

*First 5 LA*  
**Families, Friends & Neighbors (FFN)  
Training and Mentoring Project for Child Care Providers  
MID YEAR REPORT  
PROGRAM PROGRESS  
Due Thursday, January 31, 2008**

**Reporting Period:  
June 1, 2007 - December 31, 2007**

Agency Name:

Program Name:

Address:

City:  State:  Zip:

Program Contact Person:  Title:

Phone:  Fax:

E-mail:

Signature of Authorized Agency Representative:  Date:

\*Anyone indicated on the *Signature Authorization Form* submitted to First 5 LA

Please submit the following:

- Electronic report via the First 5 LA online reporting system, and
- One (1) original** signed paper report and **two (2) copies** to:

Attention: Karin Wakefield  
First 5 LA  
Grants Management  
Families, Friends & Neighbors (FFN) Training and Mentoring Project  
750 North Alameda Street, Suite 300  
Los Angeles, CA 90012

**IMPORTANT NOTICE:**  
Please print this cover page. **Attach this cover page to the Mid Year Report** once it is completed by the appropriate staff.

**I. Success Story**

Please describe how children/families/providers/mentors have benefitted from your program. Please also highlight at least one success story.

**II. Organizational Capacity**

1. Please describe any changes in staffing (e.g. recruitment, turnover, allocation of staff time, etc.) during this reporting period. Include name(s) of new staff and position(s), if applicable. Discuss how *staff changes* have affected program and/or evaluation implementation.

2. Please indicate the number and types of *staff development* activities (e.g., trainings, conferences, inservices, classes, etc.) provided during this reporting period. How have these activities benefited the staff and overall program.

<b>Date(s) &amp; Frequency (if applicable)</b>	<b>Description of Activity</b> <i>(Title, Location, Description &amp; # of Attendees)</i>

Please provide a summary of your agency's progress for the reporting period June 1, 2007 - December 31, 2007. Refer to the Mid-Year Report Instructions for details on how to complete the respective sections. Please contact your Program Officer if you have any questions.

**III. Program Implementation - Activity Summary**

**1. Outreach and Recruitment**

a. List number of participants:  
*License-exempt childcare providers*

Recruited

Enrolled

b. List/Describe strategies used to identify and recruit FFN providers

c. Provide an update on what worked well

d. Describe challenges/barriers and how you have, or plan to address them

e. Provide update on any significant adjustments made for this component

f. List/Describe "promising practices" developed and/or implemented

Additional Comments:

**2. Training and Education**

a. List number of participants:  
*License-exempt childcare providers*

Recruited

Enrolled

b. Provide an update on what worked well

c. Describe challenges/barriers and how you have, or plan to address them

d. Provide update on any significant adjustments made for this component

e. List/Describe “promising practices” developed and/or implemented

Additional Comments:

**3. Social Connectedness**

a. List/Describe the number and types of activities, including the composition and number of participants <i>(Add an additional sheet if you need space to report on more than seven activities)</i>	Date(s)	Name/Type of Activity <i>(i.e. workshop, inservice, online)</i>	Number & Description of Participants

b. Provide an update on what worked well

c. Describe challenges/barriers and how you have, or plan to address them

d. Provide update on any significant adjustments made for this component

e. List/Describe “promising practices” developed and/or implemented

Additional Comments:

**4. Mentor Development**

Recruited

Enrolled

a. List number of mentors:

b. Describe the strongest elements of this component, including accomplishments

c. Describe challenges/barriers and how you have, or plan to address them

d. Provide update on any significant adjustments made for this component

e. Provide update on any significant adjustments made for this component

f. List/Describe “promising practices” developed and/or implemented

Additional Comments:

## 5. System Coordination and Sustainability

a. Provide an update on your progress

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b. Provide an update on what worked well

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c. Describe challenges/barriers and how you have, or plan to address them

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d. Provide update on any significant adjustments made for this component

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e. List/Describe “promising practices” developed and/or implemented

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Additional Comments:

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#### IV. Program Evaluation

Please complete each section in the table below.

Question(s)	Response(s)
1. What questions, issues or concerns do you have about evaluating your program?	
2. Describe any evaluation technical assistance that you might need for your FFN program.	
3. What topics would you like to explore in a learning community?	
4. What information would you like to know from other FFN grantees?	
Additional Comments:	



**V. Collaborative Partners**

*(Add additional pages if needed).*

Describe any challenges/barriers to working with each partner included on your list below. How have you or will you address these challenges?

Identify Partner:

Role/Relationship:

*(Describe)*

Financial Relationship:

*(Describe any existing financial relationship)*

Identify Partner:

Role/Relationship:

*(Describe)*

Financial Relationship:

*(Describe any existing financial relationship)*

Identify Partner:

Role/Relationship:

*(Describe)*

Financial Relationship:

*(Describe any existing financial relationship)*

Identify Partner:

Role/Relationship:

*(Describe)*

Financial Relationship:

*(Describe any existing financial relationship)*

Identify Partner:

Role/Relationship:

*(Describe)*

Financial Relationship:

*(Describe any existing financial relationship)*

**VI. Program Support**

1. Did you receive any assistance from First 5 LA staff or First 5 LA consultants this reporting period? If yes, please describe the type(s) of assistance received. Have you incorporated the assistance in the implementation/evaluation of your program (if applicable)?

2. Please indicate any suggestions regarding how First 5 LA may continue to support your agency during the next reporting period.

**Additional Comments:**

**MID YEAR REPORT  
PROGRAM PROGRESS**

**TABLE A**

<b>CLIENT COUNT</b>			
	ESTIMATED Number to be Served for the YEAR 1	<b>UNDUPLICATED COUNTS 2</b>	
		<b>Mid Year Report (July 1 - Dec. 31)</b>	
		<b>TOTAL SERVED</b>	<b>Providers Serving Children with Disabilities or Special Needs</b>
<b>EXAMPLE #3 (Providers Serving Children and their Families)</b>	<b>30</b>	<b>20</b>	<b>12</b>
<b>Providers Serving Children Ages 0-5 and their Families</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Insert Comments Below (include additional sheets if needed):

(1) The Estimated Numer to be Served for the Year should be obtained from the FY 07-08 Statement of Work. In this table please provide disaggregated counts of providers to be served.

(2) Definition of Unduplicated client is one (1) person/client that is counted only once, no matter how many different services the client is receiving during the funding year. A client that is counted in Mid-Year SHOULD NOT be counted again in the Year End even if she/he received services during both periods.

(3) Special Needs children served should be included in the total number of children served. A Special Needs child counted in Mid-Year SHOULD NOT be counted again in the Year End even if she/he received services in the both periods.

**TABLE B**

<b>DEMOGRAPHIC INFORMATION</b> (See totals reported in Table A as a guide.)			
<b>Ethnicity</b>	<b>Children Ages 0-5 Served</b>	<b>Parents with Children Ages 0-5 Served</b>	<b>Providers Serving Children Ages 0-5 and their Families</b>
<b>Alaska Native/American Indian</b>			<input type="text"/>
<b>Asian</b>			<input type="text"/>
<b>Black/African American</b>			<input type="text"/>
<b>Hispanic/Latino</b>			<input type="text"/>
<b>Pacific Islander</b>			<input type="text"/>
<b>White</b>			<input type="text"/>
<b>Multiracial</b>			<input type="text"/>
<b>Other</b>			<input type="text"/>
<b>Unknown</b>			<input type="text"/>
<b>Subtotals</b>			<input type="text"/>

**TABLE C**

<b>DEMOGRAPHIC INFORMATION</b> (See totals reported in Table A as a guide.)			
<b>Primary Language</b>	<b>Children Ages 0-5 Served</b>	<b>Parents with Children Ages 0-5 Served</b>	<b>Providers Serving Children Ages 0-5 and their Families</b>
<b>English</b>			<input type="text"/>
<b>Spanish</b>			<input type="text"/>
<b>Cantonese</b>			<input type="text"/>
<b>Mandarin</b>			<input type="text"/>
<b>Vietnamese</b>			<input type="text"/>
<b>Korean</b>			<input type="text"/>
<b>Other</b>			<input type="text"/>
<b>Unknown</b>			<input type="text"/>
<b>Subtotals</b>			<input type="text"/>

**TABLE D**

<b>OUTREACH AND RECRUITMENT</b> (See totals reported in Table A as a guide.)		
<b>Strategy</b>	<b>Number Enrolled</b>	<b>Providers Serving Children Ages 0-5 and their Families</b>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
<b>Total Enrolled</b>	<input type="text"/>	<input type="text"/>

Please Insert Comments Below (include additional sheets if needed):

**TABLE E**

<b>MENTORS</b>	
<b>OUTREACH AND RECRUITMENT</b>	
<b>Strategy</b>	<b>Number of Mentors</b>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
<b>Total</b>	<input type="text"/>

**TABLE F**

<b>DEMOGRAPHIC INFORMATION</b>	
	<b>Number of Mentors</b>
<b>Alaska Native/American Indian</b>	<input type="text"/>
<b>Asian</b>	<input type="text"/>
<b>Black/African American</b>	<input type="text"/>
<b>Hispanic/Latino</b>	<input type="text"/>
<b>Pacific Islander</b>	<input type="text"/>
<b>White</b>	<input type="text"/>
<b>Multiracial</b>	<input type="text"/>
<b>Other</b>	<input type="text"/>
<b>Unknown</b>	<input type="text"/>
<b>Subtotals</b>	<input type="text"/>

**TABLE G**

<b>DEMOGRAPHIC INFORMATION</b>	
<b>Primary Language</b>	<b>Number of Mentors</b>
English	<input type="text"/>
Spanish	<input type="text"/>
Cantonese	<input type="text"/>
Mandarin	<input type="text"/>
Vietnamese	<input type="text"/>
Korean	<input type="text"/>
Other	<input type="text"/>
Unknown	<input type="text"/>
Subtotals	<input type="text"/>