**Quality Improvement Plan (QIP)**

**Goal Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program:** |  | **Date:** |  |

**Goal Number:**

**Program Goal:**

|  |
| --- |
| **Which set of standards or regulations were used to identify this goal?** *(Select all that apply.)* |
|  | DHS Regulations |
|  | BrightStars |
|  | RIDE: CECE Standards |
|  | Head Start |
|  | NAEYC |
|  | COA – School-Age Accreditation |
|  | Other standards or regulations: |  |

**What other program information was used to develop this goal?** *Examples: DHS monitoring report, BrightStars assessment report, on-site observation, program self-assessment (formal or informal), family survey, classroom observation tools (ERS, CLASS), etc.*

|  |
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| **What area(s) does this goal address?** *(Select all that apply.)* |
|  | Facilities |
|  | Health, Safety, and Nutrition |
|  | Enrollment and Staffing |
|  | Staff Qualifications/Professional Development |
|  | Administration |
|  | Early Learning and Development: Curriculum |
|  | Early Learning and Development: Child Assessment |
|  | Family Engagement |
|  | Other: |  |

**What action steps/strategies will help to achieve this goal? Goal Number:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Step/Strategy** | **Person Responsible** | **Time Frame** | **Date Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**What resources are needed to make progress towards this goal?**

*Provide detailed descriptions. Examples might include specific materials, technical assistance, professional development, etc.*

**Progress Notes:**

*3 Months:*

*6 Months:*

*9 Months:*

*12 Months:*

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