

# Arizona Continuous Quality Improvement Plan

Name of Program/Site: .....

Review your Arizona Quality Assessment Tool scores.  
What are your program's areas of strength?

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In what areas can your program improve?

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.....

Identify one area of focus for your action plan.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Standard I. Safe & Healthy Environment             | <input type="checkbox"/> Standard IV. Equity & Inclusion                   | <input type="checkbox"/> Standard VI. Program Management         |
| <input type="checkbox"/> Standard II. Positive Relationships                | <input type="checkbox"/> Standard V. Family, School & Community Engagement | <input type="checkbox"/> Standard VII. Program Evaluation & Data |
| <input type="checkbox"/> Standard III. Intentional Programming & Activities |  |  |

What is your program currently doing well within this focus area?

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What is your program NOT doing within this focus area?

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Why is this focus area a priority for your program at this time?

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## On what Standard are you focusing this Continuous Quality Improvement Plan?

Standard I. Safe & Healthy Environment

Standard IV. Equity & Inclusion

Standard VI. Program Management

Standard II. Positive Relationships

Standard V. Family, School & Community Engagement

Standard VII. Program Evaluation & Data

Standard III. Intentional Programming & Activities

### Goal/Desired Outcome: \_\_\_\_\_

	Action Steps to Implement	Resources, Training & Support Needed	Who's Responsible?	Deadline	Evidence of Progress		
<b>1</b>					<b>Dates</b>		Provider Initials: _____
							Provider Initials: _____
							Provider Initials: _____
<b>2</b>					<b>Dates</b>		Provider Initials: _____
							Provider Initials: _____
							Provider Initials: _____
<b>3</b>					<b>Dates</b>		Provider Initials: _____
							Provider Initials: _____
							Provider Initials: _____