

FORM A-3 Plan of Action: Involving, Supporting and Strengthening Families
Complete one page for each Infant/Toddler Classroom

Name of Center: _____

Classroom Name: _____ Age of children: _____

Caregiver Names: _____

Please describe efforts you have made in this area while participating in Baby Steps:

Consider 3 or more projects/activities to carry out by July 1, 2015. (Must be a variety)

1. Please describe project/activity and rationale for choosing it:

Goal date to complete: _____ Funds needed, if any _____

2. Please describe project/activity and rationale for choosing it:

Goal date to complete: _____ Funds needed, if any _____

3. Please describe project/activity and rationale for choosing it:

Goal date to complete: _____ Funds needed, if any _____

Please print additional page if you want to carry out additional projects.