

## Keystone STARS Continuous Quality Improvement Plan – Example #2

Name of Facility: \_\_\_\_\_ MPI# \_\_\_\_\_ County: \_\_\_\_\_

Date CQI Plan Created: \_\_\_\_\_ Current STAR Level: \_\_\_\_\_

### STARS PERFORMANCE INDICATORS

Indicator	Area of Strength	Area of Growth	Action Steps What, Who, When	Reflection	Completed Y or N

**PROGRAM OBSERVATION INSTRUMENTS** (Indicate which tool(s) were used for Internal Assessment or feedback received from most recent External Assessment)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Indicator	Area of Strength	Area of Growth	Action Steps What, Who, When	Reflection	Completed Y or N

<b>Review of Plan Year</b> _____ <b>to</b> _____ (month/year) (month/year)	
<b># of Goals in Previous Year's Plan</b>	
<b># of Goals Completed from Previous Year's Plan</b>	

<b>Goals to be Reconsidered from Previous Year's Plan</b> (these goals will be added to your new CQI Plan)

<p><b>How has quality improved in your facility during the past year?</b> (Include consideration of regulatory compliance, quality of services, staff performance, organization and management, family/community partnerships, and financial practices.)</p>	
<p><b>How did you use STARS supports and resources to assist your facility in improving quality?</b> (Include consideration of grants, awards, technical assistance, TEACH scholarships, voucher program, STARS management support, professional development workshops, and credential programs.)</p>	
<p><b>What challenges did you face in working toward your CQI goals? How can these challenges be addressed in this year's plan?</b></p>	
<p><b>How did you share your CQI goals, including progress made, with staff, families, and other stakeholders?</b></p>	

Name of Person Responsible for Formulating CQI Plan:

\_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_