**Continuous Quality Improvement Program Plan Summary**

**Program Name:** Click or tap here to enter text. **ID:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text.**\_ State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**County:** Click or tap here to enter text.

**Current Circle of Quality:** Click or tap here to enter text.

**Last Self-Assessment Completed:** Click or tap here to enter text.

**Last Verified Assessment Completed:** Click or tap here to enter text.**\_ By:** Click or tap here to enter text.

**Program Goal:** Click or tap here to enter text.

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

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