**Childhood Lead Poisoning Primary Prevention Program**

**Quarterly Report for April 2018 - March 2019**

 **PART B**

**Instructions:**

**1. Enter county and reporting period in the header box.**

**2. Refer to ‘Instructions for completing the Quarterly Report’ manual.**

**3. Refer to non-partner activities funded by CLPPPP funding as ‘CLPPPP’ activities.**

**4. Do not delete entries from previous quarters of this contract year.**

**5. Attach Unit Report A from Access as the front page of Part B.**

**6. Submit this document and the Quarterly Report Part A document (Goal 3; Unit Reports A, 1-14) to the CLPPPP BML in accordance with ‘Instructions for completing the Quarterly Report’ manual.**

**Note: Every quarterly report should note progress on SMART objectives proposed in your workplan.**

|  |
| --- |
| **GOAL 1: Identify High Risk Housing** |
| **ACTIVITY 1:** Briefly describe **new or significant** activity regarding targeting high risk housing during this quarter of the 2018-18 grant period. Include samples of maps or relevant data when submitting QR. |
| **Quarter** | **Briefly describe new or significant activity (if any)** |
| **Apr-Jun 2018** |  |
| **Jul-Sept 2018** |  |
| **Oct-Dec 2018** |  |
| **Jan-Mar 2019** |  |

|  |
| --- |
| **ACTIVITY 2: Select targeting strategies and referral sources.** |
| Briefly describe significant changes to the program’s targeting strategies and unit inspection estimates by referral source. Fill in the table, “Targeting Strategies and Unit Inspection Estimates by Referral Source” and update the actual number of units inspected, quarterly. If there are significant differences in proposed and actual units inspected by strategy, use this area to provide a rationale. |
| **Quarter** | **Brief description of activity (if any)** |
| **Apr-Jun 2018** |  |
| **Jul-Sept 2018** |  |
| **Oct-Dec 2018** |  |
| **Jan-Mar 2019** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Unit Inspection Estimates by Referral Source (CoInspect YQ6 Referral Categories)** | **Estimated # of Units to be Inspected** | **Actual # of Units Inspected by Quarter** |
| **Apr-Jun 2018** | **Jul-Sept 2018** | **Oct-Dec 2018** | **Jan-Mar 2019** |
| **1** | **Referred as a result of target area canvassing activities (e.g., door to door, targeted mailing, staff observations, etc.).** |  |  |  |  |  |
| **2** | **Referred by OB/GYN, newborn nurseries, or access to vital statistics or birth registry.** |  |  |  |  |  |
| **3** | **Referred by agencies serving resettled refugees and/or immigrant families with children.** |  |  |  |  |  |
| **4** | **Referred by Primary Medical Providers (pediatricians, family practice doctors, etc.).** |  |  |  |  |  |
| **5** | **Referred by LPPP or obtained from LeadWeb data that house children with confirmed Blood Lead Levels of 5-9 µg/dL and/or 10-14 µg/dL.** |  |  |  |  |  |
| **6** | **Referred as a result of association with a previously identified EBLL child in the same dwelling/unit, building, or adjacent housing.** |  |  |  |  |  |
| **7** | **Referred as a result of access to information identifying vacant, foreclosed residential buildings in target areas before they are sold.** |  |  |  |  |  |
| **8** | **Referred due to previous inspection by CLPPPP, at least one year from when Notice requirements were met. (This refers to post-remediation follow-up.)** |  |  |  |  |  |
| **9** | **Referred by the Healthy Neighborhoods Program** |  |  |  |  |  |
| **10** | **Referred by a Codes Enforcement agency.** |  |  |  |  |  |
| **11** | **Referred by Maternal and Child Health, Community Health Worker Program, WIC, or other health department program.** |  |  |  |  |  |
| **12** | **Referred by Section 8, DSS, child protective services, CDBG, community development corporation, or other housing assistance service, agency, or program.** |  |  |  |  |  |
| **13** | **Referred by target area community partners (e.g. faith-based organizations, day cares/HeadStart/EIP, schools, community-based organizations, shelters, etc.).** |  |  |  |  |  |
| **14** | **Referred as a result of voluntary self-requests from property owners (e.g. turnover, LL assoc. meetings, forums, incentives).** |  |  |  |  |  |
| **15** | **Referred as a result of voluntary self-requests from tenant/family (e.g., complaint, word of mouth, advertising, or program promotion).** |  |  |  |  |  |
| **16** | **Referred as a result of community request (e.g., complaint or request from neighbor, family, anonymous, etc.?)** |  |  |  |  |  |
| **17** | **Referred as a result of community outreach events.** |  |  |  |  |  |
| **18** | **Other (Briefly describe other strategies not listed):** |  |  |  |  |  |
|  | **TOTAL:** |  |  |  |  |  |

|  |
| --- |
| **Goal 2: Develop Partnerships and Community Engagement** |
| **ACTIVITY 1:** Briefly describe any new, emerging or significant initiatives related to meaningful community partnerships and/or housing partnerships |
| **A. Community Partnerships** |
| **Quarter** | **Brief description of activity (if any)** |
| **Apr-Jun 2018** |  |
| **Jul-Sep 2018** |  |
| **Oct-Dec 2018** |  |
| **Jan-Mar 2019** |  |
| **B. Housing Partnerships** |
| **Quarter** | **Brief description of activity (if any)** |
| **Apr-Jun 2018** |  |
| **Jul-Sep 2018** |  |
| **Oct-Dec 2018** |  |
| **Jan-Mar 2019** |  |

|  |
| --- |
| **ACTIVITY 2: Program Promotion Strategies: Community Awareness Campaigns and Marketing Strategies.** Provide quantitative data regarding marketing activities below. If you use the Programmatic Report Form to track marketing events, you can run Programmatic Report 1A to generate the numbers for the table below. Provide narrative description in Part 2.1 of this section. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Free Media** | **Paid Media** | **Events to enroll owners** | **Events to enroll residents\*** | **Other** |
|  | # of events | # of people reached | # of events | # of people reached | # of events | # of people reached | # of events | # of people reached | # of events | # of people reached |
| Apr-Jun 2018 |  |  |  |  |  |  |  |  |  |  |
| Jul-Sept 2018 |  |  |  |  |  |  |  |  |  |  |
| Oct-Dec 2018 |  |  |  |  |  |  |  |  |  |  |
| Jan-Mar 2019 |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

\* **Examples of events to enroll residents: direct outreach to units via door-to-door canvass, letters, flyers & door hangers.**

|  |
| --- |
| **ACTIVITY 2.1:** Give a **brief** description of events in each quarter. Include copies of articles, press releases, news stories, etc. when submitting QR.  |
| **Free media** |
| **Apr-Jun 2018:** |
| **Jul-Sept 2018:** |
| **Oct-Dec 2018:** |
| **Jan-Mar 2019:** |

|  |
| --- |
| **Paid media** |
| **Apr-Jun 2018:** |
| **Jul-Sept 2018:** |
| **Oct-Dec 2018:** |
| **Jan-Mar 2019:** |

|  |
| --- |
| **Events specifically to enroll owners**  |
| **Apr-Jun 2018:** |
| **Jul-Sept 2018:** |
| **Oct-Dec 2018:** |
| **Jan-Mar 2019:** |

|  |
| --- |
| **Events specifically to enroll residents, for example: direct outreach to units via door-to-door canvass, letters, flyers, door hangers** |
| **Apr-Jun 2018:** |
| **Jul-Sept 2018:** |
| **Oct-Dec 2018:** |
| **Jan-Mar 2019:** |

|  |
| --- |
| **Other** |
| **Apr-Jun 2018:** |
| **Jul-Sept 2018:** |
| **Oct-Dec 2018:** |
| **Jan-Mar 2019:** |

|  |
| --- |
| **ACTIVITY 3: Expanding Legislative and Administrative Capacity.** Briefly describe any major activities regarding expanding legislative and administrative capacity. Note that this was not specified in the work plan but is an important component of primary prevention programs. **Example activities include**: modifications to health, housing, nuisance, or sanitary code proposed or achieved to enhance primary prevention; modifications to Certificate of Occupancy or building permit process to enhance primary prevention; presentations to elected officials; and presentations to judges, prosecutors, hearing officers. |

|  |  |
| --- | --- |
| **Quarter** | **Brief description of activity (if any)** |
| **Apr-Jun 2018** |  |
| **Jul-Sept 2018** |  |
| **Oct-Dec 2018** |  |
| **Jan-Mar 2019** |  |

|  |
| --- |
| **Goal 3: Housing Intervention**  |
| **ACTIVITY 1:** Describe any changes or significant events related to the program’s initial inspection activities, incentives provided, compliance facilitation, clearance protocols, and/or enforcement processes. Efforts to increase compliance rates, decrease compliance time frames and/or improve enforcement mechanisms should be noted here. Use this space to report progress on relevant SMART objectives from your workplan. |
| **Quarter** | **Brief description of activity (if any)** |
| **Apr-Jun 2018** |  |
| **Jul-Sept 2018** |  |
| **Oct-Dec 2018** |  |
| **Jan-Mar 2019** |  |

|  |
| --- |
| **Goal 4: Assess and Build Workforce Capacity**  |
| **ACTIVITY 1:** Record below those formal training sessions related to lead safe work practice training funded and/or provided by the grantee. Count each session in only one category.  |

|  |  |  |
| --- | --- | --- |
|  | Quarter | Cumulative total |
|  | Apr-Jun 2018 | Jul-Sept 2018 | Oct-Dec 2018 | Jan-Mar 2019 |
| **8-hr EPA/HUD LSWP trainings** |
| Number of training sessions held |  |  |  |  |  |
| Number of individuals trained |  |  |  |  |  |
| **8-hr RRP training** |
| Number of training sessions held |  |  |  |  |  |
| Number of individuals trained |  |  |  |  |  |
| **4-hr RRP Refresher training** |
| Number of training sessions held |  |  |  |  |  |
| Number of individuals trained |  |  |  |  |  |
| **LSWP training for “do-it-yourselfers” that does not provide certification** |
| Number of training sessions held |  |  |  |  |  |
| Number of individuals trained |  |  |  |  |  |
| **Other formal safe work practice related training (briefly describe in space below table)** |
| Number of training sessions held |  |  |  |  |  |
| Number of individuals trained |  |  |  |  |  |
| **All training activities described above** |
| TOTAL number of individuals trained |  |  |  |  |  |

|  |
| --- |
| **Goal 5: Identify and Expand Resources for Lead Hazard Control** |
| **ACTIVITY 1:** Briefly describe any changes in efforts to identify, develop or improve access to funding and/or resources for lead hazard remediation. |

|  |  |
| --- | --- |
| **Quarter** | **Brief description of activity (if any)** |
| **Apr-Jun 2018** |  |
| **Jul-Sept 2018** |  |
| **Oct-Dec 2018** |  |
| **Jan-Mar 2019** |  |

|  |
| --- |
| **Goal 6: Performance Management and Quality Assurance/Quality Control** |
| **ACTIVITY 1:** Briefly describe progress on proposed QA/QC developed or implemented this quarter for the program and/or subcontractor |

|  |  |
| --- | --- |
| **Quarter** | **Brief description of activity (if any)** |
| **Apr-Jun 2018** |  |
| **Jul-Sept 2018** |  |
| **Oct-Dec 2018** |  |
| **Jan-Mar 2019** |  |

|  |
| --- |
| **ACCOMPLISHMENTS, PROMISING PRACTICES, IMPLEMENTATION CHALLENGES AND SOLUTIONS IDENTIFIED** |
| **BRIEFLY describe any significant program accomplishment, successful practice, implementation challenge, and solution that is not noted elsewhere in the quarterly report.** **Use this section only for information that has not yet been captured.**  |

|  |
| --- |
| **April-June 2018** |
| **General accomplishments/approaches or challenges/solutions** |
| **Goal One: Identifying high risk housing: target areas, targeting & referral strategies and unit inspection activities (estimated vs. actual)**  |
| **Goal Two: Developing partnerships, community engagement and program promotion** |
| **Goal Three: Housing interventions: identifying lead-based paint hazards, inspection activities, program incentives, compliance facilitation, enforcement actions and clearance.**  |
| **Goal Four: Building LSWP workforce capacity** |
| **Goal Five: Identifying and expanding resources for lead-hazard control** |
| **Goal Six: Implementing QA/QC and evaluating program performance** |

|  |
| --- |
| **July-September 2018** |
| **General accomplishments/approaches or challenges/solutions** |
| **Goal One: Identifying high risk housing: target areas, targeting & referral strategies and unit inspection activities (estimated vs. actual)**  |
| **Goal Two: Developing partnerships, community engagement and program promotion** |
| **Goal Three: Housing interventions: identifying lead-based paint hazards, inspection activities, program incentives, compliance facilitation, enforcement actions and clearance.**  |
| **Goal Four: Building LSWP workforce capacity** |
| **Goal Five: Identifying and expanding resources for lead-hazard control** |
| **Goal Six: Implementing QA/QC and evaluating program performance** |

|  |
| --- |
| **October-December 2018** |
| **General accomplishments/approaches or challenges/solutions** |
| **Goal One: Identifying high risk housing: target areas, targeting & referral strategies and unit inspection activities (estimated vs. actual)**  |
| **Goal Two: Developing partnerships, community engagement and program promotion** |
| **Goal Three: Housing interventions: identifying lead-based paint hazards, inspection activities, program incentives, compliance facilitation, enforcement actions and clearance.**  |
| **Goal Four: Building LSWP workforce capacity** |
| **Goal Five: Identifying and expanding resources for lead-hazard control** |
| **Goal Six: Implementing QA/QC and evaluating program performance** |

|  |
| --- |
| **January-March 2019** |
| **General accomplishments/approaches or challenges/solutions** |
| **Goal One: Identifying high risk housing: target areas, targeting & referral strategies and unit inspection activities (estimated vs. actual)**  |
| **Goal Two: Developing partnerships, community engagement and program promotion** |
| **Goal Three: Housing interventions: identifying lead-based paint hazards, inspection activities, program incentives, compliance facilitation, enforcement actions and clearance.**  |
| **Goal Four: Building LSWP workforce capacity** |
| **Goal Five: Identifying and expanding resources for lead-hazard control** |
| **Goal Six: Implementing QA/QC and evaluating program performance** |

**PLEASE BRIEFLY ADD ANY OTHER INFORMATION ABOUT YOUR PROGRAM THAT YOU WOULD LIKE TO PROVIDE:**