

**Activity Data Collection - Grouped Data - Direct Services**

|   |  |  |  |
|---|--|--|--|
| Agency Name:  |  | Program Name:  |  |
| Service Definition ID (Refer to service provisions):  |  | Activity Location Name (optional):                         |  |
| Service Location City:  | Service Location Zip:  | Service Location NfL:                                      |  |
| <b>Method. Mark (X) only ONE.</b>   |  |  |  |
| <input type="checkbox"/> Home visit   | <input type="checkbox"/> In-person consultation/service  | <input type="checkbox"/> Public/community event            |  |
| <input type="checkbox"/> Mobile service   | <input type="checkbox"/> Support group session   | <input type="checkbox"/> Phone consultation                |  |
|   | <input type="checkbox"/> Class/workshop  | <input type="checkbox"/> Mailing/distribution of materials |  |
|   |  | <input type="checkbox"/> Other                             |  |
| (Single) Date: ___/___/____ (mm/dd/yyyy) <b>OR</b>  |  |  |  |
| Start Date: ___/___/____ End Date: ___/___/____ Number of occurrences: _____  |  |  |  |
| <i>(Do not enter a date range that crosses any quarter – i.e., Q1: Jul 1-Sep30 Q2: Oct 1-Dec 31 Q3: Jan 1-Mar 31 Q4: Apr 1-Jun 30)</i>                          |  |  |  |
| Duration or average duration: _____ <input type="checkbox"/> hours <b>OR</b> <input type="checkbox"/> minutes <b>OR</b> <input type="checkbox"/> Not applicable |  |  |  |
| <b>Activity Information. Mark (X) ALL that apply.</b>   |  |  |  |
| <b>Family Support, Education, and Services</b>  |  |  |  |
| <input type="checkbox"/> Community resource and referral (to health and social services)  | <input type="checkbox"/> Safety education and injury/violence prevention   |  |  |
| <input type="checkbox"/> Mental health assessment or services   | <input type="checkbox"/> Distribution of Kit for New Parents   |  |  |
| <input type="checkbox"/> Case Management  | <input type="checkbox"/> Parenting education (includes programs for teens)   |  |  |
| <input type="checkbox"/> Enrollment/assistance with TANF, WIC, Food Stamps, or food program   | <input type="checkbox"/> Parenting/caregiver support (includes programs for teens)   |  |  |
| <input type="checkbox"/> Provision of food, clothes, emergency funds, housing, or other basic needs   | <input type="checkbox"/> Family planning (includes programs for teens)   |  |  |
| <input type="checkbox"/> Transportation services or vouchers  | <input type="checkbox"/> Adult literacy programs   |  |  |
|   | <input type="checkbox"/> Job training/citizenship/other adult education  |  |  |
|   | <input type="checkbox"/> Other family support, education, and services   |  |  |
| <b>Health Education and Services</b>  |  |  |  |
| <input type="checkbox"/> Health insurance enrollment/assistance   | <input type="checkbox"/> Acute medical care  |  |  |
| <input type="checkbox"/> Tobacco cessation education or treatment   | <input type="checkbox"/> Health screenings   |  |  |
| <input type="checkbox"/> Substance abuse treatment/screening (not tobacco cessation)  | <input type="checkbox"/> Immunizations   |  |  |
| <input type="checkbox"/> Prenatal and birth care and education  | <input type="checkbox"/> Oral health treatment, screening, or prevention   |  |  |
| <input type="checkbox"/> Breastfeeding assistance   | <input type="checkbox"/> Nutrition education and assessments   |  |  |
| <input type="checkbox"/> Well-baby or well-child checkups   | <input type="checkbox"/> Car seat distribution   |  |  |
|   | <input type="checkbox"/> Other health education and services   |  |  |
| <b>Child Development Services</b>   |  |  |  |
| <input type="checkbox"/> Developmental screening/assessments  | <input type="checkbox"/> Early education programs for children alone or together with parents ECE/child care resource and referral (nonmonetary) |  |  |
| <input type="checkbox"/> Developmental services   | <input type="checkbox"/> ECE/child care subsidies or vouchers  |  |  |
| <input type="checkbox"/> Recreational/physical activities for children alone or together with parents   | <input type="checkbox"/> Kindergarten transition programs  |  |  |
| <input type="checkbox"/> Family literacy programs   | <input type="checkbox"/> Other child development services  |  |  |

## Activity Data Collection - Grouped Data - Direct Services

Please estimate in the table below the number and types of individuals who received the services reported on this form.

|                                     | Children (0 to 5) *<br>served directly | Parents/guardians | Other family<br>members |
|-------------------------------------|--|-------------------|-------------------------|
| <b>Total Number of Participants</b> | _____                                  | _____             | _____                   |

Enter # of New Participants in the Table Below \*\*

|  |   |       |       |       |
|--|---|-------|-------|-------|
| <b>Ethnicity</b><br><small>(Number of new participants only)**</small>                     | Alaska Native or American Indian                  | _____ | _____ | _____ |
|  | Asian   | _____ | _____ | _____ |
|  | Black/ African-American                           | _____ | _____ | _____ |
|  | Hispanic/Latino                                   | _____ | _____ | _____ |
|  | Pacific Islander                                  | _____ | _____ | _____ |
|  | White   | _____ | _____ | _____ |
|  | Multiracial ( more than one ethnic group)         | _____ | _____ | _____ |
|  | Other   | _____ | _____ | _____ |
|  | Unknown   | _____ | _____ | _____ |
| <b>Primary language</b><br><small>(Number of new participants only)**</small>              | English   | _____ | _____ | _____ |
|  | Cantonese   | _____ | _____ | _____ |
|  | Mandarin  | _____ | _____ | _____ |
|  | Korean  | _____ | _____ | _____ |
|  | Spanish   | _____ | _____ | _____ |
|  | Tagalog   | _____ | _____ | _____ |
|  | Vietnamese  | _____ | _____ | _____ |
|  | Mixteco   | _____ | _____ | _____ |
|  | Other   | _____ | _____ | _____ |
|  | Unknown   | _____ | _____ | _____ |
| <b>Age</b><br><small>(Number of new participants only)**</small>                           | <b>Children (0–5) served directly by programs</b> |       |       |       |
|  | < 3 years   | _____ |       |       |
|  | 3 to 5 years*                                     | _____ |       |       |
|  | Unknown   | _____ |       |       |
| <b>Number of children with disabilities or other special needs (new participants only)</b> |   | _____ |       |       |

\* Up to a child's 6th birthday

\*\* New participants are those who did not attend a previously reported workshop/ class/ event etc. in a series or were reported under a different activity area.