

Action Plan Introduction: The WeTHRIVE!SM Action Plan outlines what your team hopes to do over the next two years. Your team will work together to identify goals and key action steps. As you make progress, you will share your updates and successes with Hamilton County Public Health (HCPH) for recognition.

Provider Name	
Timeframe of Action Plan	
Date Approved by Team	
Date of Last Update	

GOAL 1:			
GOAL 2:			
GOAL 3:			
GOAL 4:			
GOAL 5:			

Pathways



Child Nutrition



Breastfeeding & Infant Feeding



Outdoor Play & Physical Activity




Oral Health



Farm to ECE



Screen Time

- **TIMEFRAME OF ACTION PLAN** – This is the two-year time period in which your team hopes to complete the goals.
 - **DATE APPROVED BY WeTHRIVE! TEAM** — The date the action plan was agreed upon by your WeTHRIVE! team.
 - **DATE OF LAST UPDATE** — This is the date that the WeTHRIVE! team last provided updates to your assigned Health Educator at Hamilton County Public Health.
 - **GOAL** — This is a statement of what the WeTHRIVE! team hopes to achieve at the end as a result of the action plan.
 - **MEASURE(S) OF SUCCESS** — This describes how the WeTHRIVE! team will know that the goal has been achieved.
 - **COMPLETED** — Use this column to keep track of what key action steps have been completed by placing a check mark or date when completed.
 - **KEY ACTION STEPS** — The activities or tasks that are needed to achieve the goal.
 - **PERSON(S) RESPONSIBLE** — This is who is responsible for making sure the key action step is completed. (List name and title/role).
 - **TARGET DATE** — Set a realistic date for when the WeTHRIVE! team would like to complete each key action step. This is to help keep the WeTHRIVE! team on track.
 - **SHARE YOUR UPDATES, CHALLENGES, & SUCCESSSES** — We want to hear about how the WeTHRIVE! team is doing. Share with us updates, challenges, and successes that your team has had.
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COMPLETED	KEY ACTION STEPS	PERSON(S) RESPONSIBLE	TARGET DATE

SHARE YOUR UPDATES, CHALLENGES, AND SUCCESSSES:

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