OEC Quarterly Program Status Report

Quarter:

Lead Provider:

Sub-Contractor:

Individual completing this report:

**Staffing:** Please list any staff vacancies. *If applicable for your agency: include ARPA-funded home visitors in italics*

|  |  |  |  |
| --- | --- | --- | --- |
| **New Hire** | | | |
| **Name** | **Position** | **Hire Date** |  |
|  |  |  |  |
| **Vacancies** | | | |
| **Name** | **Position** | **Date Vacant** | **Reason for Leaving** |
|  |  |  |  |
| Plan to fill vacancies: | | | |

**Professional Development:**

Please list all trainings staff has attended for the quarter. (ADD PD Wish list here)

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| --- | --- | --- | --- | --- | --- |
| **Staff** | | **Training** | | **Dates** | |
|  | |  | |  | |
|  | |  | |  | |
| *If Applicable – list trainings and PD for ARPA-funded staff:* | | | | | |
|  |  | |  | |  |

Please list training(s) that your staff identified as a need:

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| --- | --- | --- |
| **Training** | **Who would attend? (Role)** | **Purpose** |
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**Outreach & Engagement Efforts:**

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| --- | --- | --- |
| **Priority Populations:** \*a caregiver can be included within multiple priority populations | Please list all outreach and engagement efforts this quarter. | How many enrollments resulted from these efforts?  \*a caregiver can be included within multiple priority populations |
| **Black Caregivers:** |  |  |
| **Male Caregivers:** |  |  |
| **Native/Indigenous Caregivers:** |  |  |
| **Prenatal Caregivers:** |  |  |
| **Puerto Rican Caregivers:** |  |  |
| **Caregivers 19 yrs or younger:** |  |  |
| **Total Referrals** |  |  |

**Home Visiting:**

1. Intake Process

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of completed intake sessions** | **Number of families enrolled** | **Number of families that declined HV services** | **Number of families referred to another home visiting site/community support/service** |
|  |  |  |  |

1. Please complete by Home Visitor.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Visitor** | **# of Completed Visits/Visits attempted** | | **# of families that need re-engagement support** | | **# of families closed this quarter** | **Reason family closed** | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
| # of supervised visits |  | |  | |  |  | |
| *\*If applicable for your agency – provide for ARPA-funded staff below* | | | | | | |
|  |  |  | |  | | |

1. Additional groups, programs and community activities offered to families

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| --- | --- | --- | --- | --- |
| **Date of activity** | **Topic** | **Location** | **How many families were notified?** | **Number of families that participated** |
|  |  |  |  |  |
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**Supervision:**

1. Identify completed supervision by staff member, *including ARPA-funded staff if applicable*

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| --- | --- | --- | --- |
| **Staff member** | **Number of administrative supervision sessions** | **Number of reflective supervision sessions** | **Number of group supervision sessions** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Advisory Committee:**

1. Number of meetings held during this quarter:
2. Number of parents on your advisory committee:

**Individualized Program Plan (SMART or SMARTIE Goal)**

1. Describe your site’s progress on each IPP (SMART goals). SMART/SMARTIE stands for goals that are Specific, Measurable, Achievable, Relevant, and Time-Bound (Inclusive & Equitable). Defining these parameters as they pertain to your goal helps ensure that your objectives are attainable within a certain time frame.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SMART Goal** | **Describe new change strategy(ies)**  **tested** | **Adapt** | **Adopt** | **Abandon** | **Progress update** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Benchmarks**

1. Please share any changes in practice to support benchmark completion or improvements.

NOTE: It may be helpful to review your previous contract evaluations to see where your program should focus.

**Rate Card**

1. Please share any changes in practice because of Rate Card:
2. Please provide a detailed response as to how rate card incentive funds were or plan to be used.

**Sparkler**

|  |  |
| --- | --- |
| How many home visiting families received an introduction to the mobile app? |  |
| How many newly enrolled families successfully signed up for Sparkler? |  |
| How many existing families moved from the paper version to the mobile app? |  |
| Did any staff attend Sparkler training or office hours? (Please include details in PD section) |  |
| Do all staff have Dashboard access? |  |

Other informaton you would like to share about Sparkler:

**Attach any flyers that share your efforts in the community:**