



Management Systems Action Planning Template

Grantee name: _____ Completed by (Name): _____ Date: _____

Tribal Child Care Management System: _____

Current implementation stage based on reflection: No action Exploring Developing Initial Implementation Full Implementation

Goal: _____

Action Plan			
Action Step	Timeline	Responsibility	Evidence
1.			
2.			
3.			
4.			
Resource(s) Needed		T/TA Request:	



