Florida Family Child Care Home Association

Chapter Representative
Quarterly Report

Date_____

Submit to Chapter Coordinator 3 weeks prior to the Full Board Meetings

Chapter Name: _____

Chapter Representative (CR): _____

Submitted by: _____

Total Number of Membership: _____ Date of Meeting:_____

Number of members in attendance on date of meeting: _____

Training Offered: _____

_____

_____

_____

_____

_____

Why was this training successful? _____

_____

_____

Membership drive or activities that were done to boost membership:

_____

_____

_____

_____

_____

_____

Our community projects are: _____

_____

_____

_____

_____

_____

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Activities for Fundraising: _____

_____

_____

_____

_____

List all chapter members who serve on local community boards or committees (list member name & name of board/committee):

_____

_____

List all community meetings attended this quarter: _____

_____

_____

Ways we promoted FFCCHA: _____

_____

_____

_____

Number of chapter members that have credentials:

Second Helping: _____
Master Provider: _____
CDA/CDAE: _____
NAFCC Accreditation: _____
Florida Mentor: _____
Directors Credential: _____
AS/AA Degree: _____

FFCCHA Committees I serve on:

_____

_____

_____

Other:_____

_____

_____