AGENCY NAME:

CONTRACT #:

CONTACT PERSON:

EMAIL:

REPORTING PERIOD:

# Instructions

1. Complete this form for the most recent reporting period. Indicate that period above.
2. In the tables in sections II and III, fill in unduplicated data for each quarter to date. When you report on the April-June 2025 quarter (due July 25, 2025), in addition to filling in the data for the quarter, provide unduplicated data for the for the year July 2024 through June 2025. For example, if you serve a family in November and again in January they would count as one family in each quarter, and the year-end unduplicated number would still be one..
3. Email completed Quarterly Report to Marilyn Gisser, Marilyn.gisser@dcyf.wa.gov, by the following due dates.

|  |  |
| --- | --- |
| **Reporting period** | **Report due date** |
| October – December 2024 | January 25, 2025 |
| January – March 2025 | April 25, 2025 |
| April – June 2025* Includes unduplicated data for July 2024 – June 2025
 | July 25, 2025 |
| July – September 2025 | October 25, 2025 |

1. Please contact Marilyn Gisser, Marilyn.gisser@dcyf.wa.gov, 360-701-2529, with any questions.
2. **Work Plan Status**

For each activity, fill in the current status of the activity in the “Status” column. For example, proceeding as planned, complete, delayed, modified, etc. Provide any explanation or detail in the “Notes, Information” column. Please be sure to explain any new modifications or delays to the work plan.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Expected Results**  | **Timeframe** | **Status** | **Notes, Information** |

|  |
| --- |
| **Services provided directly to families (client services)** |
| [Fill in activities] |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other services – not provided directly to families** |
| [Fill in activities] |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Staff and Volunteer Information**
	1. **Statistical Staff and Volunteer information**

Fill in the following data for staff and volunteers who were supported by contract funds.

When you report on the April-June 2025 quarter (due July 25, 2025), in addition to filling in the data for the quarter, please also fill in the unduplicated #s of staff and volunteers for July 2024 through June 2025.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROCESS****STATISTICS** | **October – December 2024** | **January – March 2025** | **April – June 2025** | **YEAR END****UNDUPLICATED for July 2024 – June 2025** | **July – September 2025** |
| # PAID FTE STAFF (1 FTE/QTR.= 500 HRS) |  |  |  |  |  |
| # PAID STAFFHOURS |  |  |  |  |  |
| # VOLUNTEERS |  |  |  |  |  |
| # VOLUNTEERHOURS |  |  |  |  |  |

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

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

[ ]  Yes [ ]  No

Brief explanation of this response:

1. **Family Information**

For tables in this section, fill in data about families who received direct services (for example, case management, navigation, counseling, classes, child care, etc.) supported by this contract.

When you report on the April-June 2025 quarter (due July 25, 2025), in addition to filling in the data for the quarter, please also fill in the unduplicated #s for July 2024 through June 2025.

* 1. **General Family Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **October – December 2024** | **January – March 2025** | **April – June 2025** | **YEAR END****UNDUPLICATED for July 2024 – June 2025** | **July – September 2025** |
| # OF FAMILIES SERVED |  |  |  |  |  |
| # OF CHILDREN SERVED |  |  |  |  |  |
| # OF PARENTS/CAREGIVER SERVED |  |  |  |  |  |

* 1. **Ethnicity/Race Information, Parents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARENTS RACE/ETHNICITY** | **October – December 2024** | **January – March 2025** | **April – June 2025** | **YEAR END****UNDUPLICATED for July 2024– June 2025** | **July – September 2025**  |
| 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. **Statistical Information, Children of Families Served**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILDREN’S AGES** | **October – December 2024** | **January – March 2025** | **April – June 2025** | **YEAR END****UNDUPLICATED for July 2024 – June 2025** | **July – September 2025** |
| 0-3 |  |  |  |  |  |
| 4-6 |  |  |  |  |  |
| 7-13 |  |  |  |  |  |
| 14-18 |  |  |  |  |  |
| UNKNOWN OR NOT SPECIFIED |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILDREN’S RACE/ETHNICITY** | **October – December 2024** | **January – March 2025** | **April – June 2025** | **YEAR END****UNDUPLICATED for July 2024 – June 2025** | **July – September 2025** |
| 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 who received direct services supported by this contract that are either refugees or immigrants to the United States.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Refugee / Immigrant families** | **October – December 2024** | **January – March 2025** | **April – June 2025** | **YEAR END****UNDUPLICATED for July 2024 – June 2025** | **July – September 2025** |
| FAMILIES SELF-IDENTIFIED AS REFUGEES / IMMIGRANTS TO THE U.S. |  |  |  |  |  |

* 1. **Disabilities/Special Needs Populations**

Indicate the number of 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** | **October – December 2024** | **January – March 2025** | **April – June 2025** | **YEAR END****UNDUPLICATED for July 2024 – June 2025** | **July – September 2025** |
| PARENTS |  |  |  |  |  |
| CHILDREN |  |  |  |  |  |

1. **Additional Information and Program Needs**

Provide any other information you would like to share about your work this quarter (optional). You may also summit materials, such as brochures, photos, articles, tools you use, etc., that are illustrative of the work funded with this contract.

Is anything we should know about the data you shared in the tables, such as limitations on the data you are able to report?

Please describe any training or technical assistance needs to accomplish your goals and plan.

1. **Participant Satisfaction – July report only**

Throughout the year, you are required to access the satisfaction of participants who receive direct services (for example, case management, navigation, counseling, classes, child care, etc.) supported by this contract by asking participants one of two standardized questions.

* 1. **Indicate which satisfaction question you used:**

[ ]  On a scale from 1 (not at all satisfied) to 5 (very satisfied), how satisfied are you with the program?

[ ]  On a scale from 1 (least valuable) to 5 (most valuable), how would you rate this program?

* 1. **Complete this table on number of participants who provided satisfaction data for July 2024 through June 2025**

|  |  |  |
| --- | --- | --- |
| **Response** | **Number who chose each response** | **Percent who chose each response** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **Total Respondents** |  |  |

* 1. **Optional. Summarize any additional qualitative or quantitative participant satisfaction data that you collected.**