
- 7) Office Supplies: all costs associated with this line item
- 8) Indirect: all costs associated with this line item.

### ISBE

Non-program costs are restricted at 5% of the total ISBE funds.

Restricted or disallowable costs:

- 1) Administrative costs are costs that would continue to be incurred if the program were no longer operating, i.e. executive/administrative salaries, legal, audit, insurance or costs which cannot be directly tied to program operations. Per ISBE guidelines, Office Supplies, Postage, and Shipping are considered part of Administrative costs. Administrative costs must be specifically identifiable rather than allocated in order to be allowable under the 5% allowance.
- 2) Utilities are completely disallowable.
- 3) Equipment requires ISBE approval before a purchase can be made. Please see page 192 for guidance.

*see page 136 for a comprehensive list of allowable and unallowable expenses*

# B8. Budget Forms

| APPROVED CONSOLIDATED BUDGET AND EXPENSE SUMMARY   |                 |             |             |           |           |          |          |                 |                 |                    |                    |                             |             |           |           |          |          |                 | Subcontract No. 2029- |                                |                                  |                                  |
|--|-----------------|-------------|-------------|-----------|-----------|----------|----------|-----------------|-----------------|--------------------|--------------------|-----------------------------|-------------|-----------|-----------|----------|----------|-----------------|-----------------------|--------------------------------|----------------------------------|----------------------------------|
| FEM #:<br>Service Subcontract:<br>Address:<br>B01 Program Name:<br>Name of Preparer:<br>Title: |                 |             |             |           |           |          |          |                 |                 |                    |                    | Period FY20 Original Budget |             |           |           |          |          |                 | Report Date:          |                                | Report Type:                     |                                  |
| LINE ITEM<br>(1)   | APPROVED BUDGET |             |             |           |           |          |          |                 |                 |                    | TOTAL EXPENSES YTD |                             |             |           |           |          |          |                 |                       |                                | % of Program<br>Total Expended   | % of The Ounce<br>Total Expended |
|  | Program Total   | Match Total | Ounce Total | PTS DHS   | DOULA DHS | MECHV    | DFSS     | ISBE            | ISBE (Jul-June) | PRIVATE FUNDS      | Total Expended     | Match Total                 | Ounce Total | PTS DHS   | DOULA DHS | MECHV    | DFSS     | ISBE            | ISBE (Jul-June)       | PRIVATE FUNDS                  |                                  |                                  |
| <b>SCOURCES</b>  |                 |             |             |           |           |          |          |                 |                 |                    |                    |                             |             |           |           |          |          |                 |                       |                                |                                  |                                  |
| I. Personnel Services  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| a. Fringe-benefit Library & Workers Compensation   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| b. Unemployment & Workers Compensation   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| c. Total Fringe-benefit Library & Workers Compensation   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| II. Consultants  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| <b>OTHER COMPONENTS</b>  |                 |             |             |           |           |          |          |                 |                 |                    |                    |                             |             |           |           |          |          |                 |                       |                                |                                  |                                  |
| IV. Other Contractual Services   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| a. Conference fees   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| b. Program Evaluation  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| c. Out-of-pocket   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| d. Utilities   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| e. Conferences   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| f. Postage / Shipping  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| g. Other (for the Subcontract Table below)   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Subtotal   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| V. Travel  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| a. Participant Travel  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| b. Participant Travel - Plus Per Diem Only   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| c. Local Staff Travel  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| d. Conference / Meeting Travel   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Subtotal   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| VI. Supplies   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| a. Fuel  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| b. Office Supplies   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| c. Program Supplies  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Subtotal   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| VII. Equipment   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| a. Equipment (for all DHS funding ONLY - FTS read)   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Subtotal   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| <b>GRAND TOTAL</b>   | <b>0</b>        | <b>0</b>    | <b>0</b>    | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b>        | <b>0</b>        | <b>0</b>           | <b>0</b>           | <b>0</b>                    | <b>0</b>    | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b>        | <b>0</b>              | <b>0</b>                       |                                  |                                  |
| <b>Breakdown of "Other Line"</b>   |                 |             |             |           |           |          |          |                 |                 |                    |                    |                             |             |           |           |          |          |                 |                       |                                |                                  |                                  |
| APPROVED BUDGET  |                 |             |             |           |           |          |          |                 |                 | TOTAL EXPENSES YTD |                    |                             |             |           |           |          |          |                 |                       | % of Program<br>Total Expended | % of The Ounce<br>Total Expended |                                  |
| Program Total  | Match Total     | Ounce Total | PTS DHS     | DOULA DHS | MECHV     | DFSS     | ISBE     | ISBE (Jul-June) | PRIVATE FUNDS   | Total Expended     | Match Total        | Ounce Total                 | PTS DHS     | DOULA DHS | MECHV     | DFSS     | ISBE     | ISBE (Jul-June) | PRIVATE FUNDS         |                                |                                  |                                  |
| <b>POSSIBLE CATEGORIES for OTHER SERVICES</b>  |                 |             |             |           |           |          |          |                 |                 |                    |                    |                             |             |           |           |          |          |                 |                       |                                |                                  |                                  |
| All-Off fees   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Print  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Travel Fees - Permits  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Insurance  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Telephone  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Copy Maintenance & Lease   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Computer   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Childcare/Childcare  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Equipment Rental & Maintenance   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Membership, Dues Subscriptions   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Printing/Printing  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Background Checking/Background   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Fringe   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Public Outreach  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Equipment  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| <b>TOTAL</b>   | <b>0</b>        | <b>0</b>    | <b>0</b>    | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b>        | <b>0</b>        | <b>0</b>           | <b>0</b>           | <b>0</b>                    | <b>0</b>    | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b>        | <b>0</b>              | <b>0</b>                       |                                  |                                  |
| <b>DFSS &amp; ISBE FUNDED SPES ONLY</b>  |                 |             |             |           |           |          |          |                 |                 |                    |                    |                             |             |           |           |          |          |                 |                       |                                |                                  |                                  |
| <b>Breakdown of Fringes</b>  |                 |             |             |           |           |          |          |                 |                 |                    |                    |                             |             |           |           |          |          |                 |                       |                                |                                  |                                  |
| APPROVED BUDGET  |                 |             |             |           |           |          |          |                 |                 | TOTAL EXPENSES YTD |                    |                             |             |           |           |          |          |                 |                       | % of Program<br>Total Expended | % of The Ounce<br>Total Expended |                                  |
| Program Total  | Match Total     | Ounce Total | PTS DHS     | DOULA DHS | MECHV     | DFSS     | ISBE     | ISBE (Jul-June) | PRIVATE FUNDS   | Total Expended     | Match Total        | Ounce Total                 | PTS DHS     | DOULA DHS | MECHV     | DFSS     | ISBE     | ISBE (Jul-June) | PRIVATE FUNDS         |                                |                                  |                                  |
| <b>DFSS &amp; ISBE Fringes Breakdown</b>   |                 |             |             |           |           |          |          |                 |                 |                    |                    |                             |             |           |           |          |          |                 |                       |                                |                                  |                                  |
| Unemployment Insurance   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Workers Compensation   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| FICA (Social Security)   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Pension/Retirement   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Group Health Insurance   | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| Other items to be specified in an email  | 0               | 0           | 0           | 0         | 0         | 0        | 0        | 0               | 0               | 0                  | 0                  | 0                           | 0           | 0         | 0         | 0        | 0        | 0               | 0                     | 0                              |                                  |                                  |
| <b>TOTAL</b>   | <b>0</b>        | <b>0</b>    | <b>0</b>    | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b>        | <b>0</b>        | <b>0</b>           | <b>0</b>           | <b>0</b>                    | <b>0</b>    | <b>0</b>  | <b>0</b>  | <b>0</b> | <b>0</b> | <b>0</b>        | <b>0</b>              | <b>0</b>                       |                                  |                                  |
| <b>FISCAL ADVISOR ONLY</b>   |                 |             |             |           |           |          |          |                 |                 |                    |                    |                             |             |           |           |          |          |                 |                       |                                |                                  |                                  |
| APPROVED BUDGET  |                 |             |             |           |           |          |          |                 |                 | TOTAL EXPENSES YTD |                    |                             |             |           |           |          |          |                 |                       | % of Program<br>Total Expended | % of The Ounce<br>Total Expended |                                  |
| Program Total  | Match Total     | Ounce Total | PTS DHS     | DOULA DHS | MECHV     | DFSS     | ISBE     | ISBE (Jul-June) | PRIVATE FUNDS   | Total Expended     | Match Total        | Ounce Total                 | PTS DHS     | DOULA DHS | MECHV     | DFSS     | ISBE     | ISBE (Jul-June) | PRIVATE FUNDS         |                                |                                  |                                  |
| <b>Compliance Percentages</b>  |                 |             |             |           |           |          |          |                 |                 |                    |                    |                             |             |           |           |          |          |                 |                       |                                |                                  |                                  |
| Salaries   | 0.00%           | 0.00%       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%           | 0.00%              | 0.00%              | 0.00%                       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%                 | 0.00%                          |                                  |                                  |
| Fringe   | 0.00%           | 0.00%       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%           | 0.00%              | 0.00%              | 0.00%                       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%                 | 0.00%                          |                                  |                                  |
| Match - max 1%   | 0.00%           | 0.00%       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%           | 0.00%              | 0.00%              | 0.00%                       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%                 | 0.00%                          |                                  |                                  |
| Non-Program - max 1%   | 0.00%           | 0.00%       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%           | 0.00%              | 0.00%              | 0.00%                       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%                 | 0.00%                          |                                  |                                  |
| Subcontract max 1%   | 0.00%           | 0.00%       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%           | 0.00%              | 0.00%              | 0.00%                       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%                 | 0.00%                          |                                  |                                  |
| Administrative Cost - max 5% for DFSS & ISBE   | 0.00%           | 0.00%       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%           | 0.00%              | 0.00%              | 0.00%                       | 0.00%       | 0.00%     | 0.00%     | 0.00%    | 0.00%    | 0.00%           | 0.00%                 | 0.00%                          |                                  |                                  |

PERSONNEL BREAKOUT SECTION

Quarterly Period: FY20 Original Budget

Report Type

| PERSONNEL  |               |                |           |       | Annual Salary | APPROVED BUDGET      |               |             |              |         |                   |       |      |      |                    | TOTAL EXPENSES YTD |                |             |              |         |           |       |      |      |                   | NOTES         |
|--|---------------|----------------|-----------|-------|---------------|----------------------|---------------|-------------|--------------|---------|-------------------|-------|------|------|--------------------|--------------------|----------------|-------------|--------------|---------|-----------|-------|------|------|-------------------|---------------|
| PERSONNEL  |               |                |           |       |               | Exclusion of Fringes | SOURCES       |             |              |         | Office COMPONENTS |       |      |      |                    |                    | FUNDING SOURCE |             |              |         |           |       |      |      |                   |               |
| Position Title                                   | Employee Name | Effective Date | Term Date | % FTE |               |                      | Program Total | Match Total | Office Total | PTS DHS | DOUGL DHS         | MECHW | DFSS | ISBE | ISBE (Sept - June) | PRIVATE FUNDS      | Total Expanded | Match Total | Office Total | PTS DHS | Doula DHS | MECHW | DFSS | ISBE | ISBE (Jul - June) | PRIVATE FUNDS |
|  |               |                |           |       | (2)           | (3)                  | (4)           | (5)         | (6)          | (7)     | (8)               | (9)   | (10) | (11) | (12)               | (13)               | (14)           | (15)        | (16)         | (17)    | (18)      | (19)  | (20) | (21) | (22)              |               |
| a  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| b  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| c  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| d  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| e  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| f  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| g  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| h  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| i  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| j  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| k  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| l  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| m  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| n  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| o  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| p  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| q  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| TOTAL Personnel Services                         |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| Fringes-less Unemployment & Workers Compensation |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| Unemployment & Workers Compensation              |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| TOTAL - Fringes                                  |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |
| GRAND TOTAL                                      |               |                |           |       | 0             | 0                    | 0             | 0           | 0            | 0       | 0                 | 0     | 0    | 0    | 0                  | 0                  | 0              | 0           | 0            | 0       | 0         | 0     | 0    | 0    | 0                 |               |

\* %FTE (Program) based on total full time hours in your Agency's work week (i.e. 40 or 37.5)

<---(Please fill in blank).

**MATCHING FUND BUDGET**

Subcontract No. 2020 - 0

**CASH MATCH**

4)

| BUDGET LINE      | CATEGORY                                  | AMOUNT | SOURCE OF FUNDS |
|------------------|---|--------|-----------------|
| I.               | Personnel Services                        | \$     |                 |
| II.a             | Fringes-less Unemp & Workers Compensation | \$     |                 |
| II.b             | Unemployment & Workers Compensation       | \$     |                 |
| III.             | Consultants                               | \$     |                 |
| IV.              | Other Contractual Services                |        |                 |
| a.               | Conference fees                           | \$     |                 |
| b.               | Program Event fees                        | \$     |                 |
| c.               | Occupancy                                 | \$     |                 |
| d.               | Utilities                                 | \$     |                 |
| e.               | Communications                            | \$     |                 |
| f.               | Postage / Shipping                        | \$     |                 |
| g.               | Other                                     | \$     |                 |
| V.               | Travel                                    |        |                 |
| a.               | Participant Travel                        | \$     |                 |
| b.               | Local Staff Travel                        | \$     |                 |
| c.               | Conference/Meeting Travel                 | \$     |                 |
| VI.              | Supplies                                  |        |                 |
| a.               | Food                                      | \$     |                 |
| b.               | Office Supplies                           | \$     |                 |
| c.               | Program Supplies                          | \$     |                 |
| VII.             | Equipment                                 | \$     |                 |
| VIII.            | Indirect                                  | \$     |                 |
| Total Cash Match |   | \$     | 0               |

**IN-KIND MATCH**

| DONATED SERVICE/ITEM           | BUDGET LINE | NAME OF DONOR | VALUE | BASIS OF VALUATION |
|--------------------------------|-------------|---------------|-------|--------------------|
|                                |             |               | \$    |                    |
|                                |             |               | \$    |                    |
|                                |             |               | \$    |                    |
|                                |             |               | \$    |                    |
|                                |             |               | \$    |                    |
|                                |             |               | \$    |                    |
| Total In-Kind Match            |             |               | \$    | 0                  |
| GRAND TOTAL (Cash and In-Kind) |             |               | \$    | 0                  |



**FY20 Amended Budget Narrative**

to be included with ALL FY20 amended budget submissions

| IV. Other Contractual Services                                   |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
|--|---------------|---------------------------|-----------|---------------------------|----------|-----------------------------|--------------|-------|
|  |               | Amended: Ounce Total: \$0 |           | Amended: Match Total: \$0 |          | Amended: Program Total: \$0 |              |       |
| <b>a. Conference Fees</b>  |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| Amended:   |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| <b>b. Program Event Fees</b>                                     |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| Amended:   |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| <b>c. Occupancy</b>  |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| Amended:   |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| <b>d. Utilities</b>  |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| Amended:   |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| <b>e. Communications</b>   |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| Amended:   |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| <b>f. Postage and Shipping</b>                                   |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| Amended:   |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| <b>g. Other</b><br>(detailed breakdown needed by funding stream) |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| Amended:   |               | Ounce Total: \$0          |           | Match Total: \$0          |          | Program Total: \$0          |              |       |
| Possible Categories for Other Services                           | PRIVATE FUNDS | PTS-DHS                   | DOULA-DHS | MIECHV                    | DFSS     | ISBE                        | ISBE (M-AMH) | Notes |
| Audit Fees   | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Payroll  | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| License Fees, Permits  | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Insurance  | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Maintenance  | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Copier Maintenance & Lease                                       | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| IT Consultant  | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Childcare/Cookservice  | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Equipment Rental & Maintenance                                   | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Membership Dues/Subscriptions                                    | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Employee Screenings  | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| (Background Check/Drug Screenings)                               | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Printing   | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Public Outreach  | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| Recruitment  | 0             | 0                         | 0         | 0                         | 0        | 0                           | 0            |       |
| <b>TOTAL</b>   | <b>0</b>      | <b>0</b>                  | <b>0</b>  | <b>0</b>                  | <b>0</b> | <b>0</b>                    | <b>0</b>     |       |



**FY20 Amended Budget Narrative**

to be included with ALL FY20 amended budget submissions

| V. Travel                               |                      | Approved Ounce Total:   | \$0         | Amended Ounce Total:   | \$0           |     |
|---|----------------------|-------------------------|-------------|------------------------|---------------|-----|
|   |                      | Approved Match Total:   | \$0         | Amended Match Total:   | \$0           |     |
|   |                      | Approved Program Total: | \$0         | Amended Program Total: | \$0           |     |
| a. Participant Travel                   | Ounce Total          | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|   | Amended: Ounce Total | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|   |                      |                         |             |                        |               |     |
| b. Participant Travel - Bus Passes ONLY | Ounce Total          | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|   | Amended: Ounce Total | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|   |                      |                         |             |                        |               |     |
| c. Local Staff Travel                   | Ounce Total          | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|   | Amended: Ounce Total | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|   |                      |                         |             |                        |               |     |
| d. Conference/Meeting Travel            | Ounce Total          | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|   | Amended: Ounce Total | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|   |                      |                         |             |                        |               |     |

| VI. Supplies   |                      | Approved Ounce Total:   | \$0         | Amended Ounce Total:   | \$0           |     |
|--|----------------------|-------------------------|-------------|------------------------|---------------|-----|
|  |                      | Approved Match Total:   | \$0         | Amended Match Total:   | \$0           |     |
|  |                      | Approved Program Total: | \$0         | Amended Program Total: | \$0           |     |
| a. Food (participants ONLY; UNALLOWABLE FOR AGENCY STAFF | Ounce Total          | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|  | Amended: Ounce Total | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|  |                      |                         |             |                        |               |     |
| b. Office Supplies                                       | Ounce Total          | \$0                     | Match Total | \$0                    | Program Total | \$0 |
| NOTE: No one item will exceed \$500 in cost.             | Amended: Ounce Total | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|  |                      |                         |             |                        |               |     |
| c. Program Supplies                                      | Ounce Total          | \$0                     | Match Total | \$0                    | Program Total | \$0 |
| NOTE: No one item will exceed \$500 in cost.             | Amended: Ounce Total | \$0                     | Match Total | \$0                    | Program Total | \$0 |
|  |                      |                         |             |                        |               |     |

### FY20 Amended Budget Narrative

to be included with ALL FY20 amended budget submissions

|  |  |   |
|--|--|---|
| VIII. Furniture & Equipment<br>One single item over \$500 - needs 3 bids regardless of funding source or agency's agreement.<br><b>UNALLOWABLE for DFSS/Prior approval needed for ISBE</b> | Approved Ounce Total: <u>          \$0          </u><br>Approved Match Total: <u>          \$0          </u><br>Approved Program Total: <u>          \$0          </u> | Amended Ounce Total: <u>          \$0          </u><br>Amended Match Total: <u>          \$0          </u><br>Amended Program Total: <u>          \$0          </u> |
|  |  |   |

|   |   |   |
|---|---|---|
| VIII. Indirect<br>This budget line is allowable for all the DHS funding ONLY - MAX. 15%<br><b>INDIRECT RELATED:</b> ISBE & DFSS require a detailed breakdown, therefore, the "Indirect Line" cannot be used as a generic placeholder. | Ounce Total: <u>          \$0          </u><br>Match Total: <u>          \$0          </u><br>Program Total: <u>          \$0          </u> | Amended Ounce Total: <u>          \$0          </u><br>Amended Match Total: <u>          \$0          </u><br>Amended Program Total: <u>          \$0          </u> |
|   |   |   |

## **B9. Guidelines for Completing Budget Section**

1. E-mail the final Budget by July 15, 2023 to HVDNadmin@startearly.org.. In the subject line of your e-mail, please include the site name, fiscal year, and name of the document.
2. Date must reflect the date report was submitted. For revised reports, mark “*REVISED*” and list date of revision.
3. Columns and Rows must be added correctly. *Round off line items to the nearest dollar.* (EX. If the change amount is over 50 cents, round it off to the next dollar amount. If an item cost \$5.67 rounded off to the nearest dollar is \$6.00. If an item costs \$5.47 rounded off to the nearest dollar is \$5.00.) Program Total (Column 2) must equal Match Total (Column 3) plus Start Early Total (Column 4). Start Early Components (Columns 5-9) must equal Start Early total (Column 4).
4. Personnel Services and Fringes (Lines I and II, Columns 2-9) must equal Personnel Breakout Section Total Personnel Services and Fringes (Columns 3-10).
5. Non-direct program costs must not exceed 18% (15% Indirect + 3% other non-program costs; if Indirect is less than 15%, non-program costs may exceed 3%) of total funding for DHS and 5% (non-program costs ONLY) of total funding for ISBE respectively. (Columns 5-9).
6. Supplies and/or Equipment (Line VIb-c or Line VII) any increases over \$500, provide detail or the statement “No one item will exceed \$500”. *Single Item includes peripherals, shipping, and installation.*
7. Grand Total for Start Early Total (Column 4) must equal amount listed on Award Letter.
8. Match Total (Column 3) must be greater than or equal to 10% of Start Early Total (Column 4).
9. The Personnel Breakout Section (Breakout 1 tab) must be completed including Names, Titles, Date of Hire/Termination, and % FTE (Column 1). Columns 2-10 as appropriate must be completed for all positions listed.
10. The Personnel Breakout Section, Start Early Total (Column 5) must equal the sum of dollars allocated to each component in Columns 6-10.
11. Approved Matching Fund Budget (Match tab) must equal Match Total on Approved Consolidated Budget and Expense Summary (Budget Tab, Column 3).
12. Approved Matching Fund Budget (Match tab) must be fully completed, indicating funding source of cash match and requested additional information for in-kind match.
13. The Budget Narrative must be completed for all lines and must match the Budget and supporting schedules.

# **Amendment Forms & Instructions**

# **C1. Amendment Submission & Due Dates**

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Amendments document the quality of Subcontract management and show an awareness of how changes to a program affect costs and services. Please make sure Amendments are complete and stapled in the correct order. The Program Abstract should detail any programmatic changes in the program, while the Fiscal Narrative should detail any fiscal changes in the program. In an Amendment, it is important to list not only **what** the change is, but also to explain **why** this change is needed. Please see below for the applicable criteria for amendment submission.

**An Amendment is required if there are significant changes in the Program Narrative or Abstract. An Amendment is also required if any line item (Column 2) changes in an amount greater than \$1000.00, or 20% of the budgeted amount, whichever is greater (total of Match and Start Early funds). This includes either an *increase* or *decrease* in a line item. Sites are also strongly encouraged to submit an Amendment when a funded position has been vacant for a quarter or longer. Amendments may also be requested by the HV&DN Program Manager or HV&DN Fiscal Adviser if there are concerns regarding under spending.**

## **SUBMISSION AND APPROVAL PROCESS**

1. **Draft Amendments:** Draft Amendments must be e-mailed to the HV&DN Program Manager. The submission of a draft Amendment helps to ensure that final copies will be approved. A complete e-mail copy (pages 1-6) of the Amendment must be submitted in order for the draft to be reviewed, including the following:
  - 1) Request for Subcontract Amendment
  - 2) Amended Budget and Narrative
  - 3) Program Abstract and Narrative, if applicable.

The HV&DN Program Manager will complete an initial review of the Amendment and will forward the amendment to the HV&DN Fiscal Advisor for fiscal review. Draft Amendments can be submitted at any time during the fiscal year, based on the guidelines for Amendment on page 88, with the exception of the fourth quarter. Fourth quarter draft Amendments are due to the HV&DN Program Manager by May 8<sup>th</sup> (due the next business day if due date falls on a weekend). **Please notify your HV&DN Program Manager via e-mail five (5) business days prior to the fourth quarter draft Amendment deadline if your Amendment will be late.** Adherence to the due date for fourth quarter Amendments is *critical* due to Start Early's need to submit accurate final budget Amendments to funders.

*ISBE funded agencies: Due to tight deadlines from the funder, the draft of the fourth quarter Amendment should be an accurate forecast of spending through year-end. Sites should discuss any large shifts of ISBE funds in the fourth quarter with the HV&DN Program Manager and Fiscal Advisor before submitting an amendment.*

2. **Final Review/Submission:** The HV&DN Fiscal Advisor will notify the site's Program Management and Fiscal Report Contacts of approval of the draft Amendment. Upon notification, the site will then submit one (1) electronic version to the HV&DN Fiscal Advisor. *Please do not submit final copies until notified to do so.*

Due dates for final Amendments will be negotiated with the HV&DN Fiscal Advisor upon review and approval of the draft Amendment, with the exception of fourth quarter Amendments. Final hard copy Amendments for the fourth quarter are due to the HV&DN Fiscal Advisor by June 15<sup>th</sup>. Failure to submit the fourth quarter Amendment by this date may result in the Amendment not being processed and delays in final payments being made to sites.

Start Early's acknowledgment that the Amendment will be late *does not* constitute an extension being granted. Extensions will be granted by your HV&DN Program Manager on a case-by-case basis and for emergencies only. Sites will be notified of Start Early's decision via e-mail within two (2) business days after the receipt of a written extension request. ***The timeliness of Amendments is important, as the criteria for receiving QIR funding, which may become available during a fiscal year, is tied to Start Early's receipt of accurate, complete, and timely reports.***

## C2. Amendment Instructions

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In order to meet the requirements of the Subcontract with Start Early, changes to the Program Narrative, Abstract, and Budget during the fiscal year must be submitted via a Request for Amendment. This section describes the steps to follow if such a request is needed. The HV&DN Program Manager is available to assist in planning for changes with respect to the impact on services, program outcomes, and budget. Once a draft of the Amendment is completed it should be submitted according to the submission guidelines on page 99.

An Amendment is required if there are significant changes in the Program Narrative or Abstract. An Amendment is also required if any line item (Column 2) changes in an amount greater than \$1000.00, or 20% of the budgeted amount, whichever is greater (total of Match and Start Early funds). This includes either an *increase* or *decrease* in a line item. Sites are strongly encouraged to submit an Amendment when a funded position has been vacant for a quarter or longer. Amendments may also be requested by the HV&DN Program Manager or HV&DN Fiscal Adviser if there are concerns regarding under spending. Start Early reserves the right to decrease the maximum amount payable under the Subcontract Agreement if:

- 1) staff and/or consultants are not hired within thirty days after a) effective date of Subcontract, b) projected hire date, or c) vacancy occurs,
- 2) line items are not expended according to schedule or are utilized in a manner that was not authorized, as evidenced in the Quarterly Cost Report, or
- 3) if an acceptable Amendment reallocating dollars is not submitted within thirty days from the submission of the Quarterly Cost Report and approved within sixty days from the submission of the Quarterly Cost Report.

Draft Amendments are to be submitted, via e-mail, to the HV&DN Program Manager in accordance with the schedule outlined in Section C1. When a final agreement has been reached between the HV&DN Program Manager and the Program Management Contact, the HV&DN Program Manager will then forward the draft Amendment to the HV&DN Fiscal Advisor for the second part of the internal review and approval process. Once all corrections are made (if needed), the HV&DN Fiscal Advisor will send an electronic Signature Page that must be signed and returned to the Fiscal Advisor by mail. The date on page six (6) will reflect the date the amendment was signed by the site.

Start Early requires four weeks to review and approve draft Amendments. If the Amendment contains no errors, a copy of the Amendment, counter-signed by HV&DN and marked *Approved*, will be sent to the site. Never change any budget figures in the Quarterly Fiscal Report until a signed, approved Amendment has been received.

Amendments that do not follow the submission guidelines will be returned to the site for corrections; therefore delaying the processing of the Amendment.

## **C3. Request for Subcontract Amendment**

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**FY24 Quarter #:**

**Agency Name:**

**Program Name:**

**Subcontract #:**

Packets that are incomplete or not received in this specified order may be returned.  
Please be sure to have original signatures on the Proposed Amended Budget signature page.

- Amendment Purpose and Changes to Program Plan (Page 2)
- Amendment Fiscal Narrative (Page 3)
- Proposed Amended Budget (Page 4)
- Proposed Amended Personnel Breakout Section (Page 5)
- Proposed Amended Budget signature page (Page 6)



**A. Purpose of Amendment**

A1. Please check all that apply:

- Reallocation of funds across budget line items in excess of \$1,000 or 20%, whichever is greater
- Increase in Subcontract amount due to Quality Improvement Request award
- Correction(s) to originally submitted Budget, Program Abstract and/or Narrative
- Restructuring of staff positions or FTE allocation
- Updating of staff or agency information
- Other

A2. Briefly describe the above proposed changes:

**B. Changes to the Program Plan:**

B1. If there are changes to the Program Abstract, please attach a revised Abstract.

Check here if there are proposed changes to the Program Abstract.

B2. If there are changes to the Program Narrative, please attach a revised Narrative.

Check here if there are proposed changes to the Program Narrative.

Subcontractor \_\_\_\_\_ Subcontract 2024- \_\_\_\_\_

**C. Fiscal Narrative**

For fiscal/budget changes, refer to the approved Budget, and describe each line item to be amended. **Include the budget variance** for each category. Use additional pages if necessary.

Check here if there are proposed changes to the Budget.

Personnel

Fringe

Consultants

Other Contractual Services:

Travel

Supplies

Equipment

Indirect

Subcontract No. 2020- 0

**PROPOSED AMENDED BUDGET**

FEN # : 0  
 Service Subcontractor: 0  
 Address: 0  
 IBTI Program Name: 0  
 Name of Preparer: 0  
 Title: 0

Date: DRAFT

| LINE ITEM                                      | APPROVED BUDGET |             |             | AMENDED BUDGET |             |             |         |           |        |      |      |                 |      | PRIVATE FUNDS | NOTES |
|--|-----------------|-------------|-------------|----------------|-------------|-------------|---------|-----------|--------|------|------|-----------------|------|---------------|-------|
|  | Program Total   | Match Total | Ounce Total | Program Total  | Match Total | Ounce Total | PTS DHS | DOULA DHS | MIECHV | DFSS | ISBE | ISBE (Jul-June) |      |               |       |
| (1)  | (2)             | (3)         | (4)         | (5)            | (6)         | (7)         | (8)     | (9)       | (10)   | (11) | (12) | (13)            | (14) |               |       |
| I. Personnel Services                          | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| I.a. Fringes-less Unemp & Workers Compensation | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| I.b. Unemployment & Workers Compensation       | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| I. Total Fringes                               | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| II. Consultants                                | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| IV. Other Contractual Services                 | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| a. Conferences                                 | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| b. Program Expenses                            | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| c. Occupancy                                   | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| d. Utilities                                   | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| e. Communications                              | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| f. Postage / Shipping                          | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| g. Other (fill out the Breakout Table below)   | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| Subtotal                                       | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| V. Travel                                      | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| a. Participant Travel                          | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| b. Participant Travel - Bus Passes ONLY        | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| c. Local Staff Travel                          | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| d. Conference / Meeting Travel                 | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| Subtotal                                       | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| VI. Supplies                                   | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| a. Food  | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| b. Office Supplies                             | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| c. Program Supplies                            | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| Subtotal                                       | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| VII. Equipment                                 | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| VIII. Indirect (for all DFSS funding only)     | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |
| <b>GRAND TOTAL</b>                             | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0               | 0    |               |       |

| POSSIBLE CATEGORIES for OTHER SERVICES                 | APPROVED BUDGET |             |             | AMENDED BUDGET |             |             |         |           |        |      |      |                   |   | PRIVATE FUNDS | NOTES |
|--|-----------------|-------------|-------------|----------------|-------------|-------------|---------|-----------|--------|------|------|-------------------|---|---------------|-------|
|  | Program Total   | Match Total | Ounce Total | Program Total  | Match Total | Ounce Total | PTS DHS | DOULA DHS | MIECHV | DFSS | ISBE | ISBE (Jul - June) |   |               |       |
| Audit Fees   | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Payroll  | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| License Fees, Permits                                  | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Insurance  | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Maintenance  | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Copier Maintenance & Lease                             | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| IT Consultant  | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Childcare/Childcare                                    | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Equipment Rental & Maintenance                         | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Membership Dues/Subscriptions                          | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Employee Screenings (Background Check/Drug Screenings) | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Printing   | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Public Outreach  | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| Recruitment  | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |
| <b>TOTAL</b>   | 0               | 0           | 0           | 0              | 0           | 0           | 0       | 0         | 0      | 0    | 0    | 0                 | 0 |               |       |

**DFSS & ISBE FUNDED Sites ONLY**  
Breakdown of Fringes

| DFSS & ISBE Fringes Breakdown                | APPROVED BUDGET |                 |       | BREAKDOWN OF AMENDED BUDGET |             |             |         |           |        |         |         |                   |  | PRIVATE FUNDS | NOTES |
|--|-----------------|-----------------|-------|-----------------------------|-------------|-------------|---------|-----------|--------|---------|---------|-------------------|--|---------------|-------|
|  | DFSS            | ISBE (July-Aug) | ISBE  | Total Expended              | Match Total | Ounce Total | PTS DHS | DOULA DHS | MIECHV | DFSS    | ISBE    | ISBE (Jul - June) |  |               |       |
| Unemployment Insurance                       | 0.00%           | 0.00%           | 0.00% |                             |             |             |         |           |        | 0.0000% | 0.0000% | 0.0000%           |  |               |       |
| Worker's Compensation                        | 0.00%           | 0.00%           | 0.00% |                             |             |             |         |           |        | 0.0000% | 0.0000% | 0.0000%           |  |               |       |
| FICA (Social Security)                       | 0.00%           | 0.00%           | 0.00% |                             |             |             |         |           |        | 0.0000% | 0.0000% | 0.0000%           |  |               |       |
| Pension/Retirement                           | 0.00%           | 0.00%           | 0.00% |                             |             |             |         |           |        | 0.0000% | 0.0000% | 0.0000%           |  |               |       |
| Group Health Insurance                       | 0.00%           | 0.00%           | 0.00% |                             |             |             |         |           |        | 0.0000% | 0.0000% | 0.0000%           |  |               |       |
| Other (details to be specified in an e-mail) | 0.00%           | 0.00%           | 0.00% |                             |             |             |         |           |        | 0.0000% | 0.0000% | 0.0000%           |  |               |       |
| <b>TOTAL</b>                                 | 0.00%           | 0.00%           | 0.00% |                             |             |             |         |           |        | 0.0000% | 0.0000% | 0.0000%           |  |               |       |

| Compliance Percentages                         | APPROVED BUDGET |             |             | AMENDED BUDGET |             |             |         |           |        |       |       |                   |       | PRIVATE FUNDS | NOTES |
|--|-----------------|-------------|-------------|----------------|-------------|-------------|---------|-----------|--------|-------|-------|-------------------|-------|---------------|-------|
|  | Program Total   | Match Total | Ounce Total | Program Total  | Match Total | Ounce Total | PTS DHS | DOULA DHS | MIECHV | DFSS  | ISBE  | ISBE (Jul - June) |       |               |       |
| Salaries                                       | 0.00%           | 3.00%       | 6.00%       | 3.00%          | 6.00%       | 0.00%       | 0.00%   | 0.00%     | 0.00%  | 0.00% | 0.00% | 0.00%             | 0.00% |               |       |
| Fringes  | 0.00%           | 3.00%       | 6.00%       | 3.00%          | 6.00%       | 0.00%       | 0.00%   | 0.00%     | 0.00%  | 0.00% | 0.00% | 0.00%             | 0.00% |               |       |
| Match - min. 10%                               | 0.00%           | 3.00%       | 6.00%       |                |             |             |         |           |        |       |       |                   |       |               |       |
| Non-Program - max. 18%                         | 0.00%           | 3.00%       | 6.00%       |                |             |             | 0.00%   | 0.00%     | 0.00%  | 0.00% | 0.00% |                   | 0.00% |               |       |
| Indirect - max. 15%                            | 0.00%           | 3.00%       | 6.00%       |                |             |             | 0.00%   | 0.00%     | 0.00%  | 0.00% |       |                   | 0.00% |               |       |
| Administrative Cost - max. 5% for CPS and ISBE | 0.00%           | 3.00%       | 6.00%       |                |             |             |         |           |        | 0.00% | 0.00% |                   | 0.00% |               |       |

PROPOSED AMENDED PERSONNEL BREAKOUT SECTION

Subcontract No. 2020-0

| PERSONNEL<br><small>If personnel is being moved to a new position or new personnel is being hired, please list who they are replacing.</small> |                                  |                                  |                                  |                                  | AMENDED PERSONNEL BREAKOUT |                      |               |             |             |         |           |       |      |      | NOTES |                   |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------|----------------------|---------------|-------------|-------------|---------|-----------|-------|------|------|-------|-------------------|
| Position Title   | Employee Name                    | Effective Date                   | Term Date                        | % FTE*                           | SOURCES                    |                      |               |             |             |         |           |       |      |      |       |                   |
|  |                                  |                                  |                                  |                                  | Annual Salary              | Exclusive of Fringes | Program Total | Match Total | Ounce Total | PTS DHS | DOULA DHS | MECHV | DFSS | ISBE |       | ISBE (Jul - June) |
| <small>used for: dual hire</small>   | <small>fill in: new hire</small> | <small>fill in: new hire</small> | <small>fill in: new hire</small> | <small>fill in: new hire</small> | (2)                        | (3)                  | (4)           | (5)         | (6)         | (7)     | (8)       | (9)   | (10) | (11) |       | (12)              |
| a.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| b.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| c.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| d.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| e.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| f.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| g.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| h.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| i.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| j.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| k.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| l.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| m.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| n.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| o.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| p.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| q.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| r.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| s.   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| <b>TOTAL Personnel Services</b>  |                                  |                                  |                                  |                                  |                            | 0                    | 0             | 0           | 0           | 0       | 0         | 0     | 0    | 0    | 0     | 0                 |
| <b>Fringes less Unemployment &amp; Workers Compensation</b>  |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| <b>Unemployment &amp; Workers Compensation</b>   |                                  |                                  |                                  |                                  |                            | 0                    |               |             |             |         |           |       |      |      |       |                   |
| <b>TOTAL - Fringes</b>   |                                  |                                  |                                  |                                  |                            | 0                    | 0             | 0           | 0           | 0       | 0         | 0     | 0    | 0    | 0     | 0                 |
| <b>GRAND TOTAL</b>   |                                  |                                  |                                  |                                  |                            | 0                    | 0             | 0           | 0           | 0       | 0         | 0     | 0    | 0    | 0     | 0                 |

\* %FTE (Program) based on total full time hours in your Agency's work week (i.e. 40 or 37.5)

<--- (Please fill in the blank)

**SIGNATURE PAGE**

The Approved OPF Grand Total is: \$ 0

The Amended OPF Grand Total is: \$ 0

Do not fill in the box below:

The Effective Date of this amendment is: \_\_\_\_\_

The amended monthly payment schedule is:

|           |  |          |  |       |  |
|-----------|--|----------|--|-------|--|
| July      |  | November |  | March |  |
| August    |  | December |  | April |  |
| September |  | January  |  | May   |  |
| October   |  | February |  | June  |  |

0.00

All other terms of the July 1, 2019 Subcontract Agreement will remain in effect through June 30, 2020.

\_\_\_\_\_  
Ounce of Prevention Fund

\_\_\_\_\_  
Service Subcontractor

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature

## **C4. Guidelines for Completing the Fiscal Section of the Amendment**

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1. Amendment must be complete (all six pages) and stapled in the correct order. Amendments are not complete without the Request for Subcontract Amendment.
2. Fiscal Narrative must be completed for line changes greater than \$1,000, or 20% of the budgeted amount, whichever is greater, in the Program Total (both Match and Start Early) and must match Proposed Budget Amendment (Amended Budget tab).
3. Approved Budget (Columns 2-4) must match the Approved Budget of the original Subcontract Budget or Amended Budget in the most recently approved Amendment.
4. Columns and Rows must be added correctly. Before entering, round off line items to the nearest dollar (cells are to be used for data entry only – do not use formulas). Program Total (Column 2) must equal Match Total (Column 3) plus Start Early Total (Column 4). The sum of Start Early Components (Columns 8-12) must equal Start Early total (Column 7).
5. Personnel Services and Fringes (Lines I and II, Columns 5-12 of Amended Budget) must equal Personnel Breakout Section Total Personnel Services and Fringes (Columns 3-10) respectively.
6. Start Early Fringes (Line II, Column 7) must not exceed 28% of Start Early Personnel Services (Line I, Column 7) (Line II divided by Line I).
7. Non-direct program costs must not exceed 18% (15% Indirect + 3% other non-program costs; if Indirect LINE costs are less than 15%, non-program costs may exceed 3%) of the total of DHS funding and 5% (non-program costs only) of total funding for ISBE respectively. (Columns 8-10).
8. For Supplies and/or Equipment (Line VIb-c or VII) any increases over \$500 (in total) must be accompanied by detail or statement "No single item to exceed \$500". \$500 single item including peripherals, shipping, and installations.
9. Match Total (Column 6) must be greater than or equal to 10% of Start Early Total (Column 7).
10. If there is any change in personnel services, the Personnel Section (Amended Breakout tab) must be completed including: Names, Titles, % FTE, start and end dates of employment (if applicable). Columns 2-10 must be completed for all positions, including those not requiring Amendments.
11. Total Approved and Total Amended Start Early funding amounts must match on the Signature Page.
12. The effective date and payment schedule must be left blank.
13. The Subcontract beginning and ending dates must be correct.
14. The Amendment must contain original signatures and be dated.

# **Program Reports & Instructions**

## D1. Submission of Program Narrative Quarterly Reports

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Quarterly Reports contain required data, fiscal and program information. Some specific requirements for reporting are related to the type of services provided and whether source funding is IDHS or ISBE. The Program Management Contact should review all information related to the Quarterly Report by the indicated due dates and prior to submission.

**Program Information (All):** In order to provide the best report information possible, the person who supervises or coordinates the component should complete the appropriate section of the report. An electronic copy of the report should be sent to [HVDNadmin@startearly.org](mailto:HVDNadmin@startearly.org). See page 31 (#3) for instructions on what to include in the subject line of your e-mail.

Submit the Abbreviated Version of the Program Narrative Quarterly Report (page 121) for the first and third quarters. It consists of only questions 1-4 under Section I. The Complete Version of the Program Narrative Quarterly Report (page 107) should be completed for the second and fourth quarters. Please use the report Cover Page (page 106) for each report submission.

If there are attachments that cannot be sent electronically (newspaper articles, etc.) these may be sent to Start Early's Chicago office:

HV&DN Administration Manager  
Start Early  
33 West Monroe, Suite 1200  
Chicago, IL 60603

For HFI programs, Start Early will send copies of the HFI Quarterly Report directly to IDHS; therefore, there is no need to send quarterly reports to DHS in FY24.

**Due Dates:** All Program Narrative Quarterly Reports are to be submitted to [HVDNadmin@startearly.org](mailto:HVDNadmin@startearly.org). *no later than 4:00 p.m.* on the specified due date. If the due date falls on a weekend, the report is due the following Monday.

**First Quarter:** October 30  
**Second Quarter:** January 30

**Third Quarter:** April 30  
**Fourth Quarter:** July 30

**Quarterly Data:** DataPoints is used to generate required IDHS and ISBE Quarterly Reports. Any areas of poor performance as reflected on the DataPoints Quarterly Report should be addressed as a part of the answer to Question #2 in the Program Narrative Quarterly Report.

DataPoints Quarterly Reports will be downloaded by HV&DN on the same day your agency's Program Narrative Quarterly Report is due (see above). These reports do not need to be submitted in hard copy to Start Early or DHS. It is imperative that all data pertaining to the previous quarter be accurately entered into DataPoints by the end of the day on the 21<sup>st</sup> of the month following the close of the quarter.



DHS Common Outcomes: Data fields related to the calculations of this report must be entered by the end of the day on the 19th of the month a quarterly report is due. Information for this report includes immunizations, well-child visits, subsequent births, developmental screenings, and GED/HS graduation. HV&DN downloads your program data to run this report and submits the DHS Common Outcomes Report on the 20th of the month following the close of the quarter. No separate report is to be submitted by your program.

**Fiscal Information: See Section E for complete instructions.**

**Sites with funding ONLY from IDHS:**

Cost reports are due by e-mail to [HV&DNadmin@startearly.org](mailto:HV&DNadmin@startearly.org) and the HV&DN Fiscal Advisor ([eaioanei@startearly.org](mailto:eaioanei@startearly.org)) on the following schedule:

- October 26 (First Quarter)
- January 26 (Second Quarter)
- April 26 (Third Quarter)
- July 26 (Fourth Quarter)

**Sites with ANY funding from ISBE:**

Cost reports are due by e-mail to [HVDNadmin@startearly.org](mailto:HVDNadmin@startearly.org). and the HV&DN Fiscal Advisor ([eaioanei@startearly.org](mailto:eaioanei@startearly.org)) on the following schedule:

- October 26 (First Quarter)
- January 26 (Second Quarter)
- April 26 (Third Quarter)
- July 26 (Fourth Quarter)

*All Sites: E-mail the final approved cost report to [HVDNadmin@startearly.org](mailto:HVDNadmin@startearly.org). See page 31 (#3) for what to include in the subject line of your e-mail.*

**OTHER INSTRUCTIONS:**

1. **Revisions:** Revised report sections should be sent directly by e-mail to the HV&DN staff member requesting the changes.
2. **Late Reports:** Notify your HV&DN Program Manager via e-mail five (5) business days prior to the Program Narrative Quarterly Report deadline if any section of the report is late. *The timeliness of reports is important, as the criteria for receiving QIR funding, which may become available during a fiscal year, is tied to Start Early's receipt of accurate, complete, and timely reports.*

# HV&DN Doula Site

## Quarterly Reporting Requirements

**Source funds: Includes ISBE**

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|   |  |
|---|--|
| Aunt Martha's<br>Catholic Charities<br>Christopher House<br>Easter Seals CDC<br>Every Child | Family Focus Aurora<br>Family Focus Englewood<br>Pilsen Wellness Center<br>Spero Family Services |
|---|--|

| REPORT or DOCUMENTS   | When Due<br>(see note below)  | Submission Instructions   |
|---|---|---|
| Program Narrative Quarterly Report<br>(Abbreviated Version)   | First Qtr.    October 30<br>Third Qtr.    April 30  | e-mail to <a href="mailto:HVDNadmin@startearly.org">HVDNadmin@startearly.org</a> . mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office                       |
| Program Narrative Quarterly Report<br>(Complete Version)  | Second Qtr.    January 30<br>Fourth Qtr.    July 30   | e-mail to <a href="mailto:HVDNadmin@startearly.org">HVDNadmin@startearly.org</a> . mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office                       |
| ISBE Quarterly Cost Reports   | First Qtr.    October 26<br>Second Qtr.    January 26<br>Third Qtr.    April 26<br>Fourth Qtr.    July 26 | e-mail to HV&DN Fiscal Advisor ( <a href="mailto:eaioanei@startearly.org">eaioanei@startearly.org</a> ) and <a href="mailto:HVDNadmin@startearly.org">HVDNadmin@startearly.org</a> .        |
| ISBE Parent Questionnaires*<br>individual forms for each family new and returning served in FY24<br>(only one questionnaire needs to be completed for each Doula family – either at the end of Doula services or the end of the fiscal year, whichever comes first) | First Qtr.    October 30<br>Second Qtr.    January 30<br>Third Qtr.    April 30<br>Fourth Qtr.    July 30 | e-mail to HV&DN Program Manager ( <a href="mailto:whitneywalsh@startearly.org">whitneywalsh@startearly.org</a> and <a href="mailto:HVDNadmin@startearly.org">HVDNadmin@startearly.org</a> ) |

\*Parent Questionnaires can be downloaded from the ISBE Website: [www.isbe.net/research/htmls/pfa\\_prev\\_init.htm](http://www.isbe.net/research/htmls/pfa_prev_init.htm)

**Note: Report due dates that fall on weekend are due next business day.  
Mail hard copy required report sections to:**

|  |
|--|
| HV&DN Administration Manager<br>Start Early<br>33 West Monroe, Suite 1200<br>Chicago, IL 60603 |
|--|

# HV&DN Doula Site

## Quarterly Reporting Requirements

**Source funds: IDHS only**

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Center for Children’s Services  
 Children’s Home  
 Marillac Social Center  
 One Hope United  
 YWCA of Rockford

| REPORT or DOCUMENTS   | When Due<br>(see note below)  | Submission Instructions  |
|---|---|--|
| Program Narrative Quarterly Report<br>(Abbreviated Version) | First Qtr.      October 30<br>Third Qtr.      April 30  | e-mail to <a href="mailto:HVDNadmin@startearly.org">HVDNadmin@startearly.org</a> .<br>mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office                   |
| Program Narrative Quarterly Report<br>(Complete Version)    | Second Qtr.    January 30<br>Fourth Qtr.    July 30   | e-mail to <a href="mailto:HVDNadmin@startearly.org">HVDNadmin@startearly.org</a> .<br>mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office                   |
| Quarterly Cost Reports                                      | First Qtr.      October 26<br>Second Qtr.    January 26<br>Third Qtr.      April 26<br>Fourth Qtr.    July 26 | e-mail to HV&DN Fiscal Advisor<br>( <a href="mailto:eaioanci@startearly.org">eaioanci@startearly.org</a> ) and<br><a href="mailto:HVDNadmin@startearly.org">HVDNadmin@startearly.org</a> . |

**Note: Report due dates that fall on weekend are due next business day.**

**Mail hard copy required report sections to:**

HV&DN Administration Manager  
 33 West Monroe, Suite 1200  
 Chicago, IL 60603

## D2. FY24 Program Narrative Quarterly Report

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FY24 Quarter #:  1  2  3  4

Agency Name:

Program Name:

Subcontract #:

Address:

Program Model:  Healthy Families Illinois  
 Nurse Family Partnership  
 Parents as Teachers

Program Management Contact:

E-mail:

Fiscal Report Contact:

E-mail:

# HOME VISITING & DOULA NETWORK

## Program Narrative Quarterly Report

### Complete Version

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Directions: The HV&DN Quarterly Program Narrative Report can be found in an electronic version at <http://www.opfHV&DN.org>. Please note that questions appearing on separate pages need to stay on separate pages due to the information being shared within Start Early. If there is no response for a particular question, please select N/A where appropriate or indicate "No updates", "Not applicable", or "No activity in this quarter". The HV&DN program staff strongly encourages you to reflect and enter something for Questions #8 and #11, as these are the two questions that address the quality of life within the program.

Submit all pages of this form.

### SECTION I. SUBCONTRACT COMPLIANCE

Please submit, either electronically or via hard copy, a current organizational chart that shows the Agency's overall operations. The HV&DN funded program should be clearly labeled. (2<sup>nd</sup> Quarter only)

- Staff Changes:** If there were any new hires, terminations, leaves of absences, or ongoing vacancies in the program during the last quarter, please complete the chart below.

N/A

| Name/Position            | Person Replacing              | Start Date                                 |                |
|--------------------------|-------------------------------|--|----------------|
|                          |                               |  |                |
| Name/Position            | Last Date of Employment       |  |                |
|                          |                               |  |                |
| Position                 | Person who last held position | Date position became vacant                |                |
| <b>Ongoing Vacancies</b> |                               |  |                |
| Name/Position            | Date leave began              | Anticipated date leave will end (if known) | Type of leave* |
| <b>Leaves</b>            |                               |  |                |
|                          |                               |  |                |

\*P-paid out of contract funds, I-paid for by disability or other non-contract funds, U-unpaid

## **FY24 Program Narrative Quarterly Report**

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2. **Program Contact Updates:** Please use the tables below to update any contact information for your program, including changes to the contacts listed in your Program Abstract.

No changes

### **SERVICE AGENCY**

**Agency Name:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**E-mail:**

### **PRIMARY SERVICE SITE**

**Program Name:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**E-mail:**

### **Executive Contact**

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**E-mail:**

Add contact  Replace existing contact **Name and effective date:**

### **Program Management Contact**

**Name/Title:**

**Street:**

**City:**

**Zip:**

**Phone:**

**Fax:**

**E-mail:**

Add contact  Replace existing contact **Name and effective date:**

## FY24 Program Narrative Quarterly Report

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### Staff Development Contact

Name/Title:

Street:

City: Zip:

Phone: Fax:

E-mail:

Add contact  Replace existing contact **Name and effective date:**

### Fiscal Management Contact

Name/Title:

Street:

City: Zip:

Phone: Fax:

E-mail:

Add contact  Replace existing contact **Name and effective date:**

### Fiscal Report Contact

Name/Title:

Street:

City: Zip:

Phone: Fax:

E-mail:

Add contact  Replace existing contact **Name and effective date:**

### DataPoints/MIS Contact

Name/Title:

Street:

City: Zip:

Phone: Fax:

E-mail:

Add contact  Replace existing contact **Name and effective date:**

### Agency Technology Contact

Name/Title:

Street:

City: Zip:

Phone: Fax:

E-mail:

Add contact  Replace existing contact **Name and effective date:**



## **FY24 Program Narrative Quarterly Report**

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3. **Factors Affecting Program Services:** List anything (besides staffing) you would like us to know about that has impacted services reported in the DataPoints Quarterly reports.

No Change

4. Please provide an update on any current research projects (i.e., Doula RCT, MIHOPE, etc.), program expansion, or other innovations happening in your program. Please include any program modifications, challenges, or successes the program is experiencing as a result of these enhancements.

## FY24 Program Narrative Quarterly Report

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5. Describe any deaths to PTS-HFI, PTS-PAT, FCI, or Doula-only participants (child or adult) this quarter.
- N/A
- A. If you are you still working with the family or processing the death with staff, please describe the work being done.
- B. Do you need any additional support or resources in this area?
6. Describe any DCFS report that program staff became aware of in the quarter (even if alleged incident occurred prior to this quarter) where the alleged victim of abuse or neglect was a child of a family served in the program. State whether the person who reported the abuse or neglect was program staff or another source. If known, state the outcome of the investigation (indicated, unfounded, or pending). Describe the nature of the alleged abuse or neglect. If the program was not the source of the report, describe how report came to the attention of the program staff.
- A. Do you need any additional support or resources in this area?
7. **Staff Development**
- A. Optional: List non-Start Early training or in-service workshops attended by staff, and the sources of those trainings.
- N/A
- B. List comments, questions, or current issues regarding the use of the Web site for Start Early Training Institute.
- N/A
- C. List requests you have of Start Early/HV&DN staff including technical assistance, training, materials, etc.
- N/A

## **FY24 Program Narrative Quarterly Report**

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8. **Community and Service Access Issues:** List all barriers to serving pregnant and parenting teens and their children under age five that the program has encountered this quarter. (For example, this may include problems experienced at the DHS local office, policies that exclude needy families, or resource limitations.)
- N/A this quarter
- See last quarterly report – same issues exist
- New information to report – see below
9. **Services to Short-Term Participants:** Describe the nature and extent of services provided to participants and families not formally enrolled in the program.
10. **Program Experience:** Describe observations of or lessons learned about the participants, their families, and the communities in which services are provided.

## **FY24 Program Narrative Quarterly Report**

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11. **Advocacy Efforts on Behalf of Participants:** List and explain all legislative contacts or activities conducted this quarter. This may include meetings, calls, or letters to legislators, legislative information that was shared with parents, or advocacy training for staff and/or parents.

None this quarter

12. **Public Relations:** List and attach all media contacts made during this quarter. Mail copies of printed or published materials to Start Early's Chicago office.

None this quarter

## **FY24 Program Narrative Quarterly Report**

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13. **Program Success or Anecdote:** Describe a story of a participant who has benefited from the program.
14. **Innovation:** Describe ideas for new program development or new approaches taken to enhance current HV&DN services.



## **FY24 Program Narrative Quarterly Report**

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### **SECTION II. HOME VISITING**

1. Describe one home visit during the quarter that demonstrates how the program focuses on the **parent-child relationship and one other HV&DN outcome** from the following list:
  - Self-sufficiency
  - Child's Health/Development/Well-Being
  - Teen's Health/Development/Well-Being
  - Delay of Subsequent Birth

Please select a different outcome for each of the two quarterly narratives written during the fiscal year.

Describe how planning/preparation/debriefing occurred, as well as the topic and materials used.

2. **Mother/Baby Questionnaires:** Describe staff's experience with completing questionnaires this quarter. Describe how questionnaires are used to guide service delivery.

## FY24 Program Narrative Quarterly Report

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### SECTION III. CLINICAL/INFANT MENTAL HEALTH SERVICES

N/A (Only sites funded for Infant Mental Health services need complete this section)

1. **Work with Families** – Briefly describe services provided by the IMH Clinician to HV&DN families during the previous two quarters. Please assign each family a separate number and use the same number if the family is listed on subsequent reports during the fiscal year so that we can determine an unduplicated number served. **Please do not list participant names on the table below.**

| Participant | # of Sessions | Nature of work<br>(a brief narrative description of focus of work, e.g. maternal depression, infant regulatory issues, etc.) |
|-------------|---------------|--|
| #1          |               |  |
| #2          |               |  |
| #3          |               |  |
| #4          |               |  |

2. **Staff Consultation** - Describe IMH consultation provided to staff over the last two quarters.

# of Individual case consultations \_\_\_\_\_

# of Case staffings attended \_\_\_\_\_

# of Staff trainings \_\_\_\_\_

Other (please describe other types of staff consultation provided and numbers of each type):

---

3. **Other Services** - Please describe any other services (e.g. parent groups, etc.) provided to the program by the IMH Clinician during the last two quarters. List numbers of each type of activity (if group, indicate the number of group sessions, indicate if one-time event, etc.).

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## FY24 Program Narrative Quarterly Report

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### SECTION IV. GROUP SERVICES & COMMUNITY EDUCATION

N/A (Only programs providing group services complete this section)

1. **Prenatal or Parenting Groups:** Describe one group session from this quarter that demonstrates how the program focuses on the **parent-child relationship and one other HV&DN outcome** from the following list:

- Self-sufficiency
- Child's Health/Development/Well-Being
- Teen's Health/Development/Well-being
- Delay of Subsequent Birth

Please select a different outcome for each of the two quarterly narratives written during the fiscal year.

Describe how planning/preparation/debriefing occur, as well as the topic and materials used. Please attach a copy of the Quarterly Narrative Topic Calendar.

2. **Community Education:** List the topics and activities of community education events held during the quarter. Community education events are events utilized to promote your program or to keep the community informed about program activities. Examples include, but are not limited to, presentations to high schools, maternity fairs, health fairs, agency open houses, etc. If you have any questions about whether or not an event is considered community education, please contact your Program Manager or Program Advisor.

## **FY24 Program Narrative Quarterly Report**

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### **SECTION V. HEART TO HEART**

N/A (Only sites funded for Heart to Heart complete this section)

Heart to Heart Start Date: \_\_\_\_\_

1. Number of Sessions:
  - A. Who facilitated H2H?
  - B. What parent-child activities were used?
  - C. How many participants were members of a previous year's Heart to Heart group?
  - D. Describe the role and nature of clinical supervision provided to staff in addressing issues that arose during Heart to Heart this year.
  - E. Describe the nature of any disclosures of abuse and the steps taken by staff on referrals and follow through on referrals given.
  - F. Describe the nature of the community project conducted by the Heart to Heart group or reasons it was not implemented.
  - G. Please list suggestions for revisions to the Heart to Heart program or curriculum.
  
2. Attach any printed materials related to Heart to Heart that were produced (e.g., graduation invitations, graduation programs).

## **FY24 Program Narrative Quarterly Report**

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### **SECTION VI. DOULA SERVICES**

N/A (Only sites funded for Doula services complete this section)

1. Briefly describe the coordinated work (Doula, HV/NHV/PE, PGSC) provided to one participant who delivered within the quarter. Include prenatal, labor and delivery, as well as post-partum involvement.
2. Describe the program activities accomplished by the Doulas this quarter other than home visits and assisted births (e.g., collaboration meetings, prenatal groups).
3. Describe challenges and successes in providing Doula services encountered this quarter.
4. Discuss the efforts and type of contacts made between other community services, the linkage contacts and agency staff for clinical support that occurred this quarter. Include any contacts made with hospitals.
5. List community organizations that provide ongoing services for participants receiving short term Doula services.
6. List Chicago Public Schools attended by participants receiving Doula services.

# HOME VISITING & DOULA NETWORK

## Program Narrative Quarterly Report

### Abbreviated Version

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Directions: Submit this version of the Program Narrative Quarterly Report in Quarters 1 & 3. Please note that questions appearing on separate pages need to stay on separate pages due to the information being shared within Start Early.

Submit all pages of this form.

### SECTION I. SUBCONTRACT COMPLIANCE

- Staff Changes:** If there were any new hires, terminations, leaves of absences, or ongoing vacancies in the program during the last quarter, please complete the chart below.

N/A

| Name/Position | Person Replacing              | Start Date                                 |                |
|---------------|-------------------------------|--|----------------|
|               |                               |  |                |
| Name/Position | Last Date of Employment       |  |                |
|               |                               |  |                |
| Position      | Person who last held position | Date position became vacant                |                |
|               |                               |  |                |
| Name/Position | Date leave began              | Anticipated date leave will end (if known) | Type of leave* |
|               |                               |  |                |

\*P-paid out of contract funds, I-paid for by disability or other non-contract funds, U-unpaid

## FY24 Program Narrative Quarterly Report

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2. **Factors Affecting Program Services:** List anything (besides staffing) that has impacted the program's effectiveness to meet contractual obligations this quarter (e.g., changes in available community services, linkage agreements, safety).

No Change

3. Describe any deaths to PTS-HFI, PTS-PAT, FCI, or Doula-only participants (child or adult) this quarter.

N/A

- A. If you are you still working with the family or processing the death with staff, please describe the work being done.
- B. Do you need any additional support or resources in this area?

4. Describe any DCFS report that program staff became aware of in the quarter (even if alleged incident occurred prior to this quarter) where the alleged victim of abuse or neglect was a child of a family served in your program. State whether the person who reported the abuse or neglect was program staff or another source. If known, state the outcome of the investigation (indicated, unfounded, or pending). Describe the nature of the alleged abuse or neglect. If the program was not the source of the report, describe how report came to the attention of the program staff.

N/A

- A. Do you need any additional support or resources in this area?

## **D3. Quality Improvement Request**

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### **QIR INSTRUCTIONS**

Site Program Management Contacts may submit one or more proposals to request additional funds by using a Quality Improvement Request (QIR) form. The purpose of a QIR award is to provide supplemental funding for short-term activities and materials (one time purchase) that would enhance the quality of services for participants within the fiscal year. QIRs are accepted throughout the year, and as funds become available, awards are given only to sites that meet all eligibility criteria.

Eligibility criteria include:

- No outstanding audit findings, under spending, or unresolved fiscal issues;
- Site is up-to-date on submission of all required reports;
- Site is fully staffed for those positions funded by HV&DN;
- Nature of the proposal addresses short-term needs or creative program efforts that target HV&DN outcomes;
- There are no program performance issues or existing Improvement Plan.

QIRs are to be submitted by e-mail to the HV&DN Program Manager. The QIR form is used for discussion and negotiation purposes and it follows the outline of an Amendment. Requests typically range from \$500 to \$5,000 and require submission of an Amendment when approved. QIR funds must be used in the same fiscal year in which they are awarded. A QIR award does not increase base funding in the next year.



## Quality Improvement Request

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IV. Description of Expenses by Line Item Category

Provide dollar amounts and description of services and/or items to be purchased. (Use this form when computing the Fiscal Narrative for the Amendment.)

Personnel (Salaries and Fringe Benefits) \_\_\_\_\_

Consultants/Contractual \_\_\_\_\_

Travel \_\_\_\_\_

Supplies \_\_\_\_\_

Equipment \_\_\_\_\_



# **Financial Reports & Instructions**

## **E1. Submission of Fiscal Quarterly Reports**

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1. Fiscal Quarterly reports are due by e-mail *no later than 4:00 p.m.* on the dates listed below. Reports are to be sent to [HVDNadmin@startearly.org](mailto:HVDNadmin@startearly.org). and the HV&DN Fiscal Advisor ([eaioanei@startearly.org](mailto:eaioanei@startearly.org)) unless otherwise indicated. See page 31 (#3) for instructions on what to include in the subject line of your e-mail. For Program Narrative Quarterly Reporting requirements, please refer to Section D of this manual. All reports are due the next business day if the due date falls on a weekend.

### **Sites with funding ONLY from IDHS**

Cost reports are due on the following schedule:

- October 26 (First Quarter)
- January 26 (Second Quarter)
- April 26 (Third Quarter)
- July 26 (Fourth Quarter)

### **Sites with ANY funding from ISBE**

Cost reports are due on the following schedule:

- October 26 (First Quarter)
- January 26 (Second Quarter)
- April 26 (Third Quarter)
- July 26 (Fourth Quarter)

*All Sites: E-mail the final approved cost report to [HVDNadmin@startearly.org](mailto:HVDNadmin@startearly.org).. See page 31 (#3) for what to include in the subject line of your e-mail.*

2. Please notify the HV&DN Fiscal Advisor via e-mail five (5) business days prior to the Quarterly Cost Report deadline if any section is late. *The timeliness of reports is important, as the criteria for receiving QIR funding, which may become available during a fiscal year, is tied to Start Early's receipt of accurate, complete, and timely reports.*

## **Variance Analysis:**

In order to proactively identify any potential underspending or funding shortages, we ask that you explain significant variances in planned spending when you submit your quarterly cost reports.

On your first quarter report, if expenditures for any category are less than 15% or more than 35% of the total amount budgeted for that category for the year, please provide a brief narrative explanation (e.g., “we had a vacancy” or “we bought new equipment in the first quarter.”)

For the second quarter report, a narrative explanation of any line items expended less than 40% or greater than 60% is required. For the third quarter report, explanatory narratives for line items less than 65% or greater than 85% expended are required. In composing the narrative, please explain why there is a difference or what happened to cause the difference. The narrative will be similar to that found in an Amendment. The narrative, which can be created in Excel and submitted with the second and third quarter cost reports, should be titled Variance Analysis, and should have the agency name and Subcontract number in the upper right corner. An Excel template, titled Variance Analysis, is provided in the FY24 Budget workbook for your convenience.

Financial forecasts are an important budgeting tool and reflect sound fiscal management. Forecasts identify possible areas of under spending and can be used as a baseline for constructing an Amendment. Year-end under spending is a very serious matter. Proper management of funding includes timely identification of areas of potential under spending, discussion with the HV&DN Program Manager as to potential uses in other areas of the program, or possible return of funding for redistribution to other HV&DN programs. Please contact the HV&DN Program Manager as soon as you realize there will be significant under spending within the program. Timely return of excess funding will not result in penalties or reduction in future funding.

## **E2. Fiscal Quarterly Report Instructions**

Fiscal Quarterly Reports *must be* submitted in the same format as the form sent with the Subcontract packet (Approved Consolidated Budget and Expense Summary and Personnel Breakout Section only). ***Do not use forms from previous fiscal years.***

If there have been *approved* Amendments to the original Budget, make sure that the figures listed in Columns 5-12 of the Approved Proposed Amended Budget match the new Approved Budget section of the Approved Consolidated Budget and Expense Summary page. The HV&DN Fiscal Advisor will make the new adjustments and submit an updated version to the site requesting the change.

The YTD Columns must be completed on the Approved Budget and Expense Summary and Personnel Breakout Section (on the following page).

Please do not make changes to previously reported expenses. If adjustments need to be made to a previous quarter's expenses, please notify the HV&DN Fiscal Advisor via e-mail.

### **DIRECT EXPENSES**

**Column 11 – Total Expenses YTD - Match Total:** Line Items I through II will be carried over from the Personnel Breakout Section (Breakout 1 tab) column 11 (Match Total) rows TOTAL Personnel service through TOTAL Fringes; Line Items III through IV enter the total actual accrued operating costs of the program paid by the agency from other funds or received from other sources, such as non-cash items (donated goods and services), cumulative at the end of each quarter.

**Column 12 – Total Expenses YTD – Start Early Total:** This column is locked and will be calculated automatically.

**Column 13 – Total Expenses YTD – PTS DHS:** Line Items I through II: will be carried over from the Personnel Breakout Section column 13 (PTS DHS) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by Start Early/HV&DN Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

**Column 14 – Total Expenses YTD – Doula DHS:** Line Items I through II: will be carried over from the Personnel Breakout Section column 14 (Doula DHS) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by Start Early/HV&DN Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

**Column 15 – Total Expenses YTD - MIECHV:** Line Items I through II: will be carried over from the Personnel Breakout Section column 15 (MIECHV) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by Start Early/HV&DN Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

**Column 16 – Total Expenses YTD – ISBE:** Line Items I through II: will be carried over from the Personnel Breakout Section column 17 (ISBE) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by Start Early/HV&DN Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

*The sum total YTD expenses for Start Early DHS, Start Early non-DHS and Match (Columns 11-17) must not exceed Program Total (Column 2) by more than \$1000.00, or 20% of the budgeted amount, whichever is greater, for each line. **This rule applies to Line I Personnel totals on the budget summary and not against each line (position) in the Personnel Breakout Section.***

**Line II - Fringes:**

The Subcontract allows a maximum of 28% Fringe costs as a percentage of Personnel Services for Start Early dollars. This maximum percentage is measured each quarter. Any dollars spent in excess of the maximum amount should be placed in the Match Total column. During the course of the year, if these rates drop below the maximum allowable percentages, costs previously reported as match in Column 11 (Match Total) may be moved to the current quarter (Columns 11-17) to increase these rates to the maximum allowed.

Breakout of "Other Line" box should also be completed.

## **PERSONNEL BREAKOUT**

In this section, list only one staff member per line. If a particular position is held by more than one person during a fiscal year, list each staff member separately; including the dates of employment (please list the date of hire and/or termination date). When a staff position has been vacated or a rehire has occurred, change the amounts in Column 4 (if agency match) and Columns 6-10 (Start Early Components) for the previous staff person to reflect actual salary expenses year-to-date. For the vacant position or the new staff person, enter the pro-rated salary in Column 4 (if agency match) and Columns 6-10. This is the difference between the program salary approved for the position and the actual salary expensed for the previous staff person. If a position is vacant at the end of the quarter, a new line must be created to show salary balance, with Column 1 stating "VACANT" in lieu of employee name.

Staff no longer funded by Start Early/HV&DN Subcontract must remain on the Quarterly Cost Reports for wages paid in the current fiscal year. If the Personnel Breakout Section does not contain an adequate number of lines, please e-mail the HV&DN Fiscal Advisor to add additional lines or additional pages, as needed. The additional page should contain the remaining staff totals for the Personnel Breakout section. The Personnel Breakout section should contain staff salary information (Column 2 Totals for this column are not required).

**Column 11 – Total Expenses YTD - Match Total:** This column will be used to enter the total actual accrued personnel costs of the program paid by the agency from other funds or received from other sources as in-kind items (donated goods and services), cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 11) on the Summary page. Total Fringes must equal Fringes (Line II, Column 11) on the Summary page.

**Column 12 – Total Expenses YTD – PTS DHS:** This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by Start Early/HV&DN Subcontract, cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 13) on the Summary page. Total Fringes must equal Fringes (Line II, Column 13) on the Summary page.

**Column 13 – Total Expenses YTD – Doula DHS:** This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by Start Early/HV&DN Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 14) on the Summary page. Total Fringes must equal Fringes (Line II, Column 14) on the Summary page.

**Column 14 – Total Expenses YTD - MIECHV:** This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by Start Early/HV&DN Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 15) on the Summary page. Total Fringes must equal Fringes (Line II, Column 15) on the Summary page.

**Column 15 – Total Expenses YTD – ISBE:** This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by Start Early/HV&DN Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 17) on the Summary page. Total Fringes must equal Fringes (Line II, Column 16) on the Summary page.

*The sum total YTD Personnel Services and Fringe expenses for Start Early DHS, Start Early Non-DHS, and Match (Columns 11 through 16) must not exceed Program Total (Column 3) by more than \$1,000.00, or 20% of the budgeted amount, whichever is greater. This rule now applies to personnel totals on the breakout and budget summary and not against each line (position listed) in the Personnel Breakout Section, as was previously done.*



## **E3. Guidelines for Completing Fiscal Quarterly Report**

1. Submit the report to: HVDNadmin@startearly.org. with a copy to the HV&DN Fiscal Advisor (eaioanei@startearly.org) on or prior to the specified due date. See page 31 (#3) for instructions on what to include in the subject line of your e-mail.  
  
*For corrected reports: a final electronic version must be submitted to the HV&DN Fiscal Advisor.*
2. Date must reflect the date report was submitted. For revised reports, type "REVISED" replacing original report date with latest date of revision. *Please use the following date format: October 5, 2012.*
3. Approved Budget (Columns 2-9) must match the Approved Budget of the original Subcontract Budget or Amended Budget in the most recently approved Amendment.
4. Columns and Rows must be added correctly. Before entering, round off line items to the nearest dollar (cells are to be used for data entry only - do not use formulas). (EX. If the change amount is over 50 cents, round it off to the next dollar amount. If an item cost \$5.67 rounded off to the nearest dollar is \$6.00. If an item costs \$5.47 rounded off to the nearest dollar is \$5.00.)
5. The sum of Total Expenses YTD Match, PTS DHS, Doula DHS, MIECHV, and ISBE (Approved Consolidated Budget and Expense Summary Page/Columns 11-17, Personnel Breakout Section/Columns 11-16) must not exceed Program Total (Approved Consolidated Budget and Expense Summary Page 1/Column 2, Personnel Breakout Section/Column 3) by more than \$1000.00, or 20% of the budgeted amount, whichever is greater.
6. Personnel Services and Total Fringes (Approved Consolidated Budget and Expense Summary Page, Lines I and II/Columns 11-17) must equal Personnel Breakout Section Total Personnel Services and Total Fringe (Personnel Breakout Section, Columns 11-16).
7. Total Fringes (Line II/Columns 13-17) must not exceed 30% of Start Early Total Personnel Services (Line I/Columns 13-17) (Line II divided by Line I).
8. *Non-direct program costs must not exceed 18% (15% Indirect LINE plus 3% other non-program costs; if Indirect LINE costs are less than 15%, non-program costs may exceed 3%) for DHS and 5% (non-program costs ONLY; there is NO INDIRECT) of total funding for ISBE respectively (Columns 8-10).*
9. Grand Totals YTD (Columns 11-17) must not exceed Grand Total Start Early Amount (Column 4).
10. *Final Cost Report only:* Total Expenses YTD Match Grand Total (Column 11) must be greater or equal to 10% of Total Expenses YTD Start Early Grand Total (Columns 13-17).
11. *Personnel Section:* Names, Titles, and % FTE must be listed. Start and end dates must be listed for all employees holding positions less than a full subcontract period. Columns 2-16 must be filled out completely for all positions listed.
12. *Second and Third Quarter reports only:* please include narrative on budget variances per financial forecast instructions in Section E1. See page 127



## **E4. Submission of Independent Audit Reports**

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*Submission of your agency's FY24 independent audit report is due December 31, 2023. If your fiscal year ends in a period similar to Start Early, please contact the HV&DN Fiscal Advisor and inform of the expected submission time frame. Within 180 days following the completion of the fiscal year, the agency shall provide Start Early with an independent audit report (with findings if applicable) and audited financials, along with a supporting schedule, of the program expenses by funding source including expenses incurred under Start Early Subcontract.*

The audit report must be prepared in accordance with Generally Accepted Auditing Standards (GAAP), and Government Auditing Standards (GAS) issued by the Comptroller of the United States. If an agency receives federal funds greater than the threshold \$500,000 stipulated by the Office of Management and Budget (OMB) Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Institutions," it must also obtain an A-133 federal audit.

*The agency also certifies that it understands that Start Early is required to monitor and follow up with the agency to ensure the resolution of any findings arising from an A-133 audit which are related to Start Early's Subcontract.*

The agency shall submit one electronic or two (2) paper copies of its prior fiscal year audited financials by December 31, 2023 to:

HV&DN Fiscal Advisor  
Start Early  
33 West Monroe, Suite 1200  
Chicago, IL 60603

If your agency operates on a fiscal year other than July-June, please contact the HV&DN Fiscal Advisor with the estimated submission date.

# E5. Travel Reimbursement Rates

## REIMBURSEMENT RATE STRUCTURE

The following rates will apply to HV&DN subcontractors unless otherwise communicated.

| <u>Type of Reimbursement</u> | <u>Rate</u>                          |
|------------------------------|--------------------------------------|
| <b>Mileage</b>               | \$.56 cents/mile<br>(as of 1/1/2023) |

-Commuting mileage to and from work are not reimbursable expenses

### **Parking**

-Valet parking is not reimbursable except for \$30/day in the City of Chicago

**Meals** - Excluding tips. Tips are not reimbursable.

|           |         |
|-----------|---------|
| Breakfast | \$ 5.50 |
| Lunch     | \$ 5.50 |
| Dinner    | \$17.00 |

### ***Outside the State of Illinois:***

**Meals** - Excluding tips. Tips are not reimbursable.

|           |         |
|-----------|---------|
| Breakfast | \$ 6.50 |
| Lunch     | \$ 6.50 |
| Dinner    | \$19.00 |

### **Lodging**

There are five different categories for lodging in the State of Illinois:

1. Chicago Metro - See Federal Rate at <http://www.gsa.gov/portal/category/100120>
2. Suburban Cook County - \$132 (plus tax)
3. DuPage, Kane, Lake, McHenry and Will Counties - \$80 (plus tax)
4. Downstate Illinois - Champaign, Kankakee, LaSalle, McLean, Macon, Madison, Peoria, St. Clair, Rock Island, Sangamon, Tazewell, and Winnebago Counties - \$70 (plus tax)
5. All other Illinois counties - \$60 (plus tax)

### ***\*Outside the State of Illinois:***

New York City - \$110 (plus tax)

All other out-of-state locations - \$90 (plus tax)

*\*Out of State travel requires written pre-approval from Program Manager*

## **E6. Allowable/Unallowable Costs (DHS)**

- 1) In general, expenses are reimbursable if the expenses are:
  - A) Necessary and related to the provision of program services;
  - B) Reasonable to the extent that a given cost is consistent with the amount paid by similar agencies for similar services;
  - C) Not specified as not reimbursable in this section;
  - D) Not illegal
- 2) Agencies are required to maintain a cost allocation plan if they receive more than one source of funding or operate more than one program.
- 3) Prior written approval is required for research expenses. Program evaluation expenses are not considered research expenses.
- 4) Promotional items such as calendars, pens, buttons, magnets, posters, and stationary are not allowable expenses.

### **Expenses not reimbursable without prior written authorization:**

- 1) Compensation for members of the agency's governing body. This does not include reimbursement for travel or other agency related business expenses incurred by these members for business related to an Start Early-funded program;
- 2) Expenses related to entertainment of persons other than individuals who receive services through an Start Early-funded program;
- 3) Individual staff or agency association dues are not reimbursable except for the following situations:
  - A) Dues for purchasing relationships that result in a cost saving on purchases.
  - B) Dues for membership that provide agency staff with professional training and resources necessary to provide services funded by Start Early;
- 4) Costs of attending professional meetings; e.g., meetings and conventions are not allowable except for those costs related to activities to enhance or improve Start Early-funded program services. Costs for attending Start Early trainings and workshops can be reimbursed.
- 5) Fund-raising expenses;
- 6) Bad debts;
- 7) Charities and grants (the cost of employee educational assistance can be reimbursed);
- 8) The following types of interest expenses:
  - A) Interest on funds borrowed for investment purpose;
  - B) Interest on funds to create more than two months of working capital;

- C) Interest on funds borrowed for the personal benefit of any person;
  - D) Interest on funds borrowed without a prior time-limited written agreement for the purchase of land, buildings, and/or equipment, until such assets are actively used in support of program services;
  - E) Interest in excess if the current market rate paid to individuals or organizations in less than “arm’s length” transactions;
  - F) Interest charges on intra-agency fund loans, e.g., interest recorded in the capital fund on cash loaned to the operating fund;
  - G) Interest expense to the extent that interest income was realized by the investment of excess operating funds;
- 9) Depreciation on fixed assets acquired with Start Early funds;
  - 10) Cost of production of a program product funded by Start Early that is saleable, including wages and material costs;
  - 11) In-kind contributions;
  - 12) Alcoholic beverages;
  - 13) The portion of the cost of automobiles furnished by the agency related to personal use by employees, including transportation to and from work, is unallowable as a fringe benefit or indirect cost;
  - 14) Costs of fines, penalties, legal services, resulting from or in relation to the failure of an agency to comply with federal, state, and local laws and regulations, are unallowable, except when incurred as a result of compliance with specific provisions of an award or program or instructions specified in writing and pursuant to the terms of a grant;
  - 15) Goods or services for personal use or purchased at less than an “arm’s length” transaction for an amount greater than the fair market value;
  - 16) The cost associated with lobbying any elected official of local, state or federal government is unallowable, including:
    - A) Expenses incurred in attempts to influence the outcome of any federal, state, or local election, referendum or initiative;
    - B) Expenses incurred in attempts to influence the introduction, enactment, or modification of federal or state legislation; and,
    - C) Expenses incurred in connection with legislative liaison activities when such activities are carried in support of, or in preparation for, unallowable lobbying. Costs associated with providing technical and factual information on a topic directly related to the performance of a program funded by Start Early, through hearing testimony, statement, or letters to elected officials or a representative body, are not considered lobbying cost and are allowable;
  - 17) Relocation cost of agency employees, except in the following situations:
    - A) The move is for the benefit of the agency;

- B) Reimbursement is in accordance with an established written policy consistently followed by the agency; and,
  - C) The reimbursement does not exceed the employee's actual (or reasonably estimated) expenses;
- 19) Gratuities;
  - 20) Political contributions;
  - 21) Related party transactions except for the following situations:
    - A) When the items for which expenses are incurred are consistent with fair market value; and,
    - B) There is evidence of approval in the minutes of the agency's governing body;
  - 22) Costs associated with goods or services paid in a "conflict of interest" situation.
  - 23) While beverages and snacks are allowable for participant meetings, food for staff meetings is not an allowable cost.

(Source: Amended at 26Ill. Reg. 8547, effective May 31, 2002)

Additional costs not considered for reimbursement by the Illinois State Board of Education and the Department of Family & Support Services:

ISBE

Restricted or disallowable costs:

- 1) Administrative costs are allowable only to 5% of the total funded by ISBE. Office Supplies and Postage/Shipping are considered Administrative costs.
- 2) Utilities are completely disallowable
- 3) Equipment requires prior approval from ISBE before purchases can be approved by Start Early

## **E7. Fiscal Monitoring Requirements**

The following documents must be made available for fiscal audit reviews:

| <b><u>Related to HV&amp;DN Funds &amp; Staff</u></b>   | <b><u>General to Organizations</u></b>  |
|--|---|
| <ul style="list-style-type: none"><li>- All equipment provided by Start Early including computers, printers, video equipment, etc.</li><li>- General Ledger Entries</li><li>- Cash Disbursements Journal</li><li>- Cash Receipts Journal</li><li>- Deposit Receipts</li><li>- Cost Allocation Plan</li><li>- Payroll Register</li><li>- Canceled Checks</li><li>- Personnel Files</li><li>- Job Descriptions</li><li>- Time Sheets</li><li>- Original Expense Receipts (Invoices/Supporting Documentation)</li></ul> | <ul style="list-style-type: none"><li>- Accounting Procedures</li><li>- Chart of Accounts</li><li>- Table of Organization</li><li>- Tax Returns (Forms 990 and 941)</li><li>- Unemployment Compensation Form UC-3</li><li>- Personnel Policies</li><li>- Insurance Policies</li><li>- Board of Directors List</li></ul> |

# **The Professional Learning Network**

## **F1. Training Logistics & Registration**

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The Professional Learning Network provides professional learning opportunities to an array of home visiting and center-based professionals across multiple evidence-based models including Healthy Families America (HFA), Parents as Teachers (PAT), Family Connects Illinois (FCI), Early Head Start (EHS), and Head Start (HS). The Professional Learning Network also provides training and technical assistance support to other models and program enhancements such as Baby TALK, Doula, and Infant Mental Health. A wide range of professional learning opportunities are offered which promote the acquisition of the understanding, knowledge, and skills needed to work successfully with children and families.

Supervisors are encouraged to partner with their staff to choose the trainings that match current skill levels and training needs. Start Early professional learning opportunities are provided across a developmental continuum, from introductory to advanced.

Start Early event sessions are held at Start Early offices in Springfield or Chicago, unless otherwise specified. Event locations and dates for each session can be found on the Professional Learning Network Website.

### **Registration**

To participate in an event session, you must first enroll on the Professional Learning Network website. Programs funded by IDHS, MIECHV, and ISBE are provided a range of Start Early professional learning free of charge.

To enroll, please go to: [www.startearly.org/ILPD](http://www.startearly.org/ILPD)

The website contains valuable resources and information about professional learning opportunities, updates, and schedule changes. Event information can be seen on the training website, including full event descriptions, learning objectives, and scheduled session dates. Registering for a session is as simple as a click of the mouse. Space is limited, so early registration is recommended.

Attendance is based on funding eligibility.

### **Registration, Confirmation, and Cancellation**

Once you have completed the Professional Learning Network enrollment form and your enrollment has been approved, you may register for sessions through Browse Training Catalog under the Professional Development tab on the main menu bar.

After registering in a session, you will receive an e-mail confirmation. To view all sessions in which you are registered, go to the Professional Development tab and click on My Transcript.

To cancel your registration from a session select Withdraw under the Options for that session. If you cannot cancel your registration online, please contact the Professional Learning Network Training Coordinator at [PLNSupport@startearly.org](mailto:PLNSupport@startearly.org) or 312-453-1832.



If your registration is cancelled after the registration deadline, your agency may be responsible for any costs associated with failure to cancel on time. **If your program incurs PAT cancellation fees, your program will be invoiced directly by the PAT National Office and your program will be responsible for payment to the PAT National Office.**

**NOTE: Registrations for Start Early professional learning sessions are not accepted by phone or fax.**

### **Continuing Education Units (CEUs)/Certificate of Completion & Evaluation and Evidence of Completion Forms (I.S.B.E. 77-21)**

The Professional Learning Network is an Illinois Department of Financial and Professional Regulation approved sponsor of training events for which social work and registered nurse CEUs are awarded and also an ISBE approved provider for Evaluation and Evidence of Completion forms (ISBE 77-21) for education professionals. CEUs/Certificate of Completion are available for print through your account via the My Transcript page on the Professional Learning Network's website.

To request ISBE Evaluation and Evidence of Completion forms (ISBE 77-21) please download, complete, save, and return the [ISBE Evaluation for Workshop, Conference, Seminar, Etc.](#) (77-21A) form. Completed forms should be sent via email to [OISupport@startearly.org](mailto:OISupport@startearly.org).

Please make sure to complete the form in its entirety. The form must contain the correct information to be valid. To obtain the information required for the Evidence of Completion form (ISBE 77-21B) please access your transcripts on Start Early website. Below is what is needed and the steps to locate your transcripts on your Professional Learning Network's website ([www.startearly.org/ILPD](http://www.startearly.org/ILPD)) account:

1. Evaluation Information Required:
  - Title of Professional Development Activity
  - Training Date
  - Location (Facility, City, State)
  - Name of Provider: Start Early - Professional Learning Network
2. Here are steps on how to access your transcripts:
  - Go to the Professional Learning Network's professional development website and log In: [www.startearly.org/ILPD](http://www.startearly.org/ILPD)
  - Go to the Professional Development tab, scroll down to My Transcripts.
  - Locate the Active button on the page, click on the arrow pointing down.
  - Change it to Completed.
  - Click on the title of the event.
3. Evaluation Form: [https://www.isbe.net/Documents/77-21A\\_evaluation.pdf](https://www.isbe.net/Documents/77-21A_evaluation.pdf)
4. Please provide your Illinois Educator Identification Number (IEIN) along with your ISBE 77-21A Evaluation form.
5. Submit completed evaluation to [PLNSupport@startearly.org](mailto:PLNSupport@startearly.org)

Some Professional Learning Network courses may be applied toward the following credentials offered through Gateways to Opportunity (<http://www.ilgateways.com>):

- ECE Credential: Level 1 and Level 2-5
- Illinois Director Credential
- Infant Toddler Credential
- Family Child Care Credential
- Family Specialist Credential Technical Assistance Credential

For more information, please contact Yaya Torres, the Professional Learning Network Training Coordinator:

**Professional Learning Network Contact**

Yaya C. Torres

Training Coordinator

Start Early

33 W. Monroe Street, Suite 1200

Chicago, IL 60603

312-453-1832

[ytorres@startearly.org](mailto:ytorres@startearly.org)

## **F2. Travel & Lodging**

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Starting in FY19 and per funder requirements, lodging for attendance at Professional Learning Network sessions will be paid for by Start Early through the partner agency. Therefore, all accommodations and any questions concerning lodging will be handled directly by the partner agency. Site contract amounts have been increased to account for this change.

Please see the below travel guidelines for your reference:

GSA partners with the lodging industry to provide federal travelers with Federal Travel Regulation (FTR) compliant accommodations within per diem rates for select high-volume travel destinations in and outside of the Continental United States.

<https://www.gsa.gov/travel/plan-book/gsalodging174>

Per Diem Rates are set by fiscal year, effective October 1 each year. Find current rates in the continental United States ("CONUS Rates") by clicking the link below:

<https://www.gsa.gov/travel/plan-book/per-diem-rates>

The Governor's Travel Control Board has negotiated discounted lodging rates with a total of 351 hotels. The Preferred Hotel Listing can be accessed using the link below:

<https://www2.illinois.gov/cms/Employees/travel/Pages/PreferredHotel.aspx>

You can reserve parking ahead of time by using SpotHero or ParkWhiz with the links below:

[www.spothero.com](http://www.spothero.com)

[www.parkwhiz.com](http://www.parkwhiz.com)

Use the links below for a map of the training locations:

[Click here for Google Map of Chicago training location.](#)

[Click here for Google Map of Springfield training location.](#)

## **F3. Home Visitor & Supervisor Competencies**

Professional Learning Network events are built around learning objectives that satisfy one or more of the following professional competencies for home visitors and supervisors in early childhood and family support programs. Using an established set of competencies allows for the creation of comprehensive, accurate, and relevant professional development opportunities based on knowledge, skills, and attitudes. Skilled home visitors and supervisors with established levels of competence will be better equipped to provide quality early childhood and family support services to families.

### **Home Visitor Competencies**

**Dynamics of Family Relationships:** The ability to identify and understand interactions and communication between parents and young children, other members of individual families, and professional staff and families.

**Early Child and Adolescent Development:** The capacity to understand and identify typical and atypical changes and expectations in early childhood, adolescent growth and development within the context of environment, culture, and family systems.

**Family and Community Relationships:** The capacity to build effective professional relationships within community systems with and on behalf of young children and families.

**Family Support and Parenting Education:** The capacity to support the personal and educational growth of individual family members in an effort to encourage self-sufficiency.

**Health and Safety:** The capacity to promote and support the mental, physical, and emotional well-being of all family members through all stages of development.

**Learning Environments:** The capacity to understand individual and group motivation and behavior to create and facilitate a learning environment that encourages positive social interaction, active engagement in learning, and intrinsic motivation and self-esteem.

**Professional Development:** The capacity to recognize oneself as a professional and as such support and guide one's own professional development.

## Supervisor Competencies

**Building Community Relationships:** The ability to identify, build, and maintain collaborative partnerships with community service agencies serving families.

**Building Staff Relationships:** The ability to effectively communicate with staff, listen to concerns, support and encourage ideas and work, develop teams, manage conflict, relate to people in written, verbal, and non-verbal communication, and encourage staff to communicate clearly and effectively with each other.

**Leadership:** The ability to direct and support staff in their efforts to engage, support, and serve families enrolled in family support and parent education programs.

**Leadership in Cultural Diversity:** The ability to create program systems and encourage staff to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, communities, and protects and preserves the dignity of each.

**Organizational Development:** The ability to develop internal program capacity to be effective and efficient in its mission, and to sustain itself over the long term.

**Personnel Management:** The ability to manage staff or employee needs, determine necessary qualifications, recruit, train, maintain performance records and benefits, delegate responsibility, give and receive constructive feedback, and motivate others to achieve specific goals.

**Professional Development:** The ability to help staff at all levels to develop and function to the best of their abilities in order to achieve program goals, objectives, and priorities.

**Program Design and Implementation:** The ability to plan, monitor, and control all aspects of a program to achieve objectives on time and to the specified cost, quality, and performance.

## F4. Suggested Tracks for Staff Development

Use the chart below as a guide to select training courses based on the program model used with families in your program. The chart is structured by program model and extends over a multiyear period. Supervisors can use this chart to help program staff design an individual professional development plan.

|  | Healthy Families America |   |   | Nurse Family Partnership |   |   | Parents as Teachers |   |   |
|--|--------------------------|---|---|--------------------------|---|---|---------------------|---|---|
|  | 1                        | 2 | 3 | 1                        | 2 | 3 | 1                   | 2 | 3 |
| <b>Basic and Core Trainings</b>  |                          |   |   |                          |   |   |                     |   |   |
| Achieve OnDemand: Basics of Home Visiting-Online   | •                        |   |   | •                        |   |   | •                   |   |   |
| Ages and Stages Questionnaire-3 (ASQ-3)  | •                        |   |   | •                        |   |   | •                   |   |   |
| Ages and Stages Questionnaire-3—Online   | •                        |   |   | •                        |   |   | •                   |   |   |
| Baby TALK Professional Development Training  |                          |   |   |                          |   |   |                     |   |   |
| Childbirth Education for Doulas and Home Visitors  | •                        | • |   | •                        | • |   | •                   | • |   |
| DONA-Approved Three-Day Birth Doula Training   | •                        |   |   | •                        |   |   | •                   |   |   |
| Doula Basic Training   | •                        |   |   | •                        |   |   | •                   |   |   |
| Healthy Families America Foundations for Family Support/Healthy Families America Parent Survey | •                        |   |   |                          |   |   |                     |   |   |
| Mandated Reporting for Illinois Home Visitors - Online   | •                        |   |   | •                        |   |   | •                   |   |   |
| Parents as Teachers Foundational and Model Implementation                                      |                          |   |   |                          |   |   | •                   |   |   |
| <b>Foundations for Practice</b>  |                          |   |   |                          |   |   |                     |   |   |
| Achieve OnDemand: Being Present with Families-Webinar  | •                        | • |   | •                        | • |   | •                   | • |   |
| Achieve OnDemand: Building Engaging and Collaborative Relationships with Families-Webinar      | •                        | • | • | •                        | • | • | •                   | • | • |
| Achieve OnDemand: Challenges in Home Visiting: Substance Abuse- Online                         | •                        | • |   | •                        | • |   | •                   | • |   |
| Achieve OnDemand: Intimate partner violence in Home Visiting- Online                           | •                        | • |   | •                        | • |   | •                   | • |   |
| Achieve OnDemand: Intimate partner violence Safety Planning-Webinar                            | •                        | • | • | •                        | • | • | •                   | • | • |
| Achieve OnDemand: Exploring Values and Beliefs around Parenting- Webinar                       | •                        | • | • | •                        | • | • | •                   | • | • |
| Achieve OnDemand: Foundations of Infant Mental Health in Home Visiting-Online                  | •                        | • | • | •                        | • | • | •                   | • | • |
| Achieve OnDemand: Home Visiting Boundaries-Webinar   | •                        | • |   | •                        | • |   | •                   | • |   |
| Achieve OnDemand: Home Visiting Safety-Webinar   | •                        | • |   | •                        | • |   | •                   | • |   |

|  |          |          |          |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Achieve OnDemand: Home Visiting with Families during Pregnancy-Online                        | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Achieve OnDemand: Matching Family Needs to Resources- Webinar                                | .        | .        |          | .        | .        |          | .        | .        | .        |
| Achieve OnDemand: Safety Planning-Webinar  | .        | .        |          | .        | .        |          | .        | .        |          |
| Achieve OnDemand: The Impact of Trauma in Home Visiting-Online                               | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Achieve OnDemand: The Impact of Intimate partner violence on Children-Webinar                | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Achieve OnDemand: The Reach of Trauma in Families-Webinar                                    | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Achieve OnDemand: Trauma in Families and Communities-Webinar                                 | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Achieve OnDemand: Understanding Substance Abuse through the Family Lens-Webinar              | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Adolescent Development and Parenting   | .        | .        |          | .        | .        |          | .        | .        |          |
| Bilingual Family Support in Spanish  | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Challenges to Home Visiting: Intimate partner violence-Online                                | .        | .        |          | .        | .        |          | .        | .        |          |
| Challenges in Home Visiting: Perinatal Depression-Online                                     | .        | .        |          | .        | .        |          | .        | .        |          |
| Challenges to Home Visiting: Substance Abuse- Online   | .        | .        |          | .        | .        |          | .        | .        |          |
| Community-Based Family Administered Neonatal Activities (CB-FANA)                            | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Doula In-Services—Primary and Combined   | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Early Childhood Development: Infancy   | .        | .        |          | .        | .        |          | .        | .        |          |
| Early Childhood Development: Toddlerhood   | .        | .        |          | .        | .        |          | .        | .        |          |
| Futures Without Violence- Healthy Moms, Happy Babies Curriculum on Intimate partner violence | .        | .        |          | .        | .        |          | .        | .        |          |
| Impact of Culture on Early Childhood Professionals   | .        | .        |          | .        | .        |          | .        | .        |          |
| Life Skills Progression Assessment Tool  | .        | .        |          | .        | .        |          | .        | .        |          |
| Parent Group Facilitation and Dynamics   | .        | .        |          | .        | .        |          | .        | .        |          |
| Strategies for Father Involvement in Home Visiting   | .        | .        |          | .        | .        |          | .        | .        |          |
| Supporting and Encouraging Breast Feeding  | .        | .        |          | .        | .        |          | .        | .        |          |
| <b>Advanced Practice</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>1</b> | <b>2</b> | <b>3</b> |
| Achieve OnDemand: Partnering for Change: Having the Conversation- Webinar                    | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Achieve OnDemand: Promoting Effective Parenting with Motivational Interviewing               |          | .        | .        |          | .        | .        |          | .        | .        |
| Ages and Stages Questionnaire: Social Emotional (ASQ: SE 2)                                  | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Developmental Training and Support Program   | .        | .        | .        | .        | .        | .        | .        | .        | .        |
| Heart to Heart Curriculum Training   |          | .        | .        |          | .        | .        |          | .        | .        |
| Infant Mental Health Learning Group (invitation only)  |          | .        | .        |          | .        | .        |          | .        | .        |
| Parent Child Relationship Cohort Series  |          | .        | .        |          | .        | .        |          | .        | .        |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| Promoting Literacy and Language Development in Families                           | . | . | . | . | . | . | . | . | . |
| <b>Support For Supervisors</b>  |   |   |   |   |   |   |   |   |   |
| Achieve OnDemand: Implementing Tools to Enhance Supervision- Webinar              | . | . |   | . | . |   | . | . |   |
| Achieve OnDemand: Maintaining Boundaries in Home Visiting for Supervisors-Webinar | . | . | . | . | . | . | . | . | . |
| Achieve OnDemand: Reflective Supervision- Webinar                                 | . | . |   | . | . |   | . | . |   |
| Achieve OnDemand: Supervising Home Visitors-Online                                | . | . | . | . | . | . | . | . | . |
| Achieve OnDemand: The Impact of Trauma in Supervising Home Visitors-Online        | . | . | . | . | . | . | . | . | . |
| Achieve OnDemand: Trauma for Supervisors: Putting the Pieces Together-Webinar     | . | . | . | . | . | . | . | . | . |
| Doula Supervisors Learning Community  | . | . | . | . | . | . | . | . | . |
| Doula Supervisors Training Series   | . | . |   | . | . |   | . | . |   |
| Infant Mental Health Learning Group (invitation only)                             |   | . | . |   | . | . |   | . | . |
| Parents as Teachers Supervisors Learning Community                                |   |   |   |   |   |   | . | . | . |
| Policy and Procedure Manual: Effective Design and Implementation- Online          | . | . | . | . | . | . | . | . | . |
| Reflective Supervision: Supporting Those who Support the Family                   | . | . |   | . | . |   | . | . |   |
| Supervisors Reflective Practice Groups  | . | . | . | . | . | . | . | . | . |



## **F5. Healthy Families America Wrap-Around Training**

The table below indicates Start Early Training events that either meet requirements for wrap-around training for accredited HFA programs, or partially meets specific topic requirements within the wrap-around requirement. **Please Note:** Additional Start Early training that serves to meet required training, but is not referenced below may be offered throughout the year. Sites are encouraged to seek information from local training entities or other Illinois resources, such as Prevent Child Abuse Illinois, regarding some of these required trainings.

| <b>Accreditation Requirement</b>                  | <b>HFA BPS Reference Number</b> | <b>Start Early Training Event</b>   |
|---|---------------------------------|---|
| <b>Required in the First 3 Months of Service</b>  |                                 |   |
| Infant Care                                       | 11-1.A                          | Doula Basic Training; Supporting and Encouraging Breastfeeding  |
| Child Health and Safety                           | 11-1.B                          | Safe Sleep, Grief and Self-Care   |
| Maternal and Family Health                        | 11-1.C                          | Supporting and Encouraging Breastfeeding; Childbirth Education for Doulas and Home Visitors; Challenges to Home Visiting; Perinatal Depression-Online   |
| <b>Required in the First 6 Months of Service</b>  |                                 |   |
| Infant and Child Development                      | 11-2.A                          | Early Childhood Development: Infancy; Early Childhood Development: Toddlerhood; ASQ -3; ASQ:SE 2; Promoting Literacy and Language Development   |
| Supporting the Parent-Child Relationship          | 11-2.B                          | Developmental Training and Support Program; Infant Mental Health Learning Group; CB-FANA; Adolescent Development and Parenting; Strategies for Father Involvement in Home Visiting; Achieve OnDemand: Foundations of Infant Mental Health in Home Visiting-Online   |
| Staff Related Issues                              | 11-2.C                          | Achieve OnDemand: Home Visiting Boundaries-Webinar; Reflective Supervision; Achieve OnDemand: Home Visiting Safety-Webinar; Policy and Procedure Manual: Effective Design and Implementation  |
| Mental Health                                     | 11-2.D                          | Infant Mental Health Learning Group; ASQ:SE 2; Challenges to Home Visiting: Perinatal Depression – Online; Achieve OnDemand: The Impact of Trauma in Home Visiting-Online; Achieve OnDemand: Trauma in Families and Communities-Webinar   |
| Prenatal  | 11-2.E                          | Doula Basic Training; CB-FANA; Childbirth Education for Doulas and Home Visitors; Achieve OnDemand: Home Visiting with Families during Pregnancy-Online   |
| Family Goal Process                               | 11-2.F                          | Webinar available through HFA:<br><a href="http://www.healthyfamiliesamerica.org/webinars/">http://www.healthyfamiliesamerica.org/webinars/</a>   |
| <b>Required in the First 12 Months of Service</b> |                                 |   |
| Child Abuse and Neglect                           | 11-3.A                          | Mandated Reporting for Illinois Home Visitors; Heart to Heart   |
| Family Violence                                   | 11-3.B                          | Challenges to Home Visiting: Intimate partner violence; Mandated Reporting for Illinois Home Visitors; Futures Without Violence- Healthy Moms, Happy Babies Curriculum on Intimate partner violence; Achieve OnDemand: Intimate partner violence in Home Visiting- Online; Achieve OnDemand: Intimate partner violence Safety Planning- |

|   |        |  |
|---|--------|--|
|   |        | Webinar; Achieve OnDemand: The Impact of Intimate partner violence on Children-Webinar   |
| Substance Abuse   | 11-3.C | Challenges to Home Visiting: Substance Abuse; Achieve OnDemand: Understanding Substance Abuse through the Family Lens-Webinar; Achieve OnDemand: Partnering for Change: Having the Conversation- Webinar |
| Family Issues   | 11-3.D | Strategies for Father Involvement in Home Visiting; Adolescent Development and Parenting   |
| Role of Culture in Parenting  | 11-3.E | Impact of Culture on Parenting; Bilingual Family Support; Achieve OnDemand: Exploring Values and Beliefs around Parenting- Webinar   |
| <b>11-4 Ongoing Training</b>  |        |  |
| The site ensures that home visitors, supervisors, and program managers hired to Healthy Families for more than twelve months receive ongoing training which takes into account the individual's knowledge and skill base. All staff require annual training in child abuse and neglect updates and at least one training designed to increase understanding of the unique cultural characteristics of the service population. |        |  |

# Appendices

## G1. HV&DN Staff List

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**Springfield Office**  
**2800 Montvale Drive**  
**Springfield, IL 62704**  
**1-217-522-5510**

**Chicago Office**  
**33 W. Monroe, Suite 1200**  
**Chicago, IL 60603**  
**1-312-922-3863**

| Staff Person/Office                    | Title                            | Email Address                |
|--|----------------------------------|------------------------------|
| Mark Valentine<br>Chicago              | Director, HV&DN                  | mvalentine@startearly.org    |
| Angela Davis<br>Chicago                | Senior Business Analyst          | adavis@startearly.org        |
| Daniel Toporkiewicz<br>Chicago         | Administrative Manager           | dtoporkiewicz@startearly.org |
| Cristina Gonzalez del Riego<br>Chicago | Program Manager                  | cristinagr@startearly.org    |
| Elaine Duensing<br>Springfield         | Senior Program Advisor           | eduensing@startearly.org     |
| Emma Aioanei<br>Chicago                | Senior Fiscal Advisor            | eaioanei@startearly.org      |
| Karen Laramore<br>Chicago              | Senior Operations<br>Coordinator | klaramore@startearly.org     |
| Iris Gonzalez<br>Chicago               | Senior Program Advisor           | igonzaez@startearly.org      |
| Shawanda Jennings<br>Chicago           | Program Specialist               | sjennings@startearly.org     |
| Mary Towers<br>Chicago                 | Senior Program Advisor           | mtowers@startearly.org       |
| Whitney Walsh<br>Springfield           | Assistant Director               | wwalsh@startearly.org        |

Professional Learning Network Contacts

| <b>Staff Person/Office</b>     | <b>Title</b>                               | <b>Email Address</b>     |
|--------------------------------|--|--------------------------|
| Kelly Woodlock<br>Chicago      | Vice President, National<br>Home Visiting  | kwoodlock@startearly.org |
| Matthew Sulzen<br>Chicago      | Director, Professional<br>Learning Network | Msulzen@startearly.org   |
| Lauren Wiley<br>Chicago        | Assistant Director                         | lwiley@startearly.org    |
| Ariel Chaidez<br>Chicago       | Senior Program Manager                     | achaidez@startearly.org  |
| Victoria Martin<br>Springfield | Senior Training Resource<br>Specialist     | vmartin@startearly.org   |
| Jessica Wilkin<br>Springfield  | Operations Coordinator                     | jwilkin@startearly.org   |

## G2. HV&DN Program Staff Assignments

| <b>SITE</b>   | <b>PROGRAM NAME</b>                         | <b>PROGRAM MODEL</b> | <b>LOCATION</b> | <b>PROGRAM MANAGER</b> | <b>PROGRAM ADVISOR</b> |
|---|---|----------------------|-----------------|------------------------|------------------------|
| Advocate Illinois Masonic Medical Center (Chicago)      | <i>Doula-only</i>                           | HFI-Doula            | Chicago         | Whitney Walsh          | Iris Gonzalez          |
| Aunt Martha's Youth Service Center                      | Aunt Martha's Healthy Families Park Forest  | PTS-HFI/Doula        | Park Forest     | Whitney Walsh          | Mary Towers            |
| Catholic Charities-Jadonal E. Ford Center for Parenting | Roseland/Altgeld Adolescent Parent Program  | PTS-PAT/Doula        | Chicago         | Whitney Walsh          | Elaine Duesing         |
| Catholic Charities of the Dioces of Joliet              | <i>Doula-only</i>                           | PTS-Doula            | Joliet          | Whitney Walsh          | Iris Gonzalez          |
| Child Abuse Council of Illinois                         | Healthy Families – Rock Island County       | PTS-HFI/Doula        | Rock Island     | Whitney Walsh          | Elaine Duesing         |
| Children's Home + Aid/Bloomington                       | <i>Doula-only</i>                           | PTS-Doula            | Bloomington     | Whitney Walsh          | Iris Gonzalez          |
| Children's Home + Aid/DeKalb                            | <i>Doula-only</i>                           | PTS-Doula            | DeKalb          | Whitney Walsh          | Iris Gonzalez          |
| Children's Home Association of Illinois                 | Good Beginnings-Healthy Families            | PTS-HFI/Doula        | Peoria          | Whitney Walsh          | Elaine Duesing         |
| Christopher House                                       | Teen Parent and Infant Development Services | PTS-PAT/Doula        | Chicago         | Whitney Walsh          | Mary Towers            |
| Easter Seals  | Teen Family Support                         | PTS-HFI/Doula        | Rockford        | Whitney Walsh          | Mary Towers            |
| Family Focus Aurora                                     | Teen Parent Services                        | PTS-HFI/Doula        | Aurora          | Whitney Walsh          | Elaine Duesing         |
| Family Focus DuPage                                     | <i>Doula-only</i>                           | PTS-Doula            | Bensenville     | Whitney Walsh          | Iris Gonzalez          |
| Family Focus Englewood                                  | Englewood Healthy Families                  | PTS-PAT/Doula        | Chicago         | Whitney Walsh          | Mary Towers            |
| Family Focus Lawndale                                   | Family Focus Lawndale Teen Parent Services  | PTS-PAT/Doula        | Chicago         | Whitney Walsh          | Mary Towers            |
| Fayette County Health Department                        | <i>Doula-only</i>                           | PTS-Doula            | Vandalia        | Whitney Walsh          | Iris Gonzalez          |

| <b>SITE</b>                         | <b>PROGRAM NAME</b>                         | <b>PROGRAM MODEL</b> | <b>LOCATION</b> | <b>PROGRAM MANAGER</b> | <b>PROGRAM ADVISOR</b> |
|-------------------------------------|---|----------------------|-----------------|------------------------|------------------------|
| Marillac Social Center              | Project Hope                                | PTS-PAT/Doula        | Chicago         | Whitney Walsh          | Mary Towers            |
| Metropolitan Family Services        | Parents as Partners                         | PTS-PAT              | Chicago         | Whitney Walsh          | Elaine Duesing         |
| New Moms, Inc.                      | New Moms                                    | PTS-PAT/Doula        | Chicago         | Whitney Walsh          | Elaine Duesing         |
| One Hope United                     | Healthy Families Illinois                   | PTS-HFI/Doula        | Waukegan        | Whitney Walsh          | Iris Gonzalez          |
| Pilsen Wellness Center              | Unidos Formando Un Futuro                   | PTS-HFI/Doula        | Chicago         | Whitney Walsh          | Iris Gonzalez          |
| Sangamon County Health Department   | Healthy Families Sangamon County            | PTS-HFI              | Springfield     | Whitney Walsh          | Elaine Duesing         |
| Spero Family Services               | Best Beginnings-Nurse Family Partnership    | PTS-Doula            | Mt. Vernon      | Whitney Walsh          | Elaine Duesing         |
| Stephenson County Health Department | Healthy Families Illinois Stephenson County | PTS/HFI-Doula        | Freeport        | Whitney Walsh          | Iris Gonzalez          |
| Teen Parent Connection              | Healthy Families                            | PTS-HFI-Doula        | Glen Ellyn      | Whitney Walsh          | Mary Towers            |
| VNA Health Care                     | VNA Healthy Family                          | PTS-HFI /Doula       | Aurora          | Whitney Walsh          | Iris Gonzalez          |
| YWCA of Metropolitan Chicago        | Harris YWCA Young Parents Program           | PTS-PAT              | Chicago         | Whitney Walsh          | Mary Towers            |

## G3. Resources

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This list provides Website information for frequently requested organizations that share HV&DN’s interest in the well-being and healthy development of parents and children birth to age three.

|   |  |
|---|--|
| <b>Start Early</b>  | <a href="http://www.startearly.org">www.startearly.org</a>                               |
| <b>Home Visiting &amp; Doula Network<br/>Subcontract Materials &amp; DataPoints</b> | <a href="http://www.opfibti.org">www.opfibti.org</a>                                     |
| <b>Alan Guttmacher Institute</b>  | <a href="http://www.guttmacher.org">www.guttmacher.org</a>                               |
| <b>DONA International</b>   | <a href="http://www.dona.org">www.dona.org</a>   |
| <b>Erikson Institute</b>  | <a href="http://www.erikson.edu">www.erikson.edu</a>                                     |
| <b>Federal Grants</b>   | <a href="http://www.grants.gov">www.grants.gov</a>                                       |
| <b>First Books</b>  | <a href="http://www.firstbook.org">www.firstbook.org</a>                                 |
| <b>Foundation Center</b>  | <a href="http://www.foundationcenter.org">www.foundationcenter.org</a>                   |
| <b>Getting Grants</b>   | <a href="http://www.govspot.com">www.govspot.com</a>                                     |
| <b>Healthy Families America</b>   | <a href="http://www.healthyfamiliesamerica.org">www.healthyfamiliesamerica.org</a>       |
| <b>Illinois Caucus for Adolescent Health</b>  | <a href="http://www.icaah.org">www.icaah.org</a>   |
| <b>Illinois Coalition Against Intimate partner violence</b>                         | <a href="http://www.ilcadv.org">www.ilcadv.org</a>                                       |
| <b>Illinois Coalition Against Sexual Assault</b>                                    | <a href="http://www.icasa.org">www.icasa.org</a>   |
| <b>Illinois Department of Human Services</b>  | <a href="http://www.dhs.state.il.us">www.dhs.state.il.us</a>                             |
| <b>Illinois Department of Public Health</b>   | <a href="http://www.idph.state.il.us">www.idph.state.il.us</a>                           |
| <b>Illinois State Board of Education</b>  | <a href="http://www.isbe.net">www.isbe.net</a>   |
| <b>La Leche League</b>  | <a href="http://www.llli.org">www.llli.org</a>   |
| <b>National Campaign to Prevent Teen Pregnancy</b>                                  | <a href="http://www.teenpregnancy.org">www.teenpregnancy.org</a>                         |
| <b>Non-Profit Guides</b>  | <a href="http://www.npguides.org">www.npguides.org</a>                                   |
| <b>Nurse Family Partnership</b>   | <a href="http://www.nursefamilypartnership.org">www.nursefamilypartnership.org</a>       |
| <b>Parents as Teachers</b>  | <a href="http://www.parentsasteachers.org">www.parentsasteachers.org</a>                 |
| <b>Planned Parenthood Federation of America</b>                                     | <a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a>                 |
| <b>Prevent Child Abuse America</b>  | <a href="http://www.preventchildabuse.org">www.preventchildabuse.org</a>                 |
| <b>Prevent Child Abuse Illinois</b>   | <a href="http://www.preventchildabuseillinois.org">www.preventchildabuseillinois.org</a> |
| <b>Voices for Illinois Children</b>   | <a href="http://www.voicesforkids.org">www.voicesforkids.org</a>                         |
| <b>Zero to Three</b>  | <a href="http://www.zerotothree.org">www.zerotothree.org</a>                             |



