|  |
| --- |
| 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) |  |  |  |  |  |