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| Leicestershire HAF - Quality Assurance Post-Visit Improvement Plan | | | | | |
| Provider name:  Delivery venue:  Date of QA visit:  *Please refer to your QA report and recommendations alongside your own self-evaluation to complete your improvement plan* | | | | | |
|  | **Rating from QA report** | **What is going well?**  *Please tell us what is working well in relation to this HAF standard* | **What needs to be improved?**  *Please tell us what could be improved in relation to this HAF standard* | **What actions will you take?**  *Please tell us what actions you will take to make improvements, ensuring they are* ***S****pecific,* ***M****easurable,* ***A****chievable,* ***R****elevant,* ***T****imebound* | **Progress update** |
| Healthy food that meets School Food Standards |  |  |  |  |  |
| Healthy eating/healthy lifestyles |  |  |  |  |  |
| Enriching activities |  |  |  |  |  |
| Physical activities |  |  |  |  |  |
| Signposting and referrals |  |  |  |  |  |
| Environment and sustainability |  |  |  |  |  |
| Accessibility and inclusiveness |  |  |  |  |  |
| Safeguarding |  |  |  |  |  |
| Health and safety policies and procedures |  |  |  |  |  |
| Any other actions (please specify) |  |  |  |  |  |