

# Continuous Quality Improvement Program Planning Worksheet

<b>Continuous Quality Improvement Objective:</b> <input type="checkbox"/> Immediate (0-3 months) <input type="checkbox"/> Short Term (3-6 months) <input type="checkbox"/> Long Term (6 months – 1 year)	<b>Staff Coordinating/Staff Involved</b>	<b>Projected Date of Completion</b>
		<b>Actual Date Of Completion</b>

**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.**