Strategy Building Project
Project Outcomes Report

October 25, 2019

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Project Description

In the spring 2018, Live Again Fresno leadership partnered with consultant Dr. Morghan Vélez of Anchoring Success in a volunteer capacity to refine program-level data collection. The focus of this partnership was to leverage existing data collection methods and existing data to advance the quality of data and, hence, reporting practices. The outcomes from this partnership included program descriptions and quantitative data collection practices tailored for educating current and potential funders.

In September 2019, Live Again Fresno leadership partnered with Anchoring Success to advance the a.) data collection methods, including digital data entry forms and the processes that guide their use, b.) train all staff who will implement the methods, and c.) finalize the development of the methods and support materials based on the collaborative design of these items with the Live Again Fresno staff team.

The following three outcomes were designed by Live Again Fresno leadership and informed the program priorities and meeting agenda (refer to Appendix A for the project meeting agenda):

1 | Collaboratively, design a plan that meets LAF's data collection needs
2 | Develop clear roles for all LAF team members to implement the plan
3 | Build high level of confidence for the plan and for the role responsibilities needed for implementing the plan

In the two-day strategy meeting, October 14 and 15, the Live Again Fresno staff team accomplished building several important practices and tools to advance data collection, data quality, and reporting. They built seven data entry forms (i.e. partially based on the existence of prior forms) and two tools to support data collection and entry, including the following (refer to Appendix B for all forms):

1 | *TOOL*   A tailored Live Again Fresno Data Policy was developed to guide management of data and reporting in alignment with Live Again Fresno's values of: Dignity/Confidentiality, A Unit of 1 Has Immense Value, Get Info Directly From the Person, and Communicate with Families Organically and with Organizations with Data.
2 | *TOOL*   A Monitor's Check-off List was developed to support day-to-day management of afterschool programming attendance lists and data entry into the Afterschool Activities Form that collects activity details around positive youth development outcomes intended by the program.

1 | *FORM*   The Program Enrollment Form was revised to make the form easier to complete by families with multiple children and to collect basic information that will assist Live Again Fresno staff in serving the children and parents.
2 | *FORM*   The Afterschool Activities Form was redesigned to focus on only activity details that illustrate the children's gains in knowledge, skills, and connectedness due to participation in the program.
3 | *FORM*   The Resource Referral Form was redesigned to focus on only details pertaining to referral motivation, site location, and outcome of the referral provided to children and parents.
4 | *FORM*   The Case Notes Form is one of the shortest forms designed by the Live Again Fresno staff team. This form gathers individualized information from one-on-ones between staff and children; the contents entered into the form guide future support of children, track their progress through specific issues, and bring attention to issues elevated for immediate need by the Live Again Fresno leaders.

5 | *FORM*   <u>The Mobile Food Route Form</u> was redesigned to focus on only activity details that illustrate the number of children served, locations served, and level of hunger.

6 | *FORM*   <u>The Recruitment Form</u> was designed to make a home for recruitment (i.e. outreach) information that was already collected in notebooks. When Parent Partners began about one-month prior to this project, they tracked their recruitment work, including the number of parents reached, the locations of those parents, and number of enrollments made. This form now stores this data.

7 | *FORM*   The <u>Child/Youth Growth Survey</u> was designed to be administered at least four-weeks after children begin their participation in the Afterschool Program. The survey collects data about the skills, knowledge, and connectedness that the children gain from the program, comparing their skills, knowledge, and connectedness at the start of their participation to the point when they are surveys (i.e. at least four-weeks after start of participation, ideally twice-a-year for long-time participants).

At the end of the project meeting on October 14 and 15, the Live Again Fresno staff team confirmed the design of the forms and finalized tools, reporting their confidence with using the materials. The staff team agreed to come together in four- to six-weeks to reflect on the design and implementation of the data collection forms and tools in order to ensure that the materials are appropriately tailored for the reality of program delivery.

Project Samples

In this section, the images illustrate the collaborative work at the core of designing data collection methods that align with the Live Again Fresno values required for effectively serving children/youth and parents.
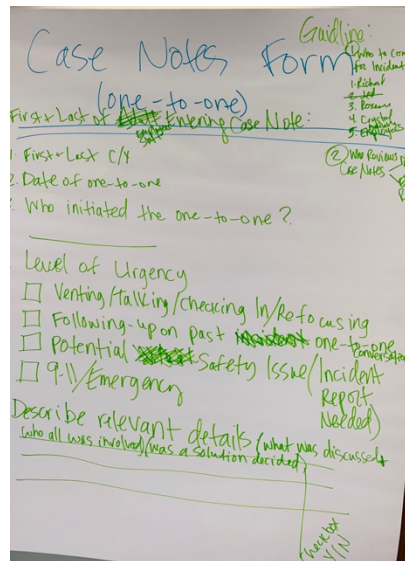

The Live Again Fresno staff team deconstructs the existing data collection forms and processes for implementing those forms.
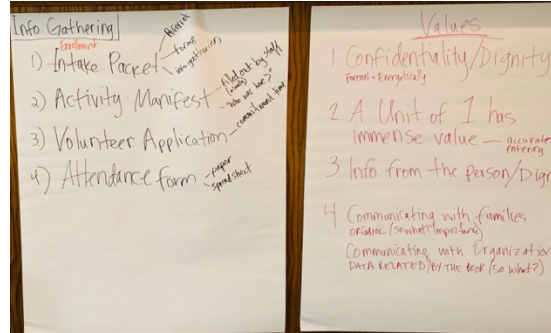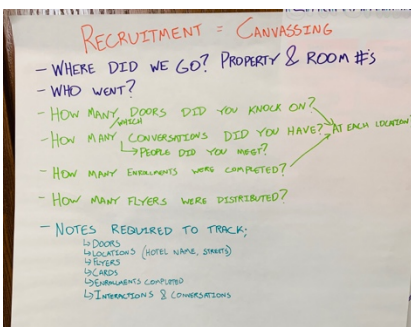

The Live Again Fresno staff team confirms their values as they are relevant to data management.

The deconstruction of existing data collection forms and processes.

The designing of a process for Case Notes intended for gathering and tracking individualized data among children.

The designing of a Recruitment Form to gather and track outreach activities.

At the end of the two-days of strategy building, the Live Again Fresno staff team celebrated the birthday of a staff member.

Action Plan

The following Action Plan was generally discussed during the two-day project meeting, but the table below distills the actions and projected timeline to ensure the ongoing success of what was accomplished on October 14 and 15.

Action	Timing
1 | Review and confirm all data collection forms and tools submitted by Anchoring Success.	October 2019
2 | Implement all data collection forms.	Immediately following the start of Action 1.
3 | Implement the new tool Monitor's Check List.	Immediately following the start of Action 1.
4 | Meet for one- to two-hours to review the implementation of the forms and tool.	Four- to six-weeks following the start of Action 2 and Action 3.
5 | Implement Child/Youth Growth Survey with all children who participates in program for 4+ weeks (ideally after multiple months of participation in the program).	November 2019
6 | Include the new Live Again Fresno Data Policy in the training and onboarding of all staff and volunteers.	December 2019
7 | Meet for one- to two-hours to review the implementation of the Child/Youth Growth Survey.	Four- to six-weeks following the start of Action 5.
8 | Live Again Fresno leadership meet to discuss the adoption of a organization-specific database (i.e. transitioning away from Google docs).	Jan 2020
9 | Live Again Fresno leadership meet to discuss the adoption of employee and volunteer data entry forms such as twice-a-month supervision meetings and data entry forms to track personnel progress and needs.	February 2020

Recommendations

The recommendations in this section serve as a point of reflection for the LAF team. The recommendations lean on the current strengths of LAF and focus attention on future accomplishments.

Recommendation 1 | The LAF team's sophistication can be leveraged for more design work such as data entry forms and processes for operational areas of the organization. For example, employee and volunteer supervision and support practices would benefit from formalized approaches to entering data on activities such as the rate and content of supervision meetings between staff/volunteers and their supervisors. Such practices also create transparency around standards for accountability and support.

Recommendation 2 | Leadership should share data analysis and emerging findings with employees and volunteers for *meaning making meetings.* Sharing some types of data analysis activities can advance data literacy, ensure that knowledge is shared across all levels of the organization, and enrich the analysis of data by having staff share their insights. LAF leadership may want to schedule official data analysis or data discussion meetings one to two times a year.

Recommendation 3 | Timing matters. While the Action Plan presented earlier in this report has designated dates for actions, the chronology is more important than the actual date of the action. If the timeline needs to change, lengthen the duration of the Action Plan, but keep intact the chronology of the action.

Appendix A. Project Meeting Agenda

Day-1 October 14, 2019

Activity	Purpose	Materials Needed
1 | Refreshments & Welcome 9am-9:30am	• Get comfortable • Introduce one another • Review (short) agenda	[Anchoring Success] Coffee, Cookies, Fruit, Cheese, Eating Supplies
2 | Explore LAF funding sources and % that they support the LAF mission and work 9:30am-11am	• Understanding the basic funding structure • Study the mission and priorities of the funders (e.g. Who is DBH and what is their focus?) • Get clear on the purpose of collecting data to respond to the priorities of funders	[Anchoring Success] Powerpoint, laptop, notebooks for participants, writing utensils for participants, large post-it notes, markers, toys and snacks at the center of the table [Live Again Fresno] Projector, screen/blank wall, tables and chairs
3 | Open, facilitated discussion of major learnings from exploring LAF funders 11am-11:30am	• Share what is clear and not clear from the previous 1.5-hrs of processing funder information • Respond to any lingering questions about the funders and importance of LAF data collection (broadly)	[Anchoring Success] Same materials used earlier
4 | Examine data collection basics, start 11:30am-12pm	• Develop a LAF-specific vocabulary for how LAF wants to talk about "data," "data collection," and "data analysis." • Design a LAF-specific of data commitments and values.	[Anchoring Success] Same materials used earlier
5 | Lunchtime pause 12pm-12:30pm	• Nourish selves • Allows brains to process earlier activities	[Live Again Fresno] Lunch food, Eating supplies, a Bluetooth speaker for music
6 | Examine data collection basics, complete 12:30pm-1:30pm	• Design a LAF-specific of data commitments and values.	[Anchoring Success] Same materials used earlier
7 | Take apart current LAF data and data collection practices	• Make a visual display of what <u>data types</u> currently exist (e.g. data types such as	[Anchoring Success] Same materials used earlier

	1:30pm-2:30pm	
	demographics, attendance logs, etc.)	
	• Make a visual display of what <u>data collection practices</u> currently exist (e.g. ask participant to sign-in, in-take interview process, etc.)	
	• Both visual displays empowers the team to identify where to build, delete, and/or adjust LAF data practices	

Day-2 October 15, 2019

Activity	Purpose	Materials Needed
1 | Refreshments & Welcome 9am-9:30am	• Get comfortable • Review (short) agenda for the day ahead	[Anchoring Success] Coffee, Cookies, Fruit, Cheese, Eating Supplies
3 | Identify where to build, delete, and/or adjust LAF data practices (based on accomplishments from yesterday 9:30am-11:30am	• Develop new data practices from the organically arise insights of the team • Decide and finalize new data practices	[Anchoring Success] Coffee, Cookies, Fruit, Cheese, Eating Supplies
3 | Open, facilitated discussion of major learnings from developing new data practices and decisions 11:30am-12pm	• Share what is clear and not clear from the previous 2-hrs • Respond to any lingering questions about new data practices	[Anchoring Success] Same materials used earlier
4.1 | Lunchtime pause 12pm-12:30pm	• Nourish selves • Allows brains to process earlier activities	[Live Again Fresno] Lunch food, Eating supplies, a Bluetooth speaker for music
4.2 | During lunch, Anchoring Success will be prepping for the next session…	• Set up activities to follow after lunch pause	[Anchoring Success] Same materials used earlier
5 | Practice using new data practices (i.e. data types and data collection practices)	• Test-out new data practices (i.e. data types and data collection practices)	[Anchoring Success] Same materials used earlier

12:30pm-2:15pm	• Build confidence with using new data practices • Address any additional edits that are discovered during testing and practicing with the new data practices	
6 | Open, facilitated discussion of major learnings from testing and practicing with the new data practices 2:15pm-2:30pm	• Share what is clear and not clear from the previous 2-hrs • Respond to any lingering questions about new data practices • Collect final feedback from the team for Anchoring Success to resolve	[Anchoring Success] Same materials used earlier

Appendix B. Data Entry Forms

Child/Youth Enrollment Form

QUESTIONS   RESPONSES

Child/Youth Enrollment Form

This form collects information about new children/youth and parents who would like to participate in Live Again Fresno programming.

THIS FORM ALSO NEEDS A SIGNATURE FOR THE FOLLOWING 4 THINGS: 1.) Declaration of Truth, 2.) Custody Approval, 3.) Mediation Agreement, 4.) Waiver & Release from Liability

⋮⋮⋮

Image title

First Name of individual filling out the form   *

Short answer text

Last Name of individual filling out the form   *

Short answer text

1.) Date of enrollment   *

Month, day, year 📅

Short answer text

2b.) Parent last name   *

Short answer text

3.) Relation to child/youth

- ◯ Mother
- ◯ Father
- ◯ Grandmother
- ◯ Grandfather
- ◯ Aunt
- ◯ Uncle
- ◯ Other…

4.) Phone number

Short answer text

5.) Email address

Short answer text

Short answer text

7a.) Emergency contact 1 name and number

Short answer text

7b.) Emergency contact 2 name and number

Short answer text

8.) Total number of children/youth being enrolled from this family *

Short answer text

Basic information about child/youth

Description (optional)

Child/youth 1

Description (optional)

a.) First and last name of child/youth 1 *

Long answer text

b.) Birthdate of child/youth 1

Month, day, year

c.) Gender of child/youth 1

○ Female

○ Male

○ Non-binary/non-conforming

d.) School name child/youth 1

Short answer text

e.) Grade level child/youth 1

Short answer text

f.) Any allergies or medical conditions for child/youth 1?

Short answer text

g.) Any accomodations needed to participate in Live Again Fresno activities for child/youth 1?

Long answer text

Child/youth 2

Description (optional)

a.) First and last name of child/youth 2

b.) Birthdate of child/youth 2

Month, day, year   📅

c.) Gender of child/youth 2

○ Female

○ Male

○ Non-binary/non-conforming

d.) School name child/youth 2

Short answer text

e.) Grade level child/youth 2

Short answer text

f.) Any allergies or medical conditions for child/youth 2?

Short answer text

g.) Any accomodations needed to participate in Live Again Fresno activities for child/youth 2?

Short answer text

➕   🔁   T𝐓   🖼   ▶   ═

Child/youth 3

Description (optional)

a.) First and last name of child/youth 3

Short answer text

b.) Birthdate of child/youth 3

Month, day, year   📅

c.) Gender of child/youth 3

○ Female

○ Male

○ Non-binary/non-conforming

d.) School name child/youth 3

Short answer text

e.) Grade level child/youth 3

Short answer text

f.) Any allergies or medical conditions for child/youth 3?

Short answer text

g.) Any accomodations needed to participate in Live Again Fresno activities for child/youth 3?

Short answer text

Child/youth 4

Description (optional)

a.) First and last name of child/youth 4

Short answer text

b.) Birthdate of child/youth 4

Month, day, year   📅

c.) Gender of child/youth 4

○ Female

○ Male

○ Non-binary/non-conforming

d.) School name child/youth 4

Short answer text

e.) Grade level child/youth 4

Short answer text

f.) Any allergies or medical conditions for child/youth 4?

Short answer text

g.) Any accomodations needed to participate in Live Again Fresno activities for child/youth 4?

Short answer text

Serving the child/youth

Description (optional)

How can we best serve the child/youth?

Description (optional)

7.) School: Have any of the children participated in any of these programs? (Choose all that apply.)

	Preschool	Trans kindergrad…	Headstart	Gate	Advanced Place…
Child 1	☐	☐	☐	☐	☐
Child 2	☐	☐	☐	☐	☐
Child 3	☐	☐	☐	☐	☐
Child 4	☐	☐	☐	☐	☐

(Choose all that apply.)

	IEP/speci…	Low GPA	Missing to…	Lots of tar…	Suspende…	Expelled fr…	Repeated …	Fighting a…
Child 1	☐	☐	☐	☐	☐	☐	☐	☐
Child 2	☐	☐	☐	☐	☐	☐	☐	☐
Child 3	☐	☐	☐	☐	☐	☐	☐	☐
Child 4	☐	☐	☐	☐	☐	☐	☐	☐

9.) School: Which subjects is the child/youth STRONGEST in? (Choose all that apply.)

	Math	Reading	Science	Social Studies	Sports	Arts
Child 1	☐	☐	☐	☐	☐	☐
Child 2	☐	☐	☐	☐	☐	☐
Child 3	☐	☐	☐	☐	☐	☐
Child 4	☐	☐	☐	☐	☐	☐

10.) School: Which subjects could the child/youth use the most SUPPORT? (Choose all that apply.)

	Math	Reading	Science	Social Studies	Sports	Arts
Child 1	☐	☐	☐	☐	☐	☐
Child 2	☐	☐	☐	☐	☐	☐
Child 3	☐	☐	☐	☐	☐	☐

11.) Health & Wellbeing: Has the child/youth experienced any of the following? (Choose all that apply.)

	Depression	Anxiety	Substance ab...	Unsafe sexual...	Teen pregnan...	Juvenile crime
Child 1	☐	☐	☐	☐	☐	☐
Child 2	☐	☐	☐	☐	☐	☐
Child 3	☐	☐	☐	☐	☐	☐
Child 4	☐	☐	☐	☐	☐	☐

Serving Parents

Description (optional)

12.) Are you interested in assistance with enrolling children in medical, dental, and/or mental health services?   *

◯ Yes

◯ No

13.) Would you like us to connect you to any of the following resources? (Choose all that apply.)   *

☐ Housing services

☐ Food support

☐ Therapy/counseling

Child/Youth Growth Survey

This Growth Survey is for Children/Youth 5-years to 15-years. This survey should only be completed if the child/youth has been in Live Again Fresno programs for a minimum of 4-weeks. This survey can be conducted multiple times with the same child/youth. Ideally, this survey should be conducted twice a year, but some children/youth only participate in programming for a short time.

THIS SURVEY SHOULD BE CONDUCTED BY STAFF WHO DO NOT REGULARLY INTERACT WITH THE CHILD/YOUTH so that the child/youth feels comfortable with being as honest as possible.

* Required

First name of Child/Youth *

Your answer

Last name of Child/Youth *

Your answer

How many weeks has the child/youth been enrolled in Live Again Fresno programming? *

Your answer

1.) Date survey was completed with child/youth *
Date

mm/dd/yyyy

2a.) First name of person who conducted survey *

Your answer

2b.) Last name of person who conducted survey *

Your answer

Growth Questions

New Skills Gained?

1a.) In ___[enter date]___, how skilled were you in Expressing your needs in an appropriate way for your life? (ask this question based on when the child/youth started participating in LAF programming) *

1   2   3   4   5   6   7   8   9   10

I was not skilled in this area.   ○○○○○○○○ ○   I was so skilled.

1b.) Today, how skilled are you in Expressing your needs in an appropriate way for your life? *

1 2 3 4 5 6 7 8 9 10

I didn't grow at all in this area.   ○○○○○○○○○   I grew so much that I can now determine when and how to express myself effectively.

2a.) In ___[enter date]___, how skilled were you in Communicating in a group setting? (ask this question based on when the child/youth started participating in LAF programming) *

1 2 3 4 5 6 7 8 9 10

I was not skilled in this area. ○○○○○○○○○ ○ I was so skilled.

2b.) Today, how skilled are you in Communicating in a group setting? *

1 2 3 4 5 6 7 8 9 10

I didn't grow at all in this area. ○○○○○○○○○○ I grew so much that I can now effectively communicate in nearly any group setting.

3a.) In ___[enter date]___, how skilled were you in Communicating in a kind and respectful way overall? (ask this question based on when the child/youth started participating in LAF programming) *

1 2 3 4 5 6 7 8 9 10

I was not skilled in this area. ○○○○○○○○○ ○ I was so skilled.

3b.) Today, how skilled are you in Communicating in a kind and respectful way overall? *

1 2 3 4 5 6 7 8 9 10

I didn't grow at all in this area. ○○○○○○○○○○ I grew so much that I can now communicate kindly and respectfully as needed.

4a.) In ___[enter date]___, how skilled were you in Identifying your own feelings/emotions? (ask this question based on when the child/youth started participating in LAF programming) *

1 2 3 4 5 6 7 8 9 10

I was not skilled in this area. ○○○○○○○○ ○ I was so skilled.

4b.) Today, how skilled are you in Identifying your own feelings/emotions? *

1 2 3 4 5 6 7 8 9 10

I didn't grow at all in this area. ○○○○○○○○○○ I grew so much that I can now name the emotions that I am feeling at any time.

New Knowledge/Info Gained?

5a.) In ___[enter date]___, how much did you know about Building Healthy Relationships? (ask this question based on when the child/youth started participating in LAF programming) *

1 2 3 4 5 6 7 8 9 10

I didn't know anything about this. ○○○○○○○○ ○ I knew so much.

5b.) Today, how much do you know about Building Healthy Relationships? *

1 2 3 4 5 6 7 8 9 10

I didn't gain any knowledge on this topic. ○○○○○○○○○○ I gained so much knowledge that I can now remember this info by myself.

6a.) In ___[enter date]___, how much did you know about jobs, travel, and ideas beyond the neighborhood? (ask this question based on when the child/youth started participating in LAF programming) *

1   2   3   4   5   6   7   8   9   10

I didn't know anything on this topic.   ◯◯◯◯◯◯◯◯◯ ◯   I knew so much.

6b.) Today, how much do you know about jobs, travel, and ideas beyond the neighborhood? *

1 2 3 4 5 6 7 8 9 10

I didn't gain any knowledge in this area.   ◯◯◯◯◯◯◯◯◯◯   I gained so much knowledge that I can now remember this info by myself.

New Connectedness Gained?

7a.) In ___[enter date]___, how connected did you feel with Live Again Fresno family? (ask this question based on when the child/youth started participating in LAF programming) *

1 2 3 4 5 6 7 8 9 10

Not connected at all   ◯◯◯◯◯◯◯◯◯ ◯   100% connected and trusted the LAF family

7b.) Today, how connected do you feel with Live Again Fresno family? *

1 2 3 4 5 6 7 8 9 10

I have not yet felt connected to the LAF family   ◯◯◯◯◯◯◯◯◯ ◯   100% connected and feel trust for the LAF family

8a.) In ___[enter date]___, how connected did you feel to Live Again Fresno activities? (Drawn to/committed to/etc.) (ask this question based on when the child/youth started participating in LAF programming) *

1 2 3 4 5 6 7 8 9 10

Not connected at all ○○○○○○○○ ○ 100% connected and felt safe in LAF activities

8b.) Today, how connected do you feel to Live Again Fresno activities? (Drawn to/committed to/etc.) *

1 2 3 4 5 6 7 8 9 10

I have not yet felt connected to LAF activities ○○○○○○○○○ ○ 100% connected and feel safe in LAF activities

Anything else to record?

9.) Is there anything else that you would like to share about your growth?

Your answer

SUBMIT

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Google Forms

Recruitment Form

This form tracks the recruitment activity details for connecting with more children/youth and parents. The information collected through this form helps LAF understand the frequency of activities and the engagement and growth of program participants.

* Required

First Name of individual filling out the form *

Your answer

Last Name of individual filling out the form *

Your answer

1.) Date of activity *
Date

mm/dd/yyyy

2.) What time did you start the recruitment activity? *
Time

:   AM   ▾

3.) What time did your end the recruitment activity? *

Time

⋮   AM ▾

4.) First and last names of all staff who participated in recruitment activity *

Your answer

Recruitment details

5.) Total number of doors knocked on

Your answer

6.) Total number of flyers handed out/left at doors

Your answer

7.) Total number of conversations

Your answer

8.) Total number of enrollments

Your answer

9.) Which location(s) were visited? (Choose all that apply.) *

☐ Sands Motel

☐ Parkway Inn

☐ Ambassador Inn

☐ Travel Inn

☐ Parkside Inn

☐ Palace Inn

☐ Villa Motel

☐ Valley Inn

☐ Motel 6

☐ Rodeway Inn

☐ Welcom Inn

☐ Other:

10.) Which location(s) had the most enrollments? (Choose all that apply.) *

☐ Sands Motel

☐ Parkway Inn

☐ Ambassador Inn

☐ Travel Inn

☐ Parkside Inn

☐ Palace Inn

☐ Villa Motel

☐ Valley Inn

☐ Motel 6

☐ Rodeway Inn

☐ Welcom Inn

☐ Other:

11.) For each location visited, list the name of the location, number of flyers handed out, number of conversations, and number of enrollments (example: Rodeway Inn, 10 flyers, 5 conversations, 3 enrollments) *

Your answer

12.) Are there any noteworthy comments that you heard from the parents?

Your answer

13.) Is there anything else to share about this recruitment activity?

Your answer

14.) Was a Critical Incident Report filed? *

◯ Yes

◯ No

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Google Forms

Case Notes Form

This form tracks the details of one-to-one meetings with children/youth and parents. ONLY Live Again Fresno staff should ever have one-to-one meetings with children/youth and parents. The information collected through this form helps LAF understand the needs and growth of program participants.

* Required

First Name of individual filling out the form *

Your answer

Last Name of individual filling out the form *

Your answer

1.) Is this Case Note regarding a one-to-one meeting with a child/youth or parent?

○ Child/youth

○ Parent

2.) First Name of child/youth or parent *

Your answer

3.) Last Name of child/youth or parent *

Your answer

4.) Date of activity *
Date

mm/dd/yyyy

Details of one-to-one meeting

5.) Who initiated the one-to-one meeting? *

○ child/youth

○ parent

○ staff member

6.) Level of urgency (choose all that apply) *

☐ Venting/talking/checking-in/refocusing

☐ Following-up on past one-to-one meeting

☐ Potential safety issue (complete an Incident Report and notify leadership)

☐ 911/Emergency

7.) Was a solution decided? *

○ Yes, fully

○ Yes, partially

○ No

8.) Describe relevant details (who all was involved and what was discussed) *

Your answer

9.) Is there anything else to share about this one-to-one meeting?

Your answer

10.) Was a Critical Incident Report Filed? *

○ Yes

○ No

SUBMIT

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Google Forms

Resource Referral Form

This form tracks the details for providing referrals to children/youth and parent. The information collected through this form helps LAF understand the frequency of activities and the engagement and growth of program participants.

If you do not have a response/answer to Question #7, please wait to submit this form until you have that answer to enter into the form.

* Required

First Name of individual filling out the form *

Your answer

Last Name of individual filling out the form *

Your answer

1.) Date of activity or ask for referral support *
Date

mm/dd/yyyy

2.) Is this referral for a Child/Youth or Parent? *

○ Child/Youth

○ Parent

3.) First name of children/youth or parent who received the resource referral *

Your answer

4.) Last name of children/youth or parent who received the resource referral *

Your answer

Resource Referral Details

5.) What type of referral(s) or resource(s) was the focus? (Choose all that apply.) *

☐ Adult housing support

☐ Youth housing support (EOC Youth Shelter/Sanctuary)

☐ Bill paying support

☐ Food support

☐ Medical or Mental Health support for guardian

☐ Medical or Mental Health support for child(ren)

☐ Workforce and/or training support for guardian

☐ Workforce and/or training support for child(ren)

☐ Legal documents support for guardian

☐ Legal or juvenile/criminal justice support for child(ren)

☐ Legal documents support for child(ren)

☐ Legal or criminal justice support for guardian

☐ Children's schooling support

☐ Transportation support

☐ Other:

6.) Name of community resource site(s) visited or recommended *

Your answer

7.) Was the outing successful for at least visiting one community site? *

○ Yes, everything was accomplished as needed

○ Yes, things were partially accomplished, but the outing was empowering and has practical next steps

○ No, nothing or nearly was accomplished due to the referral site having difficulties/barriers/not helpful

○ No, nothing or nearly nothing was accomplished due to stress/strain/difficulty for the guardian

8.) What steps for this specific referral or referral site worked well or didn't work well? Please provide insights about the referral or referral site process. *

Your answer

9.) Is there anything else to record about this resource referral?

Your answer

10.) Was a Critical Incident Report Filed *

○ Yes

○ No

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After School Program Activity Form

This form tracks the activity details for groups of children/youth based on their age group. The information collected through this form helps LAF understand the frequency of activities and the engagement and growth of program participants.

* Required

First Name of individual filling out the form *

Your answer

Last Name of individual filling out the form *

Your answer

1.) Date of activity *
Date

mm/dd/yyyy

2.) Which program participant group engaged in the activity?
(Only choose one option.) *

○ 5-7 years

○ 8-12 years

○ 13-15 years

3.) Total number of Children/Youth in the group *

Your answer

4.) Where there any new children who participated? *

○ Yes

○ No, the same children from past dates participated

5.) First and last names of all Children/Youth who participated in
the activity. *

Your answer

6.) Which location(s) were the Children/Youth picked up from? (Choose all that apply.) *

☐ Sands Motel

☐ Parkway Inn

☐ Ambassador Inn

☐ Travel Inn

☐ Parkside Inn

☐ Palace Inn

☐ Villa Motel

☐ Valley Inn

☐ Motel 6

☐ Rodeway Inn

☐ Welcom Inn

☐ Other:

Activity Details

7.) What time did you pick up the Children/Youth? *

Time

:   AM ▼

8.) What time did the activity end? *

Time

:   AM ▾

9.) Select Group Activity Type (Choose all that apply.) *

☐ Athletic

☐ Arts

☐ Free Play (including one-to-ones, if there were one-to-one be sure to fill-out a Case Notes form)

☐ Math

☐ Reading with Bigs

☐ Socio-emotional (e.g. stress reduction techniques, emotional intelligence development, indigenous healing circles, restorative justice learning approaches, etc.)

☐ Workforce (e.g. resume building, interview practicing, job exploring, etc.)

☐ Exposure Activity (off-site)

☐ Meal Time

☐ Other:

10.) In 1 to 2 sentences, describe the activity (e.g. Which curriculums were used, tools, materials, etc.). *

Your answer

11.) Comments you heard from the Children/Youth participants about the activity. *

Your answer

12.) Did any Children/Youth ask for food outside of Meal Time? *

○ Yes

○ No

13.) Is there anything else to share about this activity or group of Children/Youth?

Your answer

14.) Was a Critical Incident Report Filed? *

○ Yes

○ No

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Google Forms

Mobile Food Route Form

This form tracks the activity details for groups of children/youth based on which site they participate in for the Mobile Food Route. The information collected through this form helps LAF understand the frequency of activities and the engagement and growth of program participants.

* Required

First Name of individual filling out the form *

Your answer

Last Name of individual filling out the form *

Your answer

1.) Date of activity *
Date

mm/dd/yyyy

Indicate the sites that were visited and children/youth

2a.) Was Sands Motel visited? *

○ Yes

○ No

○ Partially, but left early (refer to questions 11 and 12 at the end of the form)

2b.) What is the total number of children/youth who participated at Sands Motel?

Your answer

2c.) What is the number of new children/youth since last week who participated at Sands Motel? (leave blank if no new children/youth)

Your answer

2d.) What are the names of children/youth who participated at Sands Motel?

Your answer

3a.) Was Parkway Inn visited? *

○ Yes

○ No

○ Partially, but left early (refer to questions 11 and 12 at the end of the form)

3b.) What is the total number of children/youth who participated at Parkway Inn?

Your answer

3c.) What is the number of new children/youth since last week who participated at Parkway Inn? (leave blank if no new children/youth this week)

Your answer

3d.) What are the names of children who participated at Parkway Inn?

Your answer

4a.) Was Ambassador Inn visited? *

○ Yes

○ No

○ Partially, but left early (refer to questions 11 and 12 at the end of the form)

4b.) What is the total number of children/youth who participated at Ambassador Inn?

Your answer

4c.) What is the number of new children/youth since last week who participated at Ambassador Inn? (leave blank if no new children/youth this week)

Your answer

4d.) What are the names of children/youth who participated at Ambassador Inn?

Your answer

5a.) Was Travel Inn visited? *

○ Yes

○ No

○ Partially, but left early (refer to questions 11 and 12 at the end of the form)

5b.) What is the total number of children/youth who participated at Travel Inn?

Your answer

5c.) What is the number of new children/youth since last week who participated at Travel Inn? (leave blank if no new children/youth this week)

Your answer

5d.) What are the names of children/youth who participated at Travel Inn?

Your answer

Indicate behavior of children/youth, parents, and environment

6.) Did children ask for more food after first serving? (wanted seconds) *

○ Yes

○ No

7.) Did children ask for more food after second serving? (wanted thirds) *

○ Yes

○ No

8.) Did any children/youth carry-on a conversation with the food server(s)? *

○ Yes, a small amount (e.g. 1-2 mins)

○ Yes, a moderate amount (e.g. 3-5 mins)

○ Yes, a lot (e.g. 6+ mins)

○ No

9.) Did any parents carry-on a conversation with the food server(s)? *

○ Yes, a small amount (e.g. 1-2 mins)

○ Yes, a moderate amount (e.g. 3-5 mins)

○ Yes, a lot (e.g. 6+ mins)

○ No

10.) Is there anything else to record about this Mobile Food Route Activity?

Your answer

11.) Were there any issues or hints of issue that made the setting potentially unsafe? (if the route site was canceled or ended early, select "yes") *

○ Yes

○ No

12.) Was a Critical Incident Report filed? *

○ Yes

○ No

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