

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