**Continuous Quality Improvement Program Planning Worksheet**

|  |  |  |
| --- | --- | --- |
| **Continuous Quality Improvement Objective:**❑ Immediate (0-3 months) ❑ Short Term (3-6 months) ❑ Long Term (6 months – 1 year) | **Staff Coordinating/Staff Involved** | **Projected Date of Completion** |
| **Actual Date****Of Completion** |
|  |  |  |
|  |

**ExceleRate Illinois Standard Number or Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Circle of Quality:** ❑ Bronze ❑ Silver ❑ Gold

**What action steps are needed to achieve this objective?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** | **Person(s) Responsible** | **Projected Date of Completion** | **Actual Date of Completion** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**What source(s) of evidence did you use to determine the need for this objective?**

|  |  |
| --- | --- |
| **Source(s) of Evidence** | **Date(s) Completed** |
|  |  |
|  |  |

**What resources or supports are needed in order to achieve this objective?**

|  |  |  |
| --- | --- | --- |
| **Anticipated Challenges** | **Professional Development or Technical Assistance Needed**  | **Changes and Improvements** |
|  |  |  |

**Please use the additional space (or back of this sheet) to reflect on why this objective matters for children in a high-quality program.**