

Parent Partner Approach – Quarterly Activity Report

Reporting Period: _____

Fiscal Year: _____

1. Parent Partner Program Participants			
Be sure to check last quarter's numbers to avoid duplication.			
1a. # Parent Partners (PP) in the program (on last day of the quarter) (count all Parent Partners eligible to mentor whether they are matched or not)	# PP		
1b. Parent Partners # new and # who exited the program (reflects activity in this category during the quarter)	New	Exited	
1c. # Parent Partners In Training - Mentoring in the program (on last day of the quarter)	#PP in Training Mentoring		
1d. Parent Partners In Training - Mentoring # new and # who exited the program or became PP (reflects activity in this category during the quarter)	New	Exited	Became PP
1e. # Parent Partners In Training in the program (on last day of the quarter)	#PP in Training		
1f. Parent Partners In Training # new and # who left the program or became PP (reflects activity in this category during the quarter)	New	Exited	Became PP
2. Parent Partner Activities			
<ul style="list-style-type: none"> Column [1] indicate the # of participants who were helped with the identified activities by a Parent Partner Column [2] indicate the total # of times Parent Partners engaged in the activity Example: in 2a, if 5 participants each had 1 Parent Partner present at 2 FFMs, then [1] is 5 and [2] is 10 Column [1] should not be greater than Column [2]. Column [1] should not be greater than number in 3a. 			
	[1] # participants who had a Parent Partner help with this activity	[2] total # times Parent Partners participated	
2a. Supported participant in connecting to Informal supports (i.e. recovery meetings, faith-based community, neighbors)			
2b. Supported participant before/after family interaction (visitation)			
2c. Helped participant access needed services			
2d. Attended FFM			

Attachment O

	Initial CSC	Follow-Up CSC	Initial CSC	CSC Follow-Up
2e. Attended CSC				
2f. Supported participant at court				
2g. Attended other meeting related to participant				
2h. Face-to-face contact with participant				
2i. Had phone conversation with participant				
2j. Had text or e-mail conversation with participant related to the case				
3. Participants Results				
3a. # of Parent Participants				
3b. # of Participants Children				
3c. # of Referrals				
3d. # of Intakes				
3e. # Cases Closed				
· # HHS cased closed				
· # Incarcerated				
· # Mutual agreement that support is no longer needed				
· # No contact from participant				
· # Termination of Parental Rights				
· # Went to treatment				
· # Other situation at closing (explain):				
4. Parent Partner Program Activities				
Indicate the total # of times Parent Partners and/or Coordinator were involved in each activity and list details below.				
	# times		# people	
	State	Local	Local	State
4a. Committees related to child welfare				
4b. Child Welfare HHS new worker training				
4c. Community Partnerships for Protecting Children (CPPC)				
4d. Speaking engagements and program awareness				

Attachment O

4e. Other meetings, trainings and activities			
4a. Committees Related to Child Welfare			
<i>Date</i>	<i>Activity Title</i>	<i>Description of Participation or Role in</i>	<i>State and/or Service Area</i>
4b. Child Welfare HHS New Worker Training			
<i>Date</i>	<i>Activity Title</i>	<i>Description of Participation or Role in</i>	<i>State and/or Service Area</i>
4c. Community Partnerships for Protecting Children (CPPC)			
<i>Date</i>	<i>Activity Title</i>	<i>Description of Participation or Role in</i>	<i>State and/or Service Area</i>
4d. Speaking Engagements and Program Awareness			
<i>Date</i>	<i>Activity Title</i>	<i>Description of Participation or Role in</i>	<i>State and/or Service Area</i>
4e. Other meetings, trainings and activities			
<i>Date</i>	<i>Activity Title</i>	<i>Description of Participation or Role in</i>	<i>State and/or Service Area</i>