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|  | Community Based Child Abuse Prevention (CBCAP) Programs**QUARTERLY REPORT FORM 2023-2024** |

AGENCY NAME:

CONTACT PERSON:

PHONE:

PROJECT TITLE:

Note: The information we are asking for is unduplicated for each quarter and at the end of the year it is unduplicated for the whole year. For example, if you serve a family in September and again in October they would count as one family in each quarter but the year-end unduplicated number for that family would be one. For the tables in sections I – IX, please keep the numbers you entered for previous quarters. For example, in the second quarter, keep the first quarter data in the appropriate column. Please ask if you have any questions.

The quarters in this report refer to the State Fiscal Year quarters. Please report on activities and services provided during the following date ranges, due dates are listed in table headers below:

* Quarter 1: July 1 – September 30
* Quarter 2: October 1 – December 31
* Quarter 3: January 1 – March 31
* Quarter 4: April 1 – June 30
1. **Statistical Information for Staff and Volunteers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROCESS****STATISTICS** | **FIRST****QUARTER****DUE 10/31/2023** | **SECOND** **QUARTER****DUE 01/31/2024** | **THIRD****QUARTER****DUE 04/30/2024** | **FOURTH** **QUARTER****DUE 07/15/2024** | **YEAR END****UNDUPLICATED DUE 07/15/2024** |
| # PAID FTE STAFF (1 FTE/ QTR.= 500 HRS)\* |  |  |  |  | **\*** |
| # PAID STAFFHOURS |  |  |  |  |  |
| # VOLUNTEERS |  |  |  |  |  |
| # VOLUNTEERHOURS |  |  |  |  |  |

\**This number should reflect the total number of paid FTE staff your agency had work on the CBCAP-funded program throughout the funded year*. *For year-end unduplicated counts, 1 FTE = 2,000 hours.*

1. **Ethnicity/Race Information for Staff and Volunteers**

Are staff and volunteers’ ethnicity/race reflective of the population the program serves?

 [ ]  Yes [ ]  No

Any notes about this section:

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**III. Family Information**

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| --- | --- | --- | --- | --- | --- |
|  | **FIRST****QUARTER****DUE 10/31/2023** | **SECOND** **QUARTER****DUE 01/31/2024** | **THIRD****QUARTER****DUE 04/30/2024** | **FOURTH** **QUARTER****DUE 07/15/2024** | **YEAR END****UNDUPLICATED DUE 07/15/2024** |
| # OF FAMILIES SERVED |  |  |  |  |  |
| # OF CHILDREN SERVED |  |  |  |  |  |
| # OF PARENTS/CAREGIVER SERVED |  |  |  |  |  |

**IV. Ethnicity/Race Information for Parents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARENTS RACE/ETHNICITY** | **FIRST****QUARTER****DUE 10/31/2023** | **SECOND** **QUARTER****DUE 01/31/2024** | **THIRD****QUARTER****DUE 04/30/2024** | **FOURTH** **QUARTER****DUE 07/15/2024** | **YEAR END****UNDUPLICATED DUE 07/15/2024** |
| AMERICAN INDIAN OR ALASKA NATIVE |  |  |  |  |  |
| BLACK OR AFRICAN AMERICAN |  |  |  |  |  |
| ASIAN |  |  |  |  |  |
| NATIVE HAWAIIAN /PACIFIC ISLANDER |  |  |  |  |  |
| SPANISH/HISPANIC/LATINO |  |  |  |  |  |
| WHITE |  |  |  |  |  |
| MULTI-RACIAL |  |  |  |  |  |
| UNKNOWN OR NOT SPECIFIED |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

**V. Statistical Information for Children**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILDREN’S AGES** | **FIRST****QUARTER****DUE 10/31/2023** | **SECOND** **QUARTER****DUE 01/31/2024** | **THIRD****QUARTER****DUE 04/30/2024** | **FOURTH** **QUARTER****DUE 07/15/2024** | **YEAR END****UNDUPLICATED DUE 07/15/2024** |
| 0-3 |  |  |  |  |  |
| 4-6 |  |  |  |  |  |
| 7-13 |  |  |  |  |  |
| 14-18 |  |  |  |  |  |
| UNKNOWN OR NOT SPECIFIED |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

1. **Ethnicity/Race Information for Children**

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| --- | --- | --- | --- | --- | --- |
| **CHILDREN’S RACE/ETHNICITY** | **FIRST****QUARTER****DUE 10/31/2023** | **SECOND****QUARTER****DUE 01/31/2024** | **THIRD****QUARTER****DUE 04/30/2024** | **FOURTH****QUARTER****DUE 07/15/2024** | **YEAR END****UNDUPLICATED DUE 07/15/2024** |
| AMERICAN INDIAN OR ALASKA NATIVE |  |  |  |  |  |
| BLACK OR AFRICAN AMERICAN |  |  |  |  |  |
| ASIAN |  |  |  |  |  |
| NATIVE HAWAIIAN /PACIFIC ISLANDER |  |  |  |  |  |
| SPANISH/HISPANIC/LATINO |  |  |  |  |  |
| WHITE |  |  |  |  |  |
| MULTI-RACIAL |  |  |  |  |  |
| UNKNOWN OR NOT SPECIFIED |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

1. **Refugee/Immigrant Population**

In the space below please indicate the number of families served by your program that self-identify as either refugees or immigrants to the United States.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Refugee / Immigrant families** | **FIRST****QUARTER****DUE 10/31/2023** | **SECOND****QUARTER****DUE 01/31/2024** | **THIRD****QUARTER****DUE 04/30/2024** | **FOURTH****QUARTER****DUE 07/15/2024** | **YEAR END****UNDUPLICATED DUE 07/15/2024** |
| FAMILIES SELF-IDENTIFIED AS REFUGEES / IMMIGRANTS TO THE U.S. |  |  |  |  |  |

## Disabilities/Special Needs Populations

In the space below please indicate the number of program participants served who are affected by physical, cognitive, or emotional disabilities. Persons with persistent conditions requiring specialized medical, educational, or social supports in order to meet the challenges encountered in these domains are included in this count. Please use self-identified information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participants who are physically, emotionally, or cognitively challenged** | **FIRST****QUARTER****DUE 10/31/2023** | **SECOND****QUARTER****DUE 01/31/2024** | **THIRD****QUARTER****DUE 04/30/2024** | **FOURTH****QUARTER****07/15/2024** | **YEAR END****UNDUPLICATED DUE 07/15/2024** |
| PARENTS |  |  |  |  |  |
| CHILDREN |  |  |  |  |  |

1. **Focus Population**
2. What is the focus population or focus community for your program (as described in your logic model and contract)?

1. In the space below, please indicate the number of families served by your program that fit the description of your focus population.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Focus Population** | **FIRST****QUARTER****DUE 10/31/2023** | **SECOND** **QUARTER****DUE 01/31/2024** | **THIRD****QUARTER****DUE 04/30/2024** | **FOURTH** **QUARTER****DUE 07/15/2024** | **YEAR END****UNDUPLICATED DUE 07/15/2024** |
| Number of Families fitting the description of program’s focus community or focus population. |  |  |  |  |  |

1. **Program Services**
2. Please provide a list and some details for the CBCAP-funded activities provided during the current quarter in the chart below. If you have a tracking system for this information already in place, you may attach a table with this information instead of completing the table below. If you complete this table, you may add more lines to the table as needed:
	* 1. Date or Date range
		2. Location of Activity
		3. Topics or themes covered during activity
		4. Number of participants in attendance

|  |  |  |  |
| --- | --- | --- | --- |
| **Date****or Date range** | **Location of activity** | **Topics covered during activity** | **Number of participants in attendance** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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*Click outside right of table to add rows as needed*

1. Please provide any definitions or explanations needed to understand the program services table above. For example, you can define participants as parents, children, families, or individuals (parents and children).

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1. **Required for 2nd and 4th Quarters, optional during other quarters:** Of all of the parents/caregivers served listed in Section III, how many have graduated, completed a program series, or are considered to have experienced enough CBCAP-funded services to expect positive outcomes as described in your logic model? (Please report a specific number and, if needed, any brief details to explain your response.)

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1. **Evaluation Progress**

**A. Logic Model (Required for all quarters)**

* Attach an up-to-date copy of your logic model to this report. Please remember: If there is a program development decision to alter an activity or output (that has been approved by DCYF due to contractual agreement) your logic model should be updated and sent to DCYF via email.
* If there are any changes to the logic model from the previous quarter, *please highlight those changes on the logic model and briefly describe those changes here*.

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* Note any implementation issues (such as: recruitment and attendance) you are experiencing that may be impacting activity and output achievement.

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**B. EVALUATION PLAN (Required for all quarters, new programs may start submitting this with their second funded quarter)**

* Attach a copy of your evaluation plan to this report. If there are changes to the evaluation plan from the previous quarter, *please highlight those changes on the evaluation plan and briefly note the changes*.

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* For 1st Quarter, please attached a copy of all evaluation tools listed in your evaluation plan. For 2nd, 3rd and 4th quarters, please attach a copy of any new (or updated from last quarter) data collection tools you are or will be using.
* Please briefly describe your current progress on data collection and evaluation planning (such as: data collection tools developed, progress of data collection such as completed surveys, interviews and focus groups). For 2nd Quarter: Please report the current number of completed surveys, interviews or other data collection tools listed in your evaluation plan. For 3rd Quarter: Please report on your data management plans (such as how data will be organized for analysis).

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* Please note if you have any questions for your evaluation coach or need any support to help you conduct your planned evaluation.

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1. **Program Anecdotes (Required for 2nd and 4th quarter, optional during other quarters)**
* Please write one or more program anecdotes about program participants. Each anecdote should include the following elements: **Who** (details about the program participant, identifying information is not required), **What’s going on with them** (does not need to go into too much detail, mainly what’s relevant to understand how and why they are engaged with you), **What they do with you** (how they participate in your programming), and **What changed for them** (as a result of your programming).
	+ - If applicable, include one of the following, *in addition to your program anecdote*:
			* Please share one or two participant, staff, or volunteer quotes, events, stories, etc. that reflect the development of your project.
			* Please briefly describe any public events, advocacy or policy impact activities, including any activities that will help educate policy makers (national, state, or local) regarding the outcomes and benefits of your project for families in your community. Activities might include newsletters, open house or tour, participation in program events, or other activities.

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1. **Family Engagement (Required for 2nd and 4th quarter, optional during other quarters)**

Family Engagement is a journey. Some families begin and progress through a series of opportunities, gradually becoming leaders in their communities. Others begin their engagement as experienced leaders. We believe parent and family engagement leads to better outcomes and stronger programs. The [*Ripples of Transformation*](https://cssp.org/wp-content/uploads/2018/08/FirstFive-EngagementToolkit-5.pdf) toolkit below is organized around the concept of family engagement as a continuing stream of opportunities for families, with all opportunities being just as important as the other. **Please give an example of one or two families or participants to indicate and explain 1-2 categories where your program is building Family Engagement using the visual model and definitions below as a guide. Explain how the family or participant meets the definition, and what your organization is doing to help the family or participant engage in new ways:**

|  |  |
| --- | --- |
| **Category** | **Definition** |
| **First Teacher** | * Understands child’s needs & strengths
* Bonds through interaction
* Makes care decisions
* Accesses support
 |
| **Participant** | * Builds skills, knowledge, resiliency
* Develops a support network
* Provides program feedback
 |
| **Volunteer** | * Develops skills & knowledge
* Takes on a defined role
* Represents the program
* Builds community
 |
| **Partner** | * Identifies needs, plans & evaluates
* Engages in program decision-making
* Represents the organization
* Mentors other parents
 |
| **Leader** | * Engages in agency decision-making
* Advocates for children & families
* Engages & educates other parents
* Develops & leads projects
 |
| **Advocate** | * Decides policy priorities
* Testifies to policymakers
* Serves on boards & commissions
* Organizes other families
 |

Please explain:

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1. **Needs (All Quarters)**

Do you have any questions or technical assistance needs?

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**DCYF requires all programs to measure parent satisfaction using the questions in your contract.**

**This is reported at year end but should be tracked throughout the year.**