# **Continuous Quality Improvement Plan**

PROGRAM INFORMATION
Program Name:
Program Provider Number/P-number:
Program Address:
Continuous Quality Improvement Plan Contact Name and Role:
Continuous Quality Improvement Plan Contact Email:
Collaborative partners represented (list the names and roles of partners involved in developing this plan.





# **STEP 1: COLLECT & REVIEW PROGRAM DATA**

(If you choose to use the Data Reflection Tool, reference it here.)

Program Data	When data was reviewed	Who was involved
Areas of Strength	Areas for Improvement	



Goal 1:	Program Quality Category:
What will improvement look/feel like?	
Goal 2:	Program Quality Category:



Goal 3:	Program Quality Category:
Describe what information helped you set	this goal:
What will improvement look/feel like?	



Goal 4:	Program Quality Category:			
Describe what information helped you set	this goal:			
What will improvement look/feel like?				



#### **STEP 3: TEST CHANGE**

Please use a separate page for each goal for which you would like to test a change.

Goal to address in this

test: Classroom reflects

**ERS** standards

**Date Ended:** 

**Date Started:** 

Name of person involved in this test:





#### **STEP 3: TEST CHANGE**

Please use a separate page for each goal for which you would like to test a change.

Goal to address in this

test:

**Date Started:** 

**Date Ended:** 

Name of person involved in this test:





#### **STEP 3: TEST CHANGE**

Please use a separate page for each goal for which you would like to test a change.

Goal to address in this test:

Date Ended:

Name of person involved in this test





TRACKING YOUR CHANGES				
PLAN		DO	STUDY	ACT
What is the strategy you are testing? What are the specific steps you will take and who will be involved? (Keep the test small so you'll know if it works or not!)	What do you think will happen? What do you want to be different by making this change? How will you know if it worked the way you intended?	Test your idea. Record what happened.	How did it go? What worked the way you expected? What didn't? What did you learn from this test? (Don't forget to look at your data!)	What changes are needed? Will you expand, adjust, or try a new plan?





Cycl e #1			





TRACKING YOUR CHANGES				
PLAN		DO	STUDY	ACT
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Cycl e #3			





TRACKING YOUR CHANGES				
PLAN		DO	STUDY	ACT
What is the strategy you are testing? What are the specific steps you will take and who will be involved? (Keep the test small so you'll know if it works or not!)	What do you think will happen? What do you want to be different by making this change? How will you know if it worked the way you intended?	Test your idea. Record what happened.	How did it go? What worked the way you expected? What didn't? What did you learn from this test? (Don't forget to look at your data!)	What changes are needed? Will you expand, adjust, or try a new plan?





Cycl e #4			





#### **STEP 4: COMMIT TO CHANGE AND EXPAND TO OTHERS**

Please use a separate page for each goal for which you would like to test a change.

#### Things to consider to maintain improvement:

- Establish policies and procedures for the change to be our way of doing things
- Train others at the program how to follow the plan
- Establish a process for continuing to gather and review data related to the change
- Purchase or make materials for the change to continue

What will help our program commit to this change?
What policies, procedures, trainings, data, and materials are needed?

#### **Expand the Practice when:**

- It is aligned to the values of the program
- The change has been tested several times with multiple people
- The change is clearly documented with steps someone else can follow
- There are people ready to adopt this change somewhere else

Where or with whom can you expand this change?

Remember to
celebrate your
program's
accomplishments

