**Directions:** Socialization Specialist and County CFS’ will complete the following document every 3 months.

|  |
| --- |
| **County:** |
| **Chosen way to complete form: Virtually In-Person Through Google document** |
| **Date of meeting or date Google doc completed by:** |
| **Staff in County:** |

 **Scheduling Upcoming Socializations:**

* 2 socializations are required for each county per month.
* 1 CFS must be designated to each socialization. The CFS will be available at a minimum 30 minutes before and 30 minutes after the socialization to assist with access to building, setup of the environment, and cleanup.
* When the designated CFS is not able to attend the socialization, it is their responsibility to ensure another staff member can be present. It is the CFS’ responsibility to inform their county team and SS of the changes.
* Ensure agency meetings, trainings, etc. do not interfere. Reschedule when necessary.
* Please put these dates in your Outlook Calendar.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Socialization Date | Time | CFS attending | Location |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

**Policy Council Representatives:**

|  |  |
| --- | --- |
| Staff | Policy Council Representative |
|  |  |
|  |  |
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|  |  |

**Gold Data for the County:** EHS Manager will provide SS with the most up to date Gold Data for the quarter.

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| **Developmental Domain Focus for the quarter** | **Notes** |
|  |  |

**Child Family Specialist Input:** Please provide ideas for snacks, activities, general suggestions, etc.

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| Notes: |

**Collaborations:** When necessary, review collaborations with other agencies.

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| Notes:  |

**Parent Feedback:** This information will be provided by the CFS from the monthly In-Kind form and quarterly Parent Advisory Committee notes.

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| Notes:  |

**Calendar Notes:**

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| Notes:  |

**Allergy Updates:**

|  |
| --- |
| Updates: |

**Miscellaneous Notes:**

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| --- |
| Notes:  |

**Scheduling Next Quarter Meeting:**

Quarterly meeting will take place virtually. SS is responsible for setting up the link and sending it to all county CFS.

|  |  |  |
| --- | --- | --- |
| **Next Quarter Meeting Date or Date Google Doc is Due** | **Time**  | **In Person, Virtual or Through Google Document** |
|  |  |  |