Form Approved

OMB No. 0923-0057

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|  | **RFA-TS20-2001** **ATSDR’s Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE)****Annual Performance Report (APR)** |

Name of Jurisdiction/Agency Submitting Plan: Click to enter text

Point of Contact for Correspondence: Click to enter text

Email: Click to enter text

Phone: Click to enter text

ATSDR estimates the average public reporting burden for this collection of information as 2 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0057).

**Executive Summary**

Click to enter text

**Performance Measures**

**Performance Measures:**

**Table 1. Process Performance Measures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** | **Component/****Strategy** | **Quantitative and/or Qualitative Results** | **Target, if applicable** |
| Proportion of activities completed from work plan | 1/A | Click to enter text | 80% (standard) |
| Proportion of site-specific assessments completed from work plan | 1/A | Click to enter text | Click to enter text |
| Number of internal and/or external capacity building opportunities engaged to expedite release of assessments and educational products | 1/A | Click to enter text | Click to enter text |
| Assessment that defines the childcare landscape and identifies needs\* | 1/B | See CSPECE Reporting Supplement | N/A |
| Number of partnerships identified to help prevent exposure\* | 1/B | See CSPECE Reporting Supplement | Click to enter text |
| Choose Safe Places for Early Care and Education Pilot Plan\* | 1/B | See CSPECE Reporting Supplement | N/A |
| Number of MOUs and/or letters of intent from partners demonstrating long-term commitment to program\*\* | 1/B | See CSPECE Reporting Supplement | Click to enter text |
| Completion of sustainability plan\*\* | 1/B | See CSPECE Reporting Supplement | N/A |
| Identification of key implementation barriers, facilitators, and lessons learned | 2 | Click to enter text | N/A |

**Table 2. Outcome Performance Measures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** | **Component/****Strategy** | **Quantitative and/or Qualitative Results** | **Target, if applicable** |
| Number of health education and/or community involvement activities completed to disseminate information to partners, stakeholders, and community members. | 1/A | Click to enter text | Click to enter text |
| Number (and percentage) of public health recommendations made by recipients that are accepted by stakeholders | 1/A | Click to enter text | Click to enter text |
| Number (and percentage) of public health recommendations made by recipients that are adopted (implemented) by stakeholders within performance period | 1/A | Click to enter text | Click to enter text |
| Number (and percentage) of sites with decreased or eliminated exposures based on recommendations that are adopted (implemented) by stakeholders | 1/A | Click to enter text | Click to enter text |
| Number of partners indicating commitment to help prevent exposures in ECEs\*  | 1/B | See CSPECE Reporting Supplement | Click to enter text |
| Identified barriers, facilitators, and lessons learned from pilot process\* | 1/B | See CSPECE Reporting Supplement | N/A |
| Execution of enhanced/expanded program\*\* | 1/B | See CSPECE Reporting Supplement | N/A |
| Number of infrastructure enhancements implemented\*\*  | 1/B | See CSPECE Reporting Supplement | Click to enter text |
| Number (and percentage) of ECEs referred to program that make changes because of identified issues\*\*\* | 1/B | See CSPECE Reporting Supplement | Click to enter text |
| Number of policy, systems, and/or environment changes to support prevented exposures\*\*\* | 1/B | See CSPECE Reporting Supplement | Click to enter text |
| Description of effective practices, policies, and processes for preventing exposures\*\*\* | 1/B | See CSPECE Reporting Supplement | N/A |

\*Intended only for previously NOT funded under TS17-1701; those previously funded may delete

 \*\*Intended only for previously funded under TS17-1701; those NOT previously funded may delete

\*\*\*Intended for both previously funded and not funded under TS17-1701

**Table 3. State-Specific Performance Measures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** | **Component/****Strategy** | **Quantitative and/or Qualitative Results** | **Target, if applicable** |
| Click to enter text | Click to enter text |  | Click to enter text |
| Add additional rows as necessary |  |  |  |

**Evaluation**

**Table 4. Evaluation Design and Data Collection:**

Component: Click here to enter text

Strategy: Click here to enter text

Activity (What activity is in the logic model?): Click here to enter text

Describe the activity in less than 200 words: Click here to enter text

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluation Question**What do we want to know? | **Indicator**How can we measure the answer? | **Data Source(s)**Where do we get the data? | **Data Collection & Analysis Methods**How do we get the data? |
| Question: Click to enter textSelect one:[ ] Process question[ ] Outcome question | Click to enter text | Click to enter text | *Select at least one*:[ ] Data already exist[ ] Collecting new data *If collecting new data:* [ ] Survey [ ] Interview or focus group [ ] Observation [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_*When will data be collected*:[ ] At one point in time (cross-sectional)[ ] Baseline/follow-up format[ ] Retrospective post[ ] Pre/mid/post[ ] Other, specify:\_\_\_\_\_\_*How are you analyzing data*: |
| Add additional rows as necessary |  |  |  |

* **Description of results for reporting period considered significant**: Click to enter text
* **Changes to Evaluation Plan**: Click to enter text
* **Barriers during reporting period**: Click to enter text
* **Facilitators during reporting period**: Click to enter text
* Conclusions: Click to enter text

\*Copy Table 4 and bullets for to report out on each component/strategy as necessary.

**Successes**

Click to enter text

**Work Plan**

Click to enter text

**Challenges**

Click to enter text

**CDC Program Support to Awardee**

Click to enter text