

Continuous Quality Improvement Plan (CQIP)

**Center Based/School Based Programs**

**Overview**

The Continuous Quality Improvement Plan (CQIP) is a requirement for programs that are participating in the MA Quality Rating and Improvement System (QRIS). This is also a requirement for programs that receive coaching or mentoring through the Educator and Provider Support (EPS) grant. Effective use of this tool will increase staff engagement in QRIS and will support improvement in programmatic services. Use of this tool will also support advancement in the QRIS Standards:

* Curriculum and Learning
* Adult/Child Relationships
* Safe, Healthy Indoor and Outdoor Environments
* Workforce Development and Professional Qualifications
* Family and Community Engagement
* Leadership, Supervision, Administration and Management

You can find QRIS resources and support for the CQIP by visiting EEC’s web site: [www.mass.gov/edu/birth-grade-12/early-education-and-care/provider-and-program-administration/quality-rating-and-improvement-system-qris.html](file://///eec-fps-bos-002/shareddocs/Programs/QRIS/Continuous%20Quality%20Improvement%20Plan/www.mass.gov/edu/birth-grade-12/early-education-and-care/provider-and-program-administration/quality-rating-and-improvement-system-qris.html) and the on-line learning community: [QRIScommunity.org.](http://www.QRIScommunity.org)

**Program Information**

**Program Name:** Click here to enter text.

**Program Number:** Click here to enter text.

**Program Administrator:**Click here to enter text.

**Date:** Click here to enter a date.

**Program Quality Specialist:** Click here to enter text.

**Program Address:** Click here to enter text.

**Program Support (i.e. coaches, mentors, consultants, etc.):** Click here to enter text.

STEPS FOR COMPLETING THIS FORM

# DEVELOP a Continuous Quality Improvement Plan by completing the following steps:

1. Allocate administrative planning time to develop the CQIP *(allow time in staff meetings to work on the CQIP, encourage ALL staff to engage in the process).*
2. Review all QRIS required documentation *(for example: your program’s policy for including parental input in progress reports).*
3. Review the Professional Qualifications Registry (PQR) for all staff *(do any staff members need required trainings or college coursework added to their IPDP?)*
4. Review data from all of the required Measurement Tools, including: Business Administration Scale (BAS); Environment Rating Scales (ITERS-R, ECERS-R); Arnett or Classroom Assessment Scoring System (CLASS); Strengthening Families ; Health and Safety Self-Assessment; Staff Surveys *(Level 3 and Level 4);* Family Surveys *(Level 3 and Level 4).*
5. Identify the program’s areas of strength *(what are you doing well?)*
6. Identify the program’s areas for potential growth *(what aspects of your program could benefit from improvement?)*
7. Create clear action steps that will support identified areas for potential growth *(prioritize the areas that are most important in sustaining your current level and/or moving your program up to the next level).*
8. Identify team members who are responsible for the action steps *(this will likely include administrative staff and educators).*
9. Determine target dates for completion of action steps *(make sure the dates are achievable, yet also hold the program staff accountable).*

# IMPLEMENT the program’s Continuous Quality Improvement Plan by completing the following steps:

1. Allocate resources to support progress on the CQIP *(staff, materials, trainings, etc.)*
2. Use classroom observation time to identify progress on the goals and action steps in your plan *(encourage all staff to assist with observations)*
3. Provide concrete feedback to educators to support their continued growth *(improvement in program quality benefits staff as well as children and families!)*
4. Keep family members informed of the steps you are taking to improve the quality of your program *(invite them to participate in the CQI process)*

#  REFLECT on progress by completing the following steps:

1. Review the action steps in your CQIP quarterly *(what did you do well?)*
2. Identify action steps that need continued work *(what can you do better?)*
3. Update the Continuous Quality Improvement Plan annually, or more frequently if necessary *(go back to DEVELOP the CQIP).*

Environment Rating Scale - Iters-R and ecers-r

***(Please create action steps for all of the subscales that need improvement)***

| **ERS SUBSCALE** | **AREAS OF STRENGTH** | **AREAS FOR POTENTIAL GROWTH** | **ACTION STEP****(what, who and when)** | **REFLECTION** |
| --- | --- | --- | --- | --- |
| **1. Space and Furnishings**ITERS-R Score:ECERS-R Score:***(Required)*** |  |  |  | **What did we do well?** **What can we do better?** **Date Completed:**Click here to enter a date. |
| **2. Personal Care Routines**ITERS-R Score:ECERS-R Score:***(Required)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **3. Language & Reasoning/ Listening & Talking**ITERS-R Score:ECERS-R Score:***(Required)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **4. Activities**ITERS-R Score:ECERS-R Score:***(Required)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **5. Interaction** ITERS-R Score:ECERS-R Score:***(Required)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **6. Program Structure**ITERS-R Score:ECERS-R Score:***(Required)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **7. Parents and Staff**ITERS-R Score:ECERS-R Score:***(Required)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |

QRIS Required Documentation, Workforce Qualifications and

Professional Development

***(If all of these requirements are met, please consider documentation and workforce development needs for next QRIS Level)***

| **FOCUS AREA** | **AREAS OF STRENGTH** | **AREAS FOR POTENTIAL GROWTH** | **ACTION STEP****(what, who and when)** | **REFLECTION** |
| --- | --- | --- | --- | --- |
| **QRIS Required Documentation** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **Workforce Qualifications and Professional Development** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |

***Programs may use the Center Based and School Based QRIS Requirements Checklist (Level 2, 3, or 4) to assess required documentation, workforce qualifications, and professional development.***

Required QRIS Measurement Tools

 ***(Please create action steps for all of the areas that need improvement)***

| **FOCUS AREA** | **AREAS OF STRENGTH** | **AREAS FOR POTENTIAL GROWTH** | **ACTION STEP****(what, who and when)** | **REFLECTION** |
| --- | --- | --- | --- | --- |
| **Health and Safety Self-Assessment** | ***(Not***  | ***required*** | ***yet)*** | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **Family Survey*****(Required for Level 3 and Level 4)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **Staff Survey*****(Required for Level 3 and Level 4)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **CLASS or Arnett*****(Required)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **Strengthening Families Self-Assessment*****(Required)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
| **Program Administration Scale (PAS)**Score:***(Required)*** |  |  |  | **What did we do well?****What can we do better?** **Date Completed: :**Click here to enter a date. |

This area is available for additional action steps, if needed.

| **FOCUS AREA** | **AREAS OF STRENGTH** | **AREAS FOR POTENTIAL GROWTH** | **ACTION STEP****(what, who and when)** | **REFLECTION** |
| --- | --- | --- | --- | --- |
|  |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |
|  |  |  |  | **What did we do well?****What can we do better?** **Date Completed:**Click here to enter a date. |

## Program Administrator Signature: Click here to enter text.

## Program Number: Click here to enter text.

## Date Updated: Click here to enter a date.

## Date Updated: Click here to enter a date.

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