

Consultation Date: / / / / /

Date of follow-up: / / / / /

Child Care Name: _____

of children: _____ # of staff: _____

Do Not Use This Space

Healthy Child Care Washington *Provider* Action Plan

What was talked about today? / Consultant Notes

Topic #1	What Do You Plan To Do?	Follow-Up
Topic:		<i>Do Not Write In This Space</i>
<i>Do Not Write In This Space</i>		How Is It Working? How Do You Know?
		<i>Do Not Write In This Space</i>

Topic #2	What Do You Plan To Do?	Follow-Up
Topic:		<i>Do Not Write In This Space</i>
<i>Do Not Write In This Space</i>		How Is It Working? How Do You Know?
		<i>Do Not Write In This Space</i>

Topic #3	What Do You Plan To Do?	Follow-Up
Topic:		<i>Do Not Write In This Space</i>
<i>Do Not Write In This Space</i>		How Is It Working? How Do You Know?
		<i>Do Not Write In This Space</i>

CCHC Name: _____ LHJ: _____

Phone: _____ Email: _____