



Site Quality Action Plan

Program Name:		Quality Action Plan Start Date:	
Team Members:			
Instructions: Review current QRIS Matrix and/or Pathways. Identify three or more elements of focus according to Step level (S1, S2, S3) to support program's continuous quality improvements. Create one goal for each identified element and provide actions steps needed to achieve goal.			
Elements of Focus			
Rating Matrix Elements		Pathways	
<input type="checkbox"/> Element 1: Child Observation <input type="checkbox"/> Element 2: Developmental and Health Screenings <input type="checkbox"/> Element 3: Minimum Qualifications for Lead Teacher/FCC Home <input type="checkbox"/> Element 4: Effective Teacher-Child Interactions – CLASS	<input type="checkbox"/> Element 5: Ratios and Group Size <input type="checkbox"/> Element 6: Program Environment Rating Scale <input type="checkbox"/> Element 7: Director Qualifications – Centers Only	<input type="checkbox"/> School Readiness <input type="checkbox"/> Social and Emotional Development <input type="checkbox"/> Health Nutrition and Physical Activity <input type="checkbox"/> Effective Teacher-Child Interactions <input type="checkbox"/> Professional Development <input type="checkbox"/> Environment <input type="checkbox"/> Program Administration <input type="checkbox"/> Family Engagement	
What is your goal? (e.g., improve teacher-child interactions)			
Information used to identify this goal. List the specific data trends, or assessment result, or survey result, or parent concern, etc. that was utilized to identify a need for improvement in this area			
Action Steps: (e.g., teachers attend CLASS overview training)	Person(s) Responsible:	Start Date	Target Completion Date:
Action Steps: (e.g., teachers attend CLASS overview training)	Person(s) Responsible:	Start Date	Target Completion Date:



Site Quality Action Plan

Action Steps: (e.g., teachers attend CLASS overview training)	Person(s) Responsible:	Start Date	Target Completion Date:
Action Steps: (e.g., teachers attend CLASS overview training)	Person(s) Responsible:	Start Date	Target Completion Date:
Strategies for Reaching Objective <ul style="list-style-type: none"> <input type="checkbox"/> Training <i>A learning experiences specific to a content area and related set of skills or dispositions.</i> <input type="checkbox"/> Coursework <i>A unit-based education offered by an Institution of Higher Education.</i> <input type="checkbox"/> Mentoring <i>A relationship based process between colleagues in similar professional roles intended to increase an individual's personal or professional capacity.</i> <input type="checkbox"/> Coaching <i>A process led by an expert with specialized and adult learning knowledge and skills to build capacity for specific professional dispositions, skills, and behaviors.</i> <input type="checkbox"/> Consulting <i>A collaborative, problem-solving process between an external consultant to assess and resolve an issue-specific concern.</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> Advising <i>A one-on-one process through which an advisor offers information, guidance, and advice to an individual about professional growth, career options, and pathways to obtain or meet required qualifications.</i> <input type="checkbox"/> Reflective Practice/Supervision <i>A collaborative relationships for professional growth that improve program quality and practice by valuing strengths and partnering around vulnerabilities to generate growth of their own beliefs and how those beliefs impact their work with families.</i> <input type="checkbox"/> Communities of Practice/Cohorts/Peer Learning <i>The development of relationship-based learning and support communities among colleagues, often in like roles.</i> <input type="checkbox"/> Other: _____ 		
Incentives Implemented to Reach Objective <input type="checkbox"/> Resources/Materials <input type="checkbox"/> Stipends/Scholarships to Individuals <input type="checkbox"/> Grants/Incentives to Sites <input type="checkbox"/> Training/Technical Assistance <input type="checkbox"/> Other _____			
Notes:			
Signature and title of site representative responsible for overseeing QIP implementation:			
Signature: _____ Title: _____			