**QUALITY OF CARE TOOL ACTION PLAN -**

**Targeting Particular Item of Care:-**

Any sub area that has been identified as a concern should be considered as part of an action plan.

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| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Current Overall Score** | **Target for change- what do you want to see change for the child – be specific** | **Support to be provided** | **Changes at first review** | **Further Action** |
| **1** | Physical Care |  |  |  |  |  |
| **2** | Health |  |  |  |  |  |
| **3** | Safety |  |  |  |  |  |
| **4** | Love and Care |  |  |  |  |  |
| **5** | Stimulation & education |  |  |  |  |  |
| **6** | Parental Motivation to change |  |  |  |  |  |