



Quality Improvement Plan (QIP)

Program Name: _____

Date: _____

Check the box that indicates your program's current status on Rhode Island's Quality Continuum:

DHS Licensing ★ ★★ ★★★ ★★★★ ★★★★★ RI Pre-K Approval

Do you intend to use this plan to strengthen your current status or move to a higher level?

Strengthen current status Move to a higher level

If you intend to move to a higher level, where do you hope to be once your goals have been met?

★ ★★ ★★★ ★★★★ ★★★★★ RI Pre-K Approval

Which standards/regulations were used to identify these goals? (Check all that apply):

- DHS Regulations BrightStars RIDE: RI Pre-K Approval Head Start NAEYC Accreditation Standards NECPA Accreditation Standards
 COA – School-Age Accreditation Other: _____

What other program information was used to develop this QIP?

Program Reflection: Using the results from your **program self-assessment**, identify areas of strength and opportunity. You may examine sources of data such as DHS monitoring reports, BrightStars Framework and Assessment Reports, the RI Pre-K Approval process, family survey results, program assessment reports (i.e.: ECERS/ITERS/FCCERS or CLASS), and Staff Individual Professional Development Plans to guide your self-reflection. **Describe which standard(s) you will develop.**

Standard	Strengths	Areas of Improvement

Signature: _____

Quality Improvement Goal(s): Write your quality improvement goal(s) using SMART language (*Specific, Measurable, Achievable, Realistic, Time-bound*). Complete the Action Plan for each quality improvement goal you have set.

Quality Improvement Goal #1 (Required by BrightStars):			
Action Steps	Time Frame	Resources	Date Completed

Progress Notes:

Quality Improvement Goal #2:

Action Steps	Time Frame	Resources	Date Completed

Progress Notes:

Quality Improvement Goal #3:

Action Steps	Time Frame	Resources	Date Completed

Progress Notes: