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|------------------------|------------------------|---|--------------|
| FCCLH Provider: | License Number: | Technical Assistance Consultant: | Date: |
|------------------------|------------------------|---|--------------|

Please fill in this form and bring it with you to the Action Planning meeting.

The three things I feel most confident about:

- 1.

- 2.

- 3.

The area(s) where I have the most concerns with rule understanding and/or compliance are:

| Training requirements | | Fire Extinguisher/Smoke Detector | | Required Reporting | |
|---------------------------|--|----------------------------------|--|-----------------------------------|--|
| First Aid & CPR | | Menus | | Handwashing Procedures | |
| Child's Records | | Pets/Vaccinations | | Criminal Background Checks | |
| Staff's Records | | Discipline Practices | | Immunizations | |
| Staff: Child Ratios | | Equipment & Toys | | Arrival & Departure Records | |
| Diapering Practices | | Helpers | | Education Credentials | |
| Securing Tip Over Hazards | | Emergency Drills | | Food Service & Nutrition | |
| Transportation | | Playgrounds | | Heating Equipment/Barriers | |
| Field Trips | | Infant Sleep Safety | | Operational policies & procedures | |
| Swimming | | Modified Diets | | Other: | |
| Medications | | Infant Sleep Safety | | Other: | |



The first three things I would like to work on are:

1.

2.

3.