

Sessional Day Care & Full Day Care

Action Plan Following Inspection

Name of Setting:	
Address of Setting:	
Quality Area of Inspection:	
Date of Inspection:	
Inspected by:	

Criteria to be met to comply with the Minimum Standards/ Recommendations for Improvement (list below)	Action to be taken	By Whom	Timescale for Action	Date Action Achieved

Name:	
Signature:	
Date:	