FSC Strategic Plan

Please provide the information requested in the areas below.

FSC Name:

Provider Agency:

Contract Number:

Fiscal Year:

1. **Target Population/Location**
   * Describe the community you serve, including local conditions and characteristics of the community. Provide statistics that are no older than the most recent Census Data.

* + Identify the strengths, assets, and challenges in your community. Note any gaps in services and any barriers to assisting families (i.e., waiting lists, language, transportation, hours).

1. **Core Services**

For each core service, please list any ongoing groups or activities that will be provided within the contract term, indicate if they will occur on- or off-site, and identify partnerships you would like to establish or strengthen around those areas.

|  |  |  |
| --- | --- | --- |
| **Core Service** | **Activities + Location (on/off site)** | **Community Partners** |
| Access to Maternal, Child, and Family Health |  |  |
| Parent Education |  |  |
| Parent-Child Activities |  |  |
| Employment-Related |  |  |
| Life Skills |  |  |
| Housing-Related |  |  |
| Advocacy and Related Support |  |  |

1. **Fatherhood**

* Please list any fatherhood-related activities, events, or programs that will be provided during the contract term:

* Please describe strategies that will be utilized to include fathers and/or father-figures into the life of the center during the contract term:

* Please describe existing community partners who support you in your father-forward work, and describe potential community partners you will engage during this contract year:

1. **Other FSC Service Options**

Some FSC sites may provide additional services either on or off-site to meet the unique needs of families and residents. These services exceed the minimum expectations outlined above and are not provided by all Family Success Centers. Examples of expanded FSC service options include outreach to senior citizens, mentoring programs, and community gardening. If applicable, describe any expanded services that will be provided during the contract term:

1. **Parent Advisory Councils**

* Please describe the current functioning of your PAC (how many members; their role—parent, community member, etc.; their roles in the PAC, etc.):

* Please describe the goals you have for the parent leaders for the contract term:

* Please describe the goals you have for the PAC overall for the contract term:

1. **Parent Cafes**

* Please identify your current positions that are trained to host parent cafés:

* + If not all staff are trained, please describe your plans for staff to be trained during this contract year:

* Please describe your FSC’s goals regarding embedding parent cafes into your ongoing programming:

* Please describe how parents will be active participants in the parent café process (such as working alongside FSC staff to identify date/protective factors/theme, reaching out to invite guests, facilitating the café, operating as a table host, etc.):

1. **Transformational Parent Leadership**

* In addition to the above sections about PACs and parent cafes, please describe your approach to elevating the voices of parents in your community to inform and drive your program development and delivery:

* Please describe your process of preparing parents to take an active role in the life of your FSC:

1. **Level of Service**

* Provide the total number of registered participants served in the previous contract period for the contracted program:

* In addition to capturing and measuring the program’s Level of Service, please discuss how the program will define and measure success other than the Level of Service within the contract year*:*

1. **Special Assistance**

* Will Special Assistance be available to your participants? Yes  No
* If yes, how much and what will it be used for?

1. **National Parent Leadership Month Activities**

Please describe your plans for your FSC’s National Parent Leadership Month activities in February.

1. **Child Abuse Prevention and Awareness (CAPA) Event**

Please describe your plans for your FSC’s annual Strengthening Families/Child Abuse Prevention and Awareness (CAPA) event that occurs during the month of April (topic/s, potential partner/s, audience, language/s, etc.):

1. **Collaborations**

Family Success Centers are encouraged to establish collaborative partnerships with other Department of Children and Families (DCF) initiatives, including the Kinship Navigator Program (KNP), New Jersey Statewide Student Support Services (NJ4S), Parents Inc, County Councils for Young Children (CCYC), Family Connects NJ, Connecting New Jersey, and Traumatic Loss Coalition (TLC). Please outline proposed strategies for effective collaboration and shared initiatives with these partners:

1. **Emergency Procedures**

Detail the program’s emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.