Complete all sections prior to the Network Meeting

Regional Network Self-Assessment Tool

Please check the appropriate choice and provide comments at your discretion.

Service Provider _____
Community Partner _____
Parent _____
DCBS _____

How long have you been involved with the Regional Network _____

Collaborative Networking	
1. Are the following agencies regularly are represented on your Regional Network? a) Regional Network Coordinator Yes _____ No _____ b) Three parents Yes _____ No _____ c)CCC Service Providers Yes _____ No _____ d) Court system Yes _____ No _____ e)Early childhood council Yes _____ No _____ f) Family Resource/Youth Service Centers (FRYSC) Yes _____ No _____ g) Community leaders, including the faith community Yes _____ No _____ h) Child serving prevention program/agency Yes _____ No _____ i) Local citizens Yes _____ No _____ j) Regional Businesses Yes _____ No _____ k) CHFS, Service Region Administrator (SRA) or designee Yes _____ No _____ l) CHFS, Family Support Yes _____ No _____ m) CHFS, Protection and Permanency Yes _____ No _____ n) Frankfort CCC staff Yes _____ No _____	Comments:

2. Does the Network fund activities that positively benefit: a) Families in the region Yes _____ No _____ b) Community/region Yes _____ No _____ c) Community partners Yes _____ No _____ d) You Yes _____ No _____	Comments:
3. Does the network do a needs assessment to identify community needs? Yes _____ No _____	Comments:
4. Does the network identify member resources that can be shared, such as: a) Information and new development Yes _____ No _____ b) Information on programs and services Yes _____ No _____ c) Service availability Yes _____ No _____ d) Training or staff development events Yes _____ No _____ e) Materials and curricula Yes _____ No _____ f) Collaborative sharing of funds Yes _____ No _____	Comments:
5. The Regional Network provides training opportunities for network members and their agencies? Yes _____ No _____	Comments:
6. Do you receive information from Regional Coordinator? (such as CCC statewide information) Yes _____ No _____ Do you share information? Yes _____ No _____	Comments:
7. Do the service providers give a summary (at least verbally) of the services they provide? Yes _____ No _____	
8. Are there any additional agencies you feel should be represented on the network? Yes ____ No ____ If so please name _____	

9. How is the Regional Network functioning overall?

(Please circle one.)

Poor				Good					Very Good
1	2	3	4	5	6	7	8	9	10

Additional Comments:

_____

_____

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Diversity & Inclusion	
1. Do the Regional Network members reflect racial, ethnic, gender, cultural and socioeconomic diversity of the community? Yes _____ No _____	Comments
2. Does the Regional Network materials and information about services and opportunities available in the languages of families in the community? Yes ____ No ___	Comments
3. Does the Regional Network provide translators for non-English speaking parents who want to participate in Regional Network functions? Yes _____ No _____	Comments
4. How does the Regional Network promote the development of positive cultural, ethnic and racial identities? _____	
5. Has the Regional Network identified any barriers in working with other cultures? Yes ____ No _____ If yes, what are some of those barriers? _____	
6. Does the Regional Network encourage agencies to empower families to: a) Define families, themselves? Yes _____ No _____ b) Develop a positive self-image? Yes _____ No _____ c) Use services as "they" need them? Yes _____ No _____	Comments:

7. Does the Regional Network provide training periodically regarding diversity and cultural differences Yes _____ No _____	Comments:

8. How is the Regional Network doing with diversity and inclusion overall?
(Please circle one.)

Poor				Good					Very Good
1	2	3	4	5	6	7	8	9	10

Additional Comments:

_____

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Parental Involvement	
1. Does The Regional Network use a variety of ways to identify parents to participate in advisory roles? Ye s _____ No _____	Comments:
2. Are parents included in all CCC Regional Network activities, work, events, and decision making? Yes _____ No _____	Comments:
3. Identify the ways parents are involved in the network: a) Participating in parent orientation Yes _____ No _____ b) Participating in statewide parent meetings Yes _____ No _____ c) Serving as members of committees, boards or task forces. Yes _____ No _____ d).Providing opportunities to parents to serve as mentors to new parents Yes _____ No _____ e) Serving as a parent recruiter Yes _____ No _____	Comments:
4. Do Regional Network members recognize and respect the expertise of parent members? Yes _____ No _____	Comments:
5. Does The Regional Network offer: a) stipend or honorarium for participation Yes _____ No _____ c) Information and materials Yes _____ No _____ d) training programs and workshops that will enhance parent's capabilities Yes _____ No _____	Comments
6. Do you feel most parents attend for the stipend only? Yes _____ No _____	Comments

7. Is the Regional Network sensitive to parental burnout and/or over involvement in the Regional Network? Yes _____ No _____

How: _____

_____

8. What are you doing to keep parents involved?

_____

_____

9. What is your orientation process for new parents?

_____

_____

10. How does Regional Network provide ongoing recognition for parents who have committed their time?

_____

_____

_____

11. How does Regional Network facilitate parents networking with other parents?

_____

_____

_____

12. Are parents actively engaged in the Network meetings? Yes _____ No _____

If not, how can the network help to engage them?

_____

_____

_____

13. How is the Regional Network doing with involving parents overall?

(Please circle one.)

Poor				Good					Very Good
1	2	3	4	5	6	7	8	9	10

Additional Comments:

Regional Network Meetings	
1. Are the meetings: Held at a convenient time Yes _____ No _____ Location easy to access Yes _____ No _____ Length of time appropriate Yes _____ No _____ Number of meetings adequate Yes _____ No _____	Comments
2. Do you have guest speakers :Yes _____ No _____ What topics have been covered: _____ _____	Comments
3. Is there food provided? Yes _____ No _____	Comments
4. Is there a budget report given at every meeting? Yes _____ No _____	Comments
5. Is there an orientation given to new members that include information such as funding source, spending guide- lines, contract restrictions etc? Yes _____ No _____	Comments
6. Do you feel the Regional Network, through its activities (such as mini grants, trainings etc.) help in the prevention/ reduction of child abuse & neglect? Yes _____ No _____	Comments:
7. What do you feel is positive/working well in your Regional Network Meetings? _____ _____ _____	

8. What are some recommendations that may improve your meetings?

_____

_____

_____

9. Give some examples of how the Regional Network spends their funds?

_____

_____

_____

10. Give some examples of how the fatherhood/faith based funds are spent?

_____

_____

_____

11. How is the Regional Network meetings overall?

(Please circle one.)

Poor				Good					Very Good
1	2	3	4	5	6	7	8	9	10

Additional Comments:

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Return to your CCC Frankfort Technical Assistant at the Regional Network meeting OR mail to:

Annette Harrod
Cabinet for Health and Family Services
Community Collaboration for Children
275 East Main Street, 3C-D
Frankfort, KY 40621

Thank you for participating.