



Performance Measures Summary

Mindful Youth Adventures Growing Up Mindful
 Performance Period From: 10/1/2020 To: 12/31/2020
 Performance Type: All
 Narratives included

Grouped by Program

Quarter	Doc	Targ	Actual	Variance	Achieved	Submitted	Lock	Approved
Program Title: Mindful Youth Adventures Growing Up Mindful						Contract #:		
Agency: Sumiko						Contract From / To: 07/01/2020 06/30/2021		
01. Mindful Mentor and Me Number of digital views (YouTube)								
2Q-20/21	No Goal	<input type="checkbox"/>	0	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:			0	0				
02. Mindful Mentor and Me Number of digital views (Facebook)								
2Q-20/21	No Goal	<input type="checkbox"/>	0	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:			0	0				
03. Mindful Mentor and Me Number of parents and caregivers (not client identified; duplicated; and day of)								
2Q-20/21	No Goal	<input type="checkbox"/>	0	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:			0	0				
04. Mindful Mentor and Me Number of people who take survey								
2Q-20/21	No Goal	<input type="checkbox"/>	0	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:			0	0				
05. REST Program Number of parents and children (not client identified; duplicated; and day of)								
2Q-20/21	No Goal	<input type="checkbox"/>	0	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:			0	0				
06. REST Program Number of Referrals								
2Q-20/21	No Goal	<input type="checkbox"/>	0	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:			0	0				
07. Were your planned activities on track this quarter? Please describe any successes or highlights.								
2Q-20/21	No Goal	<input type="checkbox"/>	0	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:			0	0				
08. Please describe any barriers you had and how you plan to address them?								
2Q-20/21	No Goal	<input type="checkbox"/>	0	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:			0	0				
09. Please describe any programmatic adaptations you made due to COVID-19?								
2Q-20/21	No Goal	<input type="checkbox"/>	0	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:			0	0				
10. If available, please share a short compelling story, vignette or quote that showcases the value of support for children, families and								

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providers in Sutter County.								
2Q-20/21	No Goal	<input type="checkbox"/>	0	0	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total:		0	0	0				
Total by Program:		0	0	0				
Grand Total:		0						

Definitions:

Detailed report of each performance measure for each program selected. Report output includes targets, totals, and submitted/approved information.