

**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	1/B	 See CSPECE Reporting Supplement	Click to enter text

implemented**			
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**

<b>Performance Measure</b>	<b>Component/ Strategy</b>	<b>Quantitative and/or Qualitative Results</b>	<b>Target, if applicable</b>
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

<b>Evaluation Question</b> What do we want to know?	<b>Indicator</b> How can we measure the answer?	<b>Data Source(s)</b> Where do we get the data?	<b>Data Collection &amp; Analysis Methods</b> How do we get the data?
Question: Click to enter text           Select one: <input type="checkbox"/> Process question <input type="checkbox"/> Outcome question	Click to enter text	Click to enter text	<i>Select at least one:</i> <input type="checkbox"/> Data already exist <input type="checkbox"/> Collecting new data <i>If collecting new data:</i> <input type="checkbox"/> Survey <input type="checkbox"/> Interview or focus group <input type="checkbox"/> Observation <input type="checkbox"/> Other _____  <i>When will data be collected:</i> <input type="checkbox"/> At one point in time (cross-sectional) <input type="checkbox"/> Baseline/follow-up format <input type="checkbox"/> Retrospective post <input type="checkbox"/> Pre/mid/post <input type="checkbox"/> Other, specify: _____  <i>How are you analyzing data:</i>
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

Click to enter text

## **Work Plan**

Click to enter text

## **Challenges**



## **CDC Program Support to Awardee**

Click to enter text