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|  | Community Based Child Abuse Prevention (CBCAP) Programs**QUARTERLY REPORT FORM 2024-2025** |

AGENCY NAME:

CONTACT PERSON:

PHONE:

PROJECT TITLE:

Report on activities and services provided during the following date ranges:

* Quarter 1: July 1 – September 30 (due October 31, 2024)
* Quarter 2: October 1 – December 31 (due January 31, 2025)
* Quarter 3: January 1 – March 30 (due April 30, 2025)
* Quarter 4: April 1 – June 30 (due July 15, 2025)
* Year-End Unduplicated: July 1 – June 30 (due July 15, 2025)

Note: For tables 1 through 9, provide the counts for the number of participants served per quarter. At the end of the year, counts should be unduplicated. For example, if you serve a family in September and again in October they would count as one family in the first quarter and the second quarter, but the year-end unduplicated count for that family would be one. You will use this report form for the entire year; in subsequent quarters keep the numbers you entered for previous quarters. For example, in the second quarter, keep the first quarter data in the appropriate column.

1. **Staff and Volunteers**

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| **TIME AND EFFORT** | **FIRST****QUARTER** | **SECOND****QUARTER** | **THIRD****QUARTER** | **FOURTH** **QUARTER** | **YEAR END****UNDUPLICATED**  |
| # PAID FTE\* |  |  |  |  | **\*** |
| # PAID STAFFHOURS |  |  |  |  |  |
| # VOLUNTEERS |  |  |  |  |  |
| # VOLUNTEERHOURS |  |  |  |  |  |

\**This number should reflect the total number of paid FTE staff in your agency who worked on the CBCAP-funded program throughout the funded year*. *To calculate FTE for each quarter, 1 FTE is considered 500 hours*, *for the year-end unduplicated counts, 1 FTE is considered 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. Families Served**

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|  | **FIRST****QUARTER** | **SECOND****QUARTER** | **THIRD****QUARTER** | **FOURTH** **QUARTER** | **YEAR END****UNDUPLICATED**  |
| # OF FAMILIES SERVED |  |  |  |  |  |
| # OF CHILDREN SERVED |  |  |  |  |  |
| # OF PARENTS/CAREGIVER SERVED |  |  |  |  |  |

**IV. Parent Race/Ethnicity**

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| --- | --- | --- | --- | --- | --- |
| **PARENT RACE/ETHNICITY** | **FIRST****QUARTER** | **SECOND** **QUARTER** | **THIRD****QUARTER** | **FOURTH** **QUARTER** | **YEAR END****UNDUPLICATED**  |
| 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. Children’s Ages**

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| --- | --- | --- | --- | --- | --- |
| **CHILDREN’S AGES** | **FIRST****QUARTER** | **SECOND** **QUARTER** | **THIRD****QUARTER** | **FOURTH** **QUARTER** | **YEAR END****UNDUPLICATED**  |
| 0-3 |  |  |  |  |  |
| 4-6 |  |  |  |  |  |
| 7-13 |  |  |  |  |  |
| 14-18 |  |  |  |  |  |
| UNKNOWN OR NOT SPECIFIED |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

1. **Child Race/Ethnicity**

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| --- | --- | --- | --- | --- | --- |
| **CHILDREN’S RACE/ETHNICITY** | **FIRST****QUARTER** | **SECOND****QUARTER** | **THIRD****QUARTER** | **FOURTH****QUARTER** | **YEAR END****UNDUPLICATED**  |
| 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**

Indicate the number of families served by your program that self-identify as refugees or immigrants to the United States.

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| **Refugee / Immigrant families** | **FIRST****QUARTER** | **SECOND****QUARTER** | **THIRD****QUARTER** | **FOURTH****QUARTER** | **YEAR END****UNDUPLICATED**  |
| FAMILIES SELF-IDENTIFIED AS REFUGEES / IMMIGRANTS TO THE U.S. |  |  |  |  |  |

## Disabilities/Special Needs Populations

Indicate the number of program participants served who self-identify as being affected by physical, cognitive, or emotional disabilities. This includes persons with persistent conditions requiring specialized medical, educational, or social supports in order to meet the challenges encountered in these domains.

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| --- | --- | --- | --- | --- | --- |
| **Participants who are physically, emotionally, or cognitively challenged** | **FIRST****QUARTER** | **SECOND****QUARTER** | **THIRD****QUARTER** | **FOURTH****QUARTER** | **YEAR END****UNDUPLICATED**  |
| 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. Indicate the number of families served by your program that fit the description of your focus population.

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| **FOCUS POPULATION** | **FIRST****QUARTER** | **SECOND** **QUARTER** | **THIRD****QUARTER** | **FOURTH** **QUARTER** | **YEAR END****UNDUPLICATED**  |
| Number of Families fitting the description of program’s focus community or focus population. |  |  |  |  |  |

1. **Program Services**
2. Provide information about the CBCAP-funded activities provided during the current quarter. 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 use this table, you may add more lines to the table as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **LOCATION OF ACTIVITY** | **TOPICS OR THEMES COVERED DURING ACTIVITY** | **NUMBER OF PARTICIPANTS IN ATTENDANCE** |
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*Click outside right of table to add rows as needed*

1. Provide any explanations needed to understand the program services table above. For example, you may need to define participants as parents, children, or families.

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1. **Required for 2nd and 4th Quarters, optional during other quarters:** Of all the parents/caregivers served (as reported 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, provide 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 since 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. First-year programs may start submitting this with their quarter 2 report)**

* 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 describe the changes*.

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

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* Note any questions you have for your evaluation coach, or any support needed to help conduct the evaluation.

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1. **Program Anecdotes (Required for 2nd and 4th quarter, optional during other quarters)**
* 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, you may include one of the following, *in addition to your program anecdote*:
			* One or two participant, staff, or volunteer quotes, events, stories, etc. that reflect the development of your project.
			* 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 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.

Share an example of at least one family that is engaged with the CBCAP-funded program. Using the *Ripples of Transformation* toolkit and the table below include the following elements:

* Identify the category that the family is currently in with your program/agency.
* Describe how the family meets the definition for the category you identify.
* Describe the role your program/agency staff take in helping the family engage in the current or next category.

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| **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
 |

Share an example of at least one family that is engaged with the CBCAP-fundedprogram:

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1. **Program/Agency 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.**