**Summary of Early Childhood Coalition and Communities That Care (or similar)**

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| **Name of Early Childhood Coalition** |  |
| **City, Town, County or Reservation** |  |
| **If no CTC, name of other prevention group you met with** |  |
| **Date you met** |  |
| **Name of person(s) who prepared report including title and organization affiliation (if not ECC)** |  |
| **CTC or other prevention group contact person(s)** |  |

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| **1. What does the ECC do with respect to promoting health in your community?** |
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| **2. What does the CTC or other prevention organization do with respect to promoting health in your community?** |
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| **3. Is there overlap? If yes, please describe.** |
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| **4. Please describe any existing collaborations and any possible future collaborations that your groups discussed.** |
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| **5. Identify any barriers you perceive that could hinder your collaborations.** |
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| **6. What would you tell the people in charge of “the system” to do to improve alignment of your work with each other and other coalitions or organizations seeking to improve community health?** |
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