**Tribal Fatherhood Support Programs Quarterly Report**

TRIBE OR AGENCY NAME:

CONTRACT #:

CONTACT PERSON:

EMAIL:

REPORTING PERIOD:

# Instructions

1. Complete this form for the most recent reporting period. Indicate that period above.
2. Email completed Quarterly Report to Marilyn Gisser, [Marilyn.gisser@dcyf.wa.gov](mailto:Marilyn.gisser@dcyf.wa.gov), by the following due dates.

|  |  |
| --- | --- |
| **Reporting period** | **Report due date** |
| October – December 2024 | January 31, 2025 |
| January – March 2025 | April 30, 2025 |
| April – June 2025   * Includes unduplicated data for July 2024 – June 2025 | July 31, 2025 |
| July – September 2025 | October 25, 2025 |

1. Please contact Marilyn Gisser, Primary and Community Prevention Specialist, [Marilyn.gisser@dcyf.wa.gov](mailto:Marilyn.gisser@dcyf.wa.gov), 360-701-2529, or Wendy Thomas, Tribal Early Learning Liaison, [Wendy.Thomas@dcyf.wa.gov](mailto:Wendy.Thomas@dcyf.wa.gov), 509-688-7942 with any questions.
2. **Project Plan Status**

What is the status of your project implementation? Are you on track to provide your program as described in your Project Plan? If not, please briefly describe what has changed and why.

1. **Optional - Program Anecdotes, Evaluation Data and Photos**
2. We invite you to share one or more stories of program impact. Stories should describe one or more program participants, including some of their personal circumstances that led them to participate in the program, without going into too much detail or identifying them by name. Please describe what has changed in their life and, if applicable, their children’s lives as a result of participating in the program.

1. If you have conducted any program evaluation, we would welcome it if you would attach aggregate or summary evaluation findings. This is optional. It can help us make the case to our funders to continue to support work like this in the future. Please do not submit any individual data.
2. We would welcome photos of your program and program participants as attachments to this report. Please submit signed [DCYF Photographs, Video, and Audio Release Waiver](http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/16-235.pdf) permission for any people pictured in the photos. DCYF may use the photos in materials such as presentations, reports, and websites.
3. **Staff and Volunteer Information**

In the following tables, fill in unduplicated data for each quarter to date. When you report on the April-June 2025 quarter (due July 30, 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.

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 STAFF  HOURS |  |  |  |  |  |
| # VOLUNTEERS |  |  |  |  |  |
| # VOLUNTEER  HOURS |  |  |  |  |  |

1. **Family Information**

For the tables in this section, fill in data about the fathers and father figures who participate in the funded programs and their families. (So in Table A., a father who has two children would be counted as 1 family served, 2 children served, and 1 parent served.)

* 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 2023 – 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 |  |  |  | **YEAR** |  |
| 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 20243 – June 2025** | **July – September 2025** |
| PARENTS |  |  |  |  |  |
| CHILDREN |  |  |  |  |  |

1. **Additional Information and Program Needs**

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 program participants using 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.**