

**Program Improvement Plan  
For the  
2015 – 2016 Program Year**

<b>Area/Results of Self- Assessment / Related Performance Standard</b>	<b>Plan of Corrective Action</b>	<b>Required Resources</b>	<b>Person(s) Responsible</b>	<b>Desired Outcome / Goal for Improvement</b>	<b>Pr Ac Co</b>
<p><u>Environment Health &amp; Safety</u></p> <p>Center has a sink needs to be</p> <p>Center has ceiling tiles to be replaced.</p> <p>04.53 Facilities, tools, and equipment.</p>	<p>The Area Service Manager will submit a work order and will follow-up until the work order is closed and the repairs are appropriately completed.</p>	<p>Faucet for sink</p> <p>Ceiling tiles</p>	<p>HS / EHS Director</p> <p>Head Start Assistant Dir. II</p> <p>Health &amp; Safety Director</p> <p>Area Service Manager</p> <p>Field Supervisor</p> <p>Maintenance Worker</p>	<p>The program will be in compliance at all times with all Health and Safety requirements.</p>	<p>Imm &amp; C</p>

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**Policy Council Chair/ Date Approved**  
**Judge / Date Approved**

**Webb County**