Agency Name & Subcontract No. 2025-

**Home Visiting & Doula Network**

**Program Narrative Quarterly Report**

Abbreviated Version

Directions: Submit this version of the Program Narrative in Quarters 1 and 3

**FY25 Quarter #: [ ] 1 [ ] 3**

**SECTION I. SUBCONTRACT COMPLIANCE**

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

[ ]  N/A

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/Position** | **Person Replacing** | **Start Date** |
| **New Hires** |       |       |       |
|       |       |       |
|  | **Name/Position** | **Last Date of Employment** |
| **Terminations** |       |       |
|       |       |
|  | **Position** | **Person who last held position** | **Date position became vacant** |
| **Ongoing Vacancies** |       |       |       |
|       |       |       |
|  | **Name/Position** | **Date leave began** | **Anticipated end date** | **Type of leave\*** |
| **Leaves** |       |       |       |       |
|       |       |       |       |

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

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**FY25 Program Narrative Quarterly Report**

1. **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 PRIMARY SERVICE SITE**

**Agency Name:**       **Program Name:**

**Street:**       **Street:**

**City:**       Z**ip:**       **City:**       Z**ip:**

**Phone:**       **Fax:**       **Phone:**       **Fax:**

**E-mail:**       **E-mail:**

**Executive Contact Program Management Contact**

**Name/Title:**       **Name/Title:**

**Street:**       **Street:**

**City:**       **Zip:**       **City:**       **Zip:**

**Phone:**       **Fax:**       **Phone:**       **Fax:**

**E-mail:**       **E-mail:**

[ ]  Add contact [ ]  Replace existing contact [ ]  Add contact [ ]  Replace existing contact

**Effective date:**       E**ffective date:**

**Direct Service Supervisor Fiscal Contact**

**Name/Title:**       **Name/Title:**

**Street:**       **Street:**

**City:**       **Zip:**       **City:**       **Zip:**

**Phone:**       **Fax:**       **Phone:**       **Fax:**

**E-mail:**       **E-mail:**

[ ]  Add contact [ ]  Replace existing contact [ ]  Add contact [ ]  Replace existing contact

**Effective date:**       E**ffective date:**

**Fiscal Report Contact DataPoints/MIS Contact**

**Name/Title:**       **Name/Title:**

**Street:**       **Street:**

**City:**       **Zip:**       **City:**       **Zip:**

**Phone:**       **Fax:**       **Phone:**       **Fax:**

**E-mail:**       **E-mail:**

[ ]  Add contact [ ]  Replace existing contact [ ]  Add contact [ ]  Replace existing contact

**Effective date:**       E**ffective date:**

Subcontract No. 2025-

**FY25 Quarterly Narrative Report**

1. **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 community services available, linkage agreements, etc.).

[ ]  No change

1. Describe any deaths to participants (child or adult) in your Start Early funded program this quarter.

[ ]  N/A

1. 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?

1. Describe any DCFS reports that program staff became aware of in the quarter (even if the 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 the report came to the attention of the program staff. Please make sure to include all the information requested above.

[ ]  N/A

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