

## Continuous Quality Improvement Plan – Example 2 (Optional Tool)

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

County: \_\_\_\_\_ Date Goal 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 INSTRUMENT

Choose One:  CLASS  ERS  OTHER

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

How will you ensure that you and your staff will be able to participate in Keystone STARS in the upcoming year (i.e. have time for weekly meetings with the coaches or consultants, have the ability to make changes in your program, etc.)?

Do you anticipate any barriers to participating in any of the above-mentioned activities in the upcoming year?

Does your program staff understand that participating in Keystone STARS means:

- They may have assessors/observers in their room?  Yes  No
- They may have a classroom observation?  Yes  No
- They may be asked to participate in coaching meetings and/or further pursue training and education?  
 Yes  No

Does your staff receive feedback regarding job performance on a regular basis?  Yes  No

If yes above, please describe the process and frequency of feedback.

Does staff have the opportunity to provide their supervisor and/administration with input regarding program policies and procedures? Yes No

If yes above, please describe how and when.

Name of Individual Completing This Form: \_\_\_\_\_

Signature of Individual Completing This Form: \_\_\_\_\_

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