



OUT-OF-SCHOOL TIME 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.

This self-assessment can be found here: <https://cssp.org/wp-content/uploads/2018/10/CENTER-BASED-EARLY-CARE-AND-EDUCATION-PROGRAM-SELF-ASSESSMENT.pdf>

Date that the 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 the family support or engagement activities 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 your ELS portal.
 For more information: www.ARBetterBeginnings.com Phone: 501-320-6161 Email: BetterBeginnings@dhs.arkansas.gov
 A-State Childhood Services OST team: ost@AState.edu