

Participant Statistics

Nearly all programs collect some of the statistics listed below. These data are necessary for determining multiple aspects of a program's implementation, including effectiveness of outreach efforts, attrition rates, and completion rates. In addition, this kind of information can be used to calculate costs per participant. This instrument is designed to collect data on the number of participants that were recruited, the number that enrolled, and the number that completed your initiative. It will enable you to assess whether the program served the number of participants for which it was designed.

- *Number contacted (or targeted)*
- *Number recruited*
- *Number enrolled*
- *Number participated in some part of the program*
- *Number completed the program*

You will want to collect data that are related to the strategies used in individual initiatives. For example, for a train-the-trainer program, you might want to collect:

- *Number of participants who completed training*
- *Number of workshops offered*

For an initiative that aims to improve quality by distributing materials and equipment, you might want to collect:

- *Number of participants who receive the materials and equipment*
- *Number of children who are served by the participants*

The first example is from the California Child Care Initiative Project (CCIP), an effort to recruit and train new family child care providers. It uses this Statistical Service Report to collect data to monitor and report information on participants quarterly and annually. CCIP provides technical assistance and home visits to increase the numbers of licensed providers, but the form can be adapted to fit the specific needs of other individual initiatives. The second example is also from the CCIP and is used to document and monitor steps providers take in gaining accreditation.

Participant Statistics

Example 1: Technical Assistance, Professional Development and Training

PARTICIPANT RECORD

Project Year: _____

Agency Name: _____

Participant Name: _____ _____		<i>Check All That Apply:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Recruit <input type="checkbox"/> Trainee <input type="checkbox"/> Retention Trainee <input type="checkbox"/> Exempt Provider <input type="checkbox"/> Exempt Provider at start of Project Year <input type="checkbox"/> Licensed Provider at start of Project Year (Currently listed in R&R Files) 	
Language (Specify): _____			
Address: _____		County: _____	
City: _____	Zip: _____	Telephone Number: _____	

Check all that apply			
MONTH/DATE/YEAR:		MONTH/DATE/YEAR:	
<input type="checkbox"/> Attended Licensing Meeting		<input type="checkbox"/> Infant/Toddler Care	
<input type="checkbox"/> Sent in License Application		<input type="checkbox"/> Expanded License from 8 to 14	
<input type="checkbox"/> Date Licensed: License Number:		<input type="checkbox"/> Expanded Hours/Non-Traditional	
<input type="checkbox"/> License Denied Reason:		<input type="checkbox"/> Other	

ONE-TO-ONE TECHNICAL ASSISTANCE AND HOME/SITE VISIT RECORD

Record all technical assistance provided to the individual participant by staff on phone, at office, at home/site or other location.

DATE OF SERVICE	CHECK				USE THIS SPACE TO MAKE NOTE OF A SIGNIFICANT CONVERSATION BY PHONE AND/OR PURPOSE OF A HOME/SITE VISIT:
	PHONE	OFFICE	HOME/SITE	OTHER	

TALLY SHEET

TECHNICAL ASSISTANCE AND HOME VISITS

QUARTER I

TECHNICAL ASSISTANCE		
<i>Month</i>	For all TA contacts (phone, office, other) record with a tally mark (/)	TOTAL
June/July		
August		
September		

HOME VISITS		
Month	<i>For each Home Visit record with a tally mark (/)</i>	TOTAL
June/July		
August		
September		

Example 2: Accreditation

PARTICIPANT RECORD

Project Year: _____

Agency Name: _____

Participant Name: _____ _____		<i>Check All That Apply:</i> <input type="checkbox"/> State funded center <input type="checkbox"/> Pre-K center <input type="checkbox"/> Head Start <input type="checkbox"/> Family day care	
Language (Specify): _____			
Address: _____		County: _____	
City: _____	Zip: _____	Telephone Number: _____	

Check all that apply			
	MONTH/DATE/YEAR:		MONTH/DATE/YEAR:
<input type="checkbox"/> In self-study		<input type="checkbox"/> Infant/Toddler Care	
<input type="checkbox"/> Sent in accreditation packet		<input type="checkbox"/> Preschool	
<input type="checkbox"/> Accredited Accreditation Number:		<input type="checkbox"/> Before and after-school	
<input type="checkbox"/> Accreditation deferred Reason:		<input type="checkbox"/> Other	

ONE-TO-ONE TECHNICAL ASSISTANCE AND CONSULATION RECORD

Record all technical assistance provided to the individual participant by staff on phone, at office, at home/site or other location.

DATE OF SERVICE	CHECK				USE THIS SPACE TO MAKE NOTE OF A SIGNIFICANT CONVERSATION BY PHONE AND/OR PURPOSE OF A HOME/SITE VISIT:
	PHONE	OFFICE	ON-SITE	OTHER	