

AREA REPS REPORT

Date: _____

Name:

Area:

Your Local Chapter (s):

Increase of FFCCHA Membership in your area: #

EVENTS ATTENDED

Non-Chapter Association/support Group in which you are not a member

Dates Attended

(1)

(2)

Licensing Board or Advisory Board meeting (submit the Agenda)

Dates Attended

Early Learning Coalition Meeting (submit the agenda)

Dates Attended

List any concerns, you have about your area Early Learning Coalition

Promote FFCCHA at the 30-hour or other training class for FCC.

Dates Attended and location

(1)

(2)

Represented FFCHA at Conference or event in your area or elsewhere

Dates Attended and location

(1)

(2)

Bring a provider to the Quarterly Meeting, for the first time

Name of Guest

(1)

(2)

Brought Door Prize to Quarterly Meeting, Month:

FFCCHA Committees on you serve on:

Send Area Rep Report to Area Rep Coordinator 3 weeks prior to meeting

Date Sent: