



CHILD CARE FAMILY HOME STRENGTHENING FAMILIES FORM

Facility Name _____ License Number _____

2.A.2 The primary caregiver shall complete a Strengthening Families training listed on PDR.

Include the date of this training on the *Staff Training Record Form*.

3.A.2 The primary caregiver shall complete the Strengthening Families online self-assessment for three (3) or more strategies.

Access the self-assessment here: <https://engageourfamilies.com/participants/strengthening-families>

Date that self-assessment was completed: _____

3.A.3 The primary caregiver shall develop a Strengthening Families action plan and implement at least one (1) action step.

4.2.A The primary caregiver shall implement at least one (1) additional Strengthening Families action step for a total of two (2).

STRENGTHENING FAMILIES ACTION PLAN

List family support or engagement activities that you have planned for the year.

Activity or Support	Month Planned

Save a copy of all documents for your records. Submit the completed application with documentation online through the ELS portal.

For more information: www.ARBetterBeginnings.com Phone: 501-320-6161 Email: OEC.BetterBeginnings@ade.arkansas.gov