

**QUARTERLY PERFORMANCE PROGRESS REPORT**  
**Office of Family Assistance**  
**Healthy Marriage and Responsible Fatherhood Grant Program**  
**REPORT TEMPLATE FOR RESPONSIBLE FATHERHOOD PROGRAMS**

OMB Control No.: xxxx-xxxx

Expiration Date: xx/xx/xxxx

Information from the quarterly ACF performance progress report (QPR) will be used by the Office of Family Assistance to meet grants management requirements and by grantees themselves to self-monitor progress and challenges (continuous quality improvement). QPRs are due within 30 days of the end of each 3-month reporting period, which are:

- Reporting Period 1: October 1 – December 31; Report Due: January 30
- Reporting Period 2: April 1 – June 30; Report Due: July 31

The QPR consists of the following two parts, with both qualitative and quantitative descriptions of program performance:

**Part 1:** Qualitative (narrative) description of program indicators:

- A-01 Performance Narrative
- A-02 Major Activities and Accomplishments
- A-03 Problems (Challenges)

**Part 2:** Quantitative (numeric) performance measures:

- B-01 Program Enrollment
- B-02 Program Participation
- B-03 Quality Assurance and Monitoring (Continuous Quality Improvement)
- B-04 Implementation Challenges

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information requested in this survey will be used to document how programs receiving HMRF grant funding operate and describe participant outcomes. The data gathered will allow ACF to better monitor grantee progress and performance. In accordance with the requirements of the Privacy Act of 1974, as amended (5 U.S.C. 552a), ACF/OPRE established system of records titled: 09-80-0361 OPRE Research and Evaluation Project Records, HHS/ACF/OPRE. A Federal Register Notice (80 FR 17893) announced the system.

Please address each reporting area. Once you complete the QPR packet, please submit it to your OFA Federal Program Specialist.

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**Part 1: PROGRAM INDICATORS**

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**A-01 PERFORMANCE NARRATIVE**

**Please provide details that are relevant about program performance during this reporting period.**

- What were your most significant achievements?
- What were your most difficult challenges?
- How did you address any challenges, and with what result?

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**A-02 MAJOR ACTIVITIES & ACCOMPLISHMENTS**

**Describe major programmatic and operational activities and accomplishments during this reporting period in the topical areas shown below.**

Program enrollment

Please describe your program's progress toward meeting enrollment targets. If you are not meeting your enrollment targets, please discuss challenges you are experiencing and plans to address them.

In the space provided below, please describe:

- If you are not meeting your enrollment targets, please describe challenges you are experiencing and plans to address them.
- If you are exceeding your target, please describe what you think is contributing to your success— including both program-related and contextual (i.e., non-program-related) factors.
- The degree to which you are enrolling your intended target population.

Program enrollment performance measures

Please review the performance measures in Appendix B-01. Is there anything else you would like to share about program enrollment or IPV screening this reporting period?

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Program participation

In the space provided below, please describe:

Enrollment:

- Strategies planned or being implemented to engage program enrollees in services within two weeks of program enrollment.
- Reasons why program initiation is lower than expected or desired, if relevant. Consider program-related factors (e.g., workshop schedule) as well as non-program-related (contextual) factors (e.g., client barriers to participation). Describe your current or planned efforts to increase program initiation.
- Reasons why program initiation is higher than expected, if relevant. Consider program-related and non-program-related (contextual) factors. Identify any promising practices you think may be contributing to your success in getting enrollees to begin services.

Retention:

- Strategies planned or being implemented to ensure program enrollees complete the workshops in which they have enrolled, and that they receive as many individual service contacts as necessary.
- Reasons why program retention is lower than expected or desired, if relevant. Consider program-related factors as well as non-program-related (contextual) factors. Describe your current or planned efforts to increase program retention.
- Reasons why program retention is higher than expected, if relevant. Consider program-related and non-program-related (contextual) factors. Identify any promising practices you think may be contributing to your success in getting participants to regularly attend and complete program services.

Program participation performance measures

Please review the performance measures in Appendix B-02. Is there anything else you would like to share about program participation this reporting period?

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Quality assurance and monitoring (continuous quality improvement)

Please provide a detailed description of your plans for program quality assurance and monitoring, including training and supervision.

Quality assurance and monitoring (continuous quality improvement) performance measures

Please review the performance measures in Appendix B-03. Is there anything else you would like to share about your activities this reporting period to ensure program quality?

Other

Please describe other activities and accomplishments during the reporting period.

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**A-03 PROBLEMS (CHALLENGES)**

**Describe any challenges encountered implementing your program during this reporting period.**

Implementation challenges performance measures

Please review the performance measures in Appendix B-04. For any challenge categorized as “somewhat of a problem” or “a serious problem,” please describe the nature of the problem and any proposed solutions.

Staff turnover

Please describe any positions that are currently vacant and your plan to fill each vacancy.



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**Part 2: PERFORMANCE MEASURES**

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**B-01 PROGRAM ENROLLMENT**

**1. Enrollment targets and actual enrollment**

	<b>Number of Incarcerated Individuals</b>	<b>Number of Community* Individuals</b>	<b>Number of Community* Couples</b>
<b>Enrollment target for current grant year</b>			
Enrolled since beginning of current grant year to end of reporting period			
<i>% of grant-year target met to date</i>			
<b>Enrollment target for reporting period</b>			
Enrolled during reporting period			
<i>% of reporting period target met</i>			

\*Community Individuals and Community Couples are defined as individuals or couples who are not incarcerated at program entry.

**B-02 PARTICIPATION**

**1. Initial Participation**

	<b>Number of Incarcerated Individuals</b>	<b>Number of Community* Individuals</b>	<b>Number of Community* Couples</b>
<b>Enrolled</b> since beginning of current grant year to end of reporting period ( <i>only those with at least 2 months since enrollment</i> )			

\*Community Individuals and Community Couples are defined as individuals or couples who are not incarcerated at program entry.

	<b>Incarcerated Individuals</b>		<b>Community* Individuals</b>		<b>Community* Couples</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
<b>Participated</b> in their first <u>workshop</u> during the time period shown						
<i>Within 1 week of program enrollment</i>						
<i>Between 2 and 4 weeks of program enrollment</i>						
<i>Between 1 and 2 months of program enrollment</i>						
<i>More than 2 months since program enrollment</i>						
<i>Not yet engaged in a service</i>						

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**2. Attendance at Workshops**

Users can query nFORM to generate a table that reports on participation in the specific activities offered by the grantee for the specific target population being served. The data for this nFORM-generated table will derive from responses to questions in the two programmatic tiers below.

<b>Tier 1</b>	<b>Tier 2</b>
<i>Population Served</i>	<i>Workshop Activity</i>
SELECT ONE <input type="checkbox"/> Community Father <input type="checkbox"/> Community Couple <input type="checkbox"/> Incarcerated Father	SELECT ONE <input type="checkbox"/> Intimate Partner Relationship <input type="checkbox"/> Economic Stability <input type="checkbox"/> Parenting

**Example of nFORM-Generated Table on Participation:**

*Community Individuals receiving Parenting activity*

**Options selected:**

- ✓ Community Individuals
- ✓ Parenting

	<b>Community Individuals</b>	
	<b>#</b>	<b>%</b>
<b>Workshop Attendance</b>		
Attended at least one <u>Parenting</u> workshop		
<b>Workshop Retention</b>		
Attended at least one-half of <u>Parenting</u> workshop sessions		

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**B-03 QUALITY ASSURANCE AND MONITORING (CONTINUOUS QUALITY IMPROVEMENT)**

**1. Staff Training**

<b>a. Training in Curricula</b>	Proportion of Staff that Received Training in Curriculum				
During the reporting period, approximately what proportion of the following types of staff received training in the program curricula?	None	Fewer than half	Half	More than half	All
Facilitators					
Case Managers					
Employment specialists					
Supervisors					
Program managers					
Other program staff					

**2. Frequency of direct observation**

	Proportion of Workshops Observed				
For the two types of facilitators shown below, what proportion of their workshops was observed by a supervisor or another experienced facilitator during the reporting period?	None	Fewer than half	Half	More than half	All
Facilitators hired during the reporting period					
Experienced facilitators					

**3. Staff Supervision**

	Frequency of Meetings with Supervisors				
During the reporting period, on average, how often did the following types of staff meet with their supervisors one-on-one?	At least weekly	Biweekly	Monthly	Once	Not during reporting period
Facilitators					
Case workers					
Employment specialists					
Supervisors					
Program managers					
Other program staff					

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**4. Caseloads**

Average number of participants assigned to each case worker	Average
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**B-04 IMPLEMENTATION CHALLENGES**

**1. Common implementation challenges**

Challenge	Not a Problem	Somewhat a problem	A serious problem
Obtaining referrals from community organizations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Participant recruitment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Enrolling the intended target population	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Getting enrollees to start participating in services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Getting enrollees to attend regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Keeping participants engaged during sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Getting enrollees to complete the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Recruiting qualified staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Staff performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Ensuring facilitators understand content	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Covering all program content in the time allotted	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Implementing curriculum with fidelity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Program facilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Cooperation of recruitment and referral sources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Service delivery partners	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Extreme weather or natural disasters	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Getting participants to complete pretest or posttest	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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**2. Staff turnover challenges**

Staff who left or were removed from their position during the reporting period	Proportion of Staff who Turned Over			
	None	Fewer than Half	Half	More than half
<i>Facilitators</i>				
<i>Case workers</i>				
<i>Employment specialists</i>				
<i>Supervisors</i>				
<i>Program managers</i>				
<i>Other</i>				