

Form B-3 Plan of Action Form: Personal Care Routines/Change of Behavior
Complete one page for each Infant/Toddler Classroom

Classroom Name:

Age of children:

Caregiver Names:

Item Number

Item Name:

Current Score

Goal Score

List ITERS indicators you will be working on to reach your goal:

What steps will be taken in the classroom to meet your goal? How will changes be made?

Director/Administrative Plan of Action

Please describe how the Director/Supervisor will assist the staff member to achieve goals identified above in Section B. (At least 2 activities required)

Write a short narrative explaining how you will monitor progress in the classroom and help caregivers maintain goals beyond the grant period:

What types of purchases will you need to make (if any) to reach your goal?

How much money will you allocate to these items?