

Continuous Quality Improvement Program Plan Summary



Program Name: _____ ID: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Current Circle of Quality: _____

Last Self-Assessment Completed: _____

Last Verified Assessment Completed: _____ By: _____

Program Goal: _____

Use the **Continuous Quality Improvement Program Planning Worksheet** to develop objectives and transfer them to the grid below.

Objective	Projected Date of Completion	Staff Coordinating	ExceleRate Illinois Standard	Circle of Quality
	Actual Date of Completion			

Copy this page if additional space is needed.