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**WI Child Abuse and Neglect Prevention Board  
Parent Education Child Abuse and Neglect Prevention Grant  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR END NARRATIVE REPORT TEMPLATE**

**Due Date: July 15, 2022:** *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, 2021 – June 30, 2022**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency Information** | | | | | | | | | | | |
| Agency’s Name | | | | | | | | | | | |
| Phone | |  | | |  | | | | | | |
| FAX | |  | | | Website | | |  | | | |
| Address | | |  | | | | | | | | |
| City |  | | | | State | |  | | Zip + 4 |  | |
| Executive Director:  person authorized to sign contract | | | | Name: | | Phone: | | | | | Email |
|  | |  | | | | |  |
| Program Manager: | | | | Name: | | Phone: | | | | | Email |

**Section 1: Introduction***In this section, provide an overview of your program. Consider using information from your CANPB approved contract and/or subsequent Scope of Work.*

**Section 2: Objectives***In this section, provide:*

* *The proposed project objectives submitted in your CANBP-approved contract and subsequent Scope of Work.*
* *A description of your grant-related activities during this reporting period for each objective (Please only include activities that were funded through your CANBP-approved contract and subsequent Scope of Work.).*
* *A description of your progress towards completion of each objective.*
* *A description of challenges or emergent issues related to your program.*

*Be sure to specify if you are on target or behind schedule based on your CANPB approved Scope of Work. If you are delayed, please explain the circumstances.*

*Please note at the end of this section, you may include a paragraph sharing other activities and highlighting accomplishments that are relevant to your program but are not funded through CANPB.*

***OBJECTIVE:*** ***Implement a minimum of two levels of evidence-based Triple P Parent Education Programming.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [Grantee will provide narrative updates under each objective]  
  
**Barriers to Reach Objective:** [Grantee will identify barriers]

**Additional Information:**

***OBJECTIVE: Enter data into WPRS.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [Grantee will provide narrative updates under each objective]  
  
**Barriers to Reach Objective:** [Grantee will identify barriers]  
  
**Additional Information:**

***OBJECTIVE: Support staff development and training as it relates to implementing evidence-based parent education programming.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [Grantee will provide narrative updates under each objective]  
  
**Barriers to Reach Objective:** [Grantee will identify barriers]  
  
**Additional Information:**

***OBJECTIVE: Participate in Prevention Board quality improvement and evaluation efforts, including but not limited to participating on community of practice calls and workgroups****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [Grantee will provide narrative updates under each objective]  
  
**Barriers to Reach Objective:** [Grantee will identify barriers]  
  
**Additional Information:**

***OBJECTIVE: Conduct program evaluation and fidelity assessment at least annually; assessing the impact that evidence-based parent education programs have on participating families.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [Grantee will provide narrative updates under each objective]  
  
**Barriers to Reach Objective:** [Grantee will identify barriers]  
  
**Additional Information:**

**Section 3: Performance Measure Analysis***In this section, provide:*

* *A narrative description of the statistical information included in your Performance Measures Excel Worksheet.*
* *A description of how data collection is being used for program improvement.*
* *A description of your data collection process for how staff are collecting, entering, and ensuring data accuracy.*

*Please make sure to include an explanation of any changes, challenges, or issues.*

**Section 4: Publications, Marketing and Outreach***In this section provide:*

* *A description of efforts to recruit and engage families.*
* *A description of your referral process for the program and referral sources*
* *List any products that were developed with grant funds.*
* *Describe any efforts to promote* [*Five for Families*](https://fiveforfamilies.org/) *public awareness campaign.*

*Please make sure to include an explanation of any changes, challenges, or issues.*

**Section 4a.: Prevention Month**

* *Describe any activities conducted for* ***Prevention Month.***
* *Include an estimated number of people who participated in agency activities and/or were exposed to information on prevention*
* *Include links to any media coverage and copies of any marketing materials*

**Section 4b.: Parenting on the Go Bag\****\*If your agency did not utilize Prevention Board funding for Parenting on the Go Bags, please skip this section)*

*Use the table to indicate hoe many bags were disseminated by age group*

|  |  |
| --- | --- |
| **Quantity** | **Age Group** |
|  | newborn to 6 months of age – may be included in a welcome baby/hospital visit |
|  | 6 months to 2 years of age |
|  | 3 – 6 years of age |
|  | 7 - 9 years of age |
|  | 10+ year of age |
|  | **Total** |

* *Please describe how bags were disseminated to families (provide dates, and event type. i.e., Parent Café’s, Community Events, etc.)*
* *Share the most successful strategies in engaging parents with the bags*
* *Which products were families most interested in?*
* *Describe any challenges or barriers in dissemination*
* *If the Prevention Board were able to support Parenting on the Go Bags in the future, what changes would make the process easier for agencies?*

*Please make sure to include an explanation of any changes, challenges, or issues.*

**Section 5: Collaborations & Partnerships***In this section provide:*

* *A description of partners, subgrantees (if applicable), and their role(s)*
* *A description of efforts to involve parents in the planning and implementation of parent education programs.*

*Please make sure to include an explanation of any changes, challenges, or issues.*

**Section 6: Program Accomplishments***In this section, describe any success stories and proud moments of the program. Examples might include feedback from professionals offering evidence-based parent education, testimonials, stories, or feedback you have received from families who participated in Triple P.*

**Section 7: Program Changes***Use this section to list any changes to the program from your original CANBP-approved contract and subsequent Scope of Work including updates made to the program structure, staffing plan, or organizational structure.*

**Section 8: Other Activities***In this section, grantees may report on any other activities or accomplishments that occurred in this reporting period and enhanced the success of your program goals that did not fit elsewhere in the report. Please describe any other primary prevention activities implemented with Prevention Board funds (this may include “small dose” Triple P, online Triple P, or other primary prevention activities).*

**Section 9: 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 10: Protective Factors Implementation\****\*If your agency does not receive* *Prevention Board funding for Protective Factors, please skip this section*

*In this section, provide:*

* *The proposed Protective Factors objectives submitted in your CANBP-approved scope of work*
* *A description of your Protective Factors-related activities during this reporting period for each objective (Please only include activities that were funded through your CANBP-approved contract and subsequent Scope of Work).*
* *A description of your progress towards completion of each Protective Factors objective.*
* *A description of challenges or emergent issues related to the implementation of Protective Factors.*

*Be sure to specify if you are on target or behind schedule based on your CANPB approved Scope of Work. If you are delayed, please explain the circumstances.*

*Please note at the end of this section, you may include a paragraph sharing other activities and highlighting accomplishments that are relevant to your program but are not funded through CANPB.*

***OBJECTIVE: Enter information for upcoming training into “SFY22 Upcoming Protective Factors Training” survey one month prior to the date of the first course.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [Grantee will provide narrative updates under each objective]  
  
**Barriers to Reach Objective:** [Grantee will identify barriers]  
  
**Additional Information:**

***OBJECTIVE: Offer a minimum of 12 hours (6 courses) of Protective Factors Training.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [Grantee will provide narrative updates under each objective]  
  
**Barriers to Reach Objective:** [Grantee will identify barriers]  
  
**Additional Information:**

***OBJECTIVE: Recruit, prepare and utilize Parent Co-Presenter in Protective Factors Training.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [Grantee will provide narrative updates under each objective]  
  
**Barriers to Reach Objective:** [Grantee will identify barriers]  
  
**Additional Information:**

***OBJECTIVE: Distribute evaluation to training participants.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [Grantee will provide narrative updates under each objective]  
  
**Barriers to Reach Objective:** [Grantee will identify barriers]  
  
**Additional Information:**

***OBJECTIVE: Enter number of training courses offered and number of participants at each course into “FY22 Protective Factors Courses Attendance Number Survey”.****Objective Status: \_\_\_\_\_ In progress\_\_\_\_\_ On Schedule \_\_\_\_\_Completed*  
**Activities:** [Grantee will provide narrative updates under each objective]  
  
**Barriers to Reach Objective:** [Grantee will identify barriers]  
  
**Additional Information:**

**Section 11: Attachments to the Year-End Narrative Report**

* *Photos may be included as an attachment.*
* *News articles about the program or newsletters created by the program should be attached.*
* *Any additional documents that are in reference to any of the sections above.*
* *The* ***Performance Measures Excel Worksheet.***