

**Activity Data Collection - Grouped Data  
Provider Capacity Building**

<b>Agency Name:</b>		<b>Program Name:</b>	
<b>Service Definition ID (Refer to service provisions):</b>			
<b>Service Location City:</b>	<b>Service Location Zip:</b>	<b>Service Location NFL:</b>	
<b>Activity Location Name (optional):</b> _____			
<b>Method. Mark (X) only ONE.</b>			
<input type="checkbox"/> Home visit	<input type="checkbox"/> Support group session	<input type="checkbox"/> Phone consultation	
<input type="checkbox"/> Mobile service	<input type="checkbox"/> Class/workshop	<input type="checkbox"/> Mailing/distribution of materials	
<input type="checkbox"/> In-person consultation/service	<input type="checkbox"/> Public/community event	<input type="checkbox"/> Other	
(Single) Date: ___/___/____ (mm/dd/yyyy)			
<b>OR</b>			
Start Date: ___/___/____ End Date: ___/___/____			
<i>(up to one quarter's data may be included as long as the date range stays within a single quarterly reporting period)</i>			
Number of occurrences: _____			
Duration or average duration: _____			
<input type="checkbox"/> hours <b>OR</b> <input type="checkbox"/> minutes <b>OR</b> <input type="checkbox"/> dollars (if incentives or stipends) <b>OR</b> <input type="checkbox"/> Not applicable			
<b>Activity Category:</b> Please mark (X) Training <b>OR</b> Other. Use additional forms as necessary.			
<input type="checkbox"/> <b>Provider training, professional development or information sessions</b> Mark (X) <b>ALL</b> that apply.  <input type="checkbox"/> Serving families and children with disabilities and other special needs <input type="checkbox"/> Cultural diversity training <input type="checkbox"/> Licensing/accreditation <input type="checkbox"/> Practices or information to support school readiness* <input type="checkbox"/> Other	<b>OR</b>	<input type="checkbox"/> <b>Other provider capacity building/support activities</b> Mark (X) <b>ONE</b> Activity.  <input type="checkbox"/> Incentives or stipends <input type="checkbox"/> Distribution or loaning of program materials (e.g., toys, books, videos, computers) <input type="checkbox"/> Distribution of informational material for providers (e.g., brochures, posters, recommended activities) <input type="checkbox"/> Meetings or events for providers <input type="checkbox"/> Other capacity building or support	

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<b>Total Contacts by Type of Provider</b>	
Center-based child care/ECE provider	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Family child care/ECE provider	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kindergarten teacher	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mental health provider	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pediatric health care provider	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Oral health care provider	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prenatal care provider	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Parent educator	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lactation educator/consultant	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other child development provider	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other health care provider	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>