

Office of Youth Services
PERFORMANCE REPORT

Instructions:




- Submit one report for All Direct Service Targets described in OYS Form 4-1, "Performance Plan."
- Mail a signed Original to the Office of Youth Services, 1010 Richards Street, Suite 314, Honolulu, HI 96813.
- This form is to be used to report cumulatively. Additional narrative information may be added to each subsequent report after the initial reporting period. Password to unlock restricted editing is "OYS".

	↓ This document is submitted as:	Date Submitted	Prepared by (Signature)	Date Approved	Approved by (Signature)
Provider Name: _____	<input type="checkbox"/> Budget Period Quarterly Narrative Report for the months of: <input type="checkbox"/> JAS (<i>Due by October 31</i>) <input type="checkbox"/> OND (<i>Due by January 31</i>) <input type="checkbox"/> JFM (<i>Due by April 30</i>) <input type="checkbox"/> AMJ (<i>Due by July 31</i>)				
Contract Number: DHS-_____-OYS-_____					
Contract Start Date: Click here to enter a date. Contract End Date: Click here to enter a date.	<input type="checkbox"/> Final Quarter Report	OYS Approval Date: Approved by:			

NARRATIVE REPORT

Fill-in answers after each question. Add additional narrative paragraphs each quarter, labeling the narrative by quarters (i.e., JAS, OND, JFM, AMJ, etc).

During the past reporting period:

1. What were the major accomplishments towards achieving the performance targets established for this program? What activities proved to be especially effective?

2. Which risk factors and protective factors were addressed and to what degree were the respective factors reduced or enhanced? (See below for target risk and protective factors).

3. In reviewing the Scope of Services for this program, which components have been successfully implemented or achieved in the program services? Which components have been difficult to implement, and why?


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4. What challenges did the program face during this reporting period? How were these issues resolved? If not resolved, what are the plans for resolving these issues?



5. Please provide other comments or observations that will help the OYS understand the progress of this contract at this time.



ADDENDUM FOR THE FINAL QUARTER OF EACH BUDGET PERIOD

6. Identify which performance targets were achieved and which were not. If performance targets were not achieved, provide a probable explanation for why not.



7. Please describe any curriculum model or program activity that proved to be consistently effective.



8. What changes, if any, do you anticipate making to the program design and implementation plan? How can OYS help you with program design or implementation?



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	TARGET TYPE CODES		MAJOR LIFE DOMAINS TARGETED
	Risk Factors		
RF1	Reduce Delinquency (Including All Status Offense)	D1	Individual
RF2	Reduce Arrests	D2	Peer
RF3	Reduce Disproportionate Minority Contact (DMC)	D3	Family
RF4	Reduce Substance Use, Abuse	D4	Community
RF5	Reduce Anger, Violence		
RF6	Reduce Gang Activity		
RF7	Reduce Risk for Pregnancy		
RF8	Reduce Alienation		
	Protective Factors		
PF1	Increase Accountability and Independent Living Skills		
PF2	Improve Family Relationships		
PF3	Increase Connectedness with Community		
PF4	Increase Cultural Awareness, Appreciation		
PF5	Improve Self-Image, Self-Esteem		
PF6	Increase Pro-social Behaviors and Social Competency		
PF7	Increase Health, Physical Competencies		
PF8	Increase Educational Competence (Improve GPA, Attendance)		
PF9	Increase Vocational Competence (Career Exploration, Job Training)		
PF10	Increase Family, Community Support of Youth's Program		

SUBMISSION OF QUARTERLY PERFORMANCE REPORTS TO OYS MUST INCLUDE:

- ☐ Form 10 Performance Report (This Narrative Report)
- ☐ Form 10 Performance Report (Targets)
- ☐ Form 10 Performance Report (Age and Gender Data Report)
- ☐ Form 10 Performance Report (Ethnicity and Gender Data Report)
- ☐ Form OYS-051 Limited English Proficiency Report (LEP)

PERFORMANCE TARGETS

Provider: _____

Contract No: _____

Reporting

Quarter: ☐ QTR 1 ☐ QTR 2 ☐ QTR 3 ☐ QTR 4

Contract Period: _____

Instructions: Reference Form 4-1 Performance Plan to report on the Performance Targets. Fill in the blue highlighted cells for the performance targets at the "Start of Reporting Period." Each quarter, update the blue highlighted cells under "End of Reporting Period."

	Target Type (Form 4-1)	Performance Target	Start of Reporting Period			End of Reporting Period		
1		_____(%) program participants will _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____
			0	0	#DIV/0!	0	0	#DIV/0!
2		_____(%) program participants will _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____
			0	0	#DIV/0!	0	0	#DIV/0!
3		_____(%) program participants will _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____
			0	0	#DIV/0!	0	0	#DIV/0!
4		_____(%) program participants will _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____
			0	0	#DIV/0!	0	0	#DIV/0!
5		_____(%) program participants will _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____
			0	0	#DIV/0!	0	0	#DIV/0!
6		_____(%) program participants will _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____	Number of Youth Participating	Number of Youth _____ (Milestone)	Percent of Youth _____
			0	0	#DIV/0!	0	0	#DIV/0!

AGE - GENDER IDENTITY

Contract #: _____
FY Period: _____

Name of Organization: _____

Instructions:

1. Check the quarter for which data is being reported.
 2. **First quarter reporting**- fill in the carryover columns for unduplicated youth who remain to be served in the new fiscal period. Then fill in first quarter columns for unduplicated count of new registrants.
 3. **Reporting for quarters 2, 3 and 4**- fill in the unduplicated count of new registrants. Year-To-Date cumulative totals are automatically calculated (locked cells). To unlock, use password OYS.
 4. Print report, attach to the performance report and submit the report to the assignend Program Specialist. Worksheet is set to print 8.5 x 11' landscape.
- Note: Gender Identity is by self-report of client.** This data will be utilized to identify and address any disparities in services.

☐ Check here if unable to complete expanded gender/orientation categories. Please status of implementation (if explained on other form, write "see other"):

	CARRYOVER From Previous FY					QRT 1					QRT 2					QRT 3					QRT 4					FISCAL YEAR-TO-DATE									
Age	Male	Female	Gender Diverse*	Prefer not to answer	Don't Know	Male	Female	Gender Diverse*	Prefer not to answer	Don't Know	Male	Female	Gender Diverse*	Prefer not to answer	Don't Know	Male	Female	Gender Diverse*	Prefer not to answer	Don't Know	Male	Female	Gender Diverse*	Prefer not to answer	Don't Know	Male (FY)	Female (FY)	Gender Diverse*	Prefer not to answer	Don't Know	Male (FY & Carry-over)	Female (FY & Carry-over)	Gender Diverse* (FY & Carry-over)	Prefer not to answer (FY & Carry-over)	Don't Know (FY & Carry-over)
5																										0	0	0	0	0	0	0	0	0	0
6																										0	0	0	0	0	0	0	0	0	0
7																										0	0	0	0	0	0	0	0	0	0
8																										0	0	0	0	0	0	0	0	0	0
9																										0	0	0	0	0	0	0	0	0	0
10																										0	0	0	0	0	0	0	0	0	0
11																										0	0	0	0	0	0	0	0	0	0
12																										0	0	0	0	0	0	0	0	0	0
13																										0	0	0	0	0	0	0	0	0	0
14																										0	0	0	0	0	0	0	0	0	0
15																										0	0	0	0	0	0	0	0	0	0
16																										0	0	0	0	0	0	0	0	0	0
17																										0	0	0	0	0	0	0	0	0	0
18																										0	0	0	0	0	0	0	0	0	0
19+																										0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

AGE - SEXUAL ORIENTATION

Contract #: _____ Name of Organization: _____
 FY Period: _____

Instructions:

1. Check the quarter for which data is being reported.
 2. **First quarter reporting-** fill in the carryover columns for unduplicated youth who remain to be served in the new fiscal period. Then fill in first quarter columns for unduplicated count of new registrants.
 3. **Reporting for quarters 2, 3 and 4-** fill in the unduplicated count of new registrants. Year-To-Date cumulative totals are automatically calculated (locked cells). To unlock, use password OYS.
 4. Print report, attach to the performance report and submit the report to the assigned Program Specialist. Worksheet is set to print 8.5 x 11" landscape.
- Note: Sexual Orientation is by self-report of client.** This data will be utilized to identify and address any disparities in services.

☐ Check here if unable to complete expanded gender/orientation categories. Please provide status of implementation (if explained on other form, write "see other"):

	CARRYOVER From Previous FY						□ QRT 1					□ QRT 2					□ QRT 3					□ QRT 4					FISCAL YEAR-TO-DATE										
Age (Yrs.)	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't Know	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't know	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't know	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't know	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't know	Straight (FY & Carry-over)	Lesbian or Gay (FY & Carry-over)	Bisexual (FY & Carry-over)	Other* (FY & Carry-over)	Prefer not to answer (FY & Carry-over)	Don't know (FY & Carry-over)	
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17																																					
18																																					
19+																																					
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ETHNICITY-GENDER IDENTITY

Contract #: _____ Name of Organization: _____
 FY Period: _____

Instructions:

1. Check the quarter for which data is being reported.
 2. **First quarter reporting**- fill in the carryover columns for unduplicated youth who remain to be served in the new fiscal period. Then fill in first quarter columns for unduplicated count of new registrants.
 3. **Reporting for quarters 2, 3 and 4**- fill in the unduplicated count of new registrants. Year-To-Date cumulative totals are automatically calculated (locked cells). To unlock, use password OYS.
 4. Print report, attach to the performance report and submit the report to the assignend Program Specialist. Worksheet is set to print 8.5 x 11' landscape.
- Note: Gender Identity is by self-report of client.** This data will be utilized to identify and address any disparities in services.

☐ Check here if unable to complete expanded gender/orientation categories. Please provide status of implementation (if explained on other form, write "see other"):

	CARRYOVER From Previous FY					QRT 1					QRT 2					QRT 3					QRT 4					YEAR-TO-DATE							
Ethnicity	Male	Female	Gender Diverse*	Prefer not to answer	Don't Know	Male	Female	Gender Diverse*	Prefer not to answer	Don't Know	Male	Female	Gender Diverse*	Prefer not to answer	Don't Know	Male	Female	Gender Diverse*	Prefer not to answer	Don't Know	Male	Female	Gender Diverse*	Prefer not to answer	Don't Know	Male (FY & Carry-over)	Female (FY & Carry-over)	Gender Diverse* (FY & Carry-over)	Prefer not to answer (FY & Carry-over)	Don't Know (FY & Carry-over)			
American Indian																										0	0	0	0	0	0		
Black																										0	0	0	0	0	0		
Cambodian																										0	0	0	0	0	0		
Caucasian (Not Portuguese)																										0	0	0	0	0	0		
Chinese																										0	0	0	0	0	0		
Filipino																										0	0	0	0	0	0		
Hawaiian (Full, Part)																										0	0	0	0	0	0		
Japanese																										0	0	0	0	0	0		
Korean																										0	0	0	0	0	0		
Laotian																										0	0	0	0	0	0		
Marshallse																										0	0	0	0	0	0		
Micronesian																										0	0	0	0	0	0		
Mixed (Not Hawaiian)																										0	0	0	0	0	0		
Other Asian																										0	0	0	0	0	0		
Other Pacific Islander																										0	0	0	0	0	0		
Portuguese																										0	0	0	0	0	0		
Puerto Rican, Hispanic																										0	0	0	0	0	0		
Samoan																										0	0	0	0	0	0		
Tongan																										0	0	0	0	0	0		
Unknown																										0	0	0	0	0	0		
Vietnamese																										0	0	0	0	0	0		
Other																										0	0	0	0	0	0		
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

ETHNICITY - SEXUAL ORIENTATION

Contract #: _____ Name of Organization: _____
 FY Period: _____

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Ethnicity	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't know	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't know	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't know	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't know	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't know	Straight	Lesbian or Gay	Bisexual	Other*	Prefer not to answer	Don't know	Straight (FY & Carry-over)	Lesbian or Gay (FY & Carry-over)	Bisexual (FY & Carry-over)	Other* (FY & Carry-over)	Prefer not to answer (FY & Carry-over)	Don't know (FY & Carry-over)
American Indian																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cambodian																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caucasian (Not Portuguese)																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chinese																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Filipino																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hawaiian (Full, Part)																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Japanese																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Korean																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laotian																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Marshallese																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Micronesian																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed (Not Hawaiian)																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Asian																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Pacific Islander																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Portuguese																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Puerto Rican, Hispanic																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Samoan																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tongan																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vietnamese																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other																										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	