



Quality Counts California (QCC) Quality Improvement Plan (QIP)

Sites and individuals are encouraged to select two to three Quality Improvement Goals annually. Complete the QIP at the site and/or individual level, even if the setting operates under different funding streams. **Please duplicate this template for each Quality Improvement Goal.**

Site Name:

County:

Date:

Name of Site Lead Completing Form, if Applicable:

Name of Quality Improvement Coordinator or Coach/Mentor, if Applicable:

Please indicate the areas of focus for site level Quality Improvement based on the QCC Quality Continuum Framework.

CORE 1: Child Development and School Readiness

- Child Observational Assessment
- Developmental and Health Screenings
- School Readiness
- Social-Emotional Development
- Health, Nutrition, and Physical Activity

CORE 2: Teachers and Teaching

- Qualifications for Lead Teacher/FCC Home Owner (Educational and Professional Development)
- Classroom Assessment Scoring System® (CLASS®)
- Effective Teacher-Child Interactions
- Professional Development

CORE 3: Program and Environment

- Ratios and Group Size (Centers only)
- Environment Rating Scales (ERS)
- Director Qualifications (Centers only)
- Environment
- Program Administration
- Family Engagement



Quality Improvement Goal # ____

What is your goal? (e.g., improve teacher-child interactions)

What information was used to identify this goal? (e.g., if QI or QIS, might read: poll of staff indicates few are familiar with the CLASS tool; if QRIS, might read: scores are low – average 1.2 across classrooms in Pre-K CLASS Instructional Support Domain)

Action Steps (e.g., teachers attend CLASS overview training)

Action Steps	Person/People Responsible	Start Date	Anticipated Completion Date
1.			
2.			
3.			
4.			

Resources to Support Action Steps (e.g., substitute teachers, CLASS training materials)

Signature and title of site representative responsible for overseeing QIP implementation:

Signature: _____

Title: _____



6-and 12-Month Follow-Up

Site Name:

County:

Date:

Name of Site Lead Completing Form, if Applicable:

Name of Quality Improvement Coordinator or Coach/Mentor, if Applicable:

Goal Status:

Completed In Progress Delayed Discontinued

Progress made on this QIP Goal (e.g., completed training with program on 9/12/2016):

Needed changes or adjustments to this QIP Goal and/or objectives, if applicable (e.g., staff identified two domains to improve interactions in classroom):

Resources needed to accomplish the goal (e.g., observations and feedback to improve Instructional Support interactions)

Signature and title of representative completing 6-month or 12-month follow-up (check one):

Signature: _____

Title: _____