

**STARTING POINTS FAMILY RESOURCE CENTERS  
QUARTERLY PROGRAM ACTIVITY REPORT  
State Fiscal Year 2015**

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**Program Name:**  
**Grant Number:G**

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**Report Period:** (check one)

First Quarter (July – September )  
**Due: October 15**

Second Quarter (October – December)  
**Due: January 15**

Third Quarter (January – March)  
**Due: April 15**

Fourth Quarter/Final Report (April – June)  
**Due: August 15**

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Program activity reports should be submitted ELECTRONICALLY, via email, when possible.

**SUBMIT THE ORIGINAL PROGRAM ACTIVITY REPORT TO:**

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR CHILDREN AND FAMILIES, OFFICE OF FINANCE AND ADMINISTRATION  
DIVISION OF GRANTS AND CONTRACTS  
350 CAPITOL STREET, ROOM 730  
CHARLESTON, WEST VIRGINIA 25301-3711  
**ATTN: ELLEN VANCE, CONTRACT SPECIALIST**  
[ELLEN.R.VANCE@WV.GOV](mailto:ELLEN.R.VANCE@WV.GOV)

**SUBMIT A COPY OF THIS PROGRAM ACTIVITY REPORT TO:**

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR CHILDREN AND FAMILIES, OFFICE OF CHILDREN AND ADULT POLICY  
DIVISION OF CHILDREN AND ADULT SERVICES  
350 CAPITOL STREET, ROOM 691  
CHARLESTON, WEST VIRGINIA 25301-3711  
**ATTN: REGAN MCGAHAN/ REBECCA BLEVINS**  
[REGAN.S.M.MCGAHAN@WV.GOV/REBECCA.R.BLEVINS@WV.GOV](mailto:REGAN.S.M.MCGAHAN@WV.GOV/REBECCA.R.BLEVINS@WV.GOV)

## SECTION I: REPORT GUIDANCE

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**For the first three quarters of the fiscal year, provide the following information for the quarter only. FOR THE FOURTH QUARTER (FINAL) REPORT, PROVIDE THE FOLLOWING INFORMATION FOR THE ENTIRE YEAR. The Narrative Report will be completed quarterly. The Starting Points Data Report will be completed monthly but submitted quarterly with the narrative report. Enter "0" for any services not provided. Use the guidance below to complete the reports.**

DIRECT SERVICES are defined as services that are directed at specific populations identified as being at increased risk of becoming abusive or they may provide direct services to the general population. Direct services means that the services must be provided to an individual or family and the planned duration of the service should be more than a one-time event. If the participant only attends the direct service for one-time and drops out, they should still be counted in this category since the planned duration was for more than one time. The data should not include recipients of information and referral services, one-time public education events, and other public awareness campaigns.

PUBLIC EDUCATION AND PUBLIC AWARENESS ACTIVITIES are defined as services that are directed to the general population or at specific populations identified as being at increased risk of abuse or neglect. The activities may be a one-time event or a series of public education and information sessions. These activities may also include provide information and referral to the community through the telephone, in-person, or through a mail out or website.

For participants in public education or public awareness activities, report the following:

**LIST ANY OTHER ACTIVITIES THIS QUARTER:**

## SECTION II: PROGRAM MANAGEMENT

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***Hours of operation this quarter:***

*We operate from 8:00 to 4:00 Monday through Thursday. We are open on Fridays, when needed.*

***Report on Advisory Council Meeting- Participants (Include roster of advisory council members), decisions made, and quality improvement issues addressed?***

***Report on WV Family Survey Project – Issues or successes:***

## SECTION III: PROGRESS NARRATIVE-WORK PLAN

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*Summarize progress and activities for goals and objectives of the program for this quarter:*

- A. Promote Responsible Parenthood***
- B. Information and Referral***
- C. Ensure Good Health and Protection for Families***
- D. Outreach and Mobilize Communities to Support Children and Families***

***Describe outreach activities. What went as planned or worked well? What did not? What improvements might you want to consider?***

***Describe the efforts made to involve parents in service planning, delivery, and evaluation.***

***Describe any meetings, planning council involvement, or other administrative activities that took place during the quarter.***

***For Doddridge County only: Describe efforts to maintain IHFE model fidelity, report the number of home visitors on the STARS Career Pathway, and continuous quality improvement efforts related to IHFE***

#### **SECTION IV:    PROGRESS NARRATIVE- OUTCOME ACCOUNTABILITY**

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***Summarize progress towards the outcomes identified on your Center's Logic Model. For the first quarter, attach an updated logic model for your program. Describe any modifications made:***

***If participating in the bi-annual peer review, please describe the process you have been involved in – either being reviewed or reviewing another Center. Describe any issues or modifications that should be considered for the process.***

#### **SECTION V:    STORIES**

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***Please provide a narrative of “people stories” or attach newspaper clippings, newsletters and/or printed materials as needed to tell of accomplishments of the Starting Points Family Resource Center this quarter.***