**STRENGTHENING FAMILIES**

(FOR LEVELS 2 AND 3 ONLY)

2. A.2. Director or Owner has reviewed the Strengthening Families video on the Better Beginnings website or attended a Strengthening Families training.

 Date of video review or training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit video review certificate with application.

Training will be shown on PDR transcript.

3. A.2 Director or Owner completed the Strengthening Families self-assessment.

 Date Self-Assessment Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Maintain completed self-assessment form on-site)

3. A.3 Facility has developed a Strengthening Families Action Plan and implemented at least 1 action step. List family support or engagement activities that you have planned for the year.

**FAMILY ENGAGEMENT ACTION PLAN**

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| **ACTIVITY OR SUPPORT** | **MONTH PLANNED** |
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