



EARLY CHILDHOOD FAMILY EDUCATION (ECFE) ANNUAL REPORT (WORKSHEET)

Early Learning Services
1500 Highway 36 West
Roseville, MN 55113-4266

GENERAL INFORMATION AND INSTRUCTIONS: The Minnesota Department of Education (MDE) requires each district with an Early Childhood Family Education (ECFE) program to electronically submit data by July 15, 2018. All information required in this data submission relates to the period of July 1, 2017, to June 30, 2018. All data is entered electronically on the [Early Learning Services Data System](#). Summary ECFE data provided to MDE will be posted to the MDE website by school district and statewide. This form is a worksheet to prepare school district data for electronic submission to the Early Learning Services Data Collection System.

PROGRAM IDENTIFICATION INFORMATION

All program contact information MUST be updated by school districts through the online MDE Early Learning Services Data System prior to ECFE data submission and anytime there are school district program contact information changes.

District Name(s) – Indicate All Districts Represented by this Report (List fiscal agent first)

District Number(s):

Name of Program Coordinator:

Title:

Address:

City:

Zip Code:

Email Address Required:

Telephone Number:

FAX Number:

EARLY CHILHOOD FAMILY EDUCATION PARENT/CHILD CLASS INFORMATION

Refer to the following definitions of terms when completing the following section on parent-child and parent-only classes:

CLASS = Two or more meetings of a specific group.

PARTICIPANT = Attends two or more class sessions.

TOTAL HOURS OF SERVICE PROVIDED = Number of classes actually held, times the number of meetings per class, times the number of hours per class times the number of hours per meeting.

*****Number of Participants (NOTE: May be a duplicated count)**

CLASS TYPE (Parent-Child Classes by Age groups)	NUMBER OF CLASSES OFFERED	CHILDREN 0-5 IN CLASS	CHILDREN IN SIBLING CARE	PARENTS/FAMILY MEMBERS	TOTAL HOURS OF SERVICE PROVIDED
Children Less Than 1 Year Old					
1 - Year - Old Children					
2 - Year - Old Children					
3 - Year - Old Children					
4 - Year - Old Children					
Non - Kindergarten 5 - Year - Old Children					
Parent Education Transition Program					

*****Number of Participants**

CLASS TYPE MIXED AGE GROUPS	NUMBER OF CHILDREN PARTICIPATING
NUMBER OF CLASSES OFFERED	
Children Less than 1 Year Old	
1 - Year - Old	
2 - Years - Old	
3 - Years - Old	
4 - Years - Old	
5 - Years - Old	
Non-Kindergarten 5 Year-Old Children	
	TOTAL NUMBER OF CHILDREN OR PATENTS PARTICIPATING
Number of children participating	
Number of Children in Sibling Care	
Number of Parents Participating	
	TOTAL HOURS OF SERVICE PROVIDED
Hours of Service Provided	enter text here

ts (NOTE: May be a duplicated count)

CLASS TYPE (Parent Only Classes)	NUMBER OF CHILDREN PARTICIPATING
NUMBER OF CLASSES OFFERED	
Children Less than 1 Year Old	
1 - Year - Old	
2 - Years - Old	
3 - Years - Old	
4 - Years - Old	
5 - Years - Old	
Non-Kindergarten 5 Year-Old Children	
Kindergarten through Grade Two	
	TOTAL NUMBER OF CHILDREN OR PARENTS PARTICIPATING
Number of Children Participating	
Number of Children in Sibling Care	
Number of Parents Participating	
	TOTAL HOURS OF SERVICE PROVIDED
Hours of Service Provided	

ECFE ONE-TIME EVENTS/ACTIVITIES/CONTACTS INFORMATION

Complete this section by indicating the total number offered and total number of participants in all one-time events in the five categories listed below.

(DO NOT LIST **EACH** EVENT INDIVIDUALLY,) “For “**ALL OTHER ACTIVITIES.**” Complete only the relevant spaces.

ONE-TIME EVENTS/CONTACTS AND OTHER ACTIVITIES *Special One-Time Events	NUMBER OF EVENTS/ACTIVITIES	CHILDREN (Number of participants)	PARENTS/OTHER ADULTS (Number of Participants)
1. Field trips			
2. Open houses (Outreach)			
3. Speakers, workshops, one-time classes*			
4. Parent-child activities **(Outreach)			
5. One-time, in-person newborn infant contacts *** (outreach)			

ALL OTHER ACTIVITIES

	NUMBER OF EVENTS/ACTIVITIES	CHILDREN	PARENTS
Home visits provided by a licensed parent educator or supervised by a licensed parent educator (includes family and child care provider home visits):			
Home visits provided by other:			
Parent Education Liaison Visits			
Advisory Council Meetings			

***Note:** Any event/activity/class occurring more than one time should be included in the classes or home visit count.

** Includes gym time, drop-in play time, concerts, parties, etc.

***Includes hospital class or room visit, baby shower, etc. Does not include home visits or phone calls.

**SUMMARY DATA ON PARTICIPANTS IN CLASSES
AND ONE-TIME EVENTS, ACTIVITIES AND CONTACTS**

1. Number of <i>DIFFERENT</i> parents		
	(a) Participating in classes and /or home visits only (unduplicated count*)	
	(b) Participating in one-time events/activities only (unduplicated count*)	
	(c) Total number of parents participating (unduplicated count*)	
2. Of the parents identified in item 1 (c) above, provide the number of participants in your program who are fathers:		
3. Number of <i>DIFFERENT</i> children, birth to kindergarten age:		
	(a) Participating in classes and/or home visits only (unduplicated count*)	
	(b) Participating in one-time events/activities only (unduplicated count*)	
	(c) total number of children (unduplicated count*)	

NOTE: Individuals are only counted once in the ECFE Program.

EARLY CHILDHOOD FAMILY EDUCATION REFERRAL INFORMATION

Programs or services	a. Number of families referred to ECFE	b. Number of families referred from ECFE to other programs or services
a. Early Childhood Screening		
b. Early Childhood Special Education/Early Intervention		
c. Head Start and Early Head Start		
d. Child Care Programs		

Programs or services	a. Number of families referred to ECFE	b. Number of families referred from ECFE to other programs or services
e. Adult Basic Education and/or Adult Literacy Program		
f. Other		

COMMUNITY NEEDS ASSESSMENT

To complete this requirement, go to [SURVEY GIZMO LINK BELOW](#) and answer the following questions

<http://www.surveygizmo.com/s3/4108095/ECFE-Community-Needs-Assessment-2017-2018>

- **How did you identify child and family risk factors? What were your key findings?**
- **How did you assess family and parenting education needs? What were your key findings?**
- **How will your programming and services be tailored to the needs of families and parents prioritized in the Community Needs Assessment?**