



CHILD CARE CENTERS APPLICATION STRENGTHENING FAMILIES FORM

Facility Name _____ License Number _____

2.A.2 The Director 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 Director 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 facility shall develop a Strengthening Families action plan and implement at least one (1) action step.

4.2.A The Director 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