

**DOÑA ANA COUNTY HEAD START**  
**Center Team Meeting**  
**AGENDA**

---

Name of Center	Date	Time
----------------	------	------

I. Calendar Review:  
Holiday/Leave/End of the Month/Training

II. Component Update / Training Schedule:

A. Disability/Transition

B. Education/Training Opportunities

a. TG Gold Documentation

C. Family Services:

a. Recruitment-Enrollment/Family Outreach

D. Health/Nutrition

a. Children needing events

b. Nutrition experience

E. Mental Health

F. Parent Involvement:

a. Parent Meetings/Policy Council

G. Attendance/Tardiness:

a. Children on the radar

III. Self-Care Reminders:

IV. Safety:

V. Priorities or Special Discussion Items:

VI. Announcements:

VII. Follow-up Needed

VIII. Next Meeting

# DOÑA ANA COUNTY HEAD START

Name of Center: \_\_\_\_\_ Date: \_\_\_\_\_

## CENTER TEAM MEETING

### Minutes

#### I. Calendar Review

---

---

---

#### II. Component Update:

Disability/Transition

---

---

---

Education/Training Opportunities

---

---

---

Family Services: Recruitment-Enrollment/Family Outreach

---

---

---

Health / Nutrition:

---

---

---

Mental Health:

---

---

---

Parent Involvement: Parent Meetings/Policy Council

---

---

---

Attendance: Children on the radar

---

---

---

III. Self-Care Reminders

---

---

---

IV. Safety: (Fire drills, Evacuation drills, Safety Checklist, etc...)

---

---

---

V. Priorities:

---

---

---

VI. Follow-Up Needed:

---

---

---

VII. Announcements:

---

---

---