



Family Child Care Benchmarks of Quality Action Plan

Provider Name: _____

Date: _____

Program Name: _____

Coach Name: _____

Critical Element	What Task is to be Addressed	Action Step/Activity	Person(s) Responsible	Follow-Up or Completion Date
Establish and Maintain a Plan for Implementation				
Family Engagement				
Program Expectations				

Professional Development				
Implementation of the Pyramid Practices				
Procedures for Responding to Challenging Behavior				
Monitoring Implementation and Outcomes				

If applying for IQ4K™, please complete this signature section:

Provider Signature: _____

Coach Signature: _____