

QUALITY IMPROVEMENT PLAN

Final one to per us

Name of Facility:	Child Care Specialist: <i>J. Adams</i>	Assessment Tool:
Classroom:	Teachers or Administrator: <i>J</i>	Date:

Summary of Observed Strengths:

Opportunities for Improvement:

Quality Improvement Area/Element	Priority (L/M/H)	Expected Completion Dates and Persons Responsible	Needs and Plans for Action	C	Progress Notes
			<i>15</i>		

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Quality Improvement Area/Element	Priority (L/M/H)	Expected Completion Dates and Persons Responsible	Needs and Plans for Action	C	Progress Notes

Provider Specialist Initial _____

Teacher Initial _____

Administrator Initial _____

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Quality Improvement Area/Element	Priority (L/M/H)	Expected Completion Dates and Persons Responsible	Needs and Plans for Action		Progress Notes
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Provider Specialist Initial _____ Teacher Initial _____ Administrator Initial _____

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Quality Improvement Area/Element	Priority (L/M/H)	Expected Completion Dates and Persons Responsible	Needs and Plans for Action	5	Progress Notes

Provider Specialist Initial _____ Teacher Initial _____ Administrator Initial _____

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