

Module 3: Planning for a Healthier Tomorrow

Handout Q: Head Start Center Action Plan

Plans for improving our effort:

Name of Center _____

Functional Area	Level of Service/Activity to Address	What We Are Going to Do	Possible Barriers	Resources Available/ Needed
Education	<input type="checkbox"/> Basic Health Needs <input type="checkbox"/> Prevention/Protection <input type="checkbox"/> Health Promotion			
Health	<input type="checkbox"/> Basic Health Needs <input type="checkbox"/> Prevention/Protection <input type="checkbox"/> Health Promotion			
Social Services	<input type="checkbox"/> Basic Health Needs <input type="checkbox"/> Prevention/Protection <input type="checkbox"/> Health Promotion			
Parent Involvement	<input type="checkbox"/> Basic Health Needs <input type="checkbox"/> Prevention/Protection <input type="checkbox"/> Health Promotion			
Disabilities	<input type="checkbox"/> Basic Health Needs <input type="checkbox"/> Prevention/Protection <input type="checkbox"/> Health Promotion			
Management	<input type="checkbox"/> Basic Health Needs <input type="checkbox"/> Prevention/Protection <input type="checkbox"/> Health Promotion			

For use with Activity 3