|  |
| --- |
| **Board of State & Community Corrections**  **Proud Parenting Grant Program**  **Quarterly Progress Report – Part A** |



|  |  |
| --- | --- |
| **Grantee: South Bay Community Services** | **BSCC Grant Award Number: 564-18** |
| **Project Title: Home Visitation for Proud Parents** | **Date:** |
| **Prepared by:** | **Phone:** |
| **Title:** | **Email:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Year 2 Reporting Quarters (check applicable reporting quarter)** | | | |
| Quarter 5  ~~July 1-September 30, 2019~~  ~~Due: November 15, 2019~~ | Quarter 6  October 1-Dec. 31, 2019  Due: February 15, 2020 | Quarter 7  January 1-March 31, 2020  Due: May 15, 2020 | Quarter 8  April 1-June 30, 2020  Due: August 15, 2020 |

|  |
| --- |
| **SECTION 1: GENERAL PROJECT OVERVIEW** |

Provide an update on your fiscal efforts with respect to administering the project as outlined in the grant proposal by addressing the following questions specific to the reporting quarter identified above.

1. **Expenditure and Match Status:**

|  |  |
| --- | --- |
| 1. **Proud Parenting Year 2 Award Amount - $208,750** | |
| b. Amount Invoiced-to-Date (Sum of Quarterly Invoices-to-Date)  \*This includes all invoices from Year 1 | $ |
| 1. Percent of Award Invoiced to Date   (Amount above ÷ Award Amount) | % |
| 1. In relation to the overall grant budget, are State Proud Parenting Grant Project funds being expended as planned and on schedule? | Yes  No |
| If no, explain why and provide an expenditure plan(s) to remedy the expenditure status. | |
| 1. **Proud Parenting Match Amount - $20,876**   **Percentage to Grant Award – 10.0%** | |
| f. Match Amount Recorded-to-Date (Sum of Quarterly Invoices-to-Date)  \*This includes all invoices from Year 1 | $ |
| 1. Percent of Match Recorded-to-Date   (Match Amount Above ÷ Obligated Match Amount) | % |
| 1. In relation to the overall Grant Match requirement, are local In-Kind Match dollars being contributed/leveraged as planned and on schedule? | Yes  No |
| If no, explain why and provide a match contribution plan(s) to remedy the match status, making sure contractually obligated matching funds are provided for within the  3-year grant period. | |

1. **Grant Administration**

|  |  |
| --- | --- |
| 1. Are all grant-funded positions filled (this includes the lead agency and any subcontracted agencies) this reporting period? | Yes  No |
| If positions remain unfilled, what is the plan and anticipated outcome for staffing positions? | |
| 1. Describe any project activities that have been implemented this reporting period. (Note: Consider things that were not initially implemented in Year 1 due to delays but were identified in your original application, augmentations to the project that will assist in meeting project goals/objectives, additional project components, new partners/stakeholders, training opportunities for project staff, etc. and indicate how the implementation of these activities have contributed or will contribute to the success of the project.) | |
| 1. Describe any problems/delays the project encountered during this reporting period. (Note: Consider things that impact or may potentially impact project effectiveness, project outcomes and/or stated project goals. Consider all program areas including project administration, delivery of services, rate and sources of referrals, participant enrollment, etc. and indicate the steps taken or to be taken to resolve these challenges.) | |
| 1. Describe any changes that are being proposed/considered to improve the program within the next reporting period. (Note: some proposed changes may require the submission and approval of a formal modification.) | |
| 1. What significant successes (other than participant-specific) has the project achieved during this reporting period (e.g., reaching participant enrollment goals, reaching other stated goals, recognition from public officials and/or other jurisdictions/agencies, receiving media coverage)? (Note: You may submit corresponding photos, media articles, and publications as attachments. Please state in your email that you authorize the BSCC to use and publish photos.) | |
| 1. What quality assurance methods are in place to ensure all programs/services are delivered as intended and with fidelity to the approaches described in the original proposal? | |
| 1. Other comments, observation, and/or project notables you would like the share? | |

|  |
| --- |
| **SECTION 2: IDENTIFIED GOALS AND OBJECTIVES** |

Section 2 lists the goals and objectives developed by the grantee and provided to the BSCC. There are three (3) questions for each goal/objective listed. Provide responses specific to this reporting quarter below.

|  |
| --- |
| **Goal 1:** To provide the information, support, and encouragement that high-risk parents need to help their children develop optimally during the crucial early years of life.  **Objectives:**   * 1a: Home Visitor will be hired and trained by August 1, 2018. * 1b: All participating parents will receive a comprehensive, family-centered, strengths-based assessment within 30 days of entry into the program, documented in case files. * 1c: Twenty-five (25) eligible families per year will receive regular home visits for up to 2 years, or until their child reaches the age of 5, documented in case files. * 1d: Home visitor will deliver the PAT curriculum during home visits, which includes information designed to increase parent knowledge of early childhood development and improve parenting practices and provide early detection of developmental delays and health issues, documented in case files and measured by the HFPI assessment tool. * 1e: Participating families will have access to at least 10 group activities every year which include topics related to child development and positive parenting practices, documented by monthly schedules.  1. Describe progress towards the stated goal and objectives during the reporting period.      1. Describe any challenges towards the stated goal and objectives during the reporting period.      1. If applicable, what steps were implemented to address challenges. |

|  |
| --- |
| **Goal 2:** To reduce the number of chronically offending parents.  **Objectives:**   * 2a: Home visitor will deliver the PAT curriculum during home visits, which includes information designed to improve parental attitudes about responsible parenting, prevent child abuse and neglect, and increase parent-child bonding, documented in case files and measured by the HFPI assessment tool. * 2b: Parents will be referred to any relevant services and programs that will help to improve their self-esteem, life-skills, as indicated by the HFPI and Parent Concerns assessment tools. * 2c: Participating families will have access to at least 10 group activities every year which include opportunities to socialize with peers and participate in pro-social activities, as documented by monthly schedules.  1. Describe progress towards the stated goal and objectives during the reporting period.      1. Describe any challenges towards the stated goal and objectives during the reporting period.      1. If applicable, what steps were implemented to address challenges. |

|  |
| --- |
| **Goal 3:** To increase parents’ knowledge utilization of community resources.  **Objectives:**   * 3a: All participating parents will receive a comprehensive, family-centered, strengths-based assessment within 30 days of entry into the program, which will include identification of needed community resources, documented in case files. * 3b: The Home Visitor will assist participating parents to access and engage in needed community resources, documented in case files and the HFPI assessment tool.  1. Describe progress towards the stated goal and objectives during the reporting period.      1. Describe any challenges towards the stated goal and objectives during the reporting period.      1. If applicable, what steps were implemented to address challenges. |

|  |
| --- |
| **SECTION 3: CASE STUDY/ANECDOTAL PARTICIPANT INFORMATION** |

Case studies are often the most compelling evidence of the value of a program. With this in mind, provide a brief description of a client enrolled in your project (e.g., age, gender, race, system-involvement history, etc.), challenges with engaging and/or serving the client, and how the project is positively impacting him/her and their family.

*Do not identify participant by name.*

|  |
| --- |
| **SECTION 4: SUSTAINABILITY** |

Describe how the project is progressing toward sustaining their Proud Parenting Program after June 30, 2021. (Note: Consider all forms of outreach, new partnerships/contracts/MOUs, securing additional funding streams, etc.) If your project has a formalized Sustainability Plan, please attach a copy. Provide responses specific to this reporting quarter below.

|  |
| --- |
| **SECTION 5: ADDITIONAL INFORMATION** |

Section 5 allows grant projects to provide additional information to the BSCC. Provide responses specific to this reporting quarter below.

|  |  |
| --- | --- |
| 1. Has your project identified any initial findings/data trends you would like to share? | Yes  No |
| If yes, briefly describe those initial findings and/or trends, and if you have used the information to adjust the project or make more informed decisions regarding project administration. | |
| 1. Has your project implemented a participant incentive policy? | Yes  No |
| If yes, please attach a copy of the policy and the incentive matrix you are using for your program participants. | |
| 1. Does your project need any technical assistance or resources from the BSCC? | Yes  No |
| If yes, describe the nature of the request and any details that will assist the BSCC in providing the assistance. | |

|  |
| --- |
| **SUBMITTAL INFORMATION** |
| Please submit both Progress Report Part A & Part B via email to: [PP\_Grants@bscc.ca.gov](mailto:PP_Grants@bscc.ca.gov)  If you have any questions, please contact  Helene Zentner at 916.323.8631 or [helene.zentner@bscc.ca.gov](mailto:helene.zentner@bscc.ca.gov) |