



DEPARTMENT OF FAMILY AND SUPPORT SERVICES
CITY OF CHICAGO

Program Information Report (PIR)-Formula Indicators-Head Start

Column Number	Formula Indicator	Meaning
1.	Agency	DFSS Funded Head Start Delegate
2.	A14-Total cumulative Enrollment	Total Cumulative Enrollment, as of date from the report. (Total # of children enrolled in the program at any given time within the program year.)
3.	A15(E+F)	Over Income
4.	A15%(E+F)	% of over-income against cumulative enrollment
5.	A18(a)	Children enrolled in class less than 45 days
6.	Total Enrollment	Total Enrollment-number enrolled in program, excluding children enrolled less than 45 days.
7.	Funded Enrollment	Funded Enrollment –contractual agreement to serve X amount of children
8.	C1(2)	Number of children with Health Insurance at (EOY).
9.	%C1(2)	% of children with Health Insurance at (EOY) against total enrollment.
10.	C5(2)	Number of children with a medical home at (EOY).
11.	% C5(2)	% of children with a medical home at (EOY) against total enrollment.
12.	C8(2)	Number of children Up-to-Date according to state EPSDT schedule.
13.	%C8(2)	% of children Up-to-Date according to state EPSDT schedule.
14.	C8a	Children diagnosed as Needing Medical Treatment
15.	%C8a	% of children Diagnosed Needing Medical Treatment against total enrollment
16.	C8a1	# of children Receiving Medical Treatment
17.	%C8a1	% of Receiving Medical Treatment against Needing Medical Treatment
18.	C11(2)	Up-to-date Immunizations Appropriate at (EOY)
19.	C12(2)	All received possible immunizations at (EOY)
20.	%C11(2)+C12(2)	% of total immunizations against total enrollment
21.	C17 (2)	# of children with Dental Home at (EOY)



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Column Number	Formula Indicator	Meaning
22.	% C17(2)	% of dental homes at against total cumulative enrollment
23.	C18	# of children who received preventive dental care this year (within program year)
24.	% C18	% received preventive dental care against total enrollment
25.	C19	# of children completing dental exam this program year.
26.	% C19	% completing dental exam this program year.
27.	C19a	Total children needing dental treatment
28.	C19a1	# Receiving/Completed dental treatment
29.	% C19a1	% of receiving/completed dental treatment against needing dental treatment.
30.	C25	With an IEP
31.	% C25	% with an IEP against total cumulative enrollment.
32.	C25a1	Determined IEP eligible prior to this enrollment year
33.	C25b	# of children w/an IEP and not receiving services
34.	% receiving services against C25 count with IEP	% of children who received IEP services against total number of children with IEP's.
35.	C28	# of newly enrolled children this program year.
36.	C29	# of newly enrolled children who completed developmental screenings this program year. <i>(Children screened for developmental, sensory, and behavioral concerns.)</i>
37.	C29a	Referred to follow-up this school year
38.	C35	Total number of families
39.	C41	# of families receiving WIC
40.	% C41	% of families receiving WIC against total number of families



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Column Number	Formula Indicator	Meaning
41.	C46	Total services families received
42.	C47	Total of families receiving at least one service
43.	% C47	% of families receiving at least one services against the number of families enrolled in the program.
Terms/Acronyms Code		
Cumulative Enrollment		Any child enrolled throughout the program year.
Total Enrollment		This includes children enrolled in program, excluding children enrolled less than 45 days.
Funded Enrollment		Funded Enrollment –contractual agreement to serve X amount of children
EOY		(End of Year)
Program Year		August 2013-2014
IEP		Individual Education Plan (Ages 3 and up)
IFSP		Individual Family Service Plan (Ages 0-3)



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Program Information Report (PIR)-Formula Indicators- Early Head Start

Column Number	Formula Indicator	Meaning
1.	Agency	DFSS Funded Early Head Start Delegate
2.	A13	Total Cumulative Pregnant Women
3.	A14	Total Cumulative Enrollment
4.	A15(E+F)	Over Income
5.	%A15(E+F)	% of Over Income against Funded Enrollment
6.	A19a	Children enrolled in class less than 45 days
7.	Total Enrollment	Number of children/moms enrolled in the program as of PIR
8.	Funded Enrollment	Number of Children-contractual agreement to serve X amount of women/children
9.	C1(2)	# of Children with Health Insurance EOY
10.	% C1(2)	% of Health insurance at EOY against total enrollment
11.	C5(2)	# of Children with a Medical Home at EOY
12.	% C5(2)	% of medical homes at EOY against total enrollment
13.	C8(2)	Up-to-Date on Health Care
14.	%C8(2)	% of up-to-date on health care against total enrollment
15.	C8a	Diagnosed needed medical care
16.	C8a1	Receiving medical treatment against needing treatment
17.	%C8a w/C8a1	% receiving medical .treatment against children needing treatment
18.	C11(2)	Up-to-date Immunizations Appropriate at EOY
19.	C12(2)	All received possible immunizations at EOY
20.	% C11(2)+C12(2)	Total immunizations against total enrollment
21.	C17(2)	# of Children with Dental Home at EOY



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Column Number	Formula Indicator	Meaning
22.	% C17(2)	% of dental home against total cumulative enrollment
23.	C20	Up-to-date preventive dental & primary oral health care
24.	% C20	% of up-to-date preventive dental & primary oral health care against total enrollment
25.	C26	# of Children with an IFSP
26.	% C26	% of with IFSP against total cumulative enrollment
27.	C26a	Determined eligibility prior to enrollment
28.	%C26a	% of determined eligibility prior to enrollment against C26 IFSP
29.	C26a1	Determined eligibility during enrollment year
30.	% C26a1	% of determined eligibility during enrollment year against C26 ISFP
31.	C28	Newly enrolled children this program year
32.	C29	# of all newly enrolled children who completed required screenings within 45 day. (Developmental, Social Emotional, and Sensory)
33.	C29a	Referred to follow-up this year
34.	C35	Number of families
35.	C41	Family services receiving WIC
36.	% C41	% of families receiving WIC against total number of families
37.	C46	Total # of services received
38.	C47	# of Families receiving at least one service
39.	% C47	% of receiving at least one service against number of families
Terms/Acronyms Code		
Cumulative Enrollment	Any child enrolled throughout the program year.	
Total Enrollment	This includes children enrolled in program, excluding children enrolled less than 45 days.	
Funded Enrollment	Funded Enrollment –contractual agreement to serve X amount of children	
EOY	(End of Year)	
Program Year	August 2013-2014	



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IEP	Individual Education Plan (Ages 3 and up)
IFSP	Individual Family Service Plan (Ages 0-3)