

Keystone STARS Continuous Quality Improvement Plan – Example #2

Name of Facility: _____ MPI# _____ County: _____

Date CQI Plan Created: _____ Current STAR Level: _____

KEYSTONE STARS PERFORMANCE INDICATORS

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

PROGRAM OBSERVATION INSTRUMENTS (Indicate which tool(s) were used for Internal Assessment or feedback received from most recent External Assessment.)

1. _____
2. _____
3. _____

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

Review of Plan Year _____ to _____ (month/year) (month/year)
of Goals in Previous Year's Plan
of Goals Completed from Previous Year's Plan

Goals to be Reconsidered from Previous Year's Plan. (These goals will be added to your new CQI Plan.)

How has quality improved in your facility during the past year? (Include consideration of regulatory compliance, quality of services, staff performance, organization and management, family/community partnerships, and financial practices.)

How did you use STARS supports and resources to assist your facility in improving quality? (Include consideration of grants, awards, technical assistance, TEACH scholarships, voucher program, STARS management support, professional development workshops, and credential programs.)

What challenges did you face in working toward your CQI goals? How can these challenges be addressed in this year's plan?

How did you share your CQI goals, including progress made, with staff, families, and other stakeholders?

Name of Person Responsible for Formulating CQI Plan: _____

Title: _____ Date: _____