



RI Department of Education  
COMPREHENSIVE  
EARLY CHILDHOOD  
EDUCATION



CENTER FOR  
EARLY LEARNING  
PROFESSIONALS  
Professional Development • Technical Assistance • Resources

## Quality Improvement Plan (QIP) Cover Sheet

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Check the box that indicates your program's current status on Rhode Island's Quality Continuum:

DCYF Licensing    ★    ★★    ★★★    ★★★★    ★★★★★    ★★★★★★    RI CECE Approval

Do you intend to use this plan to strengthen your current status on the continuum or to move to a higher level?

\_\_\_\_\_ Strengthen current status          \_\_\_\_\_ Move to a higher level

If you intend to move to a higher level, check the box that represents where you hope to be once your goals have been met:

★    ★★    ★★★    ★★★★    ★★★★★    ★★★★★★    RI CECE Approval

Total number of goals in this plan: \_\_\_\_\_

### Instructions:

This document has been developed to support early learning program leaders in creating Quality Improvement Plans (QIPs) that summarize their program's plan for advancing along Rhode Island's quality continuum for early care and education programs. Programs can use this form to develop a QIP that meets requirements for DCYF licensing, BrightStars participation, and CECE program approval.

Programs at the 1-star level will want to reflect on DCYF regulations, the BrightStars standards, their BrightStars Assessment Report, and their own assessment of their program's performance. Programs at the 2-star level and above demonstrate their commitment to continuous quality improvement by:

- 1) Conducting a program self-assessment, at least annually, and
- 2) Using the results of the self-assessment to create a QIP that serves as their roadmap for pursuing change and program improvements.

All QIPs include data-driven goals for program improvement as well as concrete action steps and strategies for achieving the goals.

Determine the number of goals your program will address over the next year and place that number in the space above. While programs are encouraged to undertake an aggressive improvement plan that will improve outcomes for children, we caution you against pursuing more goals than your program can reasonably accomplish over the next year.



Use the attached goal sheets to list your program goals and action steps and strategies for achieving each goal. Three copies of the goal sheets are included in this form, but the number of goals your QIP includes is up to you. Copy and paste in additional goal sheets, as needed. When you are finished, share your QIP with program staff and families and make it readily available so you can track your progress and revise your goals, when necessary.

This document can be completed electronically, by typing directly into the form and then saving it to your computer. We recommend that each time you update this QIP, you save it as a new document with a new date. If you prefer, you can print this document and fill it out by hand. If you choose to print this document, be sure to print additional goal sheets for each additional program goal.

If you are a BrightStars participant and have questions about completing this form, please contact a BrightStars representative at 401-739-6100 or [www.BrightStars.org](http://www.BrightStars.org). If you are a participant in RIDE's CECE Program Approval process, contact Carla Swanson at 401-222-8994 or [Carla.swanson@ride.ri.gov](mailto:Carla.swanson@ride.ri.gov).

You can download this form at the following location:

[www.center-elp.org](http://www.center-elp.org)



## Quality Improvement Plan (QIP) Goal Sheet

**Program:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Goal Number:**

**Program Goal:**

**Which set of standards or regulations were used to identify this goal? (Select all that apply.)**

- DCYF Regulations
- BrightStars
- RIDE: CECE Standards
- Head Start
- NAEYC
- COA – School-Age Accreditation
- Other standards or regulations: \_\_\_\_\_

**What other program information was used to develop this goal?**

*Examples: DCYF monitoring report, BrightStars assessment report, on-site observation, program self-assessment (formal or informal), family survey, classroom observation tools (ERS, CLASS), etc.*

**What area(s) does this goal address? (Select all that apply.)**

- Facilities
- Health, Safety, and Nutrition
- Enrollment and Staffing
- Staff Qualifications/Professional Development
- Administration
- Early Learning and Development: Curriculum
- Early Learning and Development: Child Assessment
- Family Engagement
- Other: \_\_\_\_\_

**What action steps/strategies will help to achieve this goal?**

**Goal Number:**

Action Step/Strategy	Person Responsible	Time Frame	Date Completed

**What resources are needed to make progress towards this goal?**

*Provide detailed descriptions. Examples might include specific materials, technical assistance, professional development, etc.*

**Progress Notes:**

*3 Months:*

*6 Months:*

*9 Months:*

*12 Months:*



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**Goal Sheet**

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