

Form A-2

Plan of Action Form: Continuity of Care
Complete one page for each Infant/Toddler Classroom

Classroom Name:

Age of children:

Caregiver Names:

Item Number:

Item Name:

Current Score:

Goal Score:

Please describe continuity of care issue/s you want to address:

Describe your plan to create greater continuity of care for the children:

Please describe the desired outcome and how this change will positively affect the children:

Write a short narrative explaining how the administrator will support this endeavor:

How much money will you allocate to improving continuity of care and how will the money be allocated?