



STATE OF GEORGIA
Division of Family and Children Services

Nathan Deal
Governor

Bobby D. Cagle
Director

CAPTA Funds Performance Report

This report should be submitted quarterly or when the training or project is completed.

Contractor/Vendor, if applicable:

Name of Training/Activity:

Date/Timeline of Training/Activity:

Participants (supervisor, case manager, external partner, etc.):

What program area(s) did the training/activity impact that supports our CAPTA Plan and the CFSP.

Was an evaluation completed in regards to the training/activity, and if so, please attach a copy of evaluation and the feedback from evaluation.

Please attach any data that identifies/supports the outcome measures from the CAPTA state plan program areas and also supports the CFSP.