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| **RAU Region:** |  | **Submitted by:** |  | **Date:** |  |

This report is submitted for the following quarter:

[ ]  First Quarter (July-September) **Due Date: October 31** [ ]  Second Quarter (Oct-Dec) **Due Date: January 31**

[ ]  Third Quarter (Jan-March) **Due Date: April 30** **[ ]** Fourth Quarter (April-June) **Due Date: July 31**

1. **Child Find Activities by County**

**Child Find Activity Examples:** Provide a short description of activities that were completed. (*i.e.: ‘Distributed information packets’, ‘Made group presentation’, ‘Met with physician/health care providers’, ‘Exhibited at conference/fair’, ‘Distributed articles for newspaper, radio or TV’, etc.)*

| **County** | **Month** | **Type of Activity** |
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1. **Family to Family – Parent Partner Activity and Resource Connections**

**Parent Partner Type of Activity Examples** Provide short description of activities that were completed*. (i.e.: ‘Added New Resource to Directory’, ‘Made Connection with another Parent Group’, ‘Published Newsletter’, ‘Attended Related Training’, ‘Attended Committee or Group Meeting’, etc.)* **(Do not include early childhood interagency meetings listed under section D.)**

| **TOPIC/Name of Parent Group or Resource** | **Month** | **Type of Activity** |
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1. **Parent Partner Collaborative Activity with Home Visitation Parent Connections/Parent Groups**

**Collaborative Activities with Home Visitation programs** (in the region) to help to expand the opportunities for families of children in WVBTT to be linked to other families. Educational topics and meeting activities can be decided jointly with HV to meet the needs of families in the two programs.

| **County/Home Visitation Connection/Parent Group** | **Number of****Parents Attending** | **Month** |
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1. **Early Childhood Interagency Committees**

Please list interagency committee meetings attended during the quarter period where the RAU was represented.

**Interagency Committee Examples:** Committees that have been established to share information among local agencies or to address specific goals.

| **Name of Committee/Group** | **RAU Representative** | **Month** |
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1. **Child Notifications**

List the number of Child Notifications entered in WVEIS site for children who had initial eligibility 150 days or nearer to their third birthday.

| **County** | **Number** |  | **County** | **Number** |
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**Please note person(s) serving as transition lead for each county within region**:

| **County (*list ‘all’ if same person for all counties)*** | **Person(s) serving as****RAU Transition Contact** | **Please identify any issues around transition** |
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1. **45 Day Maintenance/Improvement Activities**

This section should be completed with each quarterly report to update activities that are in place to assure compliance with the 45-day timeline.

1. **Local Implementation Team (LIT) Activities**

Provide information on LIT meeting(s) held during this quarter.

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| **Meeting Date** | **Number of Attendees** | **Summary of Meeting – Actions and Next Steps** |
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