**OFSN QUARTERLY REPORT TEMPLATE**

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| Area of Contract | Planning Portion | Services Report |
| Family Engagement Services (Regional) Coordinator |  | c. (1)Name of Coordinator and area served, email and phone contact information and on website |
| Warm Line | Operations ManualResources Repository | b. (1) -(5)Date & time of call, Call back time (in hours/minutes), duration of call, type of content, CCO region of origin of caller, referral source, child age range, follow-up calls (date, time, duration, reason), outcome of call (warm handoff description)* Aggregate type of barriers experienced, Aggregate # of caller types (parent, other, first time/call back/repeat caller),
* # of Caring Contact calls, # of individuals receiving Caring Contact Calls, aggregate duration of Caring Contact Calls, outcome
 |
| Groups and trainings* CPS
* Changing Systems Together
* Journey to Advocacy
* Parenting training other than CPS
 |  | * c. (2) , d.(3) and 5

Date, place, # of attendees per group by type of training, location, name of facilitator/trainer, and aggregate pre/post evaluation by group or training |
| FSS – workforce* Foundations
* Wraparound
* Supervision
 |  | * C. ( c) and d (1) and 5
* Date, place, name of trainer, name of attendees, region (and CCO employer/contractor if applicable) of service of Foundations attendee, type of certificate and type or title of worker (for Wraparound)
* Dates/Time/# /name of attendees in Learning Collaborative, and name of FSS supervision
 |
| Representatives to policy level workgroup |  | C. (d) and d.(2)Name of group and name of representative, dates of attendance, aggregate evaluation and/or goals accomplished or major tasks in progress |
| Wraparound/SOCTechnical Assistance |  | d.Name, contact info of FSS assigned by area (CCO)* # of contacts and summary type of content
* Barriers experience aggregate by type
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| Data – direct service | Aggregate FANS-CANS or other measure - pre/post or every six months by service (e.g. wraparound, group, community support, CATS) | 7* # of families and # of total individuals involved in Wraparound by area and by FSS
* # of families served by all funding source (excluding wraparound)
* Aggregate Family Empowerment Scale (or alternative measure pre/post or every six months by service (e.g. wraparound, group, community support, CATS)
 |
| Site Review |  | d (4) |
| CMHAD |  | 6. |
| Success Stories |  | At least one each from Wraparound, community based and warmline |
| Financial report |  | below |

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| --- | --- | --- | --- | --- | --- | --- |
| Budget Category | Approved Budget | OHA Funded Portion | Federally Funded Portion | CCO/County Funded Portion Other (private or non-government Funded Portion | Total Expenditures for Quarter\_\_\_/\_\_\_\_/\_\_\_ to\_\_\_/\_\_\_\_/\_\_\_\_  | Balance (subtract Actual Expenditures from Approved Budget) |
|  |  |  |  |  |  |  |
| Salaries & Wages |  |  |  |  |  |  |
| Fringe \_\_\_\_\_% |  |  |  |  |  |  |
| Subtotal Personnel |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |
| Program Costs |  |  |  |  |  |  |
| Contractual Costs |  |  |  |  |  |  |
| Indirect Cost |  |  |  |  |  |  |
| Completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |