

**Activity Data Collection - Individual
Provider (Core Participant)
First 5 Ventura County**

(Single) Date: ___/___/____ (mm/dd/yyyy) **OR**

Start Date: ___/___/____ End Date: ___/___/____

Number of occurrences: _____

Duration or average duration: _____ hours **OR** minutes **OR**

dollars (if incentives or stipends) **OR** Not applicable

Activity Category: Please mark (X) Training **OR** Other and then specify the activities that apply

Provider training, professional development or information sessions

Mark (X) **ALL** that apply.

- Serving families and children with disabilities and other special needs
- Cultural diversity training
- Licensing/accreditation
- Practices or information to support school readiness
- Other (specify)

OR

Other provider capacity building/support activities

Mark (X) **ONE** Activity.

- Incentives or stipends
- Distribution or loaning of program materials (e.g., toys, books, videos, computers)
- Distribution of informational material for providers (e.g., brochures, posters, recommended activities)
- Meetings or events for providers
- Other capacity building or support (specify)