AGENCY NAME:

CONTRACT #:

CONTACT PERSON:

EMAIL:

REPORTING PERIOD:

# Report Instructions

1. **Complete this** form for the most recent reporting period and indicate that period above. Please keep narrative sections brief. **The completed form should be 3-4 pages**.
2. **Complete the tracking sheet** showing spending on supplies to date by home visiting program and funding source. A tracking sheet was provided when the contract started. We are happy to provide another copy, if needed. If you would like to submit an alternate tracking mechanism, please check with Marilyn Gisser.
3. **Email Quarterly Report** (completed form and tracking sheet) to Marilyn Gisser, [Marilyn.gisser@dcyf.wa.gov](mailto:Marilyn.gisser@dcyf.wa.gov) by the following due dates.

|  |  |
| --- | --- |
| **Reporting period** | **Report due date** |
|  |  |
|  |  |
| July – September 2022 | October 25, 2022 |
| October – December 2022 | January 25, 2023 |
| January – March 2023 | April 25, 2023 |
| April – June 2023 | July 25, 2023 |

1. Please contact Marilyn Gisser [Marilyn.gisser@dcyf.wa.gov](mailto:Marilyn.gisser@dcyf.wa.gov), 360-701-2529, with any questions.

## Narrative. Briefly describe:

* 1. Progress on partnership with home visiting programs that occurred during the quarter, including any specific needs from home visiting programs. If available, include anecdotes from home visitors or home visiting programs describing the partnership.

* 1. Insights, challenges and successes related to implementation of expected contract outcomes, including any technical assistance needs for the coming quarter.

## Number and type of supplies provided over the quarter, by funding source.

|  |  |  |  |
| --- | --- | --- | --- |
| **Types of Supplies** | **Unit**  (e.g. number of diapers, packages of wipes, etc) | **Count of units – Federally Funded (MIECHV)** | **Count of units – State Funded** |
| Diapers |  |  |  |
| Pull-ups |  |  |  |
| Wipes |  |  |  |
| Diaper Cream |  |  |  |
| Infant Formula |  |  |  |
| Period Products/Feminine Hygiene Supplies |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Other, fill in* |  |  |  |
| *Other, fill in* |  |  |  |
| *Other, fill in* |  |  |  |
| *Other, fill in* |  |  |  |
| *Other, fill in* |  |  |  |

*Click outside of table to add rows or delete the blanks above*

## Unduplicated count of families served during the quarter, by home visiting program and funding source.

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Visiting Program Name** | **Number of Families Served – Federally Funded (MIECHV)** | **Number of Families Served – State Funded** | **Total Number of Families Served** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Home Visiting Program Name, fill in* |  |  |  |
| *Home Visiting Program Name, fill in* |  |  |  |
| *Home Visiting Program Name, fill in* |  |  |  |
| **Total Number of Families Served** |  |  |  |

*Click outside of table to add rows or delete the blanks above*

Short explanation of how you arrived at the numbers of families served. (1-3 sentences is sufficient)

|  |
| --- |
|  |