

Provider Capacity-Building Form

Submit Quarterly

(Page 1 of 2)

Agency Name:	Program Name:	Period Covered in this Form: From: To:
Scope of Work Activity (list activity from scope of work here):		
Staff Person Completing Form:	Email:	

Directions: Use a different form for each scope of work activity:

Provider Capacity Building	
Mark (X) ONE Type of Activity	
<input type="checkbox"/> Individual	<input type="checkbox"/> Conference or large group convening
<input type="checkbox"/> Class or workshop	

Total Unduplicated Count	Providers
Number of completely new clients (for this fiscal year) served in this quarter. Do not count anyone served in a prior quarter this fiscal year	

Unduplicated Count split by Ethnicity		Number of Providers
Alaska Native or American Indian		
<i>Asian</i>	Hmong	
	Other Southeast Asian (e.g. Mien, Lao, Khmer)	
	Pacific Islander / Filipino	
	Chinese	
	Japanese	
	Indian (Sikh, Hindu)	
	Other Asian	
Black / African American		
<i>Hispanic/ Latino</i>	Mexican (e.g. Mestizo) / Mexican American	
	Indigenous people of Mexico (e.g. Mixteco)	
	Other Hispanic / Latino	
<i>White</i>	Portuguese	
	Other White	
Multiracial (more than one ethnic group)		
Other		
Unknown		
Ethnicity Total: Should = total # of unduplicated count above		

Provider Capacity-Building Form (Page 2 of 2)

Unduplicated Count split by Type of Provider			
ECE (Preschool) Providers	Number of Providers	Health and Other Related Providers	Number of Providers
Assistant Teacher		Health Care: Physicians	
Associate Teacher		Health Care: Nurses	
Teacher		Health Care: Other Medical/Health Care Staff	
Master Teacher		Mental/Behavioral Health	
Site Supervisor		Family Support/Family Advocate (e.g. FRC)	
Program Director		Parent Educator (e.g. PAT)	
Family Child Care (Licensed)		Kindergarten Teachers	
Family Friend and Neighbor Care (Unlicensed)		Other: _____	
		Unknown	
Grand Total of Providers: Should = total # of unduplicated count above			

Unduplicated Count split by Zip Code	Zip Code		Number of Providers Served in Zip Code
For the total unduplicated count , first identify the top five (5) zip codes where most services were provided. Then identify the breakdown by zip code of where the unduplicated count was served. Include others NOT served in these five under 'Other zip codes'	Zip Code 1		
	Zip Code 2		
	Zip Code 3		
	Zip Code 4		
	Zip Code 5		
	Countywide		
	Providers in Other Zip Codes		
	Zip Code Total: Should = total # of unduplicated count above		

Unduplicated Count split by Type of Training:	If a provider attended more than one type of trainings, please use the initial training for unduplicated count.	Number of Providers
D.O. 1: Training related to improving parents' capacity to nurture their children		
D.O. 2: Training related to improving quality in out-of-home environments	Teacher child interaction	
	Quality environments	
D.O. 3: Training related to improving early screening, referral, assessment and services for children	Screening/Assessment	
	Referral system	
	Inclusion/inclusive care	
	Provision of needed services/treatment	
Other trainings:	Other child development and ECE	
	Other health and safety	
	Other: _____	
Grand Total of Providers: Should = total # of unduplicated count above		

Total <u>Service Contacts</u> To Providers	
Number of service contacts to clients for this scope of work activity this quarter:	