### Office of Child Abuse Prevention Annual Report Checklist

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#### 1. Terms and Conditions- Annually

- Must be completed yearly during Annual Reporting.
- Agreement is given by checking the box.
- Please feel free to print a copy of the Terms and Conditions for your records.

#### 2. County Need-based on your County Self-Assessment (CSA)

- Identify the county needs, which can be found in the CSA.
- Describe how the need was identified. Please refer to the System Improvement Plan (SIP) approved Program Descriptions to locate the county needs and service activities.

#### 3. Service Activity and Funding Stream- Annually

**Service Activity Information Section**

- Choose the service activity that best represents the program. If your service activity does not exist, please reach out to your consultant.
- Provide the program name, this may also be the name of the service provider.
- Identify if this is an Evidence Based Practice or an Evidence Informed Practice.
- Describe the program activity description which should look similar to the approved Program Description (which is part of the SIP).
- Indicate if this service is provided by one or more providers. If there are multiple providers, the total number of providers must be listed. Please list the names of the main service providers.

**Target Population**

- Identify all Prevention Levels that apply and indicate the percentage for each. Please note: the percentage of total prevention levels should equal 100%

**Program Collaboration Section**

- List all collaboration efforts as it relates to preventing child abuse and neglect for this program.
- Identify the nature of your collaboration(s) and provide a description of how the county collaborates using the nature(s) selected.

**Funding Stream Section**

- Identify which funding is being used and the amount expended.
- Identify if there is a financial sustainability plan for this program beyond OCAP funds.
- Indicate if the county would continue to invest in this program without OCAP funds.

**Languages and Service Counts Section**

- Choose which languages the program is offered in.
- Service counts are either by children, families, or parents/caregivers. Example: Parent Education is counted by number of parents/caregivers only.
- Provide a detailed explanation if there is a noticeable difference in last years’ service counts (either increases or decreases) as this information is used in federal reporting.
  - i.e. were there any changes that occurred that may have affected the number served.

**Activity Outcome Section**

- Choose the previously stated county identified need addressed by the service activity.
- Select a Desired Primary Outcome.
- If “Other” is selected, include in the additional comments a detailed explanation of how the
desired outcome is measured to determine success of the program. Please note the outcome percentage is calculated based on the total served entered in the service count section, divided by the number that achieved the outcome.

Identify how the desired outcome was measured? Please review the SIP Program Descriptions for the desired primary outcome information.

Select an Additional Desired Outcome (Federal Measures).

Explain any challenges or unexpected benefits with this activity.

Share any details of measuring the program’s effectiveness in the additional comments section.

### 4. CBCAP Only Tab

Complete the CBCAP Only tab for each CBCAP funded service activity.

For any Evidence Based Programs, please search the California Evidence Based Clearinghouse for the rating of your program.

Report how many children, families or parents/caregivers are being served with either an EBP or an EIP.

Indicate the special populations that are targeted with some or all of your CBCAP-funded programs.

Provide one example of outreach to promote culturally competent and culturally relevant programs and activities for funded programs.

CBCAP programs require an aspect of parent leadership, please describe how your county is engaging parents with CBCAP funds.

Identify all collaborations/partnerships.

Describe how the CBCAP lead agency will implement activities and training to enhance parent participation and leadership.

Provide information on how parents are and will be involved in funded programs with regards to evaluation, implementation and/or planning.

#### Evidence Practices Checklist under CBCAP Service Activity and Funding Stream

Indicate status of Logic Model, if created please attach logic model.

Describe the role of the CBCAP lead agency and how it is leading the child maltreatment prevention activities in the county.

Describe any important contextual factors that may impact the ability of the CBCAP lead agency to implement their proposed plans for the upcoming year.

Indicate if the program articulates a Theory of Change specified clearly in the identified outcomes through the program logic model.

Indicate the Service Level, if applicable.

### 5. County Children's Trust Fund (CCTF)- Annually

Enter the balance as of July 1 of the reporting year amount received and expenditures of the CCTF.

Enter amount received in the CCTF from birth certificate fees in the prior fiscal year by July 31st.

### 6. General Information- Annually

Enter the SIP cycle dates.

Describe how the county involves parents/caregivers in service planning and/or delivery.

Describe what challenges or barriers the county faces in engaging parents at the system level.

What strategy does your County use in engaging parents at the system level?
How is your county preventing substance exposure to newborns?

Identify the most frequent risk factor that is driving children into your county's child welfare system.

Identify the most frequent type of child abuse with substantiated cases in your county.

Describe one example of work toward systems change or network development happening in your County.

Identify whether or not supported by OCAP funds, does your County use differential response or another alternative pathway model? If yes, describe your model, including number of paths, list the funding streams that support differential response besides OCAP funds.

Report any changes to CAPIT/CBCAP/PSSF expenditures in the current fiscal year for your county.

Report any rollover CBCAP funds from the previous year.

If OCAP funds were used for COVID-19 related activities, please indicate which group(s) were impacted.

Please describe the COVID-19 related services supported using OCAP funds.

Enter the total amount for COVID-19 related activities.

Looking ahead to next year, is it anticipated that OCAP funds will be used for COVID-19 related services?

**7. Child Abuse Prevention Council (CAPC) -Annually**

Enter current CAPC contact information.

Indicate how the County's designated Child Abuse Prevention Council is organized.

Identify the primary functions of the CAPC.

Under additional comments, report the highlights the CAPC wants to share.

Did the CAPC participate in the county self-assessment/system improvement plan process?

If yes, what was the role of the CAPC representative?

Does your CAPC review data?

If, yes how often do you review data?

If, yes what kind of data?

What training(s) did the CAPC provide? How many participants attended the training(s)?

**8. Child Abuse Prevention Month (CAP Month Only)- Annually**

Identify the CBCAP activities your county utilizes to provide information or awareness of the risks of child maltreatment, the protective factors that keep children safe, and/or the services available for children and families.

For each activity that applies to your county, indicate the estimated number of individuals reached.

Briefly describe one public awareness activity carried out in your county. Include target population(s), type of activity, purpose, number reached and accomplishments, You may also include links to YouTube, web postings, etc. (CAP Month Only)

For each activity that applies to your county, indicate the estimated number of individuals reached.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Identify what activities were held in your county in recognition of Child Abuse Prevention Month in April.</td>
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<tr>
<td>Briefly describe one activity carried out in your county in recognition of Child Abuse Prevention Month in April.</td>
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<tr>
<td>Did any of your Child Abuse Prevention Month activities receive media attention?</td>
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<td>Whether your County participated or not, was your participation in CAP Month events influenced by COVID-19?</td>
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<tr>
<td>Enter any additional comments about CAP Month activities.</td>
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<tr>
<td>Did you participate in this year's Children's Memorial Flag Raising event?</td>
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<tr>
<td>Whether your County participated or not, was your participation in the Children's Memorial Flag event influenced by COVID-19?</td>
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<tr>
<td>Enter additional comments about Children's Memorial Flag Raising event.</td>
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<tr>
<td>9. Community Outreach (Outside of CAP Month) New SFY 2019-20</td>
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<td>For each activity that applies to your county, indicate the <strong>estimated number of individuals reached</strong>.</td>
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<tr>
<td>10. County Contact-Annually</td>
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<tr>
<td>Enter the current contact information for the OCAP liaison.</td>
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<td>Enter the current Agency Director information.</td>
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<td>Enter the current Child Welfare Director information.</td>
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