



Action Plan

Program/Provider Name Jane Doe	Date 3/9/20
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Action Plan Topic		
<input checked="" type="checkbox"/> ChildNet Session #_4_	<input type="checkbox"/> EC-PBIS-FCC Mod #__ Lesson #__	<input type="checkbox"/> PITC of Iowa Mod#__ L#__
<input type="checkbox"/> ChildNet Improvement Plan	<input type="checkbox"/> EC-PBIS-IT Mod #__ Lesson #__	<input type="checkbox"/> Policies
<input type="checkbox"/> Compliance	<input type="checkbox"/> Go NAPSACC PhysAct <input type="checkbox"/> Nutrition <input type="checkbox"/>	<input type="checkbox"/> QRIS/IQ4K Category_____
<input type="checkbox"/> EC-PBIS Mod #__ Lesson #__	<input type="checkbox"/> Health & Safety Category_____	<input type="checkbox"/> Other _____

Best Practice
Goal I will work on in my program: Daily Routines and schedules will be planned, created and posted by March 23, 2020.

Action Plan			
Action Steps: Create Schedule to include time, activity and description of what is to occur during each routine.	Resources/Needs: IELS Book, paper, pen, or computer, time	Person Responsible: Jane	Target Date: 3/23/20

Notes

Review			
Date	<input type="checkbox"/> I know I achieved this goal because:	<input type="checkbox"/> I am making progress toward my goal and will keep implementing my Action Plan.	<input type="checkbox"/> I need to make changes to my Action Plan to achieve this goal by revising the goal or changing the steps.

Signature of Program Representative Jane Doe	Date 3.9.20
Signature of CCR&R Child Care Consultant John Consultant	Date 3.9.20