

QUALITY IMPROVEMENT PLAN (QIP)

FOR CENTRE USE

CENTRE NAME

PREPARED BY

DATE

I CERTIFY THAT I AM THE LICENSEE AND I HAVE READ AND UNDERSTAND THE QIP.

LICENSEE NAME

DATE

Signature (checking this box constitutes an agreement to QIP described below)

1. GOAL NUMBER

2. WHICH QUALITY MATTERS ELEMENT(S) ARE YOU FOCUSING ON?

Leadership Staffing Learning Environments Relationships

	What strategies will be used to meet the overall goal?	What actions will be taken to be successful in each strategy? (Success Indicators)	How will success be documented for each strategy? (Evidence of Success)	When will each strategy be completed?	Who is responsible for each strategy?
1					
2					
3					
4					

FOR CONSULTANT USE

REVIEWED BY

DATE RECEIVED

DATE REVIEWED

First Submission Revised Submission

FEEDBACK PROVIDED BY Email Phone In-Person