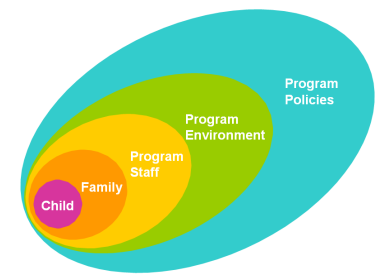


# Action Plan Worksheet



Start Date:

Provider Name:

Goal:

Child	Family	Provider	Environment	Policies