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**WI Child Abuse and Neglect Prevention Board  
Supplementary Primary Prevention Grant  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MID-YEAR NARRATIVE REPORT TEMPLATE**

**Due Date: February 15, 2024**

**Instructions**

*Have a copy of your grant agreement on hand to draft your report. The responses to the report sections below should provide a clear overview of the activities completed in the first six months of SFY2024. The completed reports provide insight into how this grant has affected the community you serve and your organization thus far. Submit the completed report through the* [SPARC Performance Report Portal](https://dcfsparc.wisconsin.gov/)*. Include any attachments and the reporting spreadsheet.*

**Reporting Period: July 1, 2022 – December 31, 2023**

**Organization Name:**

**Project Name:**

**Contract #:**

**Contact Person:**

**Contact Email:**

**Total number of counties receiving services:**

**Please Indicate Funding Category(-ies):**

**Category 1: Building Social Connections and Parental Resilience in parents and caregivers**

**Category 2: Increasing knowledge of parenting and child development**

**Category 3: Social and emotional competence**

**Category 4: Culture and traditions are primary prevention**

*If you were funded under multiple categories, please select each category you were funded under. Please report for each funded program within each section.*

**Indicate which services were provided:**

|  |  |
| --- | --- |
| ***Please indicate for your organization*** | ***#*** |
| *Number of staff Protective Factors trainers* |  |
| *Number of staff trained in Brining the Protective Factors to Life in Your Work* |  |
| *Number of staff trained in Five For Families* |  |

**Section 1. Project Description**(*Provide a brief description of the project/programs your organization is providing with Prevention Board funding. Activities must be consistent with the Scope of Services attached as Exhibit A to the Contract.)*

**Section 2: Objectives  
*OBJECTIVE: Provide supplementary primary prevention services to children and families.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [*Provide updates*]  
  
**Barriers to Reach Objective:** [*Identify barriers*]

**Additional Information:**

***OBJECTIVE: Enter data into WPRS.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [*Provide updates*]  
  
**Barriers to Reach Objective:** [*Identify barriers*]  
  
**Additional Information:**

**Section 3: Program Accomplishments***In this section:*

* *Provide a summary of progress to-date (200-500 words).*
* *What activities did you conduct during the reporting period, including those not anticipated in your original proposal? What activities did you decide not to undertake?*

***Complete the chart below for your SUPPLEMENTAL PRIMARY PREVENTOIN GRANT FUNDS. The chart should be completed using information from DAISEY-WPRS. Add Lines if needed. Please provide a brief explanation of any discrepancies between your agency’s data and data available in DAISEY.***

|  |  |  |
| --- | --- | --- |
| **Primary Prevention Service** | **Total Number of caregivers served** | **Total Number of children served (if applicable)** |
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**Section 4: Collaborations & Partnerships***In this section:*

* *Highlight any new or emerging partners, subgrantees (if applicable), and their role(s)*
* *Describe any efforts to involve parents in the planning and implementation of parent education programs.*

**Please check all collaborations/partnerships that apply**

Early Childhood Systems  
 Strengthening Families, Head Start   
 Maternal, Infant, and Early Childhood Home Visiting   
 Child Mental Health  
 LGBTQIA2S+ Organizations  
 Hospitals, Clinics, etc.   
 Substance Abuse  
 Public Health / Health Department  
 Nonprofit Community Organizations  
 Schools   
 Library   
 Business Community   
 Community Action Agencies   
Other (please describe in narrative)

**Section 5: Outreach and Education   
Please indicate how your organization educates parents, caregivers, and community members on the important role of primary prevention programs, services, and strategies:**

General Social Media Posts  
 Five for Families   
 Protective Factors  
 Child Development   
 Triple P Level 1   
 Room to Grow Campaign  
 Parent Education opportunities  
 Parenting Supports  
 Resource and Navigation  
 Community Engagement (community presentations)

**Section 6: Lessons Learned**

* *During this reporting period, what were some new or surprising insights for:*
  + *You?*
  + *Your staff/volunteers?*
  + *Clients/Service users or project/program partners?*
* *During this reporting period, what were some ideas or practices that were reinforced for you, your staff/volunteers, clients or project/program partners? (Suggested word length: 200-250 words)*

**Section 7: Technical Assistance***Use this section to describe any additional resources or assistance that the Prevention Board could provide. Examples might include suggestions for improving Community of Practice calls, support with WPRS and data entry, or professional development or training needs for your staff and supervisors.*

**Section 8: Concrete Supports***Did your agency use grant funds to provide concrete supports to families during this reporting period?*

Yes  No

If yes, please complete the chart below. If no, please skip this section.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Concrete Support Provided*** | | | ***# of Fulfilled Requests*** |
| Food / grocery assistance | | |  |
| Items for infants (i.e. diapers, formula, wipes, baby food, etc.) | | |  |
| Internet access / phones | | |  |
| Emergency funds for housing | | |  |
| Childcare assistance | | |  |
| Car seats | | |  |
| School supplies | | |  |
| Transportation Assistance | | |  |
|  | | |  |
| Other (please specify): | | |  |
| Other (please specify): | | |  |
| Other (please specify): | | |  |
| Other (please specify): | | |  |
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**Section 9: CCDBG (if applicable)**

***Complete the chart below for your CHILD CARE DEVELOPMENT BLOCK (CCDBG) GRANT FUNDS. The chart should be completed using information from DAISEY-WPRS. Add Lines if needed. Please provide brief explanation of any discrepancies between your agency’s data and data available in DAISEY.***

|  |  |
| --- | --- |
| *Number of regulated childcare centers your agency is working with directly* |  |

|  |  |  |
| --- | --- | --- |
| **Training offered to child care providers** | **1st Quarter** | **2nd Quarter** |
| *7/1- 9/30* | *10/1- 12/31* |
| **# of providers trained** | **# of providers trained** |
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| --- | --- | --- | --- | --- |
| **Service provided to parents/caregivers with child(ren) in regulated childcare** | **Total Number of caregivers served** | **Total Number of children served (if applicable)** | **1st Quarter** | **2nd Quarter** |
| *7/1- 9/30* | *10/1- 12/31* |
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